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

REPORTING INSTRUCTIONS

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 worksheet #1 for the defined reporting period. For Medicare integrated products, this is the amount paid by Medicaid (includes Medicaid only services and Medicaid paid cost-sharing). 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 worksheet #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, 2010 for services provided January 1-December 31, 2009 for this section.

For IBNR, MCOs should use consistent factors with data submitted to the state's actuary for rate-setting purposes. Please include as a footnote the completion factors used.

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 "Expenses not itemized above" category and provide a description of the arrangement included.

Please insert data directly into the template in worksheet #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. For the first report due in 2010, this would be calendar year 2009.

Provider/Service Type	Category for MDH financial reporting	Definition
ADVANCED PRACTICE NURSE SERVICES **1. Primary Care Specialties** **(American Board of Specialties)** Family Practice General Practice Internal Medicine Pediatrics OBGYN **2. All Other Non-Primary Care Specialties**	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.
PHYSICIAN 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	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.
MATERNITY CARE	Physician services, Inpatient services	These are costs for all maternity care including prenatal visits, labor & delivery, through the first post-natal visit.
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.
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 1. Children (0-19) 2. Adults	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, 293-302, & 306-316. For the purposes of reporting by age group, age is defined as a person's age on December 31st.
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 non-waiver 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.
MEDICARE COST-SHARING	N/A	These are expenses for Medicare cost-sharing paid by Medicaid for Part A and B services.
EXPENSES NOT ITEMIZED ABOVE	Expenses not itemized above	This includes expense for capitated and total cost of care arrangement that cannot be allocated into the other service categories (please provide a description of these arrangements included in this category), 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 worksheet #2 or provide an attachment in Microsoft Word.

Definition of reporting period: "Reporting Period" means payment for services provided from January 1 to December 31st for the most recent complete contract year. For the first report due in 2010, this would be calendar year 2009. This covers legislatively mandated provider increases or decreases that were in 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 worksheet #3 or provide an attachment in Microsoft Word.

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. For the first report due in 2010, this would be calendar year 2009.

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. For the first report due in 2010, this would be calendar year 2009

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 worksheet #4.

If an MCO does not use a similar code or billing unit to report a reimbursement rate requested by DHS, they must provide an appropriate alternative and a description of the alternative. Please use **Attachment C** for CPT, HCPC, Dental, and Revenue code references. Please exclude third party liability and Medicare covered services.

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. For the first report due in 2010, this would be calendar year 2009.

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. For the first report due in 2010, this would be calendar year 2009

REPORTING DUE DATE

This report, including the template and all attachments, is due to DHS on **August 15, 2010**. 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 Marie Zimmerman at [redacted] (direct office) or [redacted]

MCO PAYMENT DATA REPORTING
MINNESOTA HEALTH CARE PROGRAMS (MHCP)
Section 1. AGGREGATE PAYMENT DATA - CY 2009
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	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Options (MSHO)	Minnesota Disability Health Options (MnDHO)	Special Needs Basic Care (SNBC)
ADVANCED PRACTICE NURSE SERVICES	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**
1. Primary Care Specialties	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 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	$ 0.00	$ 0.00	$ 0.00	$ 0.00
PHYSICIAN SERVICES	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**
1. Primary Care Specialties	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 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	$ 0.00	$ 0.00	$ 0.00	$ 0.00
MATERNITY CARE	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
CHEMICAL DEPENDENCY TREATMENT SERVICES	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
CHIROPRACTIC SERVICES	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
DENTAL SERVICES	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
INPATIENT HOSPITAL SERVICES	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
ACCESS SERVICES	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
LAB, DIAGNOSTIC, & RADIOLOGICAL SERVICES	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
MEDICAL TRANSPORTATION	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
MENTAL HEALTH SERVICES	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
1. Children (0-19)	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
2. Adults	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
OUTPATIENT HOSPITAL SERVICES	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
AMBULATORY SURGICAL CENTER	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
MEDICAL EMERGENCIES	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
PODIATRIC SERVICES	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
PRESCRIPTION DRUGS & OTCs	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
1. Brand-name	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
2. Generic	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
REHABILITATIVE & THERAPEUTIC SERVICES	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
VISION CARE SERVICES	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
HOME CARE SERVICES	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
NURSING FACILITIES EXPENSES	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
MEDICARE COST-SHARING	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
EXPENSES NOT ITEMIZED ABOVE	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

