

**MANAGED CARE ORGANIZATION (MCO) PAYMENT DATA REPORTING
MINNESOTA HEALTH CARE PROGRAMS (MHCP)**

REPORTING INSTRUCTIONS - 2011

Section 1. AGGREGATE PAYMENT DATA

Instructions: For each provider type, service category and sub-category, provide the total paid amount (see definition below) by the managed care organization (MCO) for each program listed in section 1 for the defined reporting period. For Medicare integrated products, this is the amount paid by Medicaid (includes Medicaid only services and Medicare cost-sharing paid by Medicaid). The data submitted in the template should not include Medicare dollars. MCOs will need to allocate the Medicaid amount based on the same methodology used in data submission to the state's actuaries for basic care rate-setting. Please include as an attachment or footnote to section 1 a description of the methodology used to allocate the amount paid by Medicaid for Medicare integrated products. MCOs should include claims run out through May 31, 2011 for services provided January 1-December 31, 2010 for this section.

For IBNR, MCOs should use consistent factors with data submitted to the state's actuary for rate-setting purposes.

For total cost of care, sub-capitated, and other similar arrangements, the MCO must allocate expenditures into the appropriate provider/service category. If the MCOs is unable to allocate expenditures, please include the amounts in the "Alternative Payment Arrangements" category and provide a description of each arrangement included and what percentage each arrangement is of the total amount reported in this category.

Please insert data directly into the template in section 1. Please use **Attachment A** to as a reference for hierarchy in reporting payment data.

Definition of paid amount: paid amount means the amount the managed care organization (MCO) pays to a provider including sub-contracted services that are capitated. The paid amount excludes third-party liability and enrollee co-payments.

Definition of reporting period: reporting period means services provided from January 1 to December 31st of the most recent complete contract year.

Provider/Service Type	Category for MDH financial reporting	Definition
ADVANCED PRACTICE NURSE SERVICES	Other health professional services	These are costs for all services provided by licensed nurse practitioners, nurse anesthetists, nurse midwives, clinical nurse specialist, and public health nurses. Advanced practice nurse services expenses should exclude the costs of maternity care, mental health services, and chemical dependency services.
1. Primary Care Specialties (American Board of Specialties) Family Practice General Practice Internal Medicine Pediatrics OBGYN		
2. All Other Non-Primary Care Specialties		
PHYSICIAN SERVICES	Physician services	These are costs for all services provided by or under the supervision of licensed medical doctors by a physician assistant and doctors of osteopathy, including pharmaceuticals and supplies administered or dispensed from the physician office and billed directly through the physician and health care home services. Physician services expenses should exclude the costs of maternity care, mental health services and chemical dependency services. Costs should be allocated to a physician's primary specialty if they are credentialed in multiple specialties.
1. Primary Care Specialties (American Board of Specialties) Family Practice General Practice Internal Medicine Pediatrics OBGYN		

2. Health Care Home Payments

3. All Other Non-Primary Care Specialties

MATERNITY CARE	Physician services, Inpatient services	These are costs for all maternity care including prenatal visits, labor & delivery, through the first post-natal visit.
<ul style="list-style-type: none"> 1. Inpatient 2. Outpatient (hospital) 3. Professional & all other 		
CHEMICAL DEPENDENCY TREATMENT SERVICES	Chemical Dependency and Mental Health	These are costs related to chemical dependency services, including inpatient and outpatient services, using the following chemical health diagnosis codes starting with 291, 292, & 303-305.
<ul style="list-style-type: none"> 1. Inpatient 2. Outpatient (hospital) 3. Professional & all other 		
CHIROPRACTIC SERVICES	Other health professional services	These are costs for all services provided by a licensed chiropractor.
DENTAL SERVICES	Dental services	These are all costs, professional and other, provided under dental services contracts or riders. This includes services provided by a licensed dentist and dental hygienist.
INPATIENT HOSPITAL SERVICES	Inpatient hospital services	These are costs for those services furnished by a hospital for inpatient services, including inpatient hospice care. Inpatient hospital services expenses should exclude costs where the primary diagnosis code are mental health and chemical dependency related. This excludes costs for maternity care.
ACCESS SERVICES	N/A	These are costs for interpreter services (language & hearing), access transportation which includes transit, taxi or volunteer transportation, common carrier, and community health workers.
LAB, DIAGNOSTIC, & RADIOLOGICAL SERVICES	Other health professional services Emergency Services	These are costs for all laboratory and radiology services provided outside of an inpatient setting or ambulatory surgical center.
DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES	Durable medical goods	These are costs for such items as wheel chairs, eyewear, hearing aids, surgical appliances, bulk and cylinder oxygen, equipment rental, and other devices or equipment that can withstand repeated use; prosthetic and orthotic devices; and medical supplies including non-reusable supplies or pieces of equipment that are used to treat a health condition.
MEDICAL TRANSPORTATION	Emergency services	These are costs for all emergency and non-emergency transportation provided by an ambulance or a special transportation service (STS) provider.
MENTAL HEALTH SERVICES	Chemical Dependency and Mental Health	These are costs related to mental health services, including inpatient and outpatient services, using mental health diagnosis codes starting with 290, 291, 292, & 293-310.

