HealthChoices Rate Setting Policies

Community Care publishes base fee schedules for each HealthChoices network and individually negotiates rates with providers for residential services and some specialized services. In order to formalize the process and develop parameters around the rate setting process, Community Care, in conjunction with our county partners and OMHSAS, developed policies related to rate setting based upon the program year for each network.

Attached, please find the Policies and Procedures for Provider Rate Setting. The program year is January through December for the Allegheny and Chester networks and July through June for all others, including Blair and Lycoming/Clinton.

For those networks with a program year beginning in July, providers must submit requests to Community Care no later than March 1 of each year to be considered for a July 1 implementation. Requests received after March 1 will be held for consideration until the next annual rate consideration period.

For the Allegheny and Chester networks, whose program year commences January 1, rate setting policies require submission of documentation and rate requests from providers no later than September 1 each year.

After following this process, all rate increase requests will ultimately be determined through county/Community Care review of requests against the current budget/capitation environment.

Please note that you may be contracted for more than one network for which different policies apply. Please make sure that you follow the submission guidelines for each network for which you are requesting a rate request.

If you have any questions, please contact your Provider Relations Representative.