

Care Improvement Plus Payment Guide

This document is intended to provide guidance for non contracted providers only. Contracted providers should refer to their contract and the Provider Manual for guidance. Payment will be made for medically necessary services provided to eligible members.

This guide is advisory in nature and does not reflect all services covered by Care Improvement Plus. If you have a question about payment for a specific service, please call 1-866-679-3119.

Inpatient Services	
Service	Payment Guidelines
Acute Care Hospital: Inpatient Services	<p><i>Payment is less any applicable deductible, copay or co-insurance.</i> Non Contracted Providers are paid using the payment methodology listed below:</p> <ul style="list-style-type: none"> • Payments for these services are subject to the Prospective Payment System (PPS), under Diagnosis Related Groups (DRG) methodology. • Payment for these services includes any appropriate capital disproportionate share hospital (DSH) and capital Indirect Medical Education (IME) payments. • Operating IME costs, Graduate Medical Education (GME) payments, nursing school, allied health education costs and capital exceptions are fully carved out and paid through the fiscal intermediary. • Organ acquisitions are reimbursed like Medicare, on a case-by-case basis. <p>Maryland Providers please refer to the applicable guidance from the HSCRC.</p>
Acute Care Hospital: Outpatient Services	<p><i>Payment is less any applicable deductible, copay or co-insurance.</i> Non Contracted Providers are paid using the payment methodology listed below:</p> <ul style="list-style-type: none"> • Payments for these services are subject to the Outpatient Prospective Payment System (OPPS), under Ambulatory Payment Classifications (APCs) methodology. • Services excluded from OPPS are reimbursed based on their respective fee schedule. These services are reimbursed subject to the outpatient PPS under APC methodology.
Acute Long Term Care: Inpatient Services	<p><i>Payment is less any applicable deductible, copay or co-insurance.</i> Non Contracted Providers are paid using the payment methodology listed below:</p> <ul style="list-style-type: none"> • Payments for these services are subject to the Prospective Payment System (PPS), under LTAC Diagnosis Related Groups (DRG) methodology. <p>Maryland Providers please refer to the applicable guidance from the HSCRC.</p>
Acute Long Term Care: Outpatient Service	<p><i>Payment is less any applicable deductible, copay or co-insurance.</i> Non Contracted Providers are paid using the payment methodology listed below:</p> <ul style="list-style-type: none"> • Payment for these services is subject to the outpatient PPS under APC methodology. • Services excluded from OPPS are paid based on their respective fee schedule.

Service	Payment Guidelines
Cancer Hospitals: Inpatient Services	<p><i>Payment is less any applicable deductible, copay or co-insurance.</i> Non Contracted Providers are paid using the payment methodology listed below:</p> <ul style="list-style-type: none"> • These services are exempt from the inpatient PPS. • Cost-based payment is paid on an interim per diem basis as indicated on the FI rate letter for routine and ancillary services and based on most recent cost-report data. • Payment is applicable to Medicare approved services only. <p>Maryland Providers please refer to the applicable guidance from the HSCRC.</p>
Cancer Hospitals: Outpatient Services	<p><i>Payment is less any applicable deductible, copay or co-insurance.</i> Non Contracted Providers are paid using the payment methodology listed below:</p> <ul style="list-style-type: none"> • Outpatient services are based on cost to charge ratios as indicated on the FI rate letters.
Critical Access Hospital	<p><i>Payment is less any applicable deductible, copay or co-insurance.</i> Non Contracted Providers are paid using the payment methodology listed below:</p> <ul style="list-style-type: none"> • Inpatient and Outpatient services as well as swing beds are paid on a reasonable cost basis. If a physician elects to reassign their claims to the CAH (election of method II), the CAH is paid 115% of the physician fee schedule.
Maryland Hospitals	<p>Payment is 94% of the approved charges for the inpatient and outpatient services.</p>
Medicare Dependent Hospital Inpatient Services	<p><i>Payment is less any applicable deductible, copay or co-insurance.</i> Non Contracted Providers are paid based using the payment methodology listed below:</p> <ul style="list-style-type: none"> • These services are reimbursed subject to the PPS, under DRG methodology. • The PPS rate equals the greater of the federal rate or the applicable hospital specific rate (based on cost-report data). • Payment includes capital IME and DSH payments where appropriate.
Medicare Dependent Hospital Outpatient Services	<p><i>Payment is less any applicable deductible, copay or co-insurance</i> Non Contracted Providers are paid using the payment methodology listed below:</p> <ul style="list-style-type: none"> • These services are reimbursed subject to the OPSS, under APC methodology. • Services excluded from OPSS are reimbursed based on their respective fee schedules.
Psychiatric Hospital: Inpatient Services	<p><i>Payment is less any applicable deductible, copay or co-insurance</i> Non Contracted Providers are paid using the payment methodology listed below:</p> <ul style="list-style-type: none"> • Payment is a blend of cost-based and paid on a per-day basis for routine and ancillary services, and the Inpatient Psychiatric Facility PPS. • Payment is applicable only to Medicare-approved services. <p>Maryland Providers please refer to the applicable guidance from the HSCRC.</p>
Psychiatric Hospital: Inpatient Services Outlier Payments	<p>Outlier payments are effective after a loss of \$6,113 (adjusted for wage index, rural, teaching, etc.) per stay. The loss-sharing ratio is 80% for days 1-8, and 60% thereafter.</p>

