



Connecticut Medical Assistance Program
Policy Transmittal 2015-03

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Roderick L. Bremby, Commissioner

Effective Date: Ongoing
Contact: Bill Halsey @ 860-424-5077

TO: All Providers

RE: Billing Clients for Missed Appointments

This policy transmittal is being sent to all providers as a reminder that federal and state policies prohibit charging Medicaid clients for broken, missed or cancelled appointments. We have seen an increase in client complaints about being asked to pay for missed appointments or to sign forms accepting liability for missed appointments. We have also received an increasing number of inquiries from providers, as they try to determine how Medicaid fits within the changing business practices related to charging for missed appointments.

Federal Statutes and Regulations

Federal statute limits client payments under Medicaid to cost sharing arrangements. Defined cost-sharing limits are strictly enforced. The Connecticut Medical Assistance Program (CMAP) has no cost-sharing arrangements. In addition, federal regulations provide that state Medicaid agencies must limit provider participation to those who will accept Medicaid as “payment in full.” Federal statute also requires states to have safeguards to ensure that services are provided in the “best interests” of the client. These regulations and statutes may be found at 42 U.S.C. § 1396a(a)(14), 42 C.F.R. § 447.15, and 42 U.S.C. § 1396a(a)(19), respectively.

Federal Policy

The federal agency that administers the Medicaid program, the Centers for Medicare & Medicaid Services (CMS), has consistently advised that based on its interpretation of these federal statutes and regulations, Medicaid clients must not be charged for broken, missed or cancelled appointments. Similarly, providers cannot bill for scheduling appointments or for holding appointment blocks. This policy was articulated at least twenty years ago and reconfirmed by CMS earlier this year.

Several years ago, Medicare policy changed to permit billing clients for missed appointments in certain circumstances. This includes a requirement that if the provider charges Medicare patients, they must also charge non-Medicare patients. However, this Medicare policy shift did not alter the long-standing Medicaid policy.

State Regulations and Provider Enrollment Agreement

Similar to the federal regulations referenced above, state regulations also require CMAP providers to accept the Department of Social Services’ (DSS) rates as “payment in full.” *See* Conn. Agencies Regs. § 17b-262-526(2). Paragraph 16 in the provider enrollment agreement likewise requires providers to accept DSS’ payment as payment in full and to assure that they will not impose any other charges, except for any permitted cost-sharing. The intent of these provisions is to ensure that no client or family member of a client is billed in excess of the amount paid by CMAP.

The CMAP provider enrollment agreement covers all of the health benefit programs administered by DSS, including HUSKY A, B, C and D, and so the prohibition against charging for broken, missed or cancelled appointments extends to individuals covered by each of these programs.

Providers have asked whether the provider enrollment agreement provision (and comparable state regulation) allowing a provider to charge a Medicaid client for non-covered goods or services, when the client knowingly elects to receive the goods or services and enters into a written agreement for such goods or services prior to receiving them, applies to missed appointments. *See* Conn. Agencies Regs. § 17b-262-531(l); Provider Enrollment Agreement paragraph 16. The state regulations do not apply. The defined provisions apply only when the client wants to receive actual goods or services, and those goods or services are not covered by Medicaid. Charging a client for a missed appointment, however, is charging the client for a good or service that he or she did not receive and is therefore not permissible under those provisions.

Practical Solutions

The Department understands that missed appointments are disruptive and can have a negative financial impact on a health care provider’s practice. We also realize that such fees have become increasingly common in the healthcare industry. While such fees may be an effective and acceptable practice with commercially insured clients, they are not allowed for the Medicaid

population. Providers should contact the relevant administrative services organization (ASO) for medical, dental, behavioral health, or transportation services to see if they can assist in supporting appointment compliance. To reach CHN CT, the medical ASO, call 1-800-440-5071. To reach BeneCare, the dental ASO, call 1-866-420-2924. To reach ValueOptions, the behavioral health ASO, call 1-877-552-8247 and follow the prompts to be connected to the Provider Relations Department. To reach LogistiCare Solutions, LLC, the transportation broker, call 1-866-684-0409.

Clients who do not have their own transportation and require transportation to appointments could be referred to the Department's transportation broker, LogistiCare Solutions, LLC, at 1- 888-248-9895 or the LogistiCare Connecticut Member Web site: <https://memberinfo.logisticare.com>. Note that the LogistiCare telephone number to arrange transportation is different than the number to seek assistance with appointment compliance.

Conclusion

For all the reasons discussed above, CMAP providers may not bill Medicaid clients for missed appointments. If a provider has imposed any such charges, the provider must promptly return any amounts paid to the impacted client(s).

We appreciate your participation as a Medicaid provider and welcome the opportunity to continue working with you to improve the CMAP program and the health of our shared clients.

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by HP Enterprise Services.

Responsible Unit: DSS, Division of Health Services, Integrated Care Unit, Bill Halsey at (860) 424-5077

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