2010 Family and Children Contract

Well-Child Primary Care Accessibility Section 7.10.6
- Well-Child Visits
- Lead Screening

Preventive Care Section 7.10.8
- Chlamydia Screening
- Breast Cancer Screening

Developmental and Mental Health Screening Section 7.10.9
- Child Developmental Screening
- Child Mental Health Screening
Managed Care Incentive Technical Specification  
Well Child Visits  

Contract Year 2010

**Purpose.** The incentive is designed to improve the percentage of children who receive well child screenings.

**Incentive Payment Computation.** The incentive amount, if earned, is the Contract year number of children who received well child services per 1,000 member months enrollment minus the baseline year number of children who received well child services per 1,000 member months, multiplied by the number of enrollee months in the Contract year, divided by 1000, and multiplied by $90.

\[
\text{Incentive Payment} = \left[ \frac{(R_{cy} - R_{by}) \times EM_{cy}}{1000} \right] \times 90
\]

- \( R_{cy} \): Rate of Contract year service recipients per 1,000 member-months.
- \( R_{by} \): Rate of baseline year service recipients per 1,000 member-months. For this incentive, the baseline year is the calendar year immediately preceding the Contract year.
- \( EM_{cy} \): The number of enrollee months in the Contract year.

If the MCO has a well-child visit rate for the Contract year equal to or below its rate for the preceding year, no incentive payment will be awarded.

**Rates (\( R_{cy} & R_{by} \)).**

- **Formula:** Rate = ROUND(N / D) * 1,000
- The Denominator (D) is the number of member-months of enrollment for children in the MCO during the year. To be “eligible” the enrollee must meet the criteria listed in the Denominator Detail section below.
- The Numerator (N) is the number of children that received well child services within the Contract year in the MCO. To be “eligible” the enrollee must meet the criteria listed in the Numerator Detail section below.
- The rates are calculated by dividing the numerator by the denominator times 1,000. The result is rounded to the nearest whole number.

**Denominator Detail.**

- Age: Under 21 years of age, calculated as of December 31st of the Contract year.
- Children must be enrolled in an MCO for at least one month during the calendar year in the F&C MA or MinnesotaCare.

**Numerator Detail.**

- Well child services must be provided during the Contract year, depending on the date of the child’s enrollment into the MCO.
Some well child services are defined by procedure code alone; some are procedure codes that require an accompanying diagnosis. Well child services are defined as: [see below].

Limited to encounter claims. Fee for Service claims are excluded.

‘Denied’ encounter lines are counted unless the claim line is denied as a duplicate or is a failed replacement.

Voided and replaced encounters are excluded.

**Data Sources.**

- DHS Minnesota Health Care Programs Eligibility Database
- DHS Claims and Encounter Database

Data used to calculate the incentive amounts are from records received by the STATE no later than May 31st of the year following the Contract year.

**Example.**

\[ R_{cy}: \]

<table>
<thead>
<tr>
<th>MCO</th>
<th>Denominator</th>
<th>Numerator</th>
<th>Round(N \ D) * 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>GoodCare</td>
<td>Count of member-months for children enrolled in MCO in CY</td>
<td>Count of children who received a well child service in MCO in CY</td>
<td>Rate of Contract year service recipients per 1,000 member-months</td>
</tr>
<tr>
<td></td>
<td>745,125</td>
<td>33,250</td>
<td>45</td>
</tr>
</tbody>
</table>

\[ R_{by}: \]

<table>
<thead>
<tr>
<th>MCO</th>
<th>Denominator</th>
<th>Numerator</th>
<th>Round(N \ D) * 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>GoodCare</td>
<td>Count of member-months for children enrolled in baseline year</td>
<td>Count of children who received a well child service in MCO in baseline year</td>
<td>Rate of baseline year service recipients per 1,000 member-months</td>
</tr>
<tr>
<td></td>
<td>703,500</td>
<td>28,505</td>
<td>41</td>
</tr>
</tbody>
</table>

\[ EM_{cy}: \] The number of enrollee months in the Contract year is 745,125.

\[ \text{Incentive Payment} = \left\lfloor \frac{(R_{cy} - R_{by}) \times EM_{cy}}{1,000} \right\rfloor \times 90 \]

\[ = \left\lfloor \frac{(45 - 41) \times 745,125}{1,000} \right\rfloor \times 90 \]

\[ = \left\lfloor \frac{(4 \times 745,125)}{1,000} \right\rfloor \times 90 \]

\[ = \left\lfloor \frac{2,980,500}{1,000} \right\rfloor \times 90 \]

\[ = 2,980 \times 90 \]

\[ = 268,200 \]

If the result of the formula is a negative number, the payment is $0.