Service	Payment Guidelines
Rehab Hospital: Inpatient Services	<p><i>Payment is less any applicable deductible, copay or co-insurance</i> Non Contracted Providers are paid using the payment methodology listed below:</p> <ul style="list-style-type: none"> • Payment is subject to the PPS, based on case-mix group(CMG) methodology. • Payment is based on discharge rates, incorporating facility-level and case-level adjustments. <p>Maryland Providers please refer to the applicable guidance from the HSCRC.</p>
Rehab Hospital: Outpatient Services	<p><i>Payment is less any applicable deductible, copay or co-insurance</i> Non Contracted Providers are paid using the payment methodology listed below:</p> <ul style="list-style-type: none"> • These services are subject to the OPSS, under APC methodology. • Services excluded from the OPSS are reimbursed based on their respective fee schedules.
Skilled Nursing Facilities: Independent and Provider-Based	<p><i>Payment is less any applicable deductible, copay or co-insurance</i> Non Contracted Providers are paid using the payment methodology listed below:</p> <ul style="list-style-type: none"> • Payment is subject to the PPS, under related utilization groups (RUG) methodology. • There is a 28% add-on payment for AIDS patients.
Sole Community Hospital: Inpatient Services	<p><i>Payment is less any applicable deductible, copay or co-insurance</i> Non Contracted Providers are paid the allowed Medicare rate using the payment methodology listed below:</p> <ul style="list-style-type: none"> • These services are subject to the PPS, under DRG methodology. • The PPS rate equals the greater of the federal rate or the applicable hospital-specific rate (based on cost-report data).
Sole Community Hospital: Outpatient Services	<p><i>Payment is less any applicable deductible, copay or co-insurance</i> Non Contracted Providers are paid the allowed Medicare rate using the payment methodology listed below:</p> <ul style="list-style-type: none"> • These services are subject to the OPSS, under APC methodology. • Services excluded from the OPSS are reimbursed based on their respective fee schedules.
VA Hospitals	<p><i>Payment is less any emergency copay or co-insurance</i></p> <ul style="list-style-type: none"> • VA or DOD facilities that treat members who are not eligible for veterans benefits must accept as payment in full the amount it would normally get paid from original Medicare. • Payments are based on DRG methodology; however, Medicare payments to military treatment facilities are determined differently than payments to other facilities.

Professional Services	
Service	Payment Guidelines
Anesthesia: Physician and CRNA Performed	Payment for this service is based on the Medicare anesthesia dollar conversion factor by locality, times the sum of the uniform base units, plus the time units.
Anesthesia: Physician Medical Direction of Two or More Nurse Anesthetists Concurrently	Allowed amounts for these services are based on the Medicare anesthesia conversion factor by locality, times the sum of uniform base units, plus the time units, reduced by the application of the appropriate modifier.
Assistant at Surgery: Physicians	The allowable charge for this service is 16% of the Medicare fee schedule amount for the global surgery.
Audiologist	<i>Payment is less any applicable deductible, copay or co-insurance.</i> The payment rate is 100% of the Medicare physician fee schedule.