1. Inpatient
2. Outpatient (hospital)
3. Professional & all other
4. Targeted Case Management (TCM)

codes starting with Z90, Z93-30Z, & 306-31b.

OUTPATIENT HOSPITAL SERVICES (facility)	Outpatient services	These are costs for those services offered by a hospital which are furnished to ambulatory patients not requiring emergency care and for which there is not a room and board charge, this includes triage and stabilization care. Outpatient services expenses should exclude the costs of maternity, mental health services and chemical dependency services. This category excludes lab, diagnostic, and radiological services.
AMBULATORY SURGICAL CENTER	Outpatient services	These are costs for services provide at a free-standing or hospital based ambulatory surgical center, including lab, diagnostic, and radiological services. This category excludes professional services, mental health and chemical dependency services.
MEDICAL EMERGENCY SERVICES	Emergency services	These are costs for medical care provided in the emergency room of a hospital. This includes the room, board and any services such as x-ray and laboratory services billed by the facility. It does not include expenditures for physician services.
PODIATRIC SERVICES	Other health professional services	These are costs for all services provided by a licensed podiatrist.
PRESCRIPTION DRUGS & OTCs 1. Brand-name 2. Generic	Pharmacy and other nondurable medical goods	These are only costs paid by the health plan company to a pharmacist to provide pharmaceuticals used to treat a health condition. These data do not include the cost of pharmaceuticals and other nondurable medical goods administered or dispensed which are billed directly through a hospital or health care provider. Expenditures provided in this section should be net of pharmaceutical rebates.
REHABILITATIVE & THERAPEUTIC PROFESSIONAL SERVICES	Other health professional services	These are costs for all services provided by a licensed physical therapist, speech therapist, occupational therapist, audiologist, and respiratory therapist outside of an inpatient setting.
VISION CARE SERVICES	Other health professional services	These are costs for all services provided by a licensed ophthalmologist, optometrist, and optician. This does not include the cost of eyewear or contact lenses.

HOME CARE SERVICES	N/A	These are costs for the following <u>non-waiver</u> home care services: skilled nurse visits, private duty nursing, home health aide, personal care assistance, and qualified supervision of personal care services.
NURSING FACILITIES EXPENSES	Skilled nursing facility expenses	These are costs for services furnished by a Medicare or Medicaid certified facility primarily engaged in providing nursing care and skilled nursing care and related services for patients who require medical or nursing care or rehabilitation services. These expenses should include room and board incurred at nursing facilities. Nursing facilities expenses should exclude costs of mental health and chemical dependency services. This should include Medicare coinsurance paid by Medicaid.
ELDERLY WAIVER (EW) SERVICES	N/A	These are costs for Elderly Waiver services. This should not include any state plan home care services.
MEDICARE COST-SHARING	N/A	These are expenses for Medicare cost-sharing paid by Medicaid for Part A and B services.
ALTERNATIVE PAYMENT ARRANGEMENTS	N/A	This includes expenseS for sub-capitated, total cost of care, risk/gain sharing and other payment arrangements that cannot be allocated into the other service categories (please provide a description of these arrangements included in this category).
EXPENSES NOT ITEMIZED ABOVE	Expenses not itemized above	This includes expense for services/payments that cannot be allocated into the other service categories including performance payments, administrative fee withhold, prepayment for appointment availability, and IBNR that cannot be allocated into one of the other service/provider category.

Section 2. PROVIDER RATE CHANGES

Instructions: MCOs are required to annually report to DHS information on how legislatively mandated provider rate increases or decreases were passed on to providers for the defined reporting period for the scope of provider types/service categories described in "**1. Aggregate Payment Data.**" Please use **Attachment B** as a reference tool only for this section.

MCOs can enter information directly into the template under section 2.

Definition of reporting period: "Reporting Period" means payment for services provided from January 1 to December 31st for the most recent complete contract year.

