

Minnesota No Surprises Act Health Plan Reporting

DATA SUBMISSION FORM AND MANNER

MARCH 25, 2024

In 2023, the Minnesota legislature updated limitations on balance billing by providers ([MN Statutes, section 62J.811](#) and [MN Statutes, section 62Q.556](#)) to reflect the Federal “No surprises Act (NSA)” ([Public Law 116-260 \(PDF\)](#)). The statute requires health plan companies to report summary data on NSA claims and complaints annually to the Minnesota Department of Health (MDH).

Data Reporting Required

Health plan companies are required to submit the required data reporting beginning April 1, 2024, and each year following. The data will reported for the prior calendar year (e.g. data reported on April 1, 2024 will encompass calendar year 2023).

What types of insurance are included?

The No Surprises Act covers individuals with private health insurance, including individual market, small-group and large-group fully insured plans, as well as employer self-insured plans under ERISA. Reporting is required for all fully-insured individual, small-group and large-group market plans.

What entities are required to report?

Any health plan company that covers Minnesota Residents with fully-insured comprehensive private health insurance.

Who should reporting be done on?

Reporting should be limited to individual or family policies where the policyholder resides in Minnesota.

Data reporting elements

1. Total number of member months in fully-insured commercial plans
2. Total number of covered lives in fully-insured commercial plans as of December 31st
3. Total number of No Surprises Act enrollee complaints
4. Air Ambulance services provided by a non-participating provider
 - a. Air ambulance services

MINNESOTA NO SUPPRISES ACT HEALTH PLAN REPORTING

- i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
 - b. Air ambulance services facility fees
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
- 5. Emergency services provided at a non-participating facility
 - a. Emergency services professional fees
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
 - b. Emergency services facility fees
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
- 6. Emergency services provided at a participating facility by a non-participating provider
 - a. Anesthesiology
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
 - b. Neonatology
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
 - c. Laboratory and pathology
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
 - d. Radiology and diagnostic imaging
 - i. Total claim lines

MINNESOTA NO SUPRISES ACT HEALTH PLAN REPORTING

- ii. Total amount billed
 - iii. Total amount paid
 - e. Services from assistant surgeons, hospitalists, intensivists
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
 - f. All other services provided by a non-participating provider because a participating provider was not available.
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
 - g. Facility fees
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
- 7. Inpatient hospital services at a participating facility by a non-participating provider
 - a. Anesthesiology
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
 - b. Neonatology
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
 - c. Laboratory and pathology
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
 - d. Radiology and diagnostic imaging
 - i. Total claim lines
 - ii. Total amount billed

MINNESOTA NO SUPRISES ACT HEALTH PLAN REPORTING

- iii. Total amount paid
 - e. Services from assistant surgeons, hospitalists, intensivists
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
 - f. All other services provided by a non-participating provider because a participating provider was not available.
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
 - g. Facility fees
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
- 8. Outpatient hospital services provided at a participating facility by a non-participating provider
 - a. Anesthesiology
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
 - b. Neonatology
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
 - c. Laboratory and pathology
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
 - d. Radiology and diagnostic imaging
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid

MINNESOTA NO SURPRISES ACT HEALTH PLAN REPORTING

- e. Services from assistant surgeons, hospitalists, intensivists
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
- f. All other services provided by a non-participating provider because a participating provider was not available.
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
- g. Facility fees
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
- 9. Ambulatory Surgical Center services provided at a participating facility by a non-participating provider
 - a. Anesthesiology
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
 - b. Neonatology
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
 - c. Laboratory and pathology
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
 - d. Radiology and diagnostic imaging
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
 - e. Services from assistant surgeons, hospitalists, intensivists

MINNESOTA NO SUPRISES ACT HEALTH PLAN REPORTING

- i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
- f. All other services provided by a non-participating provider because a participating provider was not available.
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid
- g. Facility fees
 - i. Total claim lines
 - ii. Total amount billed
 - iii. Total amount paid

How to submit data

1. Complete the data collection form, which can be downloaded at:
<https://www.health.state.mn.us/facilities/insurance/managedcare/annualreporting.html>.
2. Please submit the completed form to BOTH the Minnesota Department of Health and Minnesota Department of Commerce:
E-mail for Health: health.healthplan@state.mn.us
E-mail for Commerce: HealthInsurance.DivisionRequests@state.mn.us
3. For any questions about this form, please contact the Minnesota Department of Health at Health.healthplan@state.mn.us; please use "NSA data reporting" in the subject line to expedite the response.

Definitions

Air Ambulance Services: Ambulance services provided in an aircraft; these services can be identified using revenue code 0545.

Ambulatory Surgical Center: Facilities that are specifically designed to perform outpatient surgical procedures, licensed under [Minnesota Statutes, section 144.55](#) and [Minnesota Rules, Chapter 4675](#).

Anesthesiology: Services billed under CPT Codes 00100 through 01999

Emergency Services: Services provided Claims for emergency services can be identified through Revenue Center Codes 0450 through 0459 (Emergency Room) or 0981 (Professional Fees- Emergency Room).

Facility Fees: Facility fees included on claims; it is anticipated these will only be greater than \$0 for non-participating facilities.

Hospital Inpatient: Services provided in a hospital inpatient setting. Claims for hospital inpatient can be identified using bill type 011X, 012X and 085X (critical access hospital).

Hospital Outpatient: Services provided in a hospital outpatient clinic, other than the emergency room. Claims for Hospital Outpatient services can be identified using bill type 013X, excluding revenue codes 0450 through 0459 and 0981.

Laboratory and pathology: Services billed under CPT Codes 80047 through 89398, or under Bill Type 014X.

Neonatology: Services provided under Revenue codes 0170 through 0174 or CPT Codes 99468, 99469, 99471, 99472, and 99477.

Non-participating facility: A facility (hospital or ambulatory surgical center) that is not included in the plan's provider network.

Non-participating provider: A health care provider that is not included in the plan's provider network.

NSA enrollee complaints: Complaints received by the health plan related to provider balance billing.

Other services provided by a non-participating provider because a participating provider wasn't available: Any services provided by a non-participating provider *because a participating provider wasn't available*.

Participating facility: A facility that is included in the plan's provider network.

Participating provider: A provider that is included in the plan's provider network.

Radiology and diagnostic imaging: Services billed under CPT Codes 70010 through 76499

Services from assistant surgeons, hospitalists and intensivists: Other services and items provided by *non-participating* providers such as assistant surgeons, hospitalists and intensivists.

Total Billed: Total amount billed from the non-participating facility or non-participating provider for each services type.

Total Claim Lines: The total claim lines that were submitted from a non-participating facility or non-participating provider for each service type. A claim with multiple lines in multiple categories may be counted more than once.

Total Covered Lives: The number of covered live as of December 31st in fully-insured commercial plans.

Total Member Months: Total member months in full-insured commercial plans in the calendar year.

Total Paid (health plan): The total amount paid (reimbursed) to the non-participating facility/non-participating provider by the health plan.

MINNESOTA NO SUPRISES ACT HEALTH PLAN REPORTING

Total Paid (member): The total amount paid (reimbursed) to the non-participating facility/non-participating provider by the member through cost-sharing.