

Missed Appointment Fees for Members Living OUTSIDE of Maricopa and Pima Counties
Frequently Asked Questions
January 10, 2012

GENERAL QUESTIONS

Q1. What is considered a “missed appointment”?

A1. A missed appointment is one where:

- The member is more than 20 minutes late for the scheduled appointment or
- The member has failed to cancel the appointment at least 24 hours in advance.

Q2. Which providers can charge for missed appointments?

A2. Physicians, nurse practitioners, and physician assistants for both Acute care and behavioral health services may charge for missed appointments.

Q3. Who can be charged for missing an appointment and in what geographic areas?

A3. Providers are only allowed to charge:

- Adults who are eligible for [AHCCCS for Families with Children under Section 1931 of the Social Security Act \(also known as the 1931 Population\)](#) **AND**
- Persons who are eligible for [AHCCCS Care](#)

WHO LIVE IN Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Mohave, Navajo, Pinal, Santa Cruz, Yavapai or Yuma counties.

Providers **CAN NOT** charge members living **in** Maricopa and Pima Counties for a missed appointment.

Q4. What is the charge for missing appointments?

A4. Members may be charged \$3.00 each time they miss an appointment.

Q5. What happens if the member doesn’t pay the fee?

A5. Providers may refuse services for such members until the member has paid the missed appointment fee.

Q6. When can providers start charging members for missed appointments?

A6. Providers can begin to charge members **only after receiving written approval of their submitted plan from AHCCCS**. Refer to questions #7 and #8 for member notice and plan requirements.

Note: The Centers for Medicare and Medicaid Services (CMS) has authorized the use of a missed appointment fee through December 31, 2012.

PROVIDER QUESTIONS

Q7. What needs to be included in the missed appointment plan that the provider must submit to AHCCCS for approval prior to implementation of the \$3 charge to members?

A7. Prior to the implementation of the \$3 charge to members, the provider must submit a plan and receive written approval from AHCCCS. The plan must :

1. Assure compliance with the Member Notice Requirements in question #8.
2. Describe the circumstances (if any) when the member would be exempt.
3. Specify that the provider agrees to track, and report to AHCCCS on a quarterly basis:
 - a. The reason(s) the member missed the appointment
 - b. The number of missed appointment fees in the reporting period
 - c. The number of members who have been assessed the missed appointment fee and
 - d. The number of members who have been assessed the fee more than once during the reporting period, including the average number of times the fee has been assessed for this subpopulation.

Q8. What are the Member Notice requirements that providers must describe in the plan and comply with to be able to charge for missed appointments?

A8. A \$3 fee may be charged when the Provider has received written approval of their plan (refer to #7) from AHCCCS and complies with specific member notice requirements. Providers must meet **ALL** of the member notice requirements below:

1. ***Member Notice of Missed Appointment Policy***
 - a. Members must be notified in easily understood, plain language when scheduling their appointment of the consequences of missing appointments. This includes, but is not limited to the definition of “missed appointment”, notification of the \$3 fee, and the possibility of the provider refusing future service(s) until the \$3 fee has been paid.
 - b. The provider must present its missed appointment policy to each member subject to these fees and obtain a signed acknowledgment of such policy from the members on an annual basis.
2. ***Member Notice of Scheduled Appointment***
 - a. Members must receive written confirmation of their scheduled appointment. This could include, but is not limited to, a postcard given to the member at the time the appointment is scheduled, a mailed letter, an email, or a text message to a mobile device.
 - b. The provider must maintain a record of the times and dates of individual appointments, and a record of the date and time that confirmation was delivered.
3. ***Member Notice/ Reminder of Upcoming Appointment***
 - a. Members must be notified 48 hours in advance of their scheduled appointment time.
 - b. The members must have a choice from among two or more different notice mechanisms (i.e. telephone call, text message to a mobile device, and/or an email) and permit the member to utilize whichever method of communication is preferable to the member.
 - c. The provider must maintain a record of such notifications.

Q9. Can a provider make an exception on whether to charge the missed appointment fee?

A9. Yes. Providers can choose whether to waive the missed appointment fee. CMS has provided the following examples for circumstances when the member could be exempt from the missed appointment fee:

- a. Lack of adequate transportation
- b. Disability or mental illness
- c. Appointment made by third party

This is not an exhaustive list. If the provider is going to make an exemption it must be part of the plan submitted to AHCCCS.

Q10. Are there contractual repercussions to providers for refusing to see a member who refuses to pay the missed appointment?

A10. The federal government has authorized imposition of a missed appointment fee by AHCCCS providers to limited populations when specific requirements are met. Therefore, those providers who have written approval of their plan from AHCCCS and who comply with all requirements will not encounter contractual repercussions as a result of implementing the missed appointment fee. Providers without an approved plan may not charge AHCCCS members for missed appointments.