## Minnesota Health Care Programs - MN Abortion Provider Report - FINAL

Fee-For-Service Data Only CY 2021 (All Quarters)

PROVIDER	MAJOR PROGRAM	ABORTION COUNT	TOTAL REIMBURSEMENT AMOUNT
M HEALTH FAIRVIEW	Medicaid &	32	\$ 58,115.65
	MinnesotaCare		
MAYO CLINIC	Medicaid	< 5	< \$500
MERCY HOSPITAL	Medicaid	< 5	\$4,895.61
PLANNED PARENTHOOD MN ND SD	Medicaid	3,643	\$773,459.27
REGIONS HOSPITAL	Medicaid	< 5	\$ 7,950.60
ROBBINSDALE CLINIC	Medicaid	422	\$107,825.18
WHOLE WOMANS HLTH OF THE TWIN CITIES	Medicaid	113	\$23,868.71
WOMEN'S HEALTH CENTER OF DULUTH PA	Medicaid	170	\$37,226.97
Subtotal			\$ 1,013,487.17
Treatment of incomplete induced abortions			\$ 27,917.43
Total		4,386	\$1,041,404.60

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.