2.b. Rural health clinic services and other ambulatory services that are covered under the plan and furnished by a rural health clinic. (continued)

reimbursement principles in 42 CFR Part 413. The Department will pay for other ambulatory services and clinic services, less the costs of providing dental services, at a single rate per visit based on the cost of all services furnished by the clinic.

B. A clinic will be paid for providing dental services at a rate per visit based on the cost of dental services furnished by the clinic.

C. Effective July 1, 2007, the additional annual payment increases the Medical Assistance payment in an amount equal to:

(1) $7,575,000 multiplied by a proportion equal to the clinic's public program revenue divided by the total amount of public program revenue of all eligible training sites. Public program revenue is the sum of a provider's revenue from medical assistance, prepaid medical assistance, general assistance medical care and, prepaid general assistance medical care.

(2) For clinics with public program revenue equal to or greater than 0.98 percent of the total public program revenue of all eligible training sites, payments are increased by 20 percent.

(3) Payments to training sites with public program revenue less than 0.98 percent of the total public program revenue of all training eligible sites are reduced proportionately to fund the payment increases described in sub-item (2).

D. Effective July 1, 2007, through June 30, 2009, eligible rural health clinics are paid an additional $125 plus 2% every six months for each recipient for whom the provider demonstrates optimal diabetic and/or cardiovascular care which includes:

- Blood pressure less than 130/80; and
- Lipids less than 100; and

2.b. Rural health clinic services and other ambulatory services that are covered under the plan and furnished by a rural health clinic. (continued)

- Patient is taking aspirin daily if over age 40; and
- Patient is not using tobacco; and
- For diabetic only, Hemoglobin A1c levels at less than ~~7~~8.

Each recipient must have had at least two prior office visits with the claiming clinic within the six months before the submission of the claim for the additional payment. Eligible clinics must demonstrate the above optimal diabetic and/or cardiovascular care for each recipient. Clinics must submit documentation of the provision of specific services and complete clinical results per recipient that meet the above criteria for optimal diabetic and/or cardiovascular care. Effective July 1, 2009, the rate adjustment is $250 plus 2% every six months when all of the above criteria are met.

**Alternative Payment Methodology II**

For a rural health clinic paid under this alternative payment methodology in accordance with §1902(bb)(6) of the Act, the methodology is the clinic's PPS rate plus 4 percent through State Fiscal Year 2005.

Effective January 1, 2006, the methodology is the clinic's PPS rate plus: 1) 2 percent plus 2)(for Medical Assistance enrolled teaching clinics) an additional annual payment described below, for: a) State Fiscal Year 2006 (July 1, 2005 through June 30, 2006), which includes a Department payment made for that state fiscal year and distributed by a sponsoring institution prior to October 1, 2006; b) State Fiscal Year 2007 (July 1, 2006 through June 30, 2007), which includes a Department payment made for that state fiscal year and distributed by a sponsoring institution prior to October 1, 2007; and c) for state fiscal year 2008 and thereafter, which includes a Department medical education payment made for each state fiscal year and distributed by a sponsoring institution prior to October 1 of each year for the previous state fiscal year, and 3) beginning July 1, 2007, qualifying payments for meeting incentive criteria for achieving optimal diabetic or cardiovascular care as described below in item B.

2.c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by a FQHC (continued).

reimbursement principles in 42 CFR Part 413. The Department will pay for other ambulatory services and FQHC services, less the cost of providing dental services, at a single rate per visit based on the cost of all services furnished by the FQHC.

B. A FQHC will be paid for providing dental services at a rate per visit based on the cost of dental services furnished by the FQHC.

C. Effective July 1, 2007, the additional annual payment increases the Medical Assistance payment by an amount equal to:

(1) $7,575,000 multiplied by a proportion equal to the clinic's public program revenue divided by the total amount of public program revenue of all eligible training sites. Public program revenue is the sum of a provider's revenue from medical assistance, prepaid medical assistance, general assistance medical care and, prepaid general assistance medical care.

(2) For clinics with public program revenue equal to or greater than 0.98 percent of the total public program revenue of all eligible training sites, payments are increased by 20 percent.

(3) Payments to training sites with public program revenue less than 0.98 percent of the total public program revenue of all training eligible sites are reduced proportionately to fund the payment increases described in sub-item (2).

D. Effective July 1, 2007, through June 30, 2009, eligible FQHCs are paid an additional $125 plus 2% every six months for each recipient for whom the FQHC demonstrates optimal diabetic and/or cardiovascular care which includes:

- Blood pressure less than 130/80; and
- Lipids less than 100; and
- Patient is taking aspirin daily if over age 40; and

2.c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by a FQHC (continued).

- Patient is not using tobacco; and
- For diabetic only, Hemoglobin A1c levels at less than ~~7~~ 8.

