

Independent Provider Rate Change Form

If you wish to make any changes to the previously agreed upon rate, please complete this form and return it to Public Partnerships (PPL). Rate changes must be received by PPL 7 days before of the effective date. The new rate will not take effect until the "NEW Rate Start Date."

Member Name:	Member PPL ID#:
Provider Name:	Provider PPL ID#:

SERVICES AND NEGOTIATED PAY RATES

Member services require prior authorization by Aetna Better Health of MI.

Budget Authority Model

The Provider's pay rate for below services types may be negotiated in the Budget Authority Model. To increase a Provider's Pay rate fill in the *Previous Rate*, *New Rate*, and *New Rate Start Date* for each rate increase for this Provider. Only fill in the *Previous Rate*, *New Rate*, and *New Rate Start Date* for services the Member has been authorized to receive.

Service Name	Minimum and Maximum Hourly Pay Rate	Provider's Previous Rate	Provider's <u>NEW</u> Rate*	<u>NEW</u> Rate Start Date
Personal Care	Minimum: \$8.15 Maximum: \$10.00	\$	\$	
Chore Services	Minimum: \$8.15 Maximum: \$10.00	\$	\$	
Expanded Community Living Supports	Minimum: \$8.15 Maximum: \$10.00	\$	\$	

* Your final rate is dependent on the authorized Service Plan being able to support the desired amount.

Member/Employer Signature:	Date
Provider Signature:	Date

Please return this form to PPL by fax or email.

- Admin Fax: 1-855-671-5300

- Paperwork E-mail: mipplfax@pcgus.com