MCO PAYMENT DATA REPORTING
MINNESOTA HEALTH CARE PROGRAMS (MHCP)
Section 2. PROVIDER RATE CHANGES - CY 2009

Please provide a description for each legislatively mandated provider rate increase or decrease and how it was passed on to providers for calendar year 2009. Please include differences across programs.
Please see **Attachment B** for legislative exclusions.

Provider rate changes implemented beginning January 1, 2009:
1. Inpatient hospital ratable reduction (MA, GAMC) - 3.46% from Jan - Jun 2009 and 1.9% July 2009 - June 2010.

Provider rate changes implemented beginning October 1, 2009:
1. Inpatient hospital ratable reduction (MA, GAMC, MinnesotaCare) - 1%

2. Basic care ratable reduction (MA, GAMC, MinnesotaCare) - 4.5%

3. Physician and professional services ratable reduction (MA, GAMC, MinnesotaCare) - 6.5%

4. Birth Payments: Professional and Inpatient (MA, MinnesotaCare)

5. Home Care services rate reduction - 2.58%

MCO PAYMENT DATA REPORTING
MINNESOTA HEALTH CARE PROGRAMS (MHCP)
Section 3. RATE METHODOLOGIES - CY 2009

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

Examples of rate methodologies include:
*Resourced-based method such as Resource-based Relative Value Scales (RBRVS) - physician
*Medicare's Ambulatory Payment Classification (APC), Outpatient Prospective Payment (OPPS) - outp
*Diagnostic Related Groups (DRGs) - inpatient
*Average Whole Price (AWP), Average Manufacturer Price (AMP), Wholesale Acquisition Cost (WAC)
*Cost-based - various

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

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 2009

Please provide the average and range of reimbursement rates for the provider/service types listed below. Please include differences across programs. Please see **Attachment C** for CPT, HCPC, Dental and Revenue code references.

