COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 4834-03
Bill No.: Perfected SS for SB 608
Subject: Health Care; Health Care Professionals; Medicaid; Social Services Department
Type: #Updated
Date: February 11, 2016
#Updated with current agency information.

Bill Summary: This proposal authorizes certain MO HealthNet health care provider fees.

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND				
FUND AFFECTED	FY 2017	FY 2018	FY 2019	Fully Implemented (FY 2021)
#General Revenue	($351,375)	($6,090)	($4,241)	($1,430,495)
#Total Estimated Net Effect on General Revenue	**($351,375)**	**($6,090)**	**($4,241)**	**($1,430,495)**

ESTIMATED NET EFFECT ON OTHER STATE FUNDS				
FUND AFFECTED	FY 2017	FY 2018	FY 2019	Fully Implemented (FY 2021)
Total Estimated Net Effect on Other State Funds	**$0**	**$0**	**$0**	**$0**

Numbers within parentheses: ( ) indicate costs or losses. This fiscal note contains 16 pages.

ESTIMATED NET EFFECT ON FEDERAL FUNDS				
FUND AFFECTED	FY 2017	FY 2018	FY 2019	Fully Implemented (FY 2021)
Federal*				
Total Estimated Net Effect on All Federal Funds	**$0**	**$0**	**$0**	**$0**

* Income, Savings, Costs and Losses exceed $2.7 million in FY 21 and net to $0.

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)				
FUND AFFECTED	FY 2017	FY 2018	FY 2019	Fully Implemented (FY 2021)
General Revenue	1.37	1.37	1.37	1.37
Federal	0.63	0.63	0.63	0.63
Total Estimated Net Effect on FTE	**2**	**2**	**2**	**2**

☒ Estimated Net Effect (expenditures or reduced revenues) expected to exceed $100,000 in any of the three fiscal years after implementation of the act.

ESTIMATED NET EFFECT ON LOCAL FUNDS				
FUND AFFECTED	FY 2017	FY 2018	FY 2019	Fully Implemented (FY 2021)
Local Government	**(Unknown, greater than $100,000)**	**(Unknown, greater than $100,000)**	**(Unknown, greater than $100,000)**	**(Unknown, greater than $100,000)**

FISCAL ANALYSIS

ASSUMPTION

SSA for SA #1 - Section 191.875 - Health Care Cost Reduction and Transparency Act

#Officials from the **Department of Social Services (DSS), MO HealthNet Division (MHD)** state:

#The bill requires hospitals and ambulatory surgical centers to report prices for the most common procedures.

#MHD assumes there will likely be additional administrative costs to a hospital for gathering, compiling and transmitting the required information to the Department of Health and Senior Services (DHSS) in the required form. MO HealthNet bases hospital reimbursement for a given year on the fourth prior year cost report. Since the first reporting requirement is effective beginning with the quarter ending June 30, 2017, the additional cost would begin to be reflected in 2017 or 2018 cost reports. MO HealthNet would use 2017 cost reports to establish reimbursement for SFY21. Therefore, there would not be a fiscal impact to the MO HealthNet Division for FY17, FY18, and FY19 but starting FY21 there could be additional costs.

#Per the Bureau of Labor Statistics, the average salary of a Registered Nurse in Missouri in 2013 was $58,040. MHD assumes this proposal will take 50% of a Registered Nurse's time on average per facility (or $29,020). MHD also assumes that hospitals will need to upgrade their information technology (IT) reporting functions in order to comply with this proposed legislation. MHD estimates this cost on average to be $50,000 for each of the 150 hospitals. Thus, the staff time and the IT costs combined are estimated on average to be $79,020 per hospital. $79,020 per hospital with 150 hospitals impacted brings the total estimated cost to hospitals to $11,853,000. Furthermore, MHD is prorating this increase in costs to hospitals by the SFY 2012 Statewide Mean Medicaid Utilization rate of 32.898% which was calculated by MHD's Independent DSH auditors per DSH Reporting Requirements. Although this calculation is based on days, it is an estimated way to prorate this cost to Medicaid. Using this percentage, the estimated cost to Medicaid in FY21 is $3,899,400 ($11,853,000@ 32.898%). This cost will be split approximately 37% GR/63% Federal funds.