DHS - Managed Care Purchasing and Payment Policy Division

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May 7, 2010

This covers legislatively mandated provider increases or decreases that were included in the MCO rates for the most recent completed contract year.

Section 3. RATE METHODOLOGIES

Instructions: MCOs are required to annually report to DHS information on the reimbursement rate methodology for the defined reporting period for the scope of provider types/service categories described in "**1. Aggregate Payment Data.**" For the purposes of reporting under this section, some of the provider types are consolidated as follows: "*Physician*" - includes *physician, ophthalmologists (under vision care), and podiatrists (under podiatry).*

MCOs can enter information directly into the template under section 3.

Definition of reporting period: "Reporting Period" means rates established for services provided from January 1 to December 31st for the most recent complete contract year.

Definition of reimbursement rate: "Reimbursement Rate" means the provider contracted rate prior to any exclusions including: third-party liability, enrollee co-payments, and provider withholds and incentives for the most recent complete contract year.

Section 4. AGGREGATE REIMBURSEMENT RATES

Instructions: MCOs are required to annually report to DHS an aggregate array of provider reimbursement rates for the defined reporting period for the scope of provider types/service categories described in "**1. Aggregate Payment Data.**" For the purposes of reporting under this section, some of the provider types are consolidated as follows: "*Physician*" - includes *physician, ophthalmologists (under vision care), and podiatrists (under podiatry).*

Please insert data directly into the template in section 4.

Please use **Attachment C** for CPT, HCPC, Dental, and Revenue code references. Please exclude third party liability and Medicare covered services. For Medicare-integrated products, only include rates for Medicaid only services (e.g. dental, PCA, etc.)

Definition of reporting period: "Reporting Period" means rates established for services provided from January 1 to December 31st for the most recent complete contract year.

Definition of reimbursement rate: "Reimbursement Rate" means the provider contracted rate prior to any exclusions including: third-party liability, enrollee co-payments, and provider withholds and incentives for the most recent complete contract year.

REPORTING DUE DATE

This report, including the template and all attachments, is due to DHS on **October 3, 2011**. Reports should be submitted via the MCO's MN-ITS mailbox.

QUESTIONS?

If you have questions regarding MCO Payment Data Reporting for Minnesota Health Care Programs, please contact **Beryl Palmer** at [REDACTED] or [REDACTED].

MCO PAYMENT DATA REPORTING
MINNESOTA HEALTH CARE PROGRAMS (MHCP)
Section 1. AGGREGATE PAYMENT DATA - CY 2010
Please use [Attachment A](#) for hierarchy

Provider/Service Type	MA-Families & Children	General Assistance Medical Care (GAMC)	MinnesotaCare Families & Children	MinnesotaCare Adults w/o Children
ADVANCED PRACTICE NURSE SERVICES	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
1. Primary Care Specialties	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Family Practice				
General Practice				
Internal Medicine				
Pediatrics				
OBGYN				
2. All Other Non-Primary Care Specialties	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PHYSICIAN SERVICES	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
1. Primary Care Specialties	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Family Practice				
General Practice				
Internal Medicine				
Pediatrics				
OBGYN				
2. Health Care Home Payments	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
3. All Other Non-Primary Care Specialties	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
MATERNITY CARE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
1. Inpatient	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
2. Outpatient (hospital)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
3. Professional & all other	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
CHEMICAL DEPENDENCY TREATMENT SERVICES	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
1. Inpatient	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
2. Outpatient (hospital)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
3. Professional & all other	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
CHIROPRACTIC SERVICES	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
DENTAL SERVICES	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

