

Policy & Procedure

POLICY/PROCEDURE TITLE: Rate Adjustments POLICY/PROCEDURE #: 711 Section: Provider Network Developed and maintained by: Provider Network Manager Scope: <input checked="" type="checkbox"/> OnPoint Staff <input type="checkbox"/> MH/IDD, <input type="checkbox"/> Housing, <input type="checkbox"/> SUD, <input type="checkbox"/> Integrated Health, <input checked="" type="checkbox"/> OnPoint Contract Providers <input type="checkbox"/> Other _____	Approved By: <u><i>Mark Anzures</i></u> (Chief Executive Officer)	
	Approved By: _____ (Medical Director; <i>as applicable</i>)	
	DATES	
	First Effective	01/2022
Revised	04/2025	
Reviewed	04/2025	

POLICY

OnPoint is committed to assuring quality and value in all of the services provided in the OnPoint Provider Network by providing a uniform process to request and implement rate adjustments.

OnPoint is committed to paying competitive Provider reimbursement rates, as funding allows. It is our goal to ensure Providers are able to pay their staff a quality wage that appropriately matches the Medicaid Manual staffing qualifications per service description and supports the current cost of living.

Provider rates can be adjusted through an annual review completed by OnPoint or via a provider request, as indicated in the below procedure.

The following factors will be considered when evaluating rate adjustments.

1. Funding availability
2. Rate equity with similar services
3. Timing of last increase: A minimum timeframe of one year since the previous rate increase.
4. Provider submitted budgeted and/or actual financial statements
5. Quality of Care provided as defined in the contract monitoring procedure.
6. Standard Rates
7. Other factors supplied by the provider

PROCEDURES

Providers have the opportunity to request rate increases under the following conditions:

A. Requesting Service Rate Adjustments

1. The LRE standardized contract entitled, "Provider Service Agreement," which is initiated between OnPoint and Contracted Service Providers, states the following:

"Provider shall have the opportunity to review the initial agreed upon rate with CMHSP on an annual basis. Such requests shall be provided to CMHSP, in writing, and in accordance with established CMHSP procedures."

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2. To initiate a request, a Provider or the Provider Network Manager must complete the Rate Adjustment Request Form and attach pertinent documentation. It is expected that financial support will result in additional value added at the programmatic level. Any such request may be considered for all providers of that service element.
3. Verbal requests or requests submitted in any other manner will not be considered.
4. Requests must be received by August 31st of each year. Requests submitted after August 31st may not be considered. OnPoint will review submitted rate requests beginning September 1st, and will notify the provider of the disposition by December 31st of that ok, year.
5. Standard rates – OnPoint has rates that are considered standard across the Lakeshore Region (Region 3) for providers of Autism services, Substance Use Disorders services and Hospital Inpatient services. These rates are determined and standardized by the Lakeshore Regional Entity (LRE). If Providers who have Standard rates submit a request for a rate increase, OnPoint will present the request to the Lakeshore Regional Entity for review and consideration.

B. Review of Requests

1. The submitted Rate Adjustment Request Form is initially reviewed by the Provider Network Manager and the Finance Department for preliminary impact. Consideration will be given in an attempt to standardize rates for similar services. Rate assumptions will be drafted, including any recommendations for other providers of similar services.
2. After initial review, the request will be discussed with the OnPoint Management Team and/or Lakeshore Regional Entity via appropriate LRE Regional Operations Advisory Team (ROAT) meeting.
3. If the request is approved, the Provider Network Manager will initiate a rate change per contract requirements. The Provider Network Manager or designee will inform the initiating provider of the determination.
4. If the request is denied at any point in the process, the Provider Network Manager will inform the Provider of the determination, including rationale.

Attachments:

- A. 711.1 Rate Adjustment Request Form