Officials from the **Department of Health and Senior Services (DHSS)** provide the following assumptions:

It is assumed that the costs of healthcare reported by hospitals will be captured by a web-based data application developed by Information Technology Services Division (ITSD) and that the application will have query capability to provide ad hoc reports for periodic (e.g., quarterly) or annual reports needed for public dissemination. Given the time-sensitive nature of the reporting

ASSUMPTION (continued)

requirements, the Bureau of Health Care Analysis and Data Dissemination (BHCADD) assumes that this application would be a hands-on resource and data tool developed for, and residing in, the BHCADD to enable them to have ready access to the data for querying. Furthermore, it is likely that database support would also be needed from ITSD.

The BHCADD will be tasked with identifying the 100 most common DRG categories for inpatients and the 20 most common surgery procedures and 20 most common imaging procedures for outpatients. Confidentiality rules will have to be developed and implemented to ensure that individuals cannot be identified in violation of the Health Information Portability and Accountability Act (HIPAA) or other federal law. The BHCADD may be asked to identify any under-reporting by the facilities and validate the accuracy of the information reported. The BHCADD may also be asked to provide technical assistance with any statistical trend or comparison analysis of the data.

To perform BHCADD activities in accordance with the above assumptions, BHCADD will need one FTE, Research Analyst III ($40,380 annually). The research analyst will be responsible for working with hospitals to submit their data and then compiling, cleaning, and editing the iterative quarterly files of cost data to prepare the reports for publication on the Department website. The analyst will write and run computer programs to perform the analysis on these files. In addition, the analyst will provide any needed technical assistance or consultation on trend and/or comparison analysis that may be requested. The analyst will also be involved in developing and maintaining the confidentiality standards for reporting the cost data on the public site. Furthermore, the analyst will handle any inquiries related to the healthcare cost data. One-time costs for office set up of $6,607 are included in the cost estimate.

ITSD estimates that IT consultants will be needed for approximately 3,383.64 hours at $75 per hour ($253,773), with on-going support needed in FYs 18 and 19 ($52,023 and $53,324 respectively). In addition, disk storage and back-up recovery will be needed.

It is assumed that the application will be hosted in the State Data Center on an existing shared hosting environment with an initial disk space requirement of 25gb with per month cost calculated based on rates published in the FY 16 cost allocation plan.

Total General Revenue costs to implement this proposal are estimated to be $323,321 in FY17; $128,416 in FY18; and $130,596 in FY19.

Oversight assumes the DHSS would not need rental space for 1 FTE.

Oversight notes that MO HealthNet hospital costs will not be incurred until FY 21. As a result, Oversight will extrapolate DHSS costs to FY21 for the fully implemented year of the fiscal note so that all agency costs are included.

ASSUMPTION (continued)

Officials from the **Washington County Memorial Hospital** state this proposal will have a fiscal impact on their hospital. Compiling the requested data quarterly is a costly burden and is broadly estimated to be approximately $50,000 annually.

Officials from the **Hermann Area District Hospital** state currently the $3 Emergency Room (ER) co-pay only applies to some patients, so it is difficult for front end staff to know when to ask. It appears that the $8 copay would apply to all patients. Lack of payment in the ER is not a reason to deny someone care. Historically, while the hospital does a screening exam to determine that the patient doesn't merit being seen in the ER, the hospital has typically treated them versus telling them now that it has been determined your care is not an emergency and that you need to schedule an office visit.

The hospital has had minimal success in collecting the $3, which is deducted from the hospital's reimbursement. At least with the $8 co-pay, if the patient doesn't have the funds available, the hospital isn't getting penalized. The Hermann Area District Hospital loses around $1,000 a year for non-payment of the current $3 co-pay.

The Hermann Area District Hospital assumes it will cost the hospital approximately $10,000 annually to do the quarterly work required by the Health Care Cost Reduction and Transparency Act provisions of this proposal.

Officials from the **Samaritan Hospital** state, regarding the terms of the proposal requiring reporting of pricing information, that compiling this information could have a substantial initial cost to the hospital, as well as an on-going cost since it is being requested quarterly.

The $8 co-pay language of the proposal will increase the hospital's cost of collections. The hospital does not have staff to triage and turn away non-emergent care in the ER. These patients will not have an $8 co-pay to deposit after the care has been provided and the hospital will have to bill the patient. When the bill is not paid, as many are not, the hospital will require staff follow-up to try and collect the co-pay, and ultimately many of these bills will end up as bad debts. The hospital currently has a very difficult time obtaining the $3 Medicaid co-pays for other services.