INPATIENT HOSPITAL SERVICES	\$	0.00	\$	0.00	\$	0.00	\$	0.00
ACCESS SERVICES	\$	0.00	\$	0.00	\$	0.00	\$	0.00
LAB, DIAGNOSTIC, & RADIOLOGICAL SERVICES	\$	0.00	\$	0.00	\$	0.00	\$	0.00
DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES	\$	0.00	\$	0.00	\$	0.00	\$	0.00
MEDICAL TRANSPORTATION	\$	0.00	\$	0.00	\$	0.00	\$	0.00
MENTAL HEALTH SERVICES	\$	0.00	\$	0.00	\$	0.00	\$	0.00
1. Inpatient	\$	0.00	\$	0.00	\$	0.00	\$	0.00
2. Outpatient (hospital)	\$	0.00	\$	0.00	\$	0.00	\$	0.00
3. Professional & all other	\$	0.00	\$	0.00	\$	0.00	\$	0.00
4. Targeted Case Management (TCM)	\$	0.00	\$	0.00	\$	0.00	\$	0.00
OUTPATIENT HOSPITAL SERVICES	\$	0.00	\$	0.00	\$	0.00	\$	0.00
AMBULATORY SURGICAL CENTER	\$	0.00	\$	0.00	\$	0.00	\$	0.00
MEDICAL EMERGENCIES	\$	0.00	\$	0.00	\$	0.00	\$	0.00
PODIATRIC SERVICES	\$	0.00	\$	0.00	\$	0.00	\$	0.00
PRESCRIPTION DRUGS & OTCs	\$	0.00	\$	0.00	\$	0.00	\$	0.00
1. Brand-name	\$	0.00	\$	0.00	\$	0.00	\$	0.00
2. Generic	\$	0.00	\$	0.00	\$	0.00	\$	0.00
REHABILITATIVE & THERAPEUTIC SERVICES	\$	0.00	\$	0.00	\$	0.00	\$	0.00
VISION CARE SERVICES	\$	0.00	\$	0.00	\$	0.00	\$	0.00
HOME CARE SERVICES	\$	0.00	\$	0.00	\$	0.00	\$	0.00
NURSING FACILITIES EXPENSES	\$	0.00	\$	0.00	\$	0.00	\$	0.00
ELDERLY WAIVER SERVICES	\$	0.00	\$	0.00	\$	0.00	\$	0.00
MEDICARE COST-SHARING	\$	0.00	\$	0.00	\$	0.00	\$	0.00
ALTERNATIVE PAYMENT ARRANGEMENTS	\$	0.00	\$	0.00	\$	0.00	\$	0.00
EXPENSES NOT ITEMIZED ABOVE	\$	0.00	\$	0.00	\$	0.00	\$	0.00

IBNR				

MCO PAYMENT DATA REPORTING
MINNESOTA HEALTH CARE PROGRAMS (MHCP)
Section 3. RATE METHODOLOGIES - CY 2010

Please provide a description of the MCO's rate methodologies for the provider types listed below. Please report differences across programs. Primary and non-primary care provider should be reported separately. Please be specific.

Questions:

1. Please report for each provider type listed below if the contracted rate is specifically tied to or based on the Minnesota Health Care Programs (MHCP) fee schedule. For Medicare-integrated products, this applies only to services.
2. For each provider type, please compare the MCO's average contracted rate to the MHCP fee schedule. "On average the MCO reimburses primary care physicians at 110% of the MHCP fee schedule."
3. Please explain how many and the type of alternative payment arrangements the MCO has such as cost sharing, gain-sharing, or sub-capitation, etc. Please explain the providers and services included in these arrangements. What percentage of the MCO's non-administrative payments as reported under section 1 are represented by these arrangements.
4. Under Physician (#1), please report how many health care homes the MCO has included in its network. Report the HCH payment methodology if it differs from the state's methodology.

1. Physician

- A. Primary Care Providers
- B. Non-Primary Care Providers
- C. Health Care Homes

2. Advanced Practice Nurses

- A. Primary Care Providers
- B. Non-Primary Care Providers

3. Chiropractors

4. Providers of rehabilitative and therapeutic services

5. Inpatient Hospital

6. Outpatient Hospital (facility only)

7. Dentists, dental hygienists

8. Prescription drugs (pharmacies)

*Please report brand & generic separately

- A. Dispensing Fee - brand & generic
- B. Benchmark - brand & generic
- C. Benchmark adjustment factor (i.e. AWP-15% or 105% of WAC) - brand & generic

9. Home care providers

10. Chemical Dependency services (outpatient only)

11. Mental Health Services (outpatient only)

MCO PAYMENT DATA REPORTING
MINNESOTA HEALTH CARE PROGRAMS (MHCP)
Section 4. AGGREGATE REIMBURSEMENT RATES - CY 2010

Please provide the [average reimbursement rates](#) for the provider/service types listed below.
Please see **Attachment C** for CPT, HCPC, Dental and Revenue code references.

