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Public Notice Regarding Safety Net Hospital Criteria

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 70-15.015 Direct Medicaid Payment is amended in conjunction with the State Plan Amendment Attachment 4.19A, effective July 1, 2021, the MO HealthNet Division (MHD) will update the criteria used to determine safety net hospitals. The MHD estimates that there will not be a fiscal impact as a result of this change.

4. As determined from the fourth prior year audited cost report,
 - (a) The acute care hospital has an unsponsored care ratio of at least sixty-five percent (65%) and is licensed for less than fifty inpatient beds; or
 - (b) The acute care hospital has an unsponsored care ratio of at least sixty-five percent (65%) and is licensed for fifty inpatient beds or more and has an occupancy rate of more than forty percent (40%); or
 - (c) 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 inpatient beds or more and has an occupancy rate of at least forty percent (40%); or
 - (d) The hospital is owned or operated by the Board of Curators as defined in Chapter 172, RSMo; or.
 - (e) The Hospital is a public hospital operated by the Department of Mental Health primarily for the care and treatment of mental disorders.

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.

5. As determined from the fourth prior year audited cost report, hospitals which annually provide more than five thousand (5,000) Title XIX days of care and whose Title XIX nursery days represent more than fifty percent (50%) of the hospital's total nursery days.

B. Those hospitals which meet the criteria established in paragraphs VI.A.1., 2., and 4. shall be deemed Safety Net Hospitals. Those hospitals which meet the criteria established in V.A.1. and 3. shall be deemed First Tier DSH. Those hospitals which meet only the criteria established in paragraphs VI.A.1., 2., or 5. shall be deemed Second Tier DSH.

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 Safety Net Hospital Criteria" in the subject line. Comments must be received by July 30, 2021.

3. A copy of the proposed Inpatient Hospital Services Reimbursement 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>.