Due to the Emergency Medical Treatment and Active Labor Act (EMTALA), the hospital cannot turn away patients in the ER without an assessment. The hospital will be forced to continue to see them in this environment, no matter the amount of funds owed to the facility. A co-pay generally reduces the amount paid by the carrier. As a result, the hospital believes its revenues will decrease by the co-pays and costs will increase for the related collection attempts.

ASSUMPTION (continued)

Officials from the **Golden Valley Memorial Hospital** stated that compiling the information required by this amendment could have a substantial initial cost to their hospital as well as an ongoing cost since the information will have to be provided quarterly.

Oversight notes that Samaritan Hospital and Golden Valley Memorial Hospital did not provide fiscal estimates with their responses. Oversight assumes, with the estimated $50,000 annual impact from Washington County Memorial Hospital and $10,000 annual impact from the Hermann Area District Hospital, that the annual impact to local hospitals will be unknown, greater than $100,000 annually.

In addition, Oversight notes that hospitals will begin receiving additional Medicaid reimbursements beginning in FY21 as the MO HealthNet Division uses the 4th prior year hospital cost report for hospital reimbursements. The increase in reimbursements is unknown, but assumed to be less than the total costs incurred by the hospitals.

Section 208.142 - $8 Copayment for ER Visits for Treatment of Non-emergency Medical Conditions

#Officials from the **DSS, MHD** state beginning October 1, 2016, the DSS shall require MO HealthNet (MHD) participants to pay an eight dollar copayment fee for use of a hospital emergency department for the treatment of a condition that is not an emergency medical condition. The participant's failure to pay this copayment shall not reduce or otherwise affect MO HealthNet reimbursement to the provider. The Department shall promulgate rules for the implementation of this act.

#The Centers for Medicare and Medicaid Services (CMS) must approve an amendment to the Medicaid and Children's Health Insurance State Plan to charge an eight dollar co-pay for the use of emergency room services for the treatment of a nonemergency condition. The copayment must be reduced from the hospital payment. This would cause a cost savings. If CMS does not approve such amendments, MO HealthNet will not implement this provision pursuant to Section 208.158, RSMo, which states "payments of medical assistance in federally aided programs shall be made only during such times as grants-in-aid are provided or made available to the state on the basis of the state plan approved by the federal government."

#In Calendar Year (CY) 2014 there were a total estimated 88,724 avoidable fee-for-service emergency room visits by MO HealthNet fee-for-service participants. MHD assumes this legislation will not implement a co-pay for pregnant women or children who are currently exempt from such requirements. MHD estimates approximately 5 percent of the emergency room visits were pregnant women (4,435 rounded) and 16.5 percent of the visits were children (14,639 rounded).

ASSUMPTION (continued)

#That leaves 69,650 (rounded) visits where a co-pay is charged. MHD currently charges a $3.00 co-pay for Outpatient/Emergency Room Services. Changing the co-pay to $8.00 would cause a $5.00 increase. This would create a savings of $348,248 (69,650 visits X $5.00 increase in fee charged). A 3% inflation rate was added for FY 2017 through FY 2021.

#The annual savings for the first full year will be $358,695 ($348,248 X 1.03). To calculate the FY 17 savings, the first full year savings would only be for ten months for a savings of $298,913 ($358,695 X 10/12).

#Total cost savings for MHD would be:
FY 2017 (10 months): Total $298,913 (GR $109,916; Federal $188,997);
FY 2018 (12 months): Total $369,456 (GR $135,856; Federal $233,600); and
FY 2021 (12 months): Total $403,715 (GR $148,454; Federal $255,261).

MHD assumes that a $5.00 increase to the co-pay will not divert participants from going to the emergency room.

MHD currently uses a diagnosis algorithm for identifying a claim as potentially Low-Acuity Non-Emergency (LANE). MHD would adopt LANE algorithm for certain procedure codes and it would be on the hospitals to send MHD verification on whether the visit was an emergent or non-emergent visit. Assuming that the hospitals send MHD information stating whether a visit was emergent or non-emergent, it would cost MHD $250,000 to update its system to create the separate co-pays.

#Cost to update the system:
FY 17: Total $250,000 (GR $125,000; Federal $125,000);
FY 18: Total $0 (GR $0); and
FY 21: Total $0 (GR $0)

MHD would need 1 new FTE at the Licensed Practical Nurse I level to audit and review any emergency room LANE type claims that hospitals deem emergent.

#Cost to for 1 new FTE:
FY 17 (10 months): Total $48,762 (GR $17,930; Federal $30,832);
FY 18 (12 months): Total $51,500 (GR $18,938; Federal $32,562); and
FY 21 (12 months): Total $53,012 (GR $19,495; Federal $33,517).