Provider/Service Type	Average rate
1. Physician	
A. Primary Care Providers	
i. Clinic-based visits	
1. Level 1: minimal (new & established)	\$ 0.00
2. Level 2: limited (new & established)	\$ 0.00
3. Level 3: low severity (new & established)	\$ 0.00
4. Level 4: moderate (new & established)	\$ 0.00
5. Level 5: comprehensive (new & established)	\$ 0.00
6. Medical home program, comprehensive care coordination and planning, initial	\$ 0.00
7. Medical home program, comprehensive care coordination and planning, maintenance	
ii. Non clinic-based visits	
1. Inpatient	\$ 0.00
2. Outpatient	\$ 0.00
B. Non-Primary Care Providers	
i. Clinic-based visits	
1. Level 1: minimal (new & established)	\$ 0.00
2. Level 2: limited (new & established)	\$ 0.00
3. Level 3: low severity (new & established)	\$ 0.00
4. Level 4: moderate (new & established)	\$ 0.00
5. Level 5: comprehensive (new & established)	
ii. Non clinic-based visits	
1. Inpatient	\$ 0.00
2. Outpatient	\$ 0.00
2. Advanced Practice Nurses	
A. Primary Care Providers	
i. Clinic-based visits	

	1. Level 1: minimal (new & established)	\$	0.00
	2. Level 2: limited (new & established)	\$	0.00
	3. Level 3: low severity (new & established)	\$	0.00
	4. Level 4: moderate (new & established)	\$	0.00
	5. Level 5: comprehensive (new & established)		
	ii. Non clinic-based visits		
	1. Inpatient	\$	0.00
	2. Outpatient	\$	0.00
	B. Non-Primary Care Providers		
	i. Clinic-based visits		
	1. Level 1: minimal (new & established)	\$	0.00
	2. Level 2: limited (new & established)	\$	0.00
	3. Level 3: low severity (new & established)	\$	0.00
	4. Level 4: moderate (new & established)	\$	0.00
	5. Level 5: comprehensive (new & established)		
	ii. Non clinic-based visits		
	1. Inpatient	\$	0.00
	2. Outpatient	\$	0.00
	3. Chiropractors		
	A. Chiropractic manipulative treatment (CMT)		
	i. one to two regions	\$	0.00
	ii. three to four regions	\$	0.00
	iii. five regions	\$	0.00
	4. Providers of rehabilitative and therapeutic services (outpatient professional services)		
	A. Speech-language pathology		
	i. Medical evaluation of speech	\$	0.00
	ii. SLP treatment sessions	\$	0.00
	B. Physical Therapy		
	i. PT evaluation, initial	\$	0.00
	ii. PT re-evaluation, periodic	\$	0.00
	iii. PT treatment session	\$	0.00
	C. Occupational Therapy		
	i. OT evaluation, initial	\$	0.00
	ii. OT re-evaluation, initial	\$	0.00

	iii. OT treatment session	\$	0.00
5. Inpatient Hospital (rates should be reported per stay)			
A. Maternity			
	i. vaginal birth - normal	\$	0.00
	ii. C-section - normal	\$	0.00
	iii. vaginal birth - complicated	\$	0.00
	iv. C-section - complicated	\$	0.00
B. Chemical dependency			
	i. hospital-based residential per diem	\$	0.00
	ii. hospital-based room & board	\$	0.00
	iii. hospital-based treatment	\$	0.00
OR	iv. Global CD payment (please specify what is included)		
C. Mental Health			
	i. children (0-21)	\$	0.00
	ii. adults	\$	0.00
6. Outpatient Hospital (facility only)			
	A. Emergency	\$	0.00
	B. Non-emergency	\$	0.00
7. Dentists, dental hygienists			
	A. Diagnostic	\$	0.00
	B. Preventive	\$	0.00
	C. Restorative	\$	0.00
	D. Endodontics	\$	0.00
	E. Orthodontics	\$	0.00
8. Prescription drugs (pharmacies)			
This section should provide average cost per script for each category			
	A. Dispensing fee	\$	0.00
	B. Brand ingredient reimbursement	\$	0.00
	C. Generic ingredient reimbursement	\$	0.00
9. Home care providers			
	A. Private Duty Nursing (RN/LPN) - 15 minute unit		
	B. Skilled Nurse Visits - visit	\$	0.00
	C. Home Health Aide (HHA) - visit	\$	0.00
	D. PCA services - 15 minute unit	\$	0.00

E. PCA Assessment - visit		
10. Chemical Dependency services (non-hospital based)		
*Please provide the MCO contracted, not the host county rate (unless they are the same).		
A. Non-residential		
i. room & board only	\$	0.00
ii. treatment (medication assisted therapy)	\$	0.00
iii. treatment	\$	0.00
OR		
iv. Global CD payment (please specify what is included)		
11. Mental Health Services (outpatient only)		
A. Children's Mental Health Services		
i. Diagnostic assessment - 1 session	\$	0.00
ii. Interactive diagnostic assessment - 1 session	\$	0.00
iii. CTSS Individual psychotherapy - 30 minutes	\$	0.00
iv. CTSS Group psychotherapy - 1 session	\$	0.00
v. CTSS Family psychotherapy - 1 session	\$	0.00
B. Adult Mental Health Services		
i. Diagnostic assessment - 1 session	\$	0.00
ii. Interactive diagnostic assessment - 1 session	\$	0.00
iii. Individual psychotherapy - 20-30 minutes	\$	0.00
iv. Group psychotherapy - 1 session	\$	0.00
v. Family psychotherapy - 1 session	\$	0.00
vi. Basic Living and social skills - 15 minutes	\$	0.00