**Additional Incentive.**
When a MCO expands services ten (10) or more percentage points above the previous year’s base rate for Well Child, Lead, or Preventive screenings, the State will pay one hundred and fifty percent (150%) of the unit incentive rate specified for each eligible incentive. This higher rate will apply to the full expansion of services. For example: the Well-Child Visits expansion incentive would be seventy-five dollars ($75) instead of fifty dollars ($50) if the expansion of services is ten percentage points or more over the previous year’s base rate.

<p>| Procedure Codes Which Require A Diagnosis Code to be Considered a Well-Child Visit | Procedure Codes Which Do NOT Require a Diagnosis Code to be Considered a Well-Child Visit |
|_________________________________________________________________________________|
| CODE | DESCRIPTION | CODE | DESCRIPTION |
| 99201 | OFFICE/OUTPATIENT VISIT, NEW | 81000 | URINALYSIS WITH MICROSCOPY |
| 99202 | OFFICE/OUTPATIENT VISIT, NEW | 83655 | ASSAY FOR LEAD |
| 99203 | OFFICE/OUTPATIENT VISIT, NEW | 84030 | ASSAY BLOOD PKU |
| 99204 | OFFICE/OUTPATIENT VISIT, NEW | 85660 | RBC SICKLE CELL TEST |
| 99205 | OFFICE/OUTPATIENT VISIT, NEW | 86580 | TB INTRADERMAL TEST |
| 99211 | OFFICE/OUTPATIENT VISIT, EST | 90632 | HEP A VACCINE ADULT IM |
| 99212 | OFFICE/OUTPATIENT VISIT, EST | 90633 | Hepa vaccine ped/adol-2 dose |
| 99213 | OFFICE/OUTPATIENT VISIT, EST | 90634 | Hepa vaccine ped/adol-3 dose |
| 99214 | OFFICE/OUTPATIENT VISIT, EST | 90636 | HEPA/HEPB VACCINE ADULT IM |
| 99215 | OFFICE/OUTPATIENT VISIT, EST | 90645 | HIB VACCINE, HBOC, IM |
| 99341 | HOME VISIT, NEW PATIENT | 90646 | HIB VACCINE, PRP-D, IM |
| 99342 | HOME VISIT, NEW PATIENT | 90647 | HIB VACCINE, PRP-OMP, IM |
| 99343 | HOME VISIT, NEW PATIENT | 90648 | HIB VACCINE, PRP-T, IM |
| 99344 | HOME VISIT, NEW PATIENT | 90657 | Flu vaccine, 6-35 mo, im |
| 99345 | HOME VISIT, NEW PATIENT | 90658 | Flu vaccine, 3 yrs, im |
| 99347 | HOME VISIT, ESTAB PATIENT | 90660 | Flu vaccine, nasal |
| 99348 | HOME VISIT, ESTAB PATIENT | 90669 | PNEUMOCOCCAL VACCINE, POLYVALENT, IM |
| 99349 | HOME VISIT, ESTAB PATIENT | 90700 | IMMUNIZATION, ACTIVE; DTAP |
| 99350 | HOME VISIT, ESTAB PATIENT | 90702 | DT IMMUNIZATION |
| 99351 | HOME VISIT, ESTAB PATIENT | 90703 | TETANUS IMMUNIZATION |
| 99352 | HOME VISIT, ESTAB PATIENT | 90704 | MUMPS IMMUNIZATION |
| 99353 | HOME VISIT, ESTAB PATIENT | 90705 | MEASLES IMMUNIZATION |
| 99354 | HOME VISIT, ESTAB PATIENT | 90706 | RUBELLA IMMUNIZATION |
| 99355 | HOME VISIT, ESTAB PATIENT | 90707 | MMR VIRUS IMMUNIZATION |
| V20   | HEALTH SUPERVISION CHILD* | 90708 | MEASLES-RUBELLA IMMUNIZATION |
| V20.0 | FOUNDLING HEALTH CARE | 90710 | IMMUNIZATION, MMR AND VARICELLA |
| V20.1 | CARE OF HEALTHY CHLD NEC | 90713 | POLIOMYELITIS IMMUNIZATION |