ASSUMPTION (continued)

#Section 208.142.1 also specifies a participant's failure to pay the $8 co-pay shall not reduce or otherwise affect MO HealthNet reimbursement to the provider. As written, MHD assumes this will not impact the reimbursement rate currently paid to providers and, therefore, has no fiscal impact to MHD.

Oversight assumes MHD would not need rental space for one FTE.

Section 208.148 - Failure for Missing Appointment/ Providing 24-hour Cancellation Notice and SSA for SA #3

#MHD provides that this section allows MO HealthNet providers be permitted to prohibit a participant who misses an appointment or fails to provide twenty-four hour notice of cancellation from scheduling another appointment until the participant has paid a missed appointment fee to the health care provider. The Centers for Medicare and Medicaid Services (CMS) must approve an amendment to the Medicaid and Children's Health Insurance State Plan for this section. This language could potentially increase MHD's costs but it is unknown whether this would occur. If CMS does not approve such amendments, MO HealthNet will not implement this provision pursuant to Section 208.158, RSMo, which states "payments of medical assistance in federally aided programs shall be made only during such times as grants-in-aid are provided or made available to the state on the basis of the state plan approved by the federal government."

Oversight notes that SSA for SA #3 provides that for the first missed appointment in a 3-year period, no fee shall be charged but that the missed appointment will be documented in the patient's record; for the second missed appointment in a 3-year period, a fee no greater than $5 may be charged; for the 3rd missed appointment in a 3-year period, a fee no greater than $10 may be charged; and for the 4th and subsequent missed appointments in 3 years, a fee no greater than $20 may be charged. Since MHD is uncertain whether the provisions of section 208.148 will have an impact on their organization, **Oversight** is not presenting this information in the impact section of the fiscal note

#Officials from the **DSS, Division of Legal Services (DLS)** state under 42 CFR 447.54 the federal government sets maximum copayment restrictions on states receiving federal funding. For any service over $50.01, the maximum copayment amount a state may set is $3.40. However, under 42 CFR 447.54(b) "upon approval from CMS, the requirement that cost sharing charges must be nominal may be waived, in accordance with section 431.55(g) for nonemergency services furnished in a hospital emergency room."

DLS assumes no fiscal impact.

ASSUMPTION (continued)

Section 376.2020 - Disclosure of Contractual Payment Amounts

#MHD provides that section 376.2020 states that no provision in a contract between a health carrier and a health care provider shall be enforceable if it restricts any party from disclosing to an enrollee, patient, potential patient or such person's parent or legal guardian, the contractual payment amount for a health care service if such payment is less than the provider's usual charge and if such contractual provision prevents the determination of out-of-pocket costs for the health care service by the enrollee, patient, potential patient or such person's parent or legal guardian.

#This section has no impact on MO HealthNet.

#The MO HealthNet Managed Care health plans that contract with the state to provide health care services to MO HealthNet Managed Care members are subject to provisions in Chapter 376, RSMo. However, the language in Section 376.2020.2 conditions the disclosure prohibition in this legislation only if the payment amount is less than the health care provider's usual charge for the services and if the contractual provision prevents the determination of the out-of-pocket cost for the health plan member. MO HealthNet Managed Care members are not subject to any out-of-pocket costs, therefore, there will be no fiscal impact.

Bill as a Whole:

Officials from the **University of Missouri (UM)** state the proposal should not create additional expenses in excess of $100,000.

Oversight assumes the UM's statement indicates any costs that may be incurred are absorbable within current funding levels.

Officials from the **Joint Committee on Administrative Rules (JCAR)** state the legislation is not anticipated to cause a fiscal impact to JCAR beyond its current appropriation.

Officials from the **Department of Insurance, Financial Institutions and Professional Registration** and the **Department of Mental Health** each assume the proposal would not fiscally impact their respective agencies.

In response to the previous version of this proposal, officials from the **Office of the Secretary of State (SOS)** state many bills considered by the General Assembly include provisions allowing or requiring agencies to submit rules and regulations to implement the act. The SOS is provided with core funding to handle a certain amount of normal activity resulting from each year's legislative session. The fiscal impact for this fiscal note to the SOS for Administrative Rules is

ASSUMPTION (continued)

less than $2,500. The SOS recognizes that this is a small amount and does not expect that additional funding would be required to meet these costs. However, the SOS also recognizes that many such bills may be passed by the General Assembly in a given year and that collectively the costs may be in excess of what the office can sustain with the core budget. Therefore, the SOS reserves the right to request funding for the cost of supporting administrative rules requirements should the need arise based on a review of the finally approved bills signed by the governor.

