DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Waldrop	7-30-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 10-038	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Mr. Kirk, Snider, Singleton	[ ] Prepare reply for appropriate signature DATE DUE _____ [ ] FOIA DATE DUE _____ [X] Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Office of the Inspector General

James V. Martin

Investigation of Alleged Waste and Mismanagement within the Health and Human Services Home and Community Based Waiver Programs

Report prepared by:

Roger Myers, Investigator

Prepared for:
Governor Nikki R. Haley

Mr. Anthony Keck, Director
Department of Health and Human Services

July 20, 2012

Case 2012-104 _____

Allegations/Complaints

There were six (6) allegations made in this complaint related to the DHHS Home and Community Based Waiver Program and procurement proposal. The specific allegations and complaints are as follows:

1. The complainant alleges that the Durable Medical Equipment (DME) Program sustained huge budget cuts because DME providers were targeted by DHHS. Other Medicaid Programs were cut an average of 5-6% and that the 35% cut to the Durable Medical Equipment Program was unfair.

2. The complainant alleges that DHHS was required to obtain approval from the Center for Medicare and Medicaid Services (CMS) before varying from its approved procedures as outlined in section 1915 (c) of the Social Security Act; and that DHHS did not receive the necessary approval to change its approved HCBW Programs.

3. DHHS and the Budget & Control Board (B&CB) may have violated State Ethics Code in that the invitation for bid (IFB) for the procurement of Medicaid incontinence supplies contained unusual and prohibitive guidelines.

4. The complainant alleges that DHHS agreed to conduct a sustainability project and work with DME providers to find ways to save money and identify problems in the DME Programs. The complainant stated that this project was never done.

5. The Medical Equipment Supply Association (MESA) received a mandate from DHHS requiring MESA members to provide in writing their acceptance of the 35% cut to the incontinence supplies; and that DHHS does not have the authority to mandate the acceptance of a 35% cut in writing.

program areas. The Agency conducted open forums and meetings with DME provider groups to discuss the need to reduce Medicaid expenditures, as well as the need to continue providing quality care for Medicaid recipients.

In an effort to reduce costs, DHHS examined research data in multiple programs. The Agency had information which indicated that South Carolina was paying a higher than average rate for DME incontinence products. In reviewing their billing process for incontinence supplies, DHHS also found that incontinence supply providers were using improper billing codes when submitting requests for Medicaid payment. DME providers were using miscellaneous codes which are often less descriptive of the products or supplies being provided by the vendors. DHHS researched ways to reduce DME costs, refine their billing processes and maintain the product quality.

DHHS found that other states elected to procure DME products utilizing a single source provider to reduce Medicaid waste and abuse. The states that procure DME products under state contacts were successful in saving a substantial amount of funds by reducing their incontinence supplies rates and monitoring their billing process.

In August of 2010, DHHS issued a public notice to DME providers advising them of the Agency's intent to make certain changes to the Medicaid HCBW Programs and their intent to procure incontinence supplies utilizing the bid process. Medicaid providers participating in the HCBW and the CLTC Programs were encouraged to contact the South Carolina Budget & Control Board Division of Materials Management and participate in the procurement process.

Health and Human Services' decision to acquire incontinence supplies through the bid process was based on the need to provide uniformity in the quality of products provided in the multiple HCBW Programs; and to provide consistency in the DME billing process. Procuring incontinence supplies through a single vendor would also reduce the risk of Medicaid fraud and abuse in the DME Programs.

For the State fiscal year 2011-2012, DHHS made changes in the DME incontinence fee schedule, as well as across the board cuts in multiple Medicaid Program areas. The rate reduction for DME incontinence supplies was only one of the many changes made within DHHS to allow the Agency to manage costs and operate within the authorized appropriations for the fiscal year 2012.

Investigative Findings – Allegations

1. Complainant alleges that the Durable Medical Equipment (DME) Program sustained huge budget cuts because DME providers were targeted by DHHS. Other Medicaid Programs were cut an average of 5-6% and that the 35% cut to the DME Program was unfair.

   DHHS evaluated their Medicaid Programs to identify ways to reduce spending and eliminate waste. The Agency implemented an across the board cut in most Medicaid Program areas. In evaluating their DME Program, the Agency found information that showed the South Carolina rate schedule for DME incontinence supplies was higher than other states' fee schedules. The Agency focused on addressing problems identified in the DME Programs such as the inconsistency in product quality, provider use of incorrect billing codes and the improper use of miscellaneous codes. DHHS found that states that adjusted their DME fees and focused on eliminating waste realized substantial savings in the DME Program area.