| V20.2 | ROUTIN CHILD HEALTH EXAM | 90714 | TD IMMUNIZATION PRESERVATIVE-FREE |
| V70.0 | ROUTINE MEDICAL EXAM | 90715 | TDAP |
| V70.1 | MED EXAM NEC-ADMIN PURP | 90716 | IMMUNIZATION, VARICELLA (CHICKEN POX) |
| V70.2 | HEALTH EXAM-GROUP SURVEY | 90718 | TD IMMUNIZATION |
| V70.3 | HEALTH EXAM-POP SURVEY | 90719 | DIPHTHERIA IMMUNIZATION |
| V70.4 | GENERAL MEDICAL EXAM NEC | 90720 | IMMUNIZATION, ACTIVE; DTP AND HIB |
| V70.5 | GENERAL MEDICAL EXAM NOS | 90721 | IMMUNIZATION, ACTIVE; DTAP AND HIB |</p>
<table>
<thead>
<tr>
<th>Procedure Codes Which Require A Diagnosis Code to be Considered a Well-Child Visit</th>
<th>Procedure Codes Which Do NOT Require a Diagnosis Code to be Considered a Well-Child Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>CODE</td>
<td>DESCRIPTION</td>
</tr>
<tr>
<td>90723</td>
<td>DTAP-HEP B-IPV</td>
</tr>
<tr>
<td>90732</td>
<td>PNEUMOCOCCAL IMMUNIZATION</td>
</tr>
<tr>
<td>90733</td>
<td>MENINGOCOCCAL IMMUNIZATION</td>
</tr>
<tr>
<td>90740</td>
<td>HEPATITIS B VACCINE, DIALYSIS OR IMMUNOS</td>
</tr>
<tr>
<td>90744</td>
<td>HEPATITIS B VACCINE, PED OR PED/ADOL</td>
</tr>
<tr>
<td>90746</td>
<td>HEPATITIS B VACCINE, ADULT</td>
</tr>
<tr>
<td>90747</td>
<td>Hepatitis B vaccine, ill pat</td>
</tr>
<tr>
<td>90748</td>
<td>Hepatitis b/hib vaccine</td>
</tr>
<tr>
<td>92567</td>
<td>TYMPANOMETRY</td>
</tr>
<tr>
<td>92587</td>
<td>EVOKED AUDITORY TEST, LIMITED</td>
</tr>
<tr>
<td>96110</td>
<td>DEVELOPMENTAL TEST, LIMITED</td>
</tr>
<tr>
<td>99172</td>
<td>VISUAL FUNCTION SCREENING</td>
</tr>
<tr>
<td>99173</td>
<td>SCRN TEST OF VISUAL ACUITY, BILAT</td>
</tr>
<tr>
<td>99381</td>
<td>INIT PREV MED EVAL/MANAG, NEW PT,&lt; 1 YR</td>
</tr>
<tr>
<td>99382</td>
<td>PREVENTIVE VISIT,NEW,AGE 1-4</td>
</tr>
<tr>
<td>99383</td>
<td>PREVENTIVE VISIT,NEW,AGE5-11</td>
</tr>
<tr>
<td>99384</td>
<td>PREVENTIVE VISIT,NEW,12-17</td>
</tr>
<tr>
<td>99385</td>
<td>PREVENTIVE VISIT,NEW,18-39</td>
</tr>
<tr>
<td>99391</td>
<td>PREVENTIVE VISIT,EST,INFANT</td>
</tr>
<tr>
<td>99392</td>
<td>PREVENTIVE VISIT,EST,AGE 1-4</td>
</tr>
<tr>
<td>99393</td>
<td>PREVENTIVE VISIT,EST,AGE5-11</td>
</tr>
<tr>
<td>99394</td>
<td>PREVENTIVE VISIT,EST,12-17</td>
</tr>
<tr>
<td>99395</td>
<td>PREVENTIVE VISIT,EST,18-39</td>
</tr>
<tr>
<td>99431</td>
<td>INITIAL CARE, NORMAL NEWBORN</td>
</tr>
<tr>
<td>99432</td>
<td>NEWBORN CARE NOT IN HOSPITAL</td>
</tr>
<tr>
<td>D1330</td>
<td>ORAL HYGIENE INSTRUCTION</td>
</tr>
<tr>
<td>G8057</td>
<td>Hearing assess receive</td>
</tr>
<tr>
<td>S0622</td>
<td>Phys exam for college</td>
</tr>
</tbody>
</table>

**NO DIAGNOSIS CODE REQUIRED**
Managed Care Incentive Technical Specification
Lead Screening

Contract Year 2010

**Purpose.** The lead screening incentive is designed to pay managed care organizations (MCO) for increases in provision of lead screenings.