Oversight assumes the SOS could absorb the costs of printing and distributing regulations related to this proposal. If multiple bills pass which require the printing and distribution of regulations at substantial costs, the SOS could request funding through the appropriation process.

Officials from the following **hospitals**: Barton County Memorial Hospital, Bates County Memorial Hospital, Cedar County Memorial Hospital, Cooper County Hospital, Excelsior Springs Medical Center and Putnam County Memorial Hospital did not respond to **Oversight's** request for a statement of fiscal impact.

FISCAL IMPACT - State Government	FY 2017 (10 Mo.)	FY 2018	FY 2019	Fully Implemented (FY 2021)
GENERAL REVENUE FUND				
Savings - DSS-MHD (§208.142)				
#Reduction in payments to hospitals	$109,916	$135,856	$139,932	$148,454
Costs - DSS (§191.875)				
#Increased hospital reimbursements	$0	$0	$0	($1,430,183)
Costs - DHSS (§191.875)				
Personal service	($33,650)	($40,784)	($41,192)	($42,020)
Fringe benefits	($17,603)	($21,234)	($21,346)	($21,572)
Equipment and expense	($14,877)	($10,171)	($10,425)	($10,953)
IT costs	($253,873)	($52,101)	($53,404)	($56,108)
Total Costs - DHSS	($320,003)	($124,290)	($126,367)	($130,653)
FTE Change - DHSS	1 FTE	1 FTE	1 FTE	1 FTE

FISCAL IMPACT - State Government	FY 2017 (10 Mo.)	FY 2018	FY 2019	Fully Implemented (FY 2021)
GENERAL REVENUE FUND (continued)				
Costs - DSS-MHD (§208.142)				
#Personal service	($8,564)	($10,380)	($10,483)	($10,695)
#Fringe benefits	($5,432)	($6,547)	($6,575)	($6,633)
#Equipment and expense	($2,292)	($729)	($747)	($785)
MMIS update	($125,000)	$0	$0	$0
#Total Costs - DSS-MHD	($141,288)	($17,656)	($17,806)	($18,113)
FTE Change - DSS	0.37 FTE	0.37 FTE	0.37 FTE	0.37 FTE
#ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND	**($351,375)**	**($6,090)**	**($4,241)**	**($1,430,495)**
Estimated Net FTE Change on the General Revenue Fund	1.37 FTE	1.37 FTE	1.37 FTE	1.37 FTE
FEDERAL FUND				
Income - DSS (§191.875)				
#Increase in program reimbursements	$0	$0	$0	$2,469,217
Income - DSS-MHD (§208.142)				
#Program reimbursements	$154,041	$30,359	$30,617	$31,144
Savings - DSS-MHD (§208.142)				
#Reduction in payments to hospitals	$188,997	$233,600	$240,608	$255,611
#Total All Income & Savings	$343,038	$263,959	$271,225	$2,755,972

FISCAL IMPACT - State Government	FY 2017 (10 Mo.)	FY 2018	FY 2019	Fully Implemented (FY 2021)
FEDERAL FUND (continued)				
Costs - DSS (§191.875)				
#Increase in program expenditures	$0	$0	$0	($2,469,217)
Costs - DSS-MHD (§208.142)				
#Personal service	($14,726)	($17,848)	($18,026)	($18,389)
#Fringe benefits	($9,341)	($11,257)	($11,306)	($11,405)
#Equipment and expense	($4,974)	($1,254)	($1,285)	($1,350)
MMIS updates	($125,000)	$0	$0	$0
#Total Cost - DSS-MHD	($154,041)	($30,359)	($30,617)	($31,144)
FTE Change - DSS	0.63 FTE	0.63 FTE	0.63 FTE	0.63 FTE
Loss - DSS-MHD (§208.142)				
#Reduction in program reimbursements	($188,997)	($233,600)	($240,608)	($255,611)
#Total All Costs & Losses	($343,038)	($263,959)	($271,225)	($2,755,972)
ESTIMATED NET EFFECT ON FEDERAL FUNDS	**$0**	**$0**	**$0**	**$0**
Estimated Net FTE Change on Federal Funds	0.63 FTE	0.63 FTE	0.63 FTE	0.63 FTE

