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Public Notice Regarding Provider-Based Rural Health Clinic

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:

13 CSR 70-94.020 Provider-Based Rural Health Clinic (PBRHC) is amended in conjunction with the State Plan Amendment Attachment 4.19B, the MO HealthNet Division (MHD) is removing all references to Skilled Nursing Facility or Home Health Agency, and clarifying outdated terms, language and provisions regarding PBRHC settlements. The MHD estimates a total savings for SFY 2024 of approximately \$3.2 million as a result of these changes.

(4) Fee-for-Service (FFS) Claims Payments.

(A) Effective for dates of service beginning July first of each year, PBRHC services that are an integral part of the hospital, unless otherwise limited by regulation, shall be reimbursed by MO HealthNet based on the clinic's usual and customary charges multiplied by the lower of one hundred percent (100%) or one hundred percent (100%) of the PBRHC's cost-to-charge ratio as determined from the third prior year audited Medicaid cost report. These payments shall be reduced by copayments and other third party liabilities.

(5) Interim Managed Care Payments.

(A) A PBRHC in a MO HealthNet managed care region may request an interim payment, on forms provided by the Division, prior to the final settlement calculation. This payment is limited to the 10% not reimbursed by the managed care health plans for covered services rendered to MO HealthNet managed care participants during the reporting period. The interim payment shall occur on a quarterly basis.

(6) Final Settlement Calculations

(A) For cost reports with a FY ending in 2021 and forward, the final settlement is calculated as follows:

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.

1. The audited Medicaid cost report that includes each PBRHC's fiscal year shall be used to calculate the final settlement, in order that the PBRHC's net reimbursement shall equal reasonable costs as described in this section.
 2. Fee-for-Service Section
 - A. The Division takes the PBRHC's allowable Medicaid charges from services paid on a percentage basis multiplied by the PBRHC's cost-to-charge ratio to determine the PBRHC's cost. From this cost, the PBRHC claims payments are subtracted. The difference is either an overpayment or an underpayment.
 3. Managed Care Section
 - A. The Division takes Missouri's supplemental cost report schedules and associated detail for the PBRHC facility to determine charges. Charges are multiplied by the PBRHC's cost-to-charge ratio to determine the PBRHC's cost. From this cost, the PBRHC payments associated with the above charges are subtracted. If applicable then subtract any interim payments paid prior to the final settlement. The difference is either an overpayment or an underpayment.
 4. Final Settlement amount
 - A. The Division adds together the overpayment or underpayment from the FFS Section and the Managed Care Section and then subtracts any advanced settlement payments, if applicable, to come up with a total overpayment or underpayment which will be the final settlement amount.
- (B) For cost reports with a FY ending in 2020 and prior, the final settlement is calculated as follows:
1. The audited Medicare Notice of Program Reimbursement (NPR) cost report that includes each PBRHC's fiscal year shall be used to calculate the final settlement, in order that the PBRHC's net reimbursement shall equal reasonable costs as described in this section. The provider shall provide the NPR upon request from the Division.
 2. Fee-for-Service Section
 - A. The Division takes the PBRHC's allowable Medicaid charges from services billed under 13 CSR 70-94.020 multiplied by the PBRHC's Medicare NPR cost-to-charge ratio to determine the PBRHC's cost. From this cost, the PBRHC claims payments are subtracted. The difference is either an overpayment or an underpayment.
 3. Managed Care Section
 - A. The Division takes Missouri's supplemental cost report schedules and associated detail for the PBRHC facility to determine charges. Charges are multiplied by the PBRHC's Medicare NPR cost-to-charge ratio to determine the PBRHC's cost. From this cost, the PBRHC payments associated with the above charges are subtracted. If applicable then subtract any interim payments paid prior to the final settlement. The difference is either an overpayment or an underpayment.
 4. Final Settlement amount

- A. The Division adds together the overpayment or underpayment from the FFS Section and the Managed Care Section and then subtracts any advance settlement payments, if applicable, to come up with a total overpayment or underpayment which will be the final settlement amount.

(7) Reconciliation.

- (A) The Division shall send written notice to the hospital, of which the PBRHC is an integral part, of the following:

1. Underpayments. If the total reimbursement due the PBRHC exceeds the interim payments made for the reporting period, the Division makes a lump-sum payment to the PBRHC to bring total interim payments into agreement with total reimbursement due to the PBRHC; and/or
 2. Overpayments. If the total interim payments made to the PBRHC for the reporting period exceed the total reimbursement due from the PBRHC for the period, the Division arranges with the PBRHC for repayment through a lump-sum refund, or if that poses a hardship for the PBRHC, through offset against subsequent interim payments or a combination of offset and refund.
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

Comments may also be emailed to Ask.MHD@dss.mo.gov. Please use "Public Comment for Provider-Based Rural Health Clinic" in the subject line. Comments must be received by July 30, 2021.

3. A copy of the proposed Provider-Based Rural Health Clinic 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>.