Each recipient must have had at least two prior office visits with the claiming FQHC within the six months before the submission of the claim for the additional payment. Eligible FQHCs must demonstrate the above optimal diabetic and/or cardiovascular care for each recipient. To qualify for the rate adjustment, the FQHC must submit documentation of the provision of specific services and complete clinical results per recipient that meet the criteria for optimal diabetic and/or cardiovascular care. Effective July 1, 2009, the rate adjustment is $250 plus 2% every six months when all of the above criteria are met.

**Alternative Payment Methodology II**

For a FQHC paid under this alternative payment methodology in accordance with §1902(bb)(6) of the Act, the methodology is the FQHC's PPS rate plus 4 percent through State Fiscal Year 2005.

Effective January 1, 2006, the methodology is the FQHC's PPS rate plus
1) 2 percent plus 2)(for Medical Assistance enrolled teaching FQHCS)
2) an additional annual payment described below, for: a)State Fiscal
3) Year 2006 (July 1, 2005 through June 30, 2006), which includes a Department payment made for that state fiscal year and distributed

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

are paid the lower of the submitted charge or 23.7% over the rates in effect on January 1, 2006, when provided by:
1) psychiatrists and advanced practice registered nurses with a psychiatric specialty;
2) community mental health centers described in Attachment 3.1-A and 3.1-B at item 6.d.A; or
3) essential community providers as designated under Minnesota Statutes §62Q.19, in mental health clinics and centers certified under Minnesota Rules, parts 9520.0750 to 9520.0870, or hospital outpatient psychiatric departments.

Effective July 1, 2007, through June 30, 2009, eligible providers are paid an additional $125 every six months for each recipient for whom the provider demonstrates optimal diabetic and/or cardiovascular care which includes:

- Blood pressure less than 130/80; and
- Lipids less than 100; and
- Patient is taking aspirin if over age 40; and
- Patient is not using tobacco; and
- For diabetic only, Hemoglobin A1c levels at less than ~~7~~ 8.

Each recipient must have had at least two prior office visits with the claiming provider within the six months before the submission of the claim for the additional payment. Eligible providers are physicians who demonstrate the above optimal diabetic and/or cardiovascular care for each recipient. To qualify for the rate adjustment, providers must submit documentation of the provision of specific services and complete clinical results per recipient that meet the criteria for optimal diabetic and/or cardiovascular care. Effective July 1, 2009, the rate adjustment is $250 every six months when all of the above criteria are met.

With the exception noted below, for all other services the payment rate is the lower of:
(1) submitted charges; or
(2) (a) 75% of the 50th percentile of the charges submitted by all providers of the service (except for services provided by home health agencies, home and community based waiver services providers, IEP providers, dentists, and providers whose payment rate is based on a percentage of the physicians' payment rate) in the calendar year specified in legislation governing maximum payment rates; or

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

(b) State agency established rate.

Effective July 1, 2007, evaluation and management services" that are not "office and other outpatient services", "critical care services", or "preventive medicine new and established patient" services are paid the lower of the submitted charge or 23.7% over the rates in effect on January 1, 2006, when provided by:

1) psychiatrists and advanced practice registered nurses with a psychiatric specialty;
2) community mental health centers described in Attachment 3.1-A and 3.1-B at item 6.d.A; or
3) essential community providers as designated under Minnesota Statutes §62Q.19, in mental health clinics and centers certified under Minnesota Rules, parts 9520.0750 to 9520.0870, or hospital outpatient psychiatric departments.

Effective for services provided on or after July 1, 2007, family planning services provided by family planning clinics, public health clinics and community health clinics are paid 25% over the rate in effect on June 30, 2007.

Effective July 1, 2007, through June 30, 2009, eligible providers are paid an additional $125 every six months for each recipient for whom the provider demonstrates optimal diabetic and/or cardiovascular care which includes:

- Blood pressure less than 130/80; and
- Lipids less than 100; and
- Patient is taking aspirin daily if over age 40; and
- Patient is not using tobacco; and
- For diabetic only, Hemoglobin A1c levels at less than ~~7~~ 8.

Each recipient must have had at least two prior office visits with the claiming provider within the six months before the submission of the claim for the additional payment. Eligible providers are physicians who demonstrate the above optimal diabetic and/or cardiovascular care for each recipient. To qualify for the rate adjustment, providers must submit documentation of the provision of specific services and

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

E. With the exception noted below for the provision of optimal diabetic and/or cardiovascular care, **nurse practitioner services** (independently enrolled)are paid the lower of:

1) submitted charge; or

2) 90% of the rate established for a physician providing the same procedure.

