

Minnesota Health Care Programs - MN Abortion Provider Report
Fee-For-Service Data Only
CY 2020 (All Quarters)

PROVIDER	MAJOR PROGRAM	ABORTION COUNT	TOTAL REIMBURSEMENT AMOUNT
MAYO CLINIC	Medicaid	<5	\$ 3,394.43
NORTH MEMORIAL HEALTH CARE	Medicaid	<5	<\$500
PLANNED PARENTHOOD MN ND SD	Medicaid	3,422	\$ 730,559.36
ROBBINSDALE CLINIC	Medicaid	423	\$ 111,388.87
UMMC FAIRVIEW	Medicaid	11	\$ 52,270.81
WHOLE WOMANS HLTH OF THE TWIN CITIE	Medicaid	350	\$ 72,625.35
WOMEN'S HEALTH CENTER OF DULUTH PA	Medicaid	177	\$ 39,562.07
WOMENS HEALTH SPECIALISTS	Medicaid	<5	<\$500
		Subtotal	4,410 \$ 1,010,241.67
			Treatment of incomplete induced abortions \$ 27,211.19
		Total	4,410 \$1,037,452.86

Includes abortion procedures (59840-59841, 59850-59852, 59855-59857, 59866, S0190-S0191, S0199, S2260, S2265-S2267), related procedures, and incomplete induced abortions (59812). The report is based on the date the service was provided.