

#### 4. Option: Reduce Medicaid Provider Rates

**DPHHS Program: Health Resources Division, Senior and Long-term Care Division, Disability Serv Division, and Addictive and Mental Disorders Division**

**Additional research will be required to fully define and estimate costs and savings for this option**

**General Fund: Not yet determined**

**State Special Revenue: Not yet determined**

**Federal Special Revenue: Not yet determined**

**For further information see [Reference Book](#) page 20**

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|--|----------------------------------|
| <p>1. MHA believes that reducing existing provider rates should only occur after the elimination of non-essential or low priority programs.</p> <p>It is very difficult to accept rate reductions since the provider loses the general fund and the federal match. This means each dollar of general fund reduction is amplified by nearly 3 times.</p> <p>Replacing lost Medicaid revenue means higher private health costs</p>   | <p>Thu, Sep 9, 2010 4:15 PM</p>  |
| <p>2. Do not reduce Medicaid Provider rates. It will trigger people leaving their jobs and a less quality of care.</p>   | <p>Wed, Sep 8, 2010 5:16 PM</p>  |
| <p>3. Medicaid providers are losing money at CURRENT rates. To reduce rates will shorten the time before agencies are eliminated and providers further reduce the number of Medicaid patients they can afford to serve.</p>  | <p>Wed, Sep 8, 2010 10:11 AM</p> |
| <p>4. Medicaid providers cannot provide required services at the current rate. Reducing rates will lead to providers refusing to take our clients. If a provider is already going broke with the State rates, why would they agree to serve patients at a lower rate?</p>  | <p>Wed, Sep 8, 2010 9:15 AM</p>  |
| <p>5. This option would result in disaster. Medicaid providers are already reimbursed at a disturbingly low rate. Lowering the rate again will result in poorer quality of care and increased funding required to cover the fall-out from poor care.</p>   | <p>Tue, Sep 7, 2010 1:30 PM</p>  |
| <p>6. Instead of reducing provider rates, why doesn't DPHHS suggest eliminating the 1.5 million dollar contract with Magellan "Medicaid Administration"? This company already pillaged and plundered the State of Montana and its mental health providers and consumers in 1998. Why are we sending 1.5 million dollars to an out of state, for profit company whose primary goal is to make money by denying mental health services to those Montanans who are most in need? The Children's Mental Health Bureau and DPHHS have not conducted a cost analysis to review the effectiveness of this contract. Perhaps DPHHS should look at their own spending before squeezing providers out of business.</p> | <p>Tue, Sep 7, 2010 10:40 AM</p> |

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**answered question**

**skipped question**

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7.	same	Sat, Sep 4, 2010 11:49 AM
8.	Medicaid doesn't cover the cost of providing services as it is. Reductions should not be considered.	Fri, Sep 3, 2010 3:54 PM
9.	Continue research but don't drag it out forever.	Fri, Sep 3, 2010 3:03 PM
10.	The doctors already receive low re-imburement, if you cut this we would get less care & be sicker.	Fri, Sep 3, 2010 2:16 PM
11.	Providers are underpaid. Do not reduce the rates.	Fri, Sep 3, 2010 1:50 PM
12.	Medicaid providers cannot provide services at the current rate. Doctors will not take our clients. As a provider who is going broke with the states current rates, how long can we last with less?	Fri, Sep 3, 2010 11:32 AM
13.	All of the arguments made with respect to elimination of one time only provider rate increases and direct care wage increases apply to any further reduction in rates.	Fri, Sep 3, 2010 11:26 AM
14.	Please do not reduce provider rates	Fri, Sep 3, 2010 11:07 AM
15.	I thought the governer was not going to cut social programs ?	Fri, Sep 3, 2010 11:02 AM
16.	Please hold Medicaid provider rates. Any reduction will decrease access to care.	Fri, Sep 3, 2010 10:04 AM
17.	More money out of the health care sector of the economy here. Sounds like a recipe for a longer recession.	Thu, Sep 2, 2010 4:58 PM
18.	Providers are already walking away from children's case management services and outpatient services because the rates are so low. This is an access to care issue.	Thu, Sep 2, 2010 4:07 PM
19.	See comment number 1.	Thu, Sep 2, 2010 12:36 PM
20.	Providers are working for too little at this time.	Thu, Sep 2, 2010 11:44 AM
21.	It is already difficult to find providers with "openings" for Medicaid patients. Waiting lists for services mean more people in crisis and going into more intensive and expensive levels of care.	Wed, Sep 1, 2010 9:14 PM
22.	The provider rates are at such a low now-I have a hard time getting providers to sign up-when I do my job as a case manager.	Tue, Aug 31, 2010 7:48 AM
23.	This will hurt meny areas	Thu, Aug 26, 2010 3:45 PM

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24.	I do not support reducing funds for this.	Thu, Aug 26, 2010 10:50 AM
25.	The trickle down effect = more providers refusing to take medicaid patients = medicaid recipients being left out to hang.	Thu, Aug 26, 2010 10:50 AM
26.	I worry that reducing the rate increases will also mean that fewer caregivers will have regular employment. If their agency has to cut rates, what is to keep caregivers in the field? We need people to help take care of others and provide very important personal care. Who will make sure they get to the grocery store or doctor's appointments?	Wed, Aug 25, 2010 2:00 PM
27.	No, No, No - reduce waste and fraud, but pay the providers realistically for their professional time so we have outstanding providers to provide services to our clients.	Wed, Aug 25, 2010 1:23 PM
28.	Disagree	Sun, Aug 22, 2010 5:06 PM
29.	If rates are cut then there will be no providers and then there are not services to keep people in the community.	Tue, Aug 10, 2010 1:04 PM
30.	We are only maintaining with the recent 2% increase, this would cause some providers to be forced out of business and loss of employees and taxes generated.	

50 responses per p

answered question

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