Provider/Service Type	Average rate	Low rate	High Rate
1. Physician			
A. Primary Care Providers			
i. Clinic-based visits			
1. Level 1: minimal (new & established)	$ 0.00	$ 0.00	$ 0.00
2. Level 2: limited (new & established)	$ 0.00	$ 0.00	$ 0.00
3. Level 3: low severity (new & established)	$ 0.00	$ 0.00	$ 0.00
4. Level 4: moderate (new & established)	$ 0.00	$ 0.00	$ 0.00
5. Level 5: comprehensive (new & established)			
ii. Non clinic-based visits			
1. Inpatient	$ 0.00	$ 0.00	$ 0.00
2. Outpatient	$ 0.00	$ 0.00	$ 0.00
B. Non-Primary Care Providers			
i. Clinic-based visits			
1. Level 1: minimal (new & established)	$ 0.00	$ 0.00	$ 0.00
2. Level 2: limited (new & established)	$ 0.00	$ 0.00	$ 0.00
3. Level 3: low severity (new & established)	$ 0.00	$ 0.00	$ 0.00
4. Level 4: moderate (new & established)	$ 0.00	$ 0.00	$ 0.00
5. Level 5: comprehensive (new & established)			
ii. Non clinic-based visits			
1. Inpatient	$ 0.00	$ 0.00	$ 0.00
2. Outpatient	$ 0.00	$ 0.00	$ 0.00
2. Advanced Practice Nurses			
A. Primary Care Providers			
i. Clinic-based visits			
1. Level 1: minimal (new & established)	$ 0.00	$ 0.00	$ 0.00
2. Level 2: limited (new & established)	$ 0.00	$ 0.00	$ 0.00
3. Level 3: low severity (new & established)	$ 0.00	$ 0.00	$ 0.00
4. Level 4: moderate (new & established)	$ 0.00	$ 0.00	$ 0.00
5. Level 5: comprehensive (new & established)			
ii. Non clinic-based visits			
1. Inpatient	$ 0.00	$ 0.00	$ 0.00
2. Outpatient	$ 0.00	$ 0.00	$ 0.00
B. Non-Primary Care Providers			
i. Clinic-based visits			
1. Level 1: minimal (new & established)	$ 0.00	$ 0.00	$ 0.00
2. Level 2: limited (new & established)	$ 0.00	$ 0.00	$ 0.00
3. Level 3: low severity (new & established)	$ 0.00	$ 0.00	$ 0.00
4. Level 4: moderate (new & established)	$ 0.00	$ 0.00	$ 0.00
5. Level 5: comprehensive (new & established)			
ii. Non clinic-based visits			
1. Inpatient	$ 0.00	$ 0.00	$ 0.00
2. Outpatient	$ 0.00	$ 0.00	$ 0.00
3. Chiropractors			
A. Chiropractic manipulative treatment (CMT)			
i. one to two regions	$ 0.00	$ 0.00	$ 0.00
ii. three to four regions	$ 0.00	$ 0.00	$ 0.00
iii. five regions	$ 0.00	$ 0.00	$ 0.00
4. Providers of rehabilitative and therapeutic services (outpatient professional services)			
A. Speech-language pathology			
i. Medical evaluation of speech	$ 0.00	$ 0.00	$ 0.00
ii. SLP treatment sessions	$ 0.00	$ 0.00	$ 0.00
B. Physical Therapy			
i. PT evaluation, initial	$ 0.00	$ 0.00	$ 0.00
ii. PT re-evaluation, periodic	$ 0.00	$ 0.00	$ 0.00
iii. PT treatment session	$ 0.00	$ 0.00	$ 0.00
C. Occupational Therapy			
i. OT evaluation, initial	$ 0.00	$ 0.00	$ 0.00
ii. OT re-evaluation, initial	$ 0.00	$ 0.00	$ 0.00
iii. OT treatment session	$ 0.00	$ 0.00	$ 0.00