ATTACHMENT A			
Hierarchy for Section 1: Aggregate Payment Data			
A. Diagnosis			
1	Maternity Care		
2	Chemical Dependency		
3	Mental Health Services		
B. Practitioner Type			
1	Chiropractic		
2	Dental		
3	Podiatric		
4	Rehabilitative & Therapeutic		
5	Vision Care		
6	Home Care		
7	Nursing Facility		
8	Advanced Practice Nursing (APN)		
9	Physician		
C. Services			
1	DME & Medical Supplies		
2	Medical Transportation		
3	Access Services		
4	Lab, Diagnostic, Radiological (not inpatient or A		
5	Prescription Drugs (pharmacy, not physician-ad		
6	Inpatient Hospital Services		
7	Medical Emergency Services		
8	Outpatient Hospital		
9	Ambulatory Surgical Center		
10	Elderly waiver services		
11	Medicare Cost Sharing		
12	Alternative payment arrangements		
13	Expenses not itemized above		

ATTACHMENT B

2010 Legislative Session & Unallotment Ratable Reductions

	Physician & Professional Services Ratable Reduction MA & MinnesotaCare: 7.0% (non-primary)	Inpatient Services Ratable Reduction MA & MinnesotaCare: 1.9% (extension)		
Categories of Service (COS)	043 (physician)* 055 (podiatry) 057 (chiropractic) 058 (audiology) 078 (vision) 079 (radiology) 090 (nurse midwife)* 091 (nurse practitioner services)* 092 (nutrition services)	001 (inpatient hospital general) 006 (inpatient hospital rehabilitation) 014 (inpatient hospital IMD) 015 (inpatient long term hospital) 073 (inpatient hospital neo-natal ICU)		
Exclusions*	For COS 043, 090, and 091, exclude the following from physician and professional services reduction: 1) procedure codes 99000-99999 for treating provider types 20 (physician), 65 (nurse practitioner), 66 (nurse midwife), 68 (clinical nurse specialist), and 69 (physician's assistant) when the pay-to provider type is 54 (family planning agency), and 2) procedure codes 99201-99215, 99381-99412, when the treating provider specialty is 01 (general practice), 33 (geriatric nurse practitioner), 35 (family nurse practitioner), 43 (gerontology), 77 (family practice), or PR (primary care).	Excludes the following facilities: Indian Health Services (IHS)		

	<p>3) 90281-90399, 90476-90749 (vaccines), 90465-90474 when provided with Mn Vaccines for Children, 96372-96379 when provided with Mn vaccines for Children (administration), A4641-A4642, A9500-A9700, C9113-C9253, J0120-J9999, Q0144-Q0181, Q4080-Q4099, Q9951-Q9967, S0012-S0197, S8085 (injections), S4989, S4993 (contraception) G9002 (coordinated care fee).</p> <p><u>Excludes the following providers:</u></p> <ul style="list-style-type: none"> Federally Qualified Health Centers (FQHCs) Rural Health Centers (RHC) Indian Health Services (IHS) or 638 			
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ATTACHMENT C

Code reference for Section 4. Aggregate Reimbursement Rates

Provider/Service Type

1. Physician

A. Primary Care Providers

i. Clinic-based visits

- 1. Level 1: minimal (new & established)
- 2. Level 2: limited (new & established)
- 3. Level 3: low severity (new & established)
- 4. Level 4: moderate (new & established)
- 5. Level 5: comprehensive (new & established)
- 6. Medical home program, comprehensive care coordination and planning, initial
- 7. Medical home program, comprehensive care coordination and planning, maintenance

ii. Non clinic-based visits

- 1. Inpatient
- 2. Outpatient

B. Non-Primary Care Providers

i. Clinic-based visits

- 1. Level 1: minimal (new & established)
- 2. Level 2: limited (new & established)
- 3. Level 3: low severity (new & established)
- 4. Level 4: moderate (new & established)
- 5. Level 5: comprehensive (new & established)