**Incentive Payment Computation.** The incentive amount, if earned, is the Contract year count of screenings minus the baseline year count screenings multiplied by $50. The *baseline year count of screenings* equals the baseline year number of children tested divided by the baseline number of eligible enrolled children multiplied by the Contract year number of eligible enrolled children.

\[
\text{Incentive Payment} = (\text{CS}_{cy} - (R_{by} \times \text{EN}_{cy})) \times 50
\]

- \(\text{CS}_{cy}\): The *Count of Services* (lead screenings) up to two per child in the Contract year.
- \(R_{by}\): The baseline year rate.
- \(\text{EN}_{cy}\): The number of unduplicated eligible *enrollees* in the Contract year.

**Rates \(R_{by}\).**
- Formula: \(\text{Rate} = \text{ROUND}(N / D)\)
- The Denominator \(D\) is the number of unduplicated children enrolled in the MCO during the year. To be “eligible” the enrollee must meet the criteria listed in the **Denominator Detail** section below.
- The Numerator \(N\) is the number of tests (up to two) per unduplicated child that received lead screenings during the year. To be “eligible” the enrollee must meet the criteria listed in the **Numerator Detail** section below.
- The rates are calculated by dividing the numerator by the denominator. The result is rounded to the nearest whole number.

**Denominator Detail.**
- Age: 9 months through 30 months calculated as of the last day of each month.
- Children must be enrolled in an MCO for at least one month during the calendar year in the F&C MA or MinnesotaCare.
- Each child is attributed to the MCO’s denominator if they were enrolled in that MCO for at least one month of the year. Some children are attributed to multiple MCOs.

**Numerator Detail.**
- The lead screening must be provided during the Contract year.
- Lead screening is defined as CPT code = ‘83655’.
- Limited to encounter claims and MDH data (*Fee for Service claims are excluded*).
- ‘Denied’ encounter lines are counted unless the claim line is denied as a duplicate or is a failed replacement.
• Voided and replaced encounters are excluded.
• Lead screening services are attributed to the MCO in which the child was enrolled when the screening was performed.
• Up to two screenings per child per calendar year are included.
• Lead screenings associated with diagnosis of elevated blood levels are not excluded.

Data Sources.
• DHS Minnesota Health Care Programs Eligibility Database
• DHS Claims and Encounter Database
• Minnesota Department of Health (MDH) lead database

Data used to calculate the incentive amount are from records received by the STATE no later than May 31st of the year following the Contract year.

Example.

<table>
<thead>
<tr>
<th>MCO</th>
<th>Count of children between 9 and 30 months old in CY</th>
<th>Number of children who received lead screenings identified in Denominator in CY</th>
<th>Rate: Rounded Percent of children who received lead screenings in CY</th>
</tr>
</thead>
<tbody>
<tr>
<td>GoodCare</td>
<td>1,500</td>
<td>1,000</td>
<td>67%</td>
</tr>
</tbody>
</table>

CScy: Count of services (lead screenings) up to two per child in the Contract year: 1,400

\[
\text{Incentive Payment} = (\text{CS}_{cy} - (R_{by} \times \text{EN}_{cy})) \times 50
\]
\[
= (1,400 - (67\% \times 1,800)) \times 50
\]
\[
= (1,400 - (1,206)) \times 50
\]
\[
= 194 \times 50
\]
\[
= 9,700
\]

If the result of the formula is a negative number, the payment is $0.

Additional Incentive.

When a MCO expands services ten (10) or more percentage points above the previous year’s base rate for Well Child, Lead, or Preventive screenings, the State will pay one hundred and fifty percent (150%) of the unit incentive rate specified for each eligible incentive. This higher rate will apply to the full expansion of services. For example: the Lead Screening expansion incentive would be seventy-five dollars ($75) instead of fifty dollars ($50) if the expansion of services is ten percentage points or more over the previous year’s base rate.
Purpose. The incentive is designed to pay managed care organizations (MCOs) for expansion of chlamydia screenings to sexually active female enrollees ages 16 through 24. The MCO is credited only with those screenings that it provided during the Contract year—i.e., screenings provided to one of the MCO’s enrollees by another MCO, or in fee-for-service, are not credited to the MCO. In cases where the MCO provided this service more than once to the same enrollee during the year, only one of the enrollee’s screenings is counted. The enrollee must have been enrolled in either the Families and Children MA or MinnesotaCare programs in the Contract year to be included in this measure.

