

STATE: MINNESOTA

Effective: January 1, 2012

TN: 12-10

Approved: 11-15-12

Supersedes: 10-06 (08-16, 07-08, 06-02, 03-35, 01-21)

ATTACHMENT 3.1-A

Page 19d

5.a. Physicians' services (continued):

- a. Participating in quality improvement processes with other providers in order to develop and share best practices.
2. Create and maintain patient information in a searchable, internal clinical registry for the following purposes:
 - a. Provide reminders and follow-up for comprehensive preventive care according to nationally accepted guidelines;
 - b. Manage chronic illness, organize patient care and track interventions;
 - c. Track patient information including diagnoses, primary language and cultural preferences and needs.
3. Designate a dedicated care coordinator to:
 - a. Provide information, support and resources to ensure that the recipient adheres to therapeutic regimens;
 - b. Provide information about available community and social service providers necessary for improvement and maintenance of optimal health outcomes;
 - c. Provide education and training to enhance recipient understanding of and appropriate management of the recipient's condition(s). This includes education about self-management, appropriate use of resources, how to navigate the health care system, and how the primary care provider will work with the recipient to develop a plan of care where warranted due to patient complexity, in coordination with the recipient and the recipient's family and caregivers.

In-reach care coordination services:

Services by physicians include supervision of an in-reach care coordinator who documents and assesses a recipient's emergency room use, develops and implements short-term plans to reduce the recipient's too-frequent or non-urgent emergency room use, and when appropriate, develops and implements a plan to transition the recipient to a more permanent care coordination or case management relationship so that the recipient's continuum of care needs can continue to be met outside of the emergency room.

STATE: MINNESOTA

Effective: January 1, 2012

TN: 12-10

Approved: 11-15-12

Supersedes: 11-04 (09-15, 09-18, 06-03, 04-10, 03-10, 01-14)

ATTACHMENT 3.1-A

Page 25a

6.d.a. Other practitioner' services, (continued)

overseeing the implementation of the individual treatment plans by community health workers.

Telemedicine services. Mental health services that are otherwise covered as direct face-to-face services may be provided via two-way, interactive video if medically appropriate to the condition and needs of the recipient.

In-reach care coordination services:

Services by mental health professionals include supervision of an in-reach care coordinator who documents and assesses a recipient's emergency room use, develops and implements short-term plans to reduce the recipient's too-frequent or non-urgent emergency room use, and when appropriate, develops and implements a plan to transition the recipient to a more permanent care coordination or case management relationship so that the recipient's continuum of care needs can continue to be met outside of the emergency room.

5.a. Physicians' services (continued):

- a. Participating in quality improvement processes with other providers in order to develop and share best practices.
4. Create and maintain patient information in a searchable, internal clinical registry for the following purposes:
 - a. Provide reminders and follow-up for comprehensive preventive care according to nationally accepted guidelines;
 - b. Manage chronic illness, organize patient care and track interventions;
 - c. Track patient information including diagnoses, primary language and cultural preferences and needs.
5. Designate a dedicated care coordinator to:
 - a. Provide information, support and resources to ensure that the recipient adheres to therapeutic regimens;
 - b. Provide information about available community and social service providers necessary for improvement and maintenance of optimal health outcomes;
 - c. Provide education and training to enhance recipient understanding of and appropriate management of the recipient's condition(s). This includes education about self-management, appropriate use of resources, how to navigate the health care system, and how the primary care provider will work with the recipient to develop a plan of care where warranted due to patient complexity, in coordination with the recipient and the recipient's family and caregivers.

In-reach care coordination services:

Services by physicians include supervision of an in-reach care coordinator who documents and assesses a recipient's emergency room use, develops and implements short-term plans to reduce the recipient's too-frequent or non-urgent emergency room use, and when appropriate, develops and implements a plan to transition the recipient to a more permanent care coordination or case management relationship so that the recipient's continuum of care needs can continue to be met outside of the emergency room.

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Effective: January 1, 2012
TN: 12-10
Approved: 11-15-12
Supersedes: 11-04 (09-15, 09-18, 06-03, 04-10, 03-10, 01-14)

ATTACHMENT 3.1-B
Page 24a

6.d.a. Other practitioner' services, (continued)

overseeing the implementation of the individual treatment plans by community health workers.

Telemedicine services. Mental health services that are otherwise covered as direct face-to-face services may be provided via two-way, interactive video if medically appropriate to the condition and needs of the recipient.

In-reach care coordination services:

Services by mental health professionals include supervision of an in-reach care coordinator who documents and assesses a recipient's emergency room use, develops and implements short-term plans to reduce the recipient's too-frequent or non-urgent emergency room use, and when appropriate, develops and implements a plan to transition the recipient to a more permanent care coordination or case management relationship so that the recipient's continuum of care needs can continue to be met outside of the emergency room.

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: January 1, 2012

Page 10i

TN: 12-10

Approved: 11-15-12

Supersedes: 11-02 (10-06,09-25. 09-20, 08-17,07-12,07-08,07-09,07-06)

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere, (continued)

CPT code 99499 HE	\$78.79
CPT code 99499 HE TF	\$155.07
CPT code 99499 NE TG	\$194.50

(c) Primary care component provided by a physician extender plus the psychiatrist component:

CPT code 99499 HE U7	\$ 73.64
CPT code 99499 HE TF U7	\$143.54
CPT code 99499 HE TG U7	\$178.02

In-reach care coordination services shall be paid the lower of:

1. Submitted charge; or
2. 9.54 per 15 minute unit

Effective July 1, 2010, one one-month payment per recipient with 1-3 major chronic conditions receiving Group 1 health care home services, is the lower of:

- Submitted charge; or
- \$10.14.

Effective July 1, 2010, one one-month payment per recipient with 4-6 major chronic conditions receiving Group 2 health care home services, is the lower of:

- Submitted charge; or
- \$20.27.

Effective July 1, 2010, one one-month payment per recipient with 7-9 major chronic conditions receiving Group 3 health care home services is the lower of:

- Submitted charge; or
- \$40.54

Effective July 1, 2010, one one-month payment per recipient with 10 or more major chronic conditions receiving Group 4 health care home services is the lower of:

- Submitted charge; or
- \$60.81.

For each of the Groups 1-4 above, the payment rates listed will be increased by 15% if either of the following apply to the recipient:

- The recipient (or caregiver of a dependent recipient) uses a primary language other than English to communicate about their

STATE: MINNESOTA

ATTACHMENT 4.19-B

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Page 16a

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Supersedes: 11-04 (11-02, 09-25, 08-17, 07-12, 07-08, 07-09, 07-06)

6.d. Other practitioners' services. (continued)

Mental health services performed by a master's prepared mental health professional are paid the lower of:

- (1) submitted charge; or
- (2) 80% of the rate established for doctoral prepared mental health professionals.

Mental health services performed by a master's prepared mental health professional in a community mental health center are paid the lower of:

- (1) submitted charge; or
- (2) 100% of the ~~reference file allowable rate~~ established ~~above~~ for doctoral prepared mental health professionals.

Mental health services provided by a mental health practitioner working as a clinical trainee as defined in Attachment 3.1-A, item 6.d.A., who is supervised by an enrolled provider are paid to the supervising enrolled provider at the lower of:

- (1) submitted charge; or
- (2) 100% of the rate established-for mental health professionals.

Adult day treatment services for mental illness provided on or after July 1, 2001 are paid the lower of:

- (1) submitted charge; or
- (2) \$20.41 per 60 minutes.

In-reach care coordination services are paid using the same methodology that applies to in-reach care coordination services in item 5.a., Physicians' services.