ii. Non clinic-based visits

- 1. Inpatient
- 2. Outpatient

2. Advanced Practice Nurses

A. Primary Care Providers

i. Clinic-based visits

- 1. Level 1: minimal (new & established)
- 2. Level 2: limited (new & established)
- 3. Level 3: low severity (new & established)
- 4. Level 4: moderate (new & established)
- 5. Level 5: comprehensive (new & established)

ii. Non clinic-based visits

- 1. Inpatient
- 2. Outpatient

B. Non-Primary Care Providers

i. Clinic-based visits

- 1. Level 1: minimal (new & established)
- 2. Level 2: limited (new & established)
- 3. Level 3: low severity (new & established)
- 4. Level 4: moderate (new & established)
- 5. Level 5: comprehensive (new & established)

ii. Non clinic-based visits

- 1. Inpatient
- 2. Outpatient

3. Chiropractors

A. Chiropractic manipulative treatment (CMT)

- i. one to two regions
- ii. three to four regions
- iii. five regions

4. Providers of rehabilitative and therapeutic services (outpatient professional services)
A. Speech-language pathology
i. Medical evaluation of speech
ii. SLP treatment sessions
B. Physical Therapy
i. PT evaluation, initial
ii. PT re-evaluation, periodic
iii. PT treatment session
C. Occupational Therapy
i. OT evaluation, initial
ii. OT re-evaluation, initial
iii. OT treatment session
5. Inpatient Hospital
A. Maternity
i. vaginal birth - normal
ii. C-section - normal
iii. vaginal birth - complicated
iv. C-section - complicated
B. Chemical dependency
i. hospital-based residential per diem
ii. hospital-based room & board
iii. hospital-based treatment
iv. Global CD payment (please specify what is included)
C. Mental Health
i. children (0-19)
ii. adults
6. Outpatient Hospital (facility only)
A. Emergency
B. Non-emergency
7. Dentists, dental hygienists
A. Diagnostic
B. Preventive
C. Restorative
D. Endodontic
E. Orthodontics
8. Prescription drugs (pharmacies)
This section should provide average cost for each category
A. Dispensing fee
B. Brand ingredient reimbursement
C. Generic ingredient reimbursement
9. Home care providers
A. Private Duty Nursing (RN/LPN) - 15 minute unit
B. Skilled Nurse Visits - visit
C. Home Health Aide (HHA) - visit
D. PCA services - 15 minute unit
E. PCA Assessment - visit
10. Chemical Dependency services (non-hospital based)
A. Non-residential (outpatient)
i. room & board only
ii. treatment (medication assisted therapy)
iii. treatment

iv. Global CD payment (please specify what is included)
11. Mental Health Services (outpatient only)
A. Children's Mental Health Services
i. Diagnostic assessment - 1 session
ii. Interactive diagnostic assessment - 1 session
iii. CTSS Individual psychotherapy - 30 minutes
iv. CTSS Group psychotherapy - 1 session
v. CTSS Family psychotherapy - 1 session
B. Adult Mental Health Services
i. Diagnostic assessment - 1 session
ii. Interactive diagnostic assessment - 1 session
iii. Individual psychotherapy - 20-30 minutes
iv. Group psychotherapy - 1 session
v. Family psychotherapy - 1 session
vi. Basic Living and social skills - 15 minutes

Codes: CPT, HCPC, Revenue, Dental

99201, 99211

99202, 99212

99203, 99213

99204, 99214

99205, 99215

S0280

S0281

99221-99233

99201-99215, 99381-99383

99201, 99211

99202, 99212

99203, 99213

99204, 99214

99205, 99215

99221-99233

99201-99215, 99381-99383

99201, 99211

99202, 99212

99203, 99213

99204, 99214

99205, 99215

99221-99233

99201-99215, 99381-99383

99201, 99211

99202, 99212

99203, 99213

99204, 99214

99205, 99215

99221-99233

99201-99215, 99381-99383

98940

98941

98942

92506
92507-92508, 92526, 92626-92627, 92630, 92633
97001
97002
95851-95852
97003
97004
95851-95852
DRG - 373
DRG - 371
DRG - 372
DRG - 370
0101
0118, 0128, 0138, 0148 or 0158
0944, or 0945; H2036
diagnosis codes starting with 290, 293-302, & 306-316.
99281-99285
99201-99215, 99381-99383
D0120, D0140, D0145, D0150, D0210, D0220, D0230, D0272, D0274, D0330
D1110, D1120, D1203, D1204, D1206, D1330, D1351, D1510, D1515
D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2740, D2790, D2792, D2930, D2931, D2932
D3220, D3310, D3320, D3330
D8010, D8020, D8030, D8040, D8050, D8060, D8070, D8080, D8090
various
various
various
T1002-T1003, modifiers TG, TT
T1030
T1021
T1019, modifiers TT, HQ, U6, UA
T1001, modifiers TS, U6
1003
0944; H0020
0944 or 0945; H2035

