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Public Notice Regarding Nominal Charge Provider Definition

June 30, 2021

Pursuant to Sections 1902(a) 13(A) of the Social Security Act, 42 Code of Federal Regulations (CFR) 447.205 which mandate that proposed changes in statewide Medicaid payment 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:

The State Plan Amendment Attachment 4.19-B, effective for dates of service beginning July 1, 2021, the MO HealthNet Division (MHD) will change the criteria for determining a nominal charge provider.

- A. Nominal charge provider. A nominal charge provider is determined from the fourth (4th) prior year desk reviewed cost report. The hospital must meet the following criteria:
 1. An acute care hospital with an unsponsored care ratio of at least sixty-five percent (65%) and is licensed for fifty (50) inpatient beds or more and has an occupancy rate of more than forty percent (40%). The unsponsored care ratio is determined as the sum of bad debts and charity care divided by total net revenue. The hospital must meet one of the federally mandated Disproportionate Share qualifications; or
 2. A public non-state governmental acute care hospital with a low income utilization rate (LIUR) of at least fifty percent (50%) and a Medicaid inpatient utilization rate (MIUR) greater than one standard deviation from the mean, and is licensed for fifty (50) inpatient beds or more and has an occupancy rate of at least forty percent (40%). The hospital must meet one (1) of the federally mandated Disproportionate Share qualifications; or
 3. The hospital is a public hospital operated by the Department of Mental Health primarily for the care and treatment of mental disorders.
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: Christina Jenks

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 Interpretativos están disponibles llamando a la unidad de servicios de los participantes al 1-800-392-2161.

AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES

TDD / TTY: 800-735-2966

RELAY MISSOURI: 711

Missouri Department of Social Services is an Equal Opportunity Employer/Program.

Comments may also be emailed to Ask.MHD@dss.mo.gov. Please use “Public Comment for Nominal Charge Definition” in the subject line. Comments must be received by July 30, 2021.

3. A copy of the proposed Outpatient Hospital Services State Plan Amendment is available for public review by contacting the Department of Social Services, MHD at Ask.MHD@dss.mo.gov. These documents may also be viewed online at <https://dss.mo.gov/mhd/alerts~public-notices.htm>.