   It is the opinion of the OIG that the changes made in their Medicaid HCBW Programs were not the result of or part of the across the board cuts sustained by other program areas. The reduction in DME fees for incontinence supplies was the result of management's efforts to effectively manage the DME services and eliminate waste in the HCBW Program. DHHS' current fee schedule appears to be consistent with other states which have negotiated incontinence products rate

the CMS on a continuous basis while implementing proposed changes in the South Carolina State Medicaid Plan. The OIG found no evidence to substantiate the allegation that DHHS violated Act 1915 (c) of the Social Security Act or procedures as set forth by the CMS' Medicaid policy.

3. DHHS and the Budget & Control Board (B&CB) may have violated the State Ethics Code in that the invitation for bid (IFB) for the procurement of Medicaid incontinence supplies contained unusual and prohibitive guidelines.

After the announcement of the intent to award the contract to the winning bidder, the B&CB received a notice of formal protest from two unselected vendors. The protests alleged that the winning vendor did not meet the qualifications set forth in the IFB; and that the DHHS failed to obtain the CMS' approval before varying from the State approved Medicaid plan as required by Section 1915 (c) HCBW Waiver Program under the Social Security Act. After receiving the formal protests, the Division of Materials Management suspended the awarding of the state contract. DHHS withdrew the IFB and elected to pursue DME rates changes through the process of negotiating with DME providers to voluntarily reduce incontinence supply fees.

The OIG reviewed the State's IFB for procuring DME incontinence supplies and other procurement documents provided by the B&CB Division of Materials Management. The OIG found that the IFB did contain restrictive guidelines to monitor quality and consistency in products being quoted; as well as guidelines to ensure bidders an equal opportunity to bid similar products. The OIG found no evidence to substantiate the allegation that the IFB contained any unusual or prohibitive bidding guidelines. The suspension and withdrawal of the IFB were in accordance with the Division of Materials Management's policy and procedural guidelines. The OIG found no evidence that the DHHS or the B&CB violated State Ethics Codes during the bid process, the suspension of the award or DHHS' formal withdrawal of the IFB.

supply providers. The group of individuals present agreed to lower their rate and adhere to guidelines addressing product quality.

Based on the OIG research of DME products, several states have negotiated rate reductions in incontinence supply rates. DHHS worked with a number of DME provider groups while implementing the changes in the DME Programs. The OIG found no evidence that DHHS violated policy or procedures by negotiating a reduction in the DME provider fees or requiring a written agreement of the rates reductions as negotiated.

6. Proviso 89.87, as amended required DHHS to submit a report to the Senate Finance Committee and House Ways and Means Committee reconciling actual saving by source within six months after receiving the CMS' approval to adjust DME provider rates. The complainant stated that this report was never done.

Senate Bill S434, Act Number 77 in amending a portion of proviso 89.87, which prohibited the Department of Health and Human Services from reducing provider rates was ratified on April 6, 2011. The amendment also required that DHHS submit any proposed rate changes to the Senate Finance Committee and House Ways and Means Committee; and to provide a report reflecting actual savings by source of funds as compared to estimated figures.

On July 14, 2011 DHHS submitted proposed rate change Amendment SC11-011 to the Regional Office of the CMS. The CMS officially approved the Medicaid State Plan Amendment SC 11-011 on February 10, 2012, with the effective date being July 11, 2011. The CMS letter of approval for DHHS Amendment SC 11-011 is provided as "Exhibit D" and is made a part of this report. The OIG found that DHHS has consistently worked with CMS during the approval process for the proposed amendment to the State Medicaid Plan as well as the implementation of the proposed DME rate changes.

Recommendations

1. The OIG recommends that DHHS continue to monitor and evaluate the number of providers that are participating in the DME Programs to ensure that Medicaid recipients receive quality products and service. DHHS should also continue to evaluate the changes made in the HCBW Program areas to identify any adverse effects on the DME provider group and the effect on product quality.

2 The OIG recommends that DHHS prepare all reports required by the amendment to proviso 89.87. The necessary reports reconciling actual savings by source of funds, actual providers and clients impacted in comparison to the estimates should be submitted to the Senate Finance Committee and House Ways and Means Committee within the six months time frame specified in Senate S434, Act Number 77.

3. The OIG recommends that DHHS continue to monitor DME incontinence supply fees and evaluate whether it would be more advantageous to adopt the competitive bid process for procuring DME incontinence products.