Service	Payment Guidelines
Certified Registered Nurse: Anesthetist (CRNA)	Payment for this service is based on the Medicare anesthesia dollar conversion factor by locality, times the sum of uniform base units, plus the time units, reduced by the application of the appropriate modifier.
Clinical Nurse Specialist	Payment is based on 85% of the Medicare physician fee schedule for comparable services
Clinical Psychologist	Payment is based on 100% of the Medicare physician fee schedule for comparable services.
Clinical Social Workers	Payment is based on 75% of the Medicare physician fee schedule for comparable services
Community Mental Health Centers	Payment for these services is under the OPSS and paid on a per-unit (or per diem) basis.
Co-Surgeons	The Medicare Fee Schedule is increased by 25% and each co-surgeon is reimbursed at 62.5% of the global surgery under the Medicare physician fee schedule.
Co-Surgeons Team Surgery Critical Access Hospital (CAH)	<p>Team surgery is reimbursed “by report.”</p> <ul style="list-style-type: none"> • Payment is on a reasonable cost basis. • The Lesser of Costs or Charges (LCC) rule does not apply. • Outpatient professional services are paid based on the fee schedules. • CAHs are exempt from OPSS and the lab fee schedule.
Federal Qualified Health Center (FQHC): Independent and Provider Based	<p><i>Payment is less any applicable copay or co-insurance.</i></p> <p>Non Contracted Providers are paid based on the payment methodology below specific to each FQHC:</p> <ul style="list-style-type: none"> • Paid 80% of the lower of the all inclusive rate or the upper limit, plus 20% of the FQHC's actual charge.
Nurse Practitioner	The payment rate is 85% of the Medicare physician fee schedule.
Physical Therapy/ Occupational Therapy/ Speech Therapy	<p><i>Payment is less any applicable deductible, copay or co-insurance</i></p> <p>The payment rate is 100% of the Medicare physician fee schedule.</p>
Physician (MD)	<p><i>Payment is less any applicable deductible, copay or co-insurance</i></p> <p>The payment rate is 100% of the Medicare physician fee schedule.</p>
Physician (DO)	<p><i>Payment is less any applicable deductible, copay or co-insurance</i></p> <p>The payment rate is 100% of the Medicare physician fee schedule.</p>
Physician (Podiatrist)	<p><i>Payment is less any applicable deductible, copay or co-insurance</i></p> <p>The payment rate is 100% of the Medicare physician fee schedule.</p>
Physician (Chiropractor)	<p><i>Payment is less any applicable deductible, copay or co-insurance</i></p> <p>The payment rate is 100% of the Medicare physician fee schedule for Medicare covered services.</p>
Physician (Optometrist)	<p><i>Payment is less any applicable deductible, copay or co-insurance</i></p> <p>The payment rate is 100% of the Medicare physician fee schedule.</p>
Physician (Dentist)	The payment rate is 100% of the Medicare physician fee schedule for Medicare covered services.
Physician (Oral and Maxillofacial Surgeon)	The payment rate is 100% of the Medicare physician fee schedule for Medicare covered services.
Physician Assistant	<p><i>Payment is less any applicable deductible, copay or co-insurance</i></p> <p>The payment rate is 85% of the Medicare physician fee schedule.</p>
Registered Dietitian	The payment rate is based on 85% of the Medicare physician fee schedule for comparable services.

Service	Payment Guidelines
Rural health Clinic (RHC): Independent and Provider-Based	<p><i>Payment is less any applicable deductible, copay or co-insurance</i> Non Contracted Providers are paid based on the payment methodology listed below specific to the RHC:</p> <ul style="list-style-type: none"> • These facilities are reimbursed based on 80% of the per visit payment limit of \$72.76 plus 20% of the total charges of covered services. • RHCs owned by rural hospitals with less than 50 beds are paid on a cost basis, as per-visit limits do not apply. • The all inclusive method applies only to RHC services, not to other services performed at an RHC.

Outpatient / Ancillary Services	
Service	Payment Guidelines
Ambulance: Independent and Facility Based	<p><i>Payment is less any applicable copay or co-insurance.</i></p> <ul style="list-style-type: none"> • These services will be paid at 100% of the ambulance fee schedule. • Extra payments are made for ground transportation exceeding 50 miles, and for providers in certain rural areas. • Ambulance is paid costs if it is the only supplier within 35 miles of CAH. • Ambulances are paid the lesser of the fee schedule, or the submitted charge.
Ambulatory Surgery Center (ASC)	<p><i>Payment is less any applicable deductible, copay or co-insurance.</i> Non Contracted Providers are paid using the payment methodology listed below:</p> <ul style="list-style-type: none"> • Payments for services provided at Ambulatory Surgical Centers (ASC) are made based on the ASC fee schedule, adjusted by the appropriate wage index.
Comprehensive Outpatient Rehabilitation Facility (CORF)	<p><i>Payment is less any applicable deductible, copay or co-insurance</i> Payment is based on the Medicare physician fee schedule.</p>
Durable Medical Equipment	<p><i>Payment is less any applicable deductible, copay or co-insurance.</i> Non Contracted Providers are paid the allowed Medicare rate using the payment methodology listed below:</p> <ul style="list-style-type: none"> • These services are reimbursed based on the Medicare DMEPOS fee schedule.
Epoetin (EPO)	<p>Payments differ depending on whether it was billed by an ESRD facility.</p> <ul style="list-style-type: none"> • For ESRD facilities it is separate from the composite rate and is based on the ASP pricing file x number of units. • In the hospital setting this is included in the DRG. • In the SNF setting payment is not included in the PPS rate. When provided by a physician, the "incident to services" applies.
ESRD Facility	<p><i>Payment is less any applicable deductible, copay or co-insurance.</i> Non Contracted Providers are paid based on the Medicare allowed rate using the payment methodology listed below:</p> <ul style="list-style-type: none"> • The payment rate is a composite rate that is geographically adjusted and based on whether the facility is hospital based or independent. • Non-routine services (covered outside of the composite rate) are billed separately, and based on the appropriate fee schedule. • Non-routine drugs are paid according to the drug methodology outlined above.
Home Dialysis Supplies and Equipment	<p>Payment is based on appropriate Medicare fee schedules.</p>

Service	Payment Guidelines
Home Health Agencies: Independent and Provider Based	<p><i>Payment is less any applicable deductible, copay or co-insurance.</i> Non Contracted Providers are paid using the payment methodology listed below:</p> <ul style="list-style-type: none"> • Payments for these services are subject to the PPS, under home health resource groups (HHRGs) methodology. • Providers are reimbursed per 60-day episode of care via submission of a request for accelerated payment (RAP) and the final bill. • If no final bill is received within 60 days of the end of the episode, the RAP will be retracted. • Payment includes adjustments for low utilization payment adjustment (LUPA), significant change in condition (SCIC), partial episode payment (PEP), therapies and outliers. • Limited services are reimbursed under OPPTS. • DME is reimbursed based on the DMEPOS fee schedule.
Laboratory	<p><i>Payment is less any applicable deductible, copay or co-insurance</i> The payment rate is 100% of the Medicare laboratory fee schedule.</p>
Mammography Screening	The payment rate is 100% of the Medicare physician fee schedule.
Radiology	<p><i>Payment is less any applicable deductible, copay or co-insurance</i> Non Contracted Providers are paid the allowed Medicare rate using the payment methodology listed below:</p> <ul style="list-style-type: none"> • Payment under Part B is based on the Medicare Physician Fee Schedule. • Part A OP payment is calculated under the OPPTS. • Services excluded from OPPTS are paid based on the appropriate fee schedule.

Transplant Services

Service	Payment Guidelines
Immunosuppressive Drugs, Transplants	<p><i>Payment is less any applicable deductible, copay or co-insurance.</i></p> <ul style="list-style-type: none"> • Payment is based on the fee schedule obtained from the state carrier. • Payment is subject to the OPPTS if the beneficiary is in the outpatient department of a Medicare participating hospital. • In all other settings, subject to limits, the payment is 95% of the median average wholesale price.

Applicable to All Services

Service	Payment Guidelines
Carrier Discretionary Codes	All services using codes designated as Discretionary Codes by Medicare will be reimbursed at 50% of the billed charges amount or the applicable regional FI rate.