

		Current Medicaid FFS Reimbursement		
ID	Provider/Rate Type	Fee-Schedule or Cost Based? (State whether fee-schedule or cost based in this column)	Cost Settled? ("X" indicates yes)	Rebased? (please indicate how often if rebased)
1	Ambulance	Fee schedule		
2	Ambulatory Surgical Center	Fee schedule		
3	Audiologist	Fee schedule		
4	Behavioral Health Intervention Service	Fee schedule		
5	Birthing Center	Fee schedule		
6	Certified Nurse Mid-Wife	Fee schedule		
7	Certified Registered Nurse Anesthetist	Fee schedule		
8	Chiropractor	Fee schedule		
9	Clinic	Fee schedule		
10	Community Mental Health Center	Provider choice of: 1) Cost based - 100%; or 2) Alternative fee schedule	X	
11	Durable Medical Equipment	Fee schedule		
12	Family Planning Clinic	Fee schedule		
13	Federally Qualified Health Centers	Cost based at greater of: 1) Cost per encounter; or 2) BIPA PPS rate	X	
14	Habilitation Service	Fee schedule		
15	Hearing Aide Dealer	Fee schedule		
16 Home and Community-Based Services and Habilitation - Services Directly Involving the Member:				
		ID Waiver - Tiered fee schedule		
a	Supported Community Living - Daily	BI Waiver - Cost based at lower of: 1) current cost plus inflation; 2) base rate plus inflation; or 3) maximum per diem rate	BI Waiver - X (only if provider is overpaid)	
b	Supported Community Living - 15 minute	Cost based at lower of: 1) current cost plus inflation; 2) base rate plus inflation; or 3) maximum per diem rate	X (only if provider is overpaid)	
c	Supported Community Living - Residential Based	Tiered fee schedule		
d	Adult Day Care	Fee schedule		
e	Home Health Aides	Fee schedule		
f	Nursing Care	Fee schedule		
g	Respite	Fee schedule		
h	Mental Health Outreach	Fee schedule		
i	Nutritional Counseling	Fee schedule		
j	Senior Companion	Fee schedule		
k	Consumer Directed Attendant Care	Fee schedule		
l	Counseling	Fee schedule		
m	Case Management	Fee schedule		
n	Supported Employment	Fee schedule		
o	Behavioral Programming	Fee schedule		
p	Family Counseling and Training	Fee schedule		
q	Prevocational Services	Fee schedule		
r	Interim Medical Monitoring and Treatment	Fee schedule		
s	Day Habilitation	Fee schedule		
t	Family and Community Support Services	Fee schedule		
u	In-Home Family Therapy	Fee schedule		
v	Independent Support Broker	Fee schedule		
w	Self-Directed Community Support and Employment	Fee schedule		
x	Assisted Living	Fee schedule		
y	Home-Based Habilitation	Fee schedule		

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17 Home and Community-Based Services and Habilitation - Services Provided To Support The Member Not Considered Direct Services:				
a	Homemaker	Fee schedule		
b	Chore Service	Fee schedule		
c	Home Delivered Meals	Fee schedule		
d	Home and Vehicle Modification	Fee schedule		
e	Transportation	Fee schedule		
f	Assistive Devices	Fee schedule		
g	Specialized Medical Equipment	Fee schedule		
h	Environmental Modifications and Adaptive Devices	Fee schedule		
i	Financial Mangement Services	Fee schedule		
j	Individual Directed Goods and Service	Fee schedule		
18 Home Health Agency:				
a	Intermittent Nursing, Therapy, Home Health Aide	Fee schedule by geographic area		Every 2 years
b	EPSDT Private Duty Nursing/Personal Care	Cost Based - limited to 133% of statewide average rate	X	
19 Hospice:				
a	Routine and Continuous Home Care	Fee schedule by geographic area		
b	Inpatient Respite Care	Fee schedule by geographic area		
c	General Inpatient Care	Fee schedule by geographic area		
d	Nursing facility	Fee schedule at 95% of nursing facility per diem rate		
20 Hospital:				
a	Inpatient	Cost based		Every 3 years
b	Outpatient	Cost based		Every 3 years
c	Inpatient Psychiatric Certified Unit	Cost based		Every 3 years
d	Inpatient Physical Rehabilitation Certified Unit	Cost based		Every 3 years
e	Critical Access - Inpatient	Cost based - 100%	X	
f	Critical Access - Outpatient	Cost based - 100%	X	
g	Critical Access - Swing Bed	Cost based - 100%	X	
21	Independent Laboratory	Fee schedule		
22	Indian Health Services	Federal All-Inclusive Encounter Rate		
23 Intermediate Care Facilities for Individuals for Intellectual Disabilities:				
a	Community-Based	Cost based at lower of: 1) current cost plus inflation; 2) 80th percentile; or 3) maximum allowable base rate		Every 4 years
b	State Resource Centers	Cost based - 100%		
24	Lead Investigation	Fee schedule		
25	Maternal Health Center	Fee schedule		
26 Nursing Facility:				
a	Intermediate Care Facility	Cost based limited to: 1) 120% of the direct care median; and 2) 110% of the non-direct care median		Every 2 years
b	Skilled Nursing Facility	Cost based limited to: 1) 120% of the direct care median; and 2) 110% of the non-direct care median		Every 2 years
c	Special Population	Cost based limited to skilled nursing facility median per diem rate		
d	Nursing Facility for Mental Illness	Cost based limited to skilled nursing facility median per diem rate		
27	Nurse Practitioner	Fee schedule		
28	Optician	Fee schedule		
29	Optometrist	Fee schedule		
30	Orthopedic Shoe Dealer	Fee schedule		

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31	Pharmacy:			
a	Drug ingredient cost	Fee schedule		Every 6 months
b	Dispensing fee cost	Fee schedule		Every 2 years
32	Physician	Fee schedule		
33	Psychiatric Medical Institutions For Children:			
a	State-Owned	Cost based - 100%	X	
b	Non State-Owned	Fee schedule		
34	Podiatrist	Fee schedule		
35	Psychologist	Fee schedule		
36	Rehabilitation Agency and Independent Therapists	Fee schedule		
37	Residential Care Facility	Cost based - limited		
38	Rural Health Clinic	Cost based at greater of: 1) Cost per encounter; or 2) BIPA PPS rate	X	
39	Screening Center	Fee schedule		
40	State Mental Health Institution	Cost-based		
41	Targeted Case Management-Case Management	Cost based	X	