

5. Option: Implement Provider Fees to Pay a Portion of Medicaid State Share

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 18

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|--|---------------------------|
| 1. Something to look into, if resulting in increased fees. | Wed, Sep 8, 2010 10:11 AM |
| 2. This has been utilized before and has had a good impact on services by increasing rates. It may be something of substance to look into. | Wed, Sep 8, 2010 9:15 AM |
| 3. same | Sat, Sep 4, 2010 11:49 AM |
| 4. I am opposed to anything which would potentially deter providers from providing services to Medicaid recipients. There are not enough providers as it is. | Fri, Sep 3, 2010 3:03 PM |
| 5. Why not have everyone on Medicaid pay their share, get some money from all who use these services. i worked for 15 years, till i became disabled, paid into this broken system now pay an incurment each month & those who never worked pay NOTHING for their share & get all the benefits. | Fri, Sep 3, 2010 2:16 PM |
| 6. This has been utilized before and has had good impact on services, by increasing rates. It might be something of substance to look into. | Fri, Sep 3, 2010 11:32 AM |
| 7. Nursing homes are currently taxed \$8.30 per patient day for ALL days of care in their facilities - whether private pay, Medicare or Medicaid. | Fri, Sep 3, 2010 11:26 AM |

When this tax was developed, the funds realized from the tax were sufficient to bring the Medicaid rate close to the actual cost of care - which meant that the tax for Medicaid residents was paid in the Medicaid rate.

Currently, the Medicaid rate is so much lower than the cost of care that the Medicaid rate is not funding the tax - which means the facility is passing this along to privately paying individuals.

While we have been very supportive of this tax in the past, the state's failure to maintain Medicaid rates at some reasonable level, puts us in a position to question the wisdom of this type of tax. This only works if the Medicaid rates covers all or most of the cost of the tax, which is not currently the case.

25 responses per p

answered question

skipped question

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8.	I thought the governer was not going to cut social programs ?	Fri, Sep 3, 2010 11:02 AM
9.	Some Medicaid providers could afford this and it is an option worth considering. A general revenue solution such as higher taxes on the top 1% of Montanans might be more equitable.	Thu, Sep 2, 2010 4:58 PM
10.	As in a bed tax? It works for the hospitals.	Thu, Sep 2, 2010 4:07 PM
11.	Good idea as long as the fees are determined to be reimburseable by Medicaid, the services on which the fee are imposed are heavily dependent on Medicaid funding and the implementation of the fee does not impose additional unfunded regulatory requirements on the businesses that provide the service.	Thu, Sep 2, 2010 12:36 PM
12.	Yes. This works well for hospitals and nursing homes and needs to be implemented more broadly.	Wed, Sep 1, 2010 9:14 PM
13.	Not a good idea	Thu, Aug 26, 2010 3:45 PM
14.	No - implementing such fees puts the most vulnerable clients at risk, upon whom the costs ultimately get transferred to.	Wed, Aug 25, 2010 1:23 PM
15.	Disagree	Sun, Aug 22, 2010 5:06 PM
16.	I would like more information to clarify what this means?	Thu, Aug 12, 2010 3:38 PM
17.	it is difficult to get providers already this will decrease the number of providers.	Tue, Aug 10, 2010 1:04 PM
18.	Depending on administrative assistance we would have to hire to get this done, we work with minimal staff now who are busy.	

25 responses per p

answered question

skipped question