2011 – Changes to MCO provider payment data template

Aggregate Payment Data – section 1

- Clarification that Medicare-integrated products should include Medicaid-only dollars. Medicare cost-sharing is the amount paid by Medicare. Medicare cost-sharing should be reported in a separate line. No Medicare dollars should be included. Working group to establish common allocation methodology.
- Home care services – clarification that EW services should not be included
- New line/reporting category for EW services
- Maternity, CD & MH – provide break down of inpatient, outpatient, and professional services within category (TCM addition for MH), removed requirement for age break
- Separate line for alternative provider payment arrangements such as total cost of care as opposed to "expenses not itemized."
- Place for IBNR factors to be reported in section 1
- Changes to hierarchy based on changes above

Provider rate changes (legislative) – section 2

- Updated for 2010 contract changes (ratable reductions, etc.)
- Updated questions for section 2 (see template)

Provider Rate Methodologies – section 3

- Updated questions for section 3 (see template)

Aggregate Reimbursement Rates – section 4

- Changes to categories:
    - Dental, excluded some categories
    - Inpatient (clarify rates reported should be per stay)
        - Inpatient – eliminated the "all medical/surgical" categories
- Reporting aggregate rates across all programs, not program-specific

- Reporting average rate, remove high and low