

Breen, Chandra F (DHS)

From: Zimmerman, Marie L (DHS)
Sent: Monday, February 08, 2010 4:19 PM
To: Breen, Chandra F (DHS); Peed, Karen (DHS); Wiley, R Jason J (DHS); Kunerth, Vicki M (DHS)
Subject: Please review ASAP!

I would like to get the draft aggregate payment data instructions and template out to the MCOs by the end of this week. Please review and get comments back to me before Friday. Vicki is getting me the CD and MH diagnosis codes. Please pay attention to some of the outstanding questions, most are noted in blue.

I've also included additional categories since I last sent this out. It includes home care, skilled nursing facility expenses, and "other expenses." Please note the question at the top under #1 on the instructions tab regarding sub-capitated, risk-sharing or gain-sharing arrangements. Do we want any further any information on these other than either allocating them to a specific service/provider category or putting them in the "other expenses" category.

Steve Masson is reviewing the rate methodology/rates pieces as well. I may set up a brief meeting toward the end of the week, so if you'd like to go over your comments at that time, that would be just fine.

Thanks,
Marie



Payment Data
Reporting Instruc...

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

DRAFT

1. AGGREGATE PAYMENT DATA

Instructions: For each provider type or service category and sub-category, provide the total paid amount (see definition below) by the managed care organization for each program listed in worksheet #1 for the defined reporting period. For Medicare integrated products, this includes the amount paid by both Medicare and Medicaid. Please insert data directly into the template in worksheet #1.

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 the following: 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.

Reporting sub-capitated, gain-sharing or risk-sharing payments:

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 mental health services and chemical dependency services.

1. Primary Care Specialists (American Board of Specialists)

- Family Practice
- General Practice
- Internal Medicine
- Pediatrics
- OBGYN

2. All Other Non-Primary Care Specialists

PHYSICIAN SERVICES

Physician services

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.

1. Primary Care Specialists (American Board of Specialists)

- Family Practice
- General Practice
- Internal Medicine
- Pediatrics
- OBGYN

2. All Other Non-Primary Care Specialists

CHEMICAL DEPENDENCY TREATMENT SERVICES

Chemical Dependency and Mental Health

These are costs related to chemical dependency services expense, for inpatient and outpatient services, coded using the following codes or amended equivalent codes: ICD-9 diagnosis code ranges

CHIROPRACTIC SERVICES Purchasing and Payment Policy **Other** health professional services

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These are costs for all services provided by a licensed

MANAGED CARE ORGANIZATION (MCO) PAYMENT DATA REPORTING

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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 hygienists.

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.

ACCESS SERVICES

N/A

These are costs for interpreter services (language & hearing), access transportation which includes transit, taxi or volunteer transportation, 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 a hospital facility.

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

Adult Mental Health Services
Adult MH-TCM
Children's Mental Health Services
Children's MH-TCM

Chemical Dependency and Mental Health

These are costs related to mental health services expense, for inpatient and outpatient services, coded using the following codes or amended equivalent codes: ICD-9 diagnosis code ranges

OUTPATIENT HOSPITAL SERVICES

Outpatient services

These are costs for those services offered by a hospital (or free-standing ambulatory surgical centers) 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.

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

MANAGED CARE ORGANIZATION (MCO) PAYMENT DATA REPORTING

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PRESCRIPTION DRUGS & OTCS

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. These cost provided in this section should be net of any pharmaceutical rebates.

podiatrist

REHABILITATIVE & THERAPEUTIC 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. This does not include costs for rehabilitative provided in a patient's home.

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 service provided in-home: skilled nurse visits, private duty nursing, home health aide, personal care assistance, qualified supervision of personal care services, physical therapy, occupational therapy, speech therapy respiratory therapy, durable medical equipment and supplies.

SKILLED NURSING FACILITIES EXPENSES

Skilled nursing facility 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.

EXPENSES NOT ITEMIZED ABOVE

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).

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."

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.

DHS - Managed Care Purchasing and Payment Policy Division

MANAGED CARE ORGANIZATION (MCO) PAYMENT DATA REPORTING

For the first report due in 2010, this would be calendar year 2009. This covers legislatively mandated provider increases or decreases that were included in the MCO rates for the most recent completed contract year.

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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 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).

MCO's 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 withhold and incentives for the most recent complete contract year. For the first report due in 2010, this would be calendar year 2009

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).

MCO's can enter information directly into the template under worksheet #4 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 withhold and incentives for the most recent complete contract year. For the first report due in 2010, this would be calendar year 2009

QUESTIONS?