Effective July 1, 2007, through June 30, 2009, providers are eligible for a supplemental payment of $125 every six months for each recipient for whom the provider demonstrates optimal diabetic and/or cardiovascular care which includes:

- Blood pressure less than 130/80; and
- Lipids less than 100; and
- Patient is taking aspirin daily if over age 40; and
- Patient is not using tobacco; and
- For diabetic only, Hemoglobin A1c levels at less than ~~7~~8.

Each recipient must have had at least two prior office visits with the claiming provider within the six months before the submission of the claim for the additional payment. Eligible providers are those nurse practitioners who demonstrate the above optimal diabetic and/or cardiovascular care for each recipient. To qualify for the rate adjustment, providers must submit documentation of the provision of specific services and complete clinical results per recipient that meet the above criteria for optimal diabetic and/or cardiovascular care. Effective July 1, 2009, the rate adjustment is $250 every six months when all of the above criteria are met.

Nurse practitioners who provide provider-directed care coordination are paid using the same methodology as item 5.a., Physicians' Services.

**Nurse practitioner services** (physician extenders) are paid the lower of:

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

1) submitted charge; or

2) 65% of the rate established for a physician providing the same procedure.

Effective July 1, 2007, evaluation and management services are paid the lower of the submitted charge or 23.7% over the rates established above, when provided by a nurse practitioner with a psychiatric specialty.

Effective July 1, 2007, through June 30, 2009, eligible providers are eligible for a supplemental payment of $125 every six months for each recipient for whom the provider demonstrates optimal diabetic and/or cardiovascular care which includes:

- Blood pressure less than 130/80; and
- Lipids less than 100; and
- Patient is taking aspirin daily if over age 40; and
- Patient is not using tobacco; and
- For diabetic only, Hemoglobin A1c levels at less than ~~7~~8.

Each recipient must have had at least two prior office visits with the claiming provider within the six months before the submission of the claim for the additional payment. Eligible providers are those nurse practitioners who demonstrate the above optimal diabetic and/or cardiovascular care for each recipient. To qualify for the rate adjustment, providers must submit documentation of the provision of specific services and complete clinical results per recipient that meet the above criteria for optimal diabetic and/or cardiovascular care. Effective July 1, 2009, the rate adjustment is $250 every six months when all of the above criteria are met.

If the services are paid through the payment for inpatient services, the nurse practitioner cannot

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

H. With the exception noted below, **clinical nurse specialist** services (independently enrolled) are paid the lower of:

1) submitted charge; or

2) 90% of the rate established for a physician providing the same procedure.

Effective July 1, 2007, through June 30, 2009, providers are eligible for a supplemental payment of $125 every six months for each recipient for whom the provider demonstrates optimal diabetic and/or cardiovascular care which includes:

- Blood pressure less than 130/80; and
- Lipids less than 100; and
- Patient is taking aspirin daily if over age 40; and
- Patient is not using tobacco; and
- For diabetic only, Hemoglobin A1c levels at less than ~~7~~8.

Each recipient must have had at least two prior office visits with the claiming provider within the six months before the submission of the claim for the additional payment. Eligible providers are those clinical nurse specialists who demonstrate the above optimal diabetic and/or cardiovascular care for each recipient. To qualify for the rate adjustment, providers must submit documentation of the provision of specific services and complete clinical results per recipient that meet the above criteria for optimal diabetic and/or cardiovascular care. Effective July 1, 2009, the rate adjustment is $250 every six months when all of the above criteria are met.

With the exception noted below, **clinical nurse specialist** services (physician extenders) are paid the lower of:

1) submitted charge; or

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

2) 65% of the rate established for a physician providing the same procedure.

Clinical nurse specialist services provided by a **masters prepared nurse with American Nurses Association certification as a clinical specialist in psychiatric or mental health** are paid as provided in item 6.d.A and as follows:

- Effective July 1, 2007, evaluation and management services are paid the lower of the submitted charge or 23.7% over the applicable rate established above for independently enrolled or physician extender clinical nurse specialists.

Effective July 1, 2007, through June 30, 2009, providers are eligible for a supplemental payment of $125 every six months for each recipient for whom the provider demonstrates optimal diabetic and/or cardiovascular care which includes:

- Blood pressure less than 130/80; and
- Lipids less than 100; and
- Patient is taking aspirin daily if over age 40; and
- Patient is not using tobacco; and
- For diabetic only, Hemoglobin A1c levels at less than ~~7~~8.

Each recipient must have had at least two prior office visits with the claiming provider within the six months before the submission of the claim for the additional payment. Eligible providers are those clinical nurse specialists who demonstrate the above optimal diabetic and/or cardiovascular care for each recipient. To qualify for the rate adjustment, providers must submit documentation of the provision of specific services and complete clinical results per recipient that meet the above criteria for optimal diabetic and/or cardiovascular care. Effective July 1, 2009, the rate adjustment is $250 every six months when all of the above criteria are met.