Incentive Payment Computation. The incentive amount, if earned, is equal to the Contract year rate minus the baseline year rate, multiplied by the number of enrollee months in the Contract year, divided by 1000, and then multiplied by $50.

\[
\text{Incentive Payment} = \left[ \frac{\text{RCY} - \text{RBY}}{\text{EMCY}} \right] \times \frac{\text{EMCY}}{1000} \times 50
\]

- **RCY**: The Contract year rate (see Rates section below).
- **RBY**: The baseline year rate (see Rates section below). The baseline year is the calendar year immediately preceding the Contract year.
- **EMCY**: The total number of months that sexually active females 16 to 24 years of age in the Contract year were enrolled in the MCO. Only months in the Contract year are included. (See Denominator Detail section below.)

If the MCO has a preventive care incentive rate for the Contract year equal to or below its rate for the preceding year, no incentive payment will be awarded.

Rates (RCY and RBY).
- The formula: \( \text{Rate} = \text{Round} \left[ \frac{N}{D} \right] \times 1000 \)
- The denominator (D) is the number of months that the MCO’s eligible females were enrolled in the MCO during the contract/baseline year. To be “eligible” the woman must meet the criteria listed in the Denominator Detail section below.
- The numerator (N) is the number of eligible females who received at least one Chlamydia screening during the Contract/baseline year.
- The Rate is calculated as a whole number per 1000 enrollee-months, dividing the numerator by the denominator and multiplying the result by 1000. The result is rounded to the nearest whole number.

Denominator Detail.
- Sexually active females 16 through 24 years of age during the Contract/baseline year. Current HEDIS Technical Specifications are used to identify sexually active women.
- Enrolled in the MCO for one or more months during the Contract/baseline year, in either F&C MA or MinnesotaCare. (continuous enrollment not required.)
- Each month that the eligible woman was enrolled during the Contract/baseline year is attributed to the denominator of the MCO in which she was enrolled that month.

**Numerator Detail.**
- The service date is within the Contract/baseline year.
- Procedure codes identify Chlamydia screenings (current HEDIS specifications).
- Only encounters are included; fee-for-service claims are excluded.
- Duplicate, voided, or replaced encounters are excluded where identifiable.
- The encounter is either paid or denied at the STATE.
- The encounter represents a service provided to one of the enrollees identified in the denominator.
- The identified Chlamydia screening is attributed to the MCO in which the recipient was enrolled when the service occurred.
- For each MCO only one service is attributed per enrollee for the Contract/baseline year.

**Data Sources.**
1) DHS Minnesota Health Care Programs Eligibility Database
2) DHS Claims and Encounter Database

Data used to calculate the incentive amount are from records received by the STATE no later than May 31 of the year following the contract year.

**Example.**

<table>
<thead>
<tr>
<th>MCO</th>
<th>Denominator</th>
<th>Numerator</th>
<th>Round[(N/D)*1000]</th>
</tr>
</thead>
<tbody>
<tr>
<td>GoodCare</td>
<td>Number of member-months of sexually active women ages 16-24</td>
<td>Number of women in Denominator who received a screening during the Contract year</td>
<td>58</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MCO</th>
<th>Denominator</th>
<th>Numerator</th>
<th>Round[(N/D)*1000]</th>
</tr>
</thead>
<tbody>
<tr>
<td>GoodCare</td>
<td>Number of member-months of sexually active women ages 16-24</td>
<td>Number of women in Denominator who received a screening during the baseline year</td>
<td>50</td>
</tr>
</tbody>
</table>

If the Contract year rate minus the baseline year rate is positive then compute the payment:

\[
\text{Payment} = (((R_{CY} - R_{BY}) \times EM_{CY}) / 1000) \times $50
\]
= (((58-50) * 120,000) / 1000) * $50 \\
= ((8 * 120,000) / 1000) * $50 \\
= (960,000 / 1000) * $50 \\
= 960 * $50 \\
= $48,000

Additional Incentive.