90801	
90802	
90804- modifier UA	
90853 - modifier UA	
90847 - modifier UA	
90801	
90802	
90804	
90853	
90847	
H2017	

Minnesota Department of Health (MDH) Health Plan Financial and Statistical Reporting
Definitions - Section 7 Health Care Expenses

<p>Physician services expenses</p>	<p>These are costs for all services provided by or under the supervision of licensed medical doctors and doctors of osteopathy, including pharmaceuticals and supplies administered or dispensed from the physician office and billed directly through the physician. Physician services expenses should exclude the costs of mental health services and chemical dependency services.</p>
<p>Other health professional services expenses</p>	<p>These are costs for all services provided by health professionals other than physicians and dentists, including chiropractors, therapists, social workers, nurse practitioners, and medical dental services. Other health professional services should exclude the costs of mental health services and chemical dependency services.</p>
<p>Inpatient hospital services expenses</p>	<p>These are costs for those services furnished by a hospital for inpatient services, including inpatient hospice care. Inpatient hospital services expenses should exclude costs of mental health and chemical dependency services.</p>
<p>Outpatient services expenses</p>	<p>These are costs for those services offered by a hospital which are furnished to ambulatory patients not requiring emergency care and for which there is not a room and board charge. Outpatient services expenses should exclude the costs of mental health services and chemical dependency services.</p>
<p>Skilled nursing facilities expenses</p>	<p>These are costs for services furnished by a facility primarily engaged in providing skilled nursing care and related services for patients who require medical or nursing care or rehabilitation services. These expenses should include room and board incurred at skilled nursing facilities. Skilled nursing facilities expenses should exclude costs of mental health and chemical dependency services.</p>
<p>Home health care expenses</p>	<p>These are costs for medical care services delivered in the home under the direction of a physician. This includes non-inpatient hospice care expenses.</p>
<p>Emergency services expenses</p>	<p>These are costs for medical care provided in the emergency room of a hospital. This includes the room, board and any services such as x-ray and laboratory services billed by the facility. It does not include expenditures for physician services.</p>

Pharmacy and other nondurable medical goods expenses	These are only costs paid by the health plan company to a pharmacist or medical supply company to provide pharmaceuticals and non-reusable supplies or pieces of equipment that are used to treat a health condition. These data do not include the cost of pharmaceuticals and other nondurable medical goods administered or dispensed which are billed directly through a hospital or health care provider.	
Durable medical goods expenses	These are costs for such items as wheel chairs, eyewear, hearing aids, surgical appliances, bulk and cylinder oxygen, equipment rental, and other devices or equipment that can withstand repeated use.	
Chemical dependency and mental health expenses	These are costs related to chemical dependency services and mental health services expense, for inpatient and outpatient services, coded using the following codes or amended equivalent codes: ICD-9 diagnosis code ranges 303.00 to 305.92, 290 to 302.9, and 306 to 319; CPT codes 90801, 90841, 90843, 90844, 90844.22, 90846, 90847, 90847.22, 90849, 90853, 98900, 98902, 98910, 98912, 90801, 90841, 90843, 90844, 90844.22, 90846, 90847, 90847.22, 90849, 90853, 98900, 98902, 98910, and 98912.	
	Do not include prescription drugs or supplies administered or dispensed that are billed directly through a hospital or health care provider. Expenses include all costs related to inpatient, outpatient, and other professional chemical dependency services and mental health services that are coded using codes from another coding system, where the commissioner determines that the codes indicate diagnoses or procedures comparable to or consistent with codes listed above. Health plan companies may use a nationally recognized standardized reporting system that captures chemical dependency or mental health inpatient, outpatient, and other professional services.	
Dental services expenses	These are all costs, professional and other, provided under dental services contracts or riders.	
Indirect health care expenses	These are costs for administrative parts of the business. Use the total from section 8 to allocate indirect health care expenditures across the product categories as outlined in the report. Do not include taxes and assessments in this line. Please note: The sum of indirect expenses across categories in section 7 should equal the total indirect health care expenses in section 8.	

Expenses not itemized above	These are all costs not itemized in the preceding categories. For coverage designed solely to provide payments on a per diem, fixed indemnity, or non-expense incurred basis, you may report total expenses in this line, rather than the categorized expenses (for example: fixed indemnity, capitated, stop-loss, and Medicare supplement payments that cannot be itemized).	
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