5. Inpatient Hospital			
A. Maternity			
i. vaginal birth - normal	$ 0.00	$ 0.00	$ 0.00
ii. C-section - normal	$ 0.00	$ 0.00	$ 0.00
iii. vaginal birth - complicated	$ 0.00	$ 0.00	$ 0.00
iv. C-section - complicated	$ 0.00	$ 0.00	$ 0.00
B. Chemical dependency			
i. hospital-based residential per diem	$ 0.00	$ 0.00	$ 0.00
ii. hospital-based room & board	$ 0.00	$ 0.00	$ 0.00
iii. hospital-based treatment	$ 0.00	$ 0.00	$ 0.00
OR iv. Global CD payment (please specify what is included)			
C. Mental Health			
i. children (0-19)	$ 0.00	$ 0.00	$ 0.00
ii. adults	$ 0.00	$ 0.00	$ 0.00
D. All other surgical	$ 0.00	$ 0.00	$ 0.00
E. All other medical	$ 0.00	$ 0.00	$ 0.00
6. Outpatient Hospital (facility only)			
A. Emergency	$ 0.00	$ 0.00	$ 0.00
B. Non-emergency	$ 0.00	$ 0.00	$ 0.00
7. Dentists, dental hygienists			
A. Diagnostic	$ 0.00	$ 0.00	$ 0.00
B. Preventive	$ 0.00	$ 0.00	$ 0.00
C. Restorative	$ 0.00	$ 0.00	$ 0.00
D. Endodontics	$ 0.00	$ 0.00	$ 0.00
E. Periodontics	$ 0.00	$ 0.00	$ 0.00
F. Prosthodontics			
G. Oral & Maxillofacial Surgery	$ 0.00	$ 0.00	$ 0.00
H. Orthodontics	$ 0.00	$ 0.00	$ 0.00
I. Adjunctive Services	$ 0.00	$ 0.00	$ 0.00
8. Prescription drugs (pharmacies)			
This section should provide average cost for each category			
A. Dispensing fee	$ 0.00	$ 0.00	$ 0.00
B. Brand ingredient reimbursement	$ 0.00	$ 0.00	$ 0.00
C. Generic ingredient reimbursement	$ 0.00	$ 0.00	$ 0.00
9. Home care providers			
A. Private Duty Nursing (RN/LPN) - 15 minute unit			
B. Skilled Nurse Visits - visit	$ 0.00	$ 0.00	$ 0.00
C. Home Health Aide (HHA) - visit	$ 0.00	$ 0.00	$ 0.00
D. PCA services - 15 minute unit	$ 0.00	$ 0.00	$ 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. Residential			
i. room & board	$ 0.00	$ 0.00	$ 0.00
ii. treatment	$ 0.00	$ 0.00	$ 0.00
B. Non-residential			
i. room & board only	$ 0.00	$ 0.00	$ 0.00
ii. treatment (medication assisted therapy)	$ 0.00	$ 0.00	$ 0.00
iii. treatment	$ 0.00	$ 0.00	$ 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	$ 0.00	$ 0.00
ii. Interactive diagnostic assessment - 1 session	$ 0.00	$ 0.00	$ 0.00
iii. CTSS Individual psychotherapy - 30 minutes	$ 0.00	$ 0.00	$ 0.00
iv. CTSS Group psychotherapy - 1 session	$ 0.00	$ 0.00	$ 0.00
v. CTSS Family psychotherapy - 1 session	$ 0.00	$ 0.00	$ 0.00
B. Adult Mental Health Services			
i. Diagnostic assessment - 1 session	$ 0.00	$ 0.00	$ 0.00
ii. Interactive diagnostic assessment - 1 session	$ 0.00	$ 0.00	$ 0.00
iii. Individual psychotherapy - 20-30 minutes	$ 0.00	$ 0.00	$ 0.00
iv. Group psychotherapy - 1 session	$ 0.00	$ 0.00	$ 0.00
v. Family psychotherapy - 1 session	$ 0.00	$ 0.00	$ 0.00
vi. Basic Living and social skills - 15 minutes	$ 0.00	$ 0.00	$ 0.00