When a MCO expands services ten (10) or more percentage points above the previous year’s base rate for Well Child, Lead, or Preventive screenings, the State will pay one hundred and fifty percent (150%) of the unit incentive rate specified for each eligible incentive. This higher rate will apply to the full expansion of services. For example: the Chlamydia Screening expansion incentive would be seventy-five dollars ($75) instead of fifty dollars ($50) if the expansion of services is ten percentage points or more over the previous year’s base rate.
Managed Care Incentive Technical Specification
Breast Cancer Screening

Contract Year 2010

Purpose. This incentive is designed to pay managed care organizations (MCOs) for expansion of breast cancer screenings (mammograms) to female enrollees ages 40 through 64. To be counted, the screening must have occurred during the Contract year or the year prior to the Contract year. The MCO is credited only with those screenings that it provided during those two years—i.e., screenings provided to one of the MCO’s enrollees by another MCO, or in fee-for-service, are not credited to the MCO. In cases where the MCO provided this service more than once to the same enrollee during the period, only one of the enrollee’s screenings is counted. The enrollee must have been enrolled in either the F&C MA or MinnesotaCare programs in the Contract year to be included in this measure.

Incentive Payment Computation. The incentive amount, if earned, is equal to the Contract year rate minus the baseline year rate, multiplied by the number of enrollee months in the contract year, divided by 1000, and then multiplied by $50.

\[
\text{Incentive Payment} = \left[ \left( \text{RCY} - \text{RBY} \right) \times \text{EMCY} \right] / 1000 \times 50
\]

- **RCY**: The Contract year rate (see Rates section below).
- **RBY**: The baseline year rate (see Rates section below). The baseline year is the calendar year two years prior to the Contract year.
- **EMCY**: The total number of months that females 40 through 64 years of age in the Contract year were enrolled in the MCO. Only months in the Contract year are included. (See Denominator Detail section below.)

Rates (RCY and RBY).
- The formula: Rate = Round\([(N / D) \times 1000]\]
- The denominator (D) is the number of months that the MCO’s eligible females were enrolled in the MCO during the Contract/baseline year. To be “eligible” the woman must meet the criteria listed in the Denominator Detail section below.
- The numerator (N) is the number of eligible females who received at least one breast cancer screening during the Contract/baseline year or the year prior to the Contract/baseline year.
- The Rate is calculated as a whole number per 1000 enrollee-months, dividing the numerator by the denominator and multiplying the result by 1000. The result is rounded to the nearest whole number.

Denominator Detail.
- Female at least 40 years of age, but not more than 64 years of age, during the Contract/baseline year.
- Enrolled in the MCO for one or more months during the Contract/baseline year, in either F&C MA or MinnesotaCare. (continuous enrollment not required.)
• Each month that the eligible woman was enrolled during the Contract/baseline year is attributed to the denominator of the MCO in which she was enrolled that month.

**Numerator Detail.**
- The service date is within the Contract/baseline year or the year prior to the Contract/baseline year.
- The procedure codes meets current HEDIS specifications.
- Only encounters are included; fee-for-service claims are excluded.
- Duplicate, voided, or replaced encounters are excluded where identifiable.
- The encounter is either paid or denied at the STATE.
- The encounter represents a service provided to one of the enrollees identified in the denominator.
- The identified breast cancer screening is attributed to the MCO in which the recipient was enrolled when the service occurred.
- For each MCO only one service is attributed per enrollee for the two-year period.

**Data Sources.**
1) DHS Minnesota Health Care Programs Eligibility Database
2) DHS Claims and Encounter Database

Data used to calculate the incentive amount are from records received by the STATE no later than May 31 of the year following the Contract year.

**Example.**

\[
R_{CY}: \quad \frac{\text{Denominator}}{\text{Numerator}} \times 1000 = \frac{\text{Number of member-months of women ages 40-64}}{\text{Number of women in Denominator who received a mammogram during the Contract year}} \times 1000
\]

<table>
<thead>
<tr>
<th>MCO</th>
<th>Denominator</th>
<th>Numerator</th>
<th>Round[(N/D)*1000]</th>
</tr>
</thead>
<tbody>
<tr>
<td>GoodCare</td>
<td>170,000</td>
<td>12,000</td>
<td>71</td>
</tr>
</tbody>
</table>

\[
R_{BY}: \quad \frac{\text{Denominator}}{\text{Numerator}} \times 1000 = \frac{\text{Number of member-months of women ages 40-64}}{\text{Number of women in Denominator who received a mammogram during the baseline year}} \times 1000
\]

