

Public Notice Regarding Truman Medical Centers Enhanced Rates for Physicians and Professionals

Pursuant to Sections 1902(a)13(A) of the Social Security Act and 42 Code of Federal Regulations (CFR) 447.205, which mandate that proposed changes in statewide methods and standards for setting Medicaid payment rates be published and made available for review and comment, this is to advise that:

1. The Missouri Department of Social Services provides notice of the following:

To ensure efficiency, economy, quality of care, and access, effective for dates of service beginning March 22, 2018, or the start of the first quarter of 2018, depending on Centers for Medicare and Medicaid (CMS) approval, the MO HealthNet Division (MHD) will enhance rates for Truman Medical Centers (TMC). The MHD will reimburse providers of physician's services for physician, dental, and podiatry services, to the extent of the deductible and coinsurance as imposed under Title XVIII for those MO HealthNet eligible participants who also have Medicare Part B eligibility.

- A. Physician, Dental, and Podiatry Services: Payment for services provided by physicians will be at the average commercial rate of the three top commercial payers. Calculation of the rates is described as follows:
 - i. Recognize the facility Medicare physician fee schedule for the most recent full calendar year (CY).
 - ii. Obtain the rates paid to TMC by the top three commercial insurance companies for the most recent full calendar year.
 - iii. Obtain the adjudicated units of service by procedure code for the most recent full CY.
 - iv. Anesthesia payment is based on a fifteen minute unit of service as well as a base payment.
 - a. Calculate the aggregate commercial payment equivalent for the most recent full CY by multiplying the Medicaid units identified in (iii) above by the commercial rates identified in (ii), then combine the payments for all services. This produces the Total Commercial Equivalent Payment Amount.
 - b. Calculate the equivalent Medicare payments for the most recent full CY by multiplying the Medicaid units from (ii) above by the Medicare rates identified in (i), then combine the payments for all services. This produces the Total Medicare Equivalent Payment Amount.

Interpretive services are available by calling the Participant Services Unit at 1-800-392-2161.
Prevodilačke usluge su dostupne pozivom odjela koji učestvuje u ovom servisu na broj 1-800-392-2161.
Servicios Intrepretative están disponibles llamando a la unidad de servicios de los participantes al 1-800-392-2161.

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- c. Divide the Total Commercial Payment Amount by the Total Medicare Equivalent Payment Amount to determine the aggregate Average Commercial Rate Percentage of Medicare.
 - d. Based on the average commercial rate demonstration results, the rates for the physicians calculated percentage is noted as a percentage of the Medicare rate and applied to current claims.
 - e. Reimbursement rates for numeric procedure codes not recognized by Medicare, but recognized by the MHD will be the average rate paid by the top three commercial insurance companies for that numeric procedure code for the most recent full calendar year.
- B. Enhanced payments for certain professional services: Enhanced rates will be paid for additional professional services performed by other qualified licensed professionals at TMC, Hospital Hill and Lakewood. Other qualified licensed professionals include physician assistants, advanced nurse practitioners, certified registered nurse anesthetists, nurse midwives, licensed clinical psychologists and licensed clinical social workers treating chemical dependency, optometrists, audiologists, and registered dietitians, who are eligible to receive payment for professional services under the MHD's approved Medicaid program, who are:
1. Licensed by the State of Missouri, where applicable;
 2. Enrolled as a MHD provider; and
 3. Employed by TMC and/or a member of physician practices affiliated with TMC and providing services to TMC patients.
- C. Payment for services provided by other qualified professionals will be at the average commercial rate of the three top commercial payers. Calculation of the rates is the same as described in (i), (ii), (iii) above.

2. Comments may be sent by regular mail, express or overnight mail, in person or by courier within thirty days after publication of this notice and must be sent or delivered to the following address:

MO HealthNet Division
615 Howerton Ct., 2nd Floor
Jefferson City, MO 65109
Attention: Sara Davenport

Comments may also be emailed to Ask.MHD@dss.mo.gov. Please use "Public Comment for Truman Medical Centers Enhanced Rates" in the subject line.

3. A copy of the enhanced rates is available for public review by going to any Family Support Division Office or by contacting the Department of Social Services, MO HealthNet Division at Ask.MHD@dss.mo.gov. These documents also may be viewed online at <https://dss.mo.gov/mhd/amrp.htm>.

4. No public hearing will be held.