

**MCO Provider Payment Data Reporting
MCO Q&A – Feedback from March 26, 2010 Work Group
April 26, 2010**

Section 1: Aggregate Payment Data

A) Hierarchy Questions

1. If a conflict exists between Maternity Care and either Mental Health or Chemical Dependency (MHCD) services (maternity-related procedure with a MHCD primary diagnosis), would you prefer that I assign the costs to Maternity Care or MHCD?

Maternity, please see hierarchy in the new Attachment A

2. Could you confirm that the following as the hierarchy for Outpatient Hospital Services? Maternity, MHCD, Emergency Services and then Outpatient Hospital Services

Yes, please see hierarchy in the new Attachment A

B) If an MCO has a fully carved out arrangement for services, for this report, are you asking for dollars paid to the third party or dollars paid by the third party to the individual chiropractors?

Dollars paid to the third party (what the MCO pays)

C) Report Category

1. In what category should I assign costs for physician assistants?

Physician services, see revised definition

2. Since MCOs submit an invoice to DHS for reimbursement on these Residential Chemical Dependency services, should the costs in the Chemical Dependency Treatment Services category? **Yes**

3. Lab, Diagnostic, & Radiological Services: When these services are performed at a free-standing ambulatory surgery center, should the costs be included in this category or Outpatient Hospital Services?

Yes. Please include in the new category for ambulatory surgical center

4. When reporting emergency room costs. Have you requested it be separate because the services are priced differently?

Yes, please report professional services separately

5. Would the Nursing Facility Expenses include the services provided on an outpatient basis?

No, that should be report in outpatient or professional

6. Should the aggregate payment data include IBNR?

Yes. Please include IBNR using the same factors as submitted to the actuary for rate setting for claims through May 31, 2010.

7. How should settlements be handled? There are situations in which a provider is paid at a certain fee schedule, but later settlements will change this amount to reflect that actual negotiated rate. These settlements may not occur for many months follow the end of the calendar year.

Settlements should be handled in the same manner as what MCOs submit to the actuary for rate-setting. Include any settlements that have occurred for CY2009 through May 31, 2010.

8. How will age be defined when reporting mental health services? Will it be age at the time of the service or age at a given point in time (e.g. Medicare uses Feb. 1, HEDIS uses Dec. 31)?
At a given point in time - December 31st

9. Health Care Homes? **Physician Services**

10. Medication Therapy Management? **Pharmacy**

11. Public Health Services? **APN – public health nurse**

Other changes:

1) Created a new category for ambulatory surgical centers

2) Created a new category for Medicare cost-sharing per 3/26 discussion

3) Provided clarification that claims run out should be through May 31, 2010

4) Provided clarification in lab, diagnostic, and radiology services category should only all services except provided in an inpatient setting or an ambulatory surgical center

Section 4: Aggregate Reimbursement Rates

1) Rehabilitative & Therapeutic Services: Would this include both the facility and professional payments?

No, just professional services (clarification in template)

2) For inpatient maternity claims, it is defined by version 24 DRG in the attachment. We do not pay all of our inpatient hospital claims by DRG. Could we substitute other coding to identify these claims?

Yes, please specify or footnote in the final document submitted to DHS

Other changes made:

1) For physician and APN clinic visits: E&M visits made consistent with terminology in CPT codes

2) Provided an additional line for inpatient & outpatient CD global payments

3) Clarified rehab & therapeutic service are professional only

4) For adult MH services, provided consistency with CPT for individual, group, and family psychotherapy.