If you have questions regarding MCO Payment Data Reporting for Minnesota Health Care Programs, please contact Marie Zimmerman at 651-431-4233 (direct office) or marie.zimmerman@state.mn.us

MCO PAYMENT DATA REPORTING
 MINNESOTA HEALTH CARE PROGRAMS (MHCP)
 1. AGGREGATE MCO PAYMENT DATA - CY 2009

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| Provider/Service Type | PMAP-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 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 1. Primary Care Specialists | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Family Practice | | | | | | | | |
| General Practice | | | | | | | | |
| Internal Medicine | | | | | | | | |
| Pediatrics | | | | | | | | |
| OBGYN | | | | | | | | |
| 2. All Other Non-Primary Care Specialists | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| PHYSICIAN SERVICES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 1. Primary Care Specialists | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Family Practice | | | | | | | | |
| General Practice | | | | | | | | |
| Internal Medicine | | | | | | | | |
| Pediatrics | | | | | | | | |
| OBGYN | | | | | | | | |
| 2. All Other Non-Primary Care Specialists | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| CHEMICAL DEPENDENCY TREATMENT SERVICES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| CHIROPRACTIC SERVICES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| DENTAL SERVICES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| INPATIENT HOSPITAL SERVICES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| ACCESS SERVICES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| LAB, DIAGNOSTIC, & RADIOLOGICAL SERVICES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| MEDICAL TRANSPORTATION | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| MENTAL HEALTH SERVICES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| OUTPATIENT HOSPITAL SERVICES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

MCO PAYMENT DATA REPORTING
 MINNESOTA HEALTH CARE PROGRAMS (MHCP)
 1. AGGREGATE MCO PAYMENT DATA - CY 2009

DRAFT

| Provider/Service Type | MMP-Families & Children | General Assistance Medical Care (SAMC) | 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) |
|---------------------------------------|-------------------------|--|-----------------------------------|-----------------------------------|-----------------------------------|--|---|---------------------------------|
| MEDICAL EMERGENCIES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| PODIATRIC SERVICES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| PRESCRIPTION DRUGS & OTCs | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| PROSTHETIC & ORTHOTIC DEVICES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| REHABILITATIVE & THERAPEUTIC SERVICES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| VISION CARE SERVICES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| HOME CARE SERVICES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

Please provide a description for each legislative mandated provider rate increase or decrease and how it was passed on to providers for calendar year 2009. Please include in the description if there are difference across programs.

Provider rate changes implemented beginning January 1, 2009:

1. Inpatient hospital ratable reduction (MA, GAMC) - 1%

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%

*Includes: outpatient, medical supplies/DME, ambulatory surgical centers, eyeglasses/contact lenses, prosthetics/orthotics, hearing aids, lab, renal dialysis, and public health nursing.

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

*Includes: physician, physical therapy, speech therapy, occupational therapy, podiatry, chiropractic, audiology, vision, radiology, nurse midwife, nurse practitioner for non-primary care specialties and family planning services.

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

Please provide a description of the MCO's rate methodologies for the provider types listed below. Please include in the description the 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) - outpatient
- *Diagnostic Related Groups (DRGs) - inpatient
- *Average Whole Price (AWP), Average Manufacturer Price (AMP) - prescription drugs
- *Cost-based - various
- *Per diem - 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

3. Inpatient Hospital

4. Outpatient Hospital

5. Dentists, dental hygienists

6. Prescription drugs (pharmacies)

*Please include methodology for dispensing fee and brand versus generic.

7. Home care providers

Please provide the aggregate average reimbursement rate(s) for the provider types listed below. Please include in the description the differences across programs. Primary and non-primary care provider should be reported separately. Please be specific.

1. Physician

- A. Primary Care Providers
 - i. Clinic-based visits
 - ii. Non clinic-based visits (i.e. inpatient/outpatient)
- B. Non-Primary Care Providers
 - i. Clinic-based visits
 - ii. Non clinic-based visits (i.e. inpatient/outpatient)

2. Advanced Practice Nurses

- A. Primary Care Providers
 - i. Clinic-based visits
 - ii. Non clinic-based visits (i.e. inpatient/outpatient)
- B. Non-Primary Care Providers
 - i. Clinic-based visits
 - ii. Non clinic-based visits (i.e. inpatient/outpatient)

3. Chiropractors

4. Providers of rehabilitative therapies

3. Inpatient Hospital
(per admission)

4. Outpatient Hospital

- A. Emergency
- B. Non-emergency

5. Dentists, dental hygienists

6. Prescription drugs (pharmacies)

*Please include dispensing fee and brand versus generic

7. Home care providers

| | |
|---|--|
| 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. |

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|---|---|
| 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 | <p>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.</p> <p>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.</p> |
| 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). |