

**Minnesota Health Care Programs - Instate Abortion Provider Report  
Fee-For-Service Data Only  
CY 2019 (All Quarters)**

<b>PROVIDER</b>	<b>MAJOR PROGRAM</b>	<b>ABORTION COUNT</b>	<b>TOTAL REIMBURSEMENT AMOUNT</b>
PLANNED PARENTHOOD MN ND SD	Medicaid	2,776	\$639,098.02
PPMNS HIGHLAND	Medicaid	15	\$3,637.62
ROBBINSDALE CLINIC	Medicaid	402	\$108,135.93
UMMC FAIRVIEW	Medicaid	≤5	\$36,831.65
UNIVERSITY OF MINNESOTA SPECIALTY	Medicaid	19	\$4,511.68
WHOLE WOMANS HLTH OF THE TWIN CITIES	Medicaid	965	\$248,387.74
WOMEN'S HEALTH CENTER OF DULUTH PA	Medicaid	161	\$27,561.22
WOMENS HEALTH SPECIALISTS	Medicaid	≤5	<\$500
<b>Subtotal</b>		4,343	\$1,068,255.00
<b>Treatment of incomplete induced abortions</b>			\$10,669.41
<b>Instate Total</b>		4,343	\$1,078,924.41

<b>MHCP Out-of-State CY 2019 FFS Provider Report</b>	<b>MAJOR PROGRAM</b>	<b>ABORTION COUNT</b>	<b>TOTAL REIMBURSEMENT AMOUNT</b>
RED RIVER WOMENS CLINIC	Medicaid	120	\$24,690.69
<b>Out-of-State Total</b>	Medicaid	120	\$24,690.69
<b>Instate Total</b>	Medicaid	4,343	\$1,068,255.00
<b>Treatment of incomplete induced abortions</b>			\$10,669.41
<b>Grand Total</b>	Medicaid	4,463	\$1,103,615.10

Includes abortion procedures (59840-59841, 59850-59852, 59855-59857, 59866, S0190-S0191, S0199, S2260, S2265-S2267), related procedures, and incomplete induced abortions (59812, 59820, 59821, 59830). The report is based on the date the service was provided.