89.78 **AMEND** (LightRail) Authorizes and directs the three research universities, Clemson, MUSC, and USC-Columbia to plan, procure, administer, oversee, and manage all functions associated with the S.C. LightRail [HIGH SPEED INTERNET] and directs that they are exempt from the oversight and project management regulations of the B&C Board, Division of State Information Technology. Directs that S.C. LightRail is an academic network for the use of the state's 3 research universities for the exchange of information directly related to their mission and must not carry commercial or K-12 traffic originated in S.C. Directs that for FY 09-10 public or private organizations and entities may be provided access only through formal documented partnerships with one or more of the 3 research universities. Directs that a report be submitted on February 1, 2010 that identifies each entity with access to the network and any payment including without limitation in-kind payment, each organization and entity is making for network access.
WMC: AMEND proviso to update fiscal year reference from "2009-10" to "2010-11" and calendar year references from "2010" to "2011." Fiscal Impact: No impact on the General Fund.
HOU: ADOPT proviso as amended.
SFC: ADOPT proviso as amended.

89.79 **DELETE** (Homeland Security Projects) Exempts any Homeland Security project, funded by FY 05-06 Unobligated General Fund Revenue appropriated to the B&C Board in Proviso 73.14, Item (90) of the FY 06-07 Appropriation Act, from Procurement Code requirements. Requires the President Pro Tempore of the Senate and Speaker of the House to authorize any expenditure of these funds.
SFC: DELETE proviso. *Project has been completed.* Requested by Budget and Control Board.

89.87 **AMEND FURTHER** (Flexibility) Authorizes agencies, in order to provide maximum flexibility to absorb general fund reductions mandated in this act as compared to the prior fiscal year general fund appropriations, to spend agency earmarked and restricted "special revenue funds" to maintain critical program previously funded with general fund appropriations. Requires prior Office of State Budget approval to increase spending authorization for these purposes and requires the increased authorization be reported to the Governor, Senate Finance and Ways and Means Committees. Authorizes the Comptroller General to implement procedures. Directs that this provision is provided notwithstanding any other provision that restricts the use of earned revenue. Allows agency transfers to exceed 20% of the program budget upon B&C Board Office of State Budget approval in consultation with the Chairmen of the Senate Finance and House Ways and Means Committees. Authorizes state institutions of higher learning whose budgets have been reduced from the FY 08-09 state funding level to be able to use other sources of available fund to support and maintain state funded programs affected by FY 09-10 state reductions and to adjust appropriations from special items or programs in an amount greater or less than the percentage of the reduction assessed to the institution's base budget. Requires institutions to submit the amount of base budget reductions associated with these programs to the Office of State Budget and the Senate Finance and House Ways and Means Committees. Directs that notwithstanding the flexibility authorized in this provision, specific agencies are prohibited from reducing or transferring funds from the following programs or areas. DHHS: Teen Pregnancy/Abstinence Programs including, but not limited to MAPPS; PACE; Federally Qualified Health Centers; and Provider Rates and prohibits the department from decreasing provider reimbursement rates from their current levels. Directs that this provision is not intended to restrict the annual updating of cost based rates and those rates indexed to methodologies described in the Medicaid State Plan. Lt.

OFFICE OF THE INSPECTOR GENERAL

CASE #2012-104 ▪ EXHIBIT B

Senate S434, Act Number 77-Amending Proviso 89.87

S. 434

(A77, R15, S434)

A JOINT RESOLUTION TO SUSPEND PROVISOS 21.11, 21.15, AND 21.20 OF PART IB, ACT 291 OF 2010, THE FISCAL YEAR 2010-2011 GENERAL APPROPRIATIONS BILL AND TO SUSPEND A PORTION OF PROVISO 89.87 OF PART IB, ACT 291 OF 2010, PROHIBITING THE DEPARTMENT OF HEALTH AND HUMAN SERVICES FROM REDUCING PROVIDER RATES, TO PROVIDE THAT ALL PROPOSED CHANGES IN PROVIDER RATES MUST INCLUDE ESTIMATES OF THE PROJECTED DOLLAR COST SAVINGS BY SOURCE OF FUNDS AND THE NUMBER OF PROVIDERS AND CLIENTS IMPACTED, AND TO REQUIRE CERTAIN REPORTS RECONCILING ACTUAL SAVINGS IN COMPARISON TO THE ESTIMATES.

Be it enacted by the General Assembly of the State of South Carolina:

Provisions suspended, estimates and reports required

SECTION 1. (A) Provisos 21.11, 21.15, and 21.20 of Part IB, Act 291 of 2010, the Fiscal Year 2010-2011 General Appropriations Bill, are suspended.