FISCAL IMPACT - Local Government	FY 2017 (10 Mo.)	FY 2018	FY 2019	Fully Implemented (FY 2021)
LOCAL GOVERNMENTS - HOSPITALS				
Income - Hospitals (§191.875)				
Increase in MO HealthNet reimbursements	$0	$0	$0	Unknown
Costs - Hospitals				
Increase in data compiling and reporting costs (§191.875)	(Greater than $100,000)	(Greater than $100,000)	(Greater than $100,000)	(Greater than $100,000)
Increase in collection costs (§208.142)	(Unknown)	(Unknown)	(Unknown)	(Unknown)
Total Costs - Hospitals	(Unknown, greater than $100,000)	(Unknown, greater than $100,000)	(Unknown, greater than $100,000)	(Unknown, greater than $100,000)
ESTIMATED NET EFFECT ON LOCAL GOVERNMENTS - HOSPITALS	**(Unknown, greater than $100,000)**	**(Unknown, greater than $100,000)**	**(Unknown, greater than $100,000)**	**(Unknown, greater than $100,000)**

FISCAL IMPACT - Small Business

No direct fiscal impact to small businesses would be expected as a result of this proposal.

FISCAL DESCRIPTION

HEALTH CARE COST AND TRANSPARENCY ACT (Section 191.875)

This provision, known as the "Health Care Cost Reduction and Transparency Act," requires hospitals to submit to the Department of Health and Senior Services prices for 140 of the most common procedures, including 100 of the most common procedures in hospital inpatient settings as well as 20 of the most common surgery and 20 of the most common imaging procedures conducted in outpatient hospital settings.

Additionally, health care providers and health carriers must provide, within 5 days of a written patient or consumer request, an estimate of cost of health care services. This estimate shall be accompanied by specified language. If a hospital provides the reporting data to the Department and such data is placed on the Department's website, the hospital does not have to provide cost estimates to patients upon written request. Health care providers must also make available the percentage or amount of any discounts for cash payment of incurred charges through the provider's website or at the provider's location.

Any data disclosed to the Department by a hospital under this provision shall be the sole property of the hospital or center that submitted the data. Any data or product derived from the data disclosed pursuant to this provision, including a consolidation or analysis of the data, shall be the sole property of the state. The Department shall not allow proprietary information it receives pursuant to this provision to be used by any person or entity for commercial purposes.

The information regarding hospital inpatient procedures and outpatient surgical and imaging procedures shall be submitted beginning with the quarter ending June 30, 2017, and quarterly thereafter. The Department shall provide such information on its website in a manner that is easily understood by the public. Information for each hospital shall be listed separately and hospitals shall be listed in groups by category as determined by the Department through the promulgation of rules.

MO HEALTHNET COPAYMENTS (Section 208.142)

Beginning October 1, 2016, the Department of Social Services shall require MO HealthNet participants to pay an eight dollar copayment fee for use of a hospital emergency department for the treatment of a condition that is not an emergency medical condition. The Department shall promulgate rules for the implementation of this provision.

FISCAL DESCRIPTION (continued)

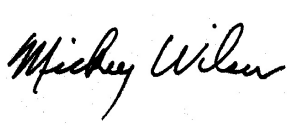
MO HEALTHNET MISSED PAYMENT FEES (Section 208.148)

This provision permits fee-for-service MO HealthNet health care providers, to the extent permitted by laws pertaining to the termination of patient care, to charge a missed appointment fee to MO HealthNet participants that such participants must pay before scheduling another appointment with that provider. The fee may be charged for missed appointments or for failing to cancel an appointment within 24 hours prior to the appointment. The permissible fees are as follows: No charge for the first missed appointment in a three-year period, $5 for the second missed appointment in a three-year period, $10 for the third missed appointment in a three-year period, and $20 for the fourth and each subsequent missed appointment in a three-year period. Health care providers shall waive the fee in cases of inclement weather. The health care provider shall not charge to nor shall the MO HealthNet participant be reimbursed by the MO HealthNet program for the missed appointment fee.

This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

Department of Health and Senior Services
Department of Insurance, Financial Institutions and Professional Registration
Department of Mental Health
Department of Social Services -
    MO HealthNet Division
    Division of Legal Services
Joint Committee on Administrative Rules
Office of Secretary of State
University of Missouri
Golden Valley Memorial Hospital
Hermann Area District Hospital
Samaritan Hospital
Washington County Memorial Hospital



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