

**SPECIAL PROVISIONS RELATING TO
ALL HEALTH AND HUMAN SERVICES AGENCIES**
(Continued)

Sec. 16. Provider Rates. Appropriations made elsewhere in this Act reflect reductions to provider rates for the 2012-13 biennium as identified below. All identified reductions for fiscal years 2012 and 2013 are intended to be calculated based on the rates in effect on August 31, 2010 and are in addition to cumulative rate reductions made during fiscal year 2011, also identified below. Reductions are intended to be applied to all delivery models, including managed care, and are a net overall reduction to the specified provider class. No additional reductions shall be made unless requested and approved according to the process required by Article II Special Provisions, Section 15 (b) for rate increases.

	<u>FY 2011</u>	<u>2012-13 Biennium</u>
a. Department of Aging and Disability Services		
(1) Community Care Entitlement	0%	0%
(2) Home and Community-based Services (HCS)	-2%	-1%
(3) Other Community Care Waivers	0%	0%
(4) PACE	0%	0%
(5) Nursing Facilities	-3%	0%
(6) Medicare Copay Skilled Nursing Facility	0%	0%
(7) Nursing Facility-related Hospice	-1%	-2%
(8) Intermediate Care Facilities - MR, excluding state supported living centers	-3%	-2%
b. Health and Human Services Commission		
(1) CHIP Physicians	-2%	0%
(2) CHIP Dental Providers	-2%	0%
(3) Other CHIP Providers	-2%	-8%
(4) Medicaid Physician Services	-2%	0%
(5) Medicaid Hospital Services, excluding those reimbursed under TEFRA	-2%	-8%
(6) Medicaid Dental and Orthodontic Services	-2%	0%
(7) Medicaid Durable Medical Equipment	-2%	-10.5%
(8) Medicaid Laboratory Services, excluding reimbursements to the Department of State Health Services	-2%	-10.5%
(9) Medicaid Pediatric Private Duty Nursing and Home Health	-2%	0%
(10) Other Medicaid Providers	-2%	-5%