(B) To the extent that Proviso 89.87 of Part IB, Act 291 of 2010 prohibits the Department of Health and Human Services from reducing provider rates from their current levels and expresses that this proviso is not intended to restrict the annual updating of cost base rates and those rates which are indexed to methodologies described in the Medicaid State Plan, this portion of the proviso is suspended. The remaining portion of Proviso 89.87 remains in effect and continues to have the force of law.

(C) All proposed changes must include estimates of the projected dollar savings by source of funds and the number of providers and clients impacted. Six months after receiving approval from the Centers for Medicare and Medicaid Services to implement rate changes, the Department of Health and Human Services must submit to the Senate Finance Committee and House Ways and Means Committee a report reconciling actual savings by source of funds and actual providers and clients impacted in comparison to the estimate. Where differences occur, an explanation must be provided to account for any discrepancies.

Time effective

SECTION 2. This joint resolution takes effect upon approval by the Governor.

Ratified the 6th day of April, 2011.

Approved the 6th day of April, 2011.

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909

November 15, 2010

Emma Forkner, Director
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Dear Ms. Forkner:

I am pleased to inform you the request to amend South Carolina's Home and Community Based Waiver for Individuals with AIDS/HIV has been approved. This amendment, control number 0186-R04-02, is effective October 1, 2010.

This approval authorizes you to utilize a competitive bidding process to procure incontinence supplies under regulatory exceptions specified at §42 CFR 431.54(d). As required, the State assured adequate services will be available for waiver participants under the special procedures.

Estimates of the cost and utilization of waiver services are not affected by this amendment. The revised pages have been incorporated into the approved waiver. If there are any questions, you may contact Connie Martin at (404) 562-7412.

Sincerely,

Jackie Glaze

Jackie Glaze
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909

November 15, 2010

Emma Forkner, Director
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Dear Ms. Forkner:

I am pleased to inform you the request to amend South Carolina's Home and Community Based Waiver for Medically Complex Children has been approved. This amendment, control number 0675.01, is effective October 1, 2010.

This approval authorizes you to utilize a competitive bidding process to procure incontinence supplies under regulatory exceptions specified at §42 CFR 431.54(d). As required, the State assured adequate services will be available for waiver participants under the special procedures.

Estimates of the cost and utilization of waiver services are not affected by this amendment. The revised pages have been incorporated into the approved waiver. If there are any questions, you may contact Connie Martin at (404) 562-7412.

Sincerely,

Jackie Glaze
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

OFFICE OF THE INSPECTOR GENERAL

CASE #2012-104 ▪ EXHIBIT D

Center for Medicare and Medicaid Services
Letter of Approval for DHHS Amendment SC 11-011

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: SC 11-011

2. STATE: South Carolina

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
07/11/11

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 440 Subpart A

7. FEDERAL BUDGET IMPACT: FMAP
a. FFY 2011 $(8,236,048)
b. FFY 2012 $(32,944,196)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, pages 0 & 0a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

Attachment 4.19-B, Page 0 & 0a

10. SUBJECT OF AMENDMENT:
Provider service rate reductions

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
Mr. Keck was designated by the Governor to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Anthony E. Keck

14. TITLE:
Director

15. DATE SUBMITTED:
July 11, 2011

16. RETURN TO:

South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8206

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 07/14/11

18. DATE APPROVED: 02/10/12

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
07/11/11

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Jackie Glaze

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children Health Opns

23. REMARKS:

Approved with the following changes to item 4 as authorized by State Agency on email dated 08/31/11:

Block #8 changed to read: Attachment 3.1-A pages 1b.4a, 1c and 4b; Attachment 4.19-B pages 0 and 0a.
Block #8 changed to read: Attachment 3.1-A pages 1b.4a, 1c and 4b; Attachment 4.19-B pages 0 and 0a.

4.b EPSDT continued:

Home Based Private duty nursing services are available in the home to all recipients under age 21 who are found to be in need of such services on the basis of State established medical necessity criteria. The services must be ordered by the attending physician and must be provided by a Licensed Practical Nurse (LPN) or a Registered Nurse (RN), licensed by the State Board of Nursing for South Carolina. Immediate family members cannot be reimbursed for providing these services. Home Based Private duty nursing services meet the requirements at 42 CFR 440.80.

The State will not preclude the provision of private duty nursing services during those hours of the day that the beneficiary's normal life activities take her outside of her home to attend school. Private duty nursing services rendered during those hours when the beneficiary's normal life activities take him or her outside of the home are coverable.