<table>
<thead>
<tr>
<th>MCO</th>
<th>Denominator</th>
<th>Numerator</th>
<th>Round[(N/D)*1000]</th>
</tr>
</thead>
<tbody>
<tr>
<td>GoodCare</td>
<td>150,000</td>
<td>8,000</td>
<td>53</td>
</tr>
</tbody>
</table>

If the Contract year rate minus the baseline year rate is positive then compute the payment:

\[
\text{Payment} = \left( (R_{CY} - R_{BY}) \times EM_{CY} \right) / 1000 \times 50
\]

\[
= \left( \left( 71 - 53 \right) \times 170,000 \right) / 1000 \times 50
\]

\[
= (18 \times 170,000) / 1000 \times 50
\]
\[
= \frac{3,060,000}{1000} \times 50
= 3,060 \times 50
= $153,000
\]

**Additional Incentive.**

When a MCO expands services ten (10) or more percentage points above the previous year’s base rate for Well Child, Lead, or Preventive screenings, the State will pay one hundred and fifty percent (150\%) of the unit incentive rate specified for each eligible incentive. This higher rate will apply to the full expansion of services. For example: the Breast Cancer Screening expansion incentive would be seventy-five dollars ($75) instead of fifty dollars ($50) if the expansion of services is ten percentage points or more over the previous year’s base rate.
Managed Care Incentive Technical Specifications
Child Developmental Screening

Contract Year 2010

Purpose. The child developmental screening incentive is designed to pay managed care organizations (MCO) for increases in provision of developmental screenings.

Incentive Payment Computation. The incentive amount, if earned, is equal to the Contract year rate minus the baseline year rate, multiplied by the number of enrollee months in the Contract year, divided by 1000, and multiplied by $25 per screening.

\[
\text{Incentive Payment} = \left( \frac{(R_{cy} - R_{by}) \times EM_{cy}}{1000} \right) \times 25
\]

- \( R_{cy} \) The Contract year rate (see the Rates section below).
- \( R_{by} \) The baseline year rate (see the Rates section below) for this incentive is defined as the calendar year immediately preceding the Contract year.
- \( EM_{cy} \) The number of enrollee months in the Contract year. This is equivalent to the denominator of the Contract year rate (see the Denominator Detail section below).

Rates (\( R_{cy} \) and \( R_{by} \))
- Formula: Rate = Round((N / D) * 1000)
- The denominator (D) is the number of months that the MCO’s eligible enrollees were enrolled in the MCO during the year. To be “eligible” the enrollee must meet the criteria listed in the Denominator Detail section below.
- The numerator (N) is the number of developmental screenings provided during the year. To be “eligible” the services must meet the criteria listed in the Numerator Detail section below.
- The rates are calculated as a whole number per 1000 enrollee-months, dividing the numerator by the denominator and multiplying the result by 1000. The result is rounded to the nearest whole number.

Denominator Detail.
- Age: less than 7 years of age as of the end of the calendar year.
- Enrolled in an MCO for at least one month during the calendar year in the F&C MA or MinnesotaCare.
- Attribute eligibility months to an MCO; each month of child’s calendar year enrollment is counted in the denominator of the MCO that the child was enrolled in during that month, and a month is excluded if the child is enrolled in FFS.

Numerator Detail. The service must be provided within the Contract year and,
- Limited to CPT procedure code 96110 without a UC modifier.
- Limited to encounter claims (fee for service claims are excluded).
• ‘Denied lines’ are counted unless the claim line is denied as a ‘Duplicate’.
• Voided and replaced encounters are excluded.
• Developmental screening encounter claims are attributed to the MCO the child was enrolled in when the screening was done.
• Services are limited to 2 developmental screenings per day, per child, per MCO for this incentive.
• Services are limited to 15 developmental screenings per year, per child, per MCO for this incentive.

Data Sources.
• DHS Minnesota Health Care Programs Eligibility Database
• DHS Claims and Encounter Database

The incentive payment computation is based on encounter data received by the STATE no later than May 31 of the year following the Contract year.

Example.

