**Instructions for Data Supplement 4, IN-NETWORK REIMBURSEMENT**

For In-Network provider office visits only, for the CPT codes provided in Tables A, B (1) and B (2), provide the weighted average allowed amounts for the specific groups of providers listed in the tables.

Please complete Tables A, B (1) and B (2) for claims data for Calendar Year 2021, or *for the period January 1, 2021, through the latest month in 2021 for which reasonably complete claims data is available.*

*A separate data supplement shall be submitted for each plan described in § 15-144(c)(1)(i) of the Insurance Article that uses a distinct provider network with different reimbursement arrangements from the other plans. If multiple plans described in § 15-144(c)(1)(i) use the same provider network and reimbursement arrangements, the carrier may submit one data supplement that aggregates the allowed amount claims data for those plans. When a carrier elects to aggregate data in this manner, the carrier shall identify the specific plans to which the data supplement applies, and shall attest that the provider network and reimbursement arrangements are the same for the applicable plans.*

**Instructions for completing Table A follow:**

• In Rows 1– 4, insert the weighted average in-network allowed amounts (weighted by the proportion of claims allowed at each allowed amount level) for Column A (CPT 99213) and Column B (99214). This calculation will provide the same result as calculating the sum of the allowed amounts for every in-network 99213 and 99214 claim, separately, that was allowed for these providers, and dividing each sum by the total number of such claims allowed for such providers.

• In Row 5, insert the percentage amount (if any) by which the in-network reimbursement for PCPs and other non-psychiatrist M/S specialist physicians (combined) was greater than for psychiatrists.

**Instructions for completing Tables B (1) and B (2) follow:**

• In Rows 1– 3, Column A of Tables B (1) and B (2), insert the weighted average allowed amounts (weighted by the proportion of claims allowed at each allowed amount level) for Column A CPT Codes listed. This calculation will provide the same result as calculating the sum of the allowed amounts for every in-network 99213, 99214, 90834, and 90837 claim, separately, that was allowed for these providers, and dividing each sum by the total number of such claims allowed for such providers.

• Rows 1 - 3, Column C of Tables B (1) and B (2), insert weighted average allowed amount as a percentage of the Medicare Fee schedule amount.