Personal Care services are available to all recipients under age 21 who live at home and who are found to be in need of such services on the basis of state established medical necessity criteria. Personal Care Services are designed to enable participants to accomplish tasks that they would normally do for themselves if they did not have a disability. This assistance may take the form of hands-on assistance (performing a task for the person) or cuing to prompt the participant to perform a task. Such assistance may include assistance in activities of daily living (bathing, dressing, toileting, transferring, maintaining continence, etc.). Instrumental Activities of Daily Living (IADL's) including home support (cleaning, laundry, shopping, home safety and errands) may be done as a part of the assistance given in the provision of activities of daily living. Personal care services may be provided on an episodic or on a continuing basis and are preformed by personal care agencies. Personal care services are furnished in the participant's home. Any services authorized outside a home setting must be prior approved by the State. Personal care agencies must meet SCDHHS scope of service requirements. A licensed nurse must oversee all direct care staff of a personal care agency. Personal Care Aides must be able to communicate effectively with both participants and supervisors, be fully ambulatory, capable of aiding with recipient's activities of daily living, capable of following a care plan, criminal background checks must verify that the participant has never been involved in substantiated abuse or neglect, be at least 18 years of age, pass a competency test and complete yearly training. The amount and duration of services must be prior authorized and re-authorized based on the recipient/s medical needs at regular intervals by the DHHS. Immediate family members cannot be reimbursed for providing these services.

The following policy applies to both home based private duty nursing and personal care services. Reimbursement for personal care and home based private duty nursing services, may be made to certain family members who meet South Carolina Medicaid provider qualifications. The following family members cannot be reimbursed: The spouse of a Medicaid consumer; A parent of a minor Medicaid consumer; A step parent of a minor Medicaid consumer; A foster parent of a minor Medicaid consumer; Any other legally responsible guardian of a Medicaid consumer. All other qualified family members can be reimbursed for their provision of the services listed above. Should there be any question as to whether a paid caregiver falls in any of the categories listed above, SCDHHS legal counsel will make a determination.

Physical and occupational therapy services as prescribed by a licensed physician, identified as a needed service through an EPSDT exam or evaluation and identified on a prior authorized treatment plan.

Medicaid SP Section 419-B (Reimbursement) Review

The South Carolina Department of Health and Human Services (SCDHHS) will revise and/or reduce reimbursement to providers effective for services provided on or after July 11, 2011 by the amount indicated. Providers incurred a 3% reduction for services provided on or after April 4, 2011. These reductions are in addition to the previous reduction.

Exempt from Reductions

The following are exempt from these reductions:

- J-Codes
- Hospice (except for room and board)
- Federally Qualified Health Center/Rural Health Center (FQHC/RHC) encounter rate
- Program for All-Inclusive Care for the Elderly (PACE)
- Inpatient and outpatient hospital services provided by qualifying burn intensive care unit hospitals, critical access hospitals, isolated rural, small rural and certain large rural hospitals as defined by Rural/Urban Commuting Area classes. These large rural hospitals must also be located in a Health Professional Shortage Area (HPSA) for primary care for total population
- Services provided by state agencies
- Catawba tribal members are exempt when services are rendered by the Catawba Service Unit in Rock Hill, South Carolina and when referred to a specialist or other medical provider by the Catawba Service Unit.

SERVICE	4.19-B PAGE/SECTION	COMMENTS
Other Laboratory and X-Ray Services	Page 2/Section 3	Reduce reimbursement by 7%
Physician Services	Page 2a.2/Section 5	• Pediatric Subspecialist – 2% rate reduction (except Neonatologists) • Reduce Labor and Delivery reimbursement from $1164 to $1100 for Vaginal delivery and $1000 for C-section delivery • Family Practice, General Practice, Osteopath, Internal Medicine, Pediatrics, Geriatrics - 2% rate reduction • Anesthesiologists – 3% rate reduction • All other physicians except Obstetrics, OB/GYN, Maternal Fetal Medicine - 5% rate reduction • EPSDT Well Visit codes – 2% rate reduction
Private Duty Nursing	Page 2 and 4.19-D, page 30	Reduce reimbursement by 4%.
Children's Personal Care	Page 2.1	Reduce reimbursement by 2%
Medical Professionals		
Podiatrists' Services	Page 3/Section 6.a	Podiatrist reimbursement reduced by 7%
Optometrists' Services (Vision Care Services)	Page 3/Section 6.b	5% for Optometrist to be consistent with Opthalmologists
Chiropractor's Services	Page 3/Section 6.c	Chiropractor reimbursement reduced by 7%
Certified Registered Nurse Anesthetist(CRNA)	Page 3/section 6.d	CRNA reduced 3% reflected from Anesthesiologist rate