<table>
<thead>
<tr>
<th>RCY:</th>
<th>Denominator</th>
<th>Numerator</th>
<th>Round((N / D) * 1000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCO</td>
<td>Enrollment-Months of children who were less than seven years old in CY</td>
<td>Number of Developmental Screenings provided for children identified in Denominator during the CY.</td>
<td>Rate: (Number of Developmental Screenings per 1000 enrollee months)</td>
</tr>
<tr>
<td>GoodCare</td>
<td>250,000</td>
<td>5,200</td>
<td>21</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RBY:</th>
<th>Denominator</th>
<th>Numerator</th>
<th>Round((N / D) * 1000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCO</td>
<td>Enrollment-Months of children who were less than seven years old in BY</td>
<td>Number of Developmental Screenings provided for children identified in Denominator during the BY.</td>
<td>Rate: (Number of Developmental Screenings per 1000 enrollee months)</td>
</tr>
<tr>
<td>GoodCare</td>
<td>200,000</td>
<td>3,500</td>
<td>18</td>
</tr>
</tbody>
</table>

If the Contract year rate minus the baseline year rate is positive then compute the payment:

\[
\text{Incentive Payment} = \left[\left(\frac{R_{CY} - R_{BY}}{EM_{CY}}\right) \times 250,000\right] \times \$25
\]
\[
= \left[\left(\frac{21-18}{250,000}\right) \times 250,000\right] \times \$25
\]
\[
= \left[\left(\frac{3}{250,000}\right) \times 250,000\right] \times \$25
\]
\[
= \left[\frac{750,000}{1000}\right] \times \$25
\]
\[
= 750 \times \$25
\]
\[
= \$18,750
\]
Managed Care Incentive Technical Specifications
Child Mental Health Screening

Contract Year 2010

**Purpose.** The child mental health screening incentive is designed to pay managed care organizations (MCO) for increases in the provision of mental health screenings.

**Incentive Payment Computation.** The incentive amount, if earned, is equal to the Contract year rate minus the baseline year rate, multiplied by the number of enrollee months in the Contract year, divided by 1000, and multiplied by $25 per screening.

Incentive Payment = \[\frac{((R_{cy}-R_{by}) \times EM_{cy})}{1000}\] * $25

- **R\textsubscript{cy}** The Contract year rate (see the Rates section below).
- **R\textsubscript{by}** The baseline year rate (see the Rates section below) for this incentive, the baseline year is defined as the calendar year immediately preceding the Contract year.
- **EM\textsubscript{cy}** The number of enrollee months in the Contract year. This is equivalent to the denominator of the Contract year rate (see the Denominator Detail section below).

**Rates (R\textsubscript{cy} and R\textsubscript{by})**
- Formula: Rate = Round((N / D) * 1000)
- The denominator (D) is the number of months that the MCO’s eligible enrollees were enrolled in the MCO during the year. To be “eligible” the enrollee must meet the criteria listed in the Denominator Detail section below.
- The numerator (N) is the number of mental health screenings provided during the year. To be “eligible” the services must meet the criteria listed in the Numerator Detail section below.
- The rates are calculated as a whole number per 1000 enrollee-months, dividing the numerator by the denominator and multiplying the result by 1000. The result is rounded to the nearest whole number.

**Denominator Detail.**
- Age: less than 21 years of age as of the end of the calendar year.
- MCO Enrollment: Enrolled in an MCO for at least one month during the calendar year in the F&C MA or MinnesotaCare.
- Attribute eligibility months to an MCO; each month of child’s calendar year enrollment is counted in the denominator of the MCO that the child was enrolled in during that month, and a month is excluded if the child is enrolled in FFS.

**Numerator Detail.** The service must be provided within the Contract year and,
- Limited to CPT procedure code 96110 with a UC modifier.
• Limited to encounter claims (fee for service claims are excluded).
• ‘Denied’ encounter lines are counted unless the claim line is denied as a duplicate or is a failed replacement.
• Voided and replaced encounters are excluded.
• Mental health screening encounter claims are attributed to the MCO the child was enrolled in when the screening was done.
• Services are limited to 2 mental health screenings per day, per child, per MCO for this incentive.
• Services are limited to 15 mental health screenings per year, per child, per MCO for this incentive.

Data Sources.
• DHS Minnesota Health Care Programs Eligibility Database
• DHS Claims and Encounter Database

The incentive payment computation is based on encounter data received by the STATE no later than May 31 of the year following the Contract year.

Example.

\[ \text{Incentive Payment} = \left[ \frac{(R_{CY} - R_{BY}) \times \text{EM}_{CY}}{1000} \right] \times 25 \]

\[ = \left[ \frac{(21 - 18) \times 250,000}{1000} \right] \times 25 \]

\[ = \left[ \frac{3 \times 250,000}{1000} \right] \times 25 \]

\[ = 750 \times 25 \]

\[ = 18,750 \]