ATTACHMENT A	
Hierarchy for Section 1: Aggregate Payment Data	
A. Diagnosis	
1	Maternity Care
2	Chemical Dependency
3	Mental Health Services
	Children
	Adults
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	Medicare Cost Sharing
11	Expenses not itemized above

ATTACHMENT B

2009 Legislative Session & Unallotment Ratable Reductions

	Physician & Professional Services Ratable Reduction	**Basic Care Services Ratable Reduction**	**Inpatient Services Ratable Reduction**
	MA & GAMC: 6.5% MinnesotaCare: 5%	MA & GAMC: 4.5% MinnesotaCare: 3%	MA & GAMC: 1% MinnesotaCare: 1%
Categories of Service (COS)	043 (physician)* 051 (physical therapy) 053 (speech therapy) 054 (occupational therapy) 055 (podiatry) 057 (chiropractic) 058 (audiology) 078 (vision) 079 (radiology) 090 (nurse midwife)* 091 (nurse practitioner services)* 092 (nutrition services)	007 (outpatient hospital)* 032 (medical supplies/DME)* 056 (ambulatory surgery) 075 (eyeglasses/contact lenses) 076 (prosthetics/orthotics) 077 (hearing aids)* 080 (laboratory) 087 (renal dialysis) 088 (public health nursing)	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:	For COS 007, exclude claim lines with [mental health] procedure codes 90800-90899, 96101-96103, 96118-96120, 97535 HE.	<u>Excludes the following facilities</u>: Indian Health Services (IHS)
	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	For COS 032, exclude procedure codes E0424, E0431, E0434, E0439, S8120, S8121, K0738 (volume purchase oxygen) and E1399 with modifier QH.	
	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).**	For COS 077, exclude claim lines with base rate source RR.	
	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).		
	<u>Excludes the following providers</u>:	<u>Excludes the following providers</u>:	
	Federally Qualified Health Centers (FQHCs)	Federally Qualified Health Centers (FQHCs)	
	Rural Health Centers (RHC)	Rural Health Centers (RHC)	
	Indian Health Services (IHS) or 638	Indian Health Services (IHS) or 638	

