

---

# EMERGENCY RULE

---

720

**TITLE 13 – DEPARTMENT OF SOCIAL SERVICES  
Division 70 – MO HealthNet Division  
Chapter 94 – Rural Health Clinic Program**

**EMERGENCY AMENDMENT**

**13 CSR 70-94.020 Provider-Based Rural Health Clinic** The division is amending section (2).

*PURPOSE: This amendment adds the Medicare Economic Index (MEI) for state fiscal year (SFY) 2027 that is used to trend the reimbursement rate.*

*EMERGENCY STATEMENT: The Department of Social Services (DSS), MO HealthNