Rate Reductions

• FY 2016 budget included 5% provider rate reduction with authority to implement lower reduction if capitation rate utilization and cost lower than budgeted.

• AHCCCS conducted public comment period and received comments from 145 different providers and associations representing thousands of providers.

• Based on public comment data and information provided, along with lower than forecasted utilization and other available funding, AHCCCS has, working with the Governor's Office, determined that no provider rate reductions are required at this time.
Rate Adjustments

- Home and Community-Based Services Fee Schedule rates – Increase of 1.5% across-the-board to address federal mandates and economic conditions
- Hospice per diem rates to match Medicare
- LTAC and Rehab Hospitals – Aggregate increase of 1.1% to address relative patient acuity
- Inpatient Hospital APR-DRG rates updated for DRG phase-in (budget neutral) and increase to high-acuity pediatric codes
- Physician Drug Schedule rates - 2.3% aggregate impact to address changes in drug prices
Rate Adjustments, ctd

• Rate updates to align with Medicare (0% aggregate fiscal impact):
  o Ambulatory Surgical Center Fee Schedule rates
  o Outpatient Hospital Fee Schedule rates
  o Physician Fee Schedule rates
  o Clinical Laboratory Fee Schedule rates
  o DMEPOS Fee Schedule rates

• Dental fee schedule rates updated to ADA dental fee index (0% aggregate fiscal impact)

• Evaluating need for BH Inpatient rate increase
Rates Not Changing

- Behavioral Health Fee Schedule outpatient rates
- Freestanding Dialysis Facility composite rates
- Nursing Facility per diem rates
- Transportation rates other than those that are based on ADHS rates
PCH SNCP Transition

• Waiver allowing for SNCP expires 12/31/2015
• AHCCCS required to develop transition plan
• DRG High Acuity Peds adjustment is part of transition away from SNCP
• In combination with DRG adjustment, AHCCCS will request lower SNCP amount for 2016