ATTACHMENT C

Code reference for Section 4. Aggregate Reimbursement Rates

Provider/Service Type	Codes: CPT, HCPC, Revenue, Dental
1. Physician	
A. Primary Care Providers	
i. Clinic-based visits	
1. Level 1: minimal (new & established)	99201, 99211
2. Level 2: limited (new & established)	99202, 99212
3. Level 3: low severity (new & established)	99203, 99213
4. Level 4: moderate (new & established)	99204, 99214
5. Level 5: comprehensive (new & established)	99205, 99215
ii. Non clinic-based visits	
1. Inpatient	99221-99233
2. Outpatient	99201-99215, 99381-99383
B. Non-Primary Care Providers	
i. Clinic-based visits	
1. Level 1: minimal (new & established)	99201, 99211
2. Level 2: limited (new & established)	99202, 99212
3. Level 3: low severity (new & established)	99203, 99213
4. Level 4: moderate (new & established)	99204, 99214
5. Level 5: comprehensive (new & established)	99205, 99215
ii. Non clinic-based visits	
1. Inpatient	99221-99233
2. Outpatient	99201-99215, 99381-99383
2. Advanced Practice Nurses	
A. Primary Care Providers	
i. Clinic-based visits	
1. Level 1: minimal (new & established)	99201, 99211
2. Level 2: limited (new & established)	99202, 99212
3. Level 3: low severity (new & established)	99203, 99213
4. Level 4: moderate (new & established)	99204, 99214
5. Level 5: comprehensive (new & established)	99205, 99215
ii. Non clinic-based visits	
1. Inpatient	99221-99233
2. Outpatient	99201-99215, 99381-99383
B. Non-Primary Care Providers	
i. Clinic-based visits	
1. Level 1: minimal (new & established)	99201, 99211
2. Level 2: limited (new & established)	99202, 99212
3. Level 3: low severity (new & established)	99203, 99213
4. Level 4: moderate (new & established)	99204, 99214
5. Level 5: comprehensive (new & established)	99205, 99215
ii. Non clinic-based visits	
1. Inpatient	99221-99233
2. Outpatient	99201-99215, 99381-99383
3. Chiropractors	
A. Chiropractic manipulative treatment (CMT)	
i. one to two regions	98940
ii. three to four regions	98941
iii. five regions	98942
4. Providers of rehabilitative and therapeutic services (outpatient professional services)	
A. Speech-language pathology	
i. Medical evaluation of speech	92506
ii. SLP treatment sessions	92507-92508, 92526, 92626-92627, 92630, 92633
B. Physical Therapy	
i. PT evaluation, initial	97001
ii. PT re-evaluation, periodic	97002
iii. PT treatment session	95851-95852
C. Occupational Therapy	
i. OT evaluation, initial	97003
ii. OT re-evaluation, initial	97004
iii. OT treatment session	95851-95852
5. Inpatient Hospital	
A. Maternity	
i. vaginal birth - normal	DRG - 373
ii. C-section - normal	DRG - 371
iii. vaginal birth - complicated	DRG - 372
iv. C-section - complicated	DRG - 370
B. Chemical dependency	
i. hospital-based residential per diem	0101
ii. hospital-based room & board	0118, 0128, 0138, 0148 or 0158
iii. hospital-based treatment	0944, or 0945; H2036
OR iv. Global CD payment (please specify what is included)	
C. Mental Health	
i. children (0-19)	diagnosis codes starting with 290, 293-302, & 306-316.
ii. adults	
D. All other surgical	various
E. All other medical	various
6. Outpatient Hospital (facility only)	
A. Emergency	99281-99285
B. Non-emergency	99201-99215, 99381-99383
7. Dentists, dental hygienists	
A. Diagnostic	D0120, D0140, D0145, D0150, D0210, D0220, D0230, D0272, D0274, D0330
B. Preventive	D1110, D1120, D1203, D1204, D1206, D1330, D1351, D1510, D1515
C. Restorative	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2740, D2790, D2792, D2930, D2931, D2932
D. Endodontic	D3220, D3310, D3320, D3330
E. Periodontics	[D4210, D4211 or CPT codes 41820, 41828, 41872], D4341, D4342, D4355, D4910
F. Prosthodontics	D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5410, D5411, D5421, D5422, D5510, D5520, D5610, D5620, D5630, D5640, D5650,D5660, D5710, D5711, D5720, D5721, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761
G. Oral & Maxillofacial Surgery	D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7285, D7286, [D7310, D7311, D7320, D7321, or CPT codes 41874], D7471, D7472, 7473, D7485, D7510
H. Orthodontics	D8010, D8020, D8030, D8040, D8050, D8060, D8070, D8080, D8090
I. Adjunctive Services	D9110, D9220, D9221, D9230, D9241, D9242, D9410, D9420, D9951
8. Prescription drugs (pharmacies)	
This section should provide average cost for each category	
A. Dispensing fee	various
B. Brand ingredient reimbursement	various
C. Generic ingredient reimbursement	various
9. Home care providers	
A. Private Duty Nursing (RN/LPN) - 15 minute unit	T1002-T1003, modifiers TG, TT
B. Skilled Nurse Visits - visit	T1030
C. Home Health Aide (HHA) - visit	T1021
D. PCA services - 15 minute unit	T1019, modifiers TT, HQ, U6, UA
E. PCA Assessment - visit	T1001, modifiers TS, U6
10. Chemical Dependency services (non-hospital based)	
A. Residential	
i. room & board	1002
ii. treatment	0944 or 0945; H2036
B. Non-residential (outpatient)	
i. room & board only	1003
ii. treatment (medication assisted therapy)	0944; H0020
iii. treatment	0944 or 0945; H2035
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	90801
ii. Interactive diagnostic assessment - 1 session	90802
iii. CTSS Individual psychotherapy - 30 minutes	90804- modifier UA
iv. CTSS Group psychotherapy - 1 session	90853 - modifier UA
v. CTSS Family psychotherapy - 1 session	90847 - modifier UA
B. Adult Mental Health Services	
i. Diagnostic assessment - 1 session	90801
ii. Interactive diagnostic assessment - 1 session	90802
iii. Individual psychotherapy - 20-30 minutes	90804
iv. Group psychotherapy - 1 session	90853
v. Family psychotherapy - 1 session	90847
vi. Basic Living and social skills - 15 minutes	H2017

Minnesota Department of Health (MDH) Health Plan Financial and Statistical Reporting

Definitions - Section 7 Health Care Expenses

Physician services expenses	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.
Other health professional services expenses	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.
Inpatient hospital services expenses	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.
Outpatient services expenses	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.
Skilled nursing facilities expenses	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.
Home health care expenses	These are costs for medical care services delivered in the home under the direction of a physician. This includes non-inpatient hospice care expenses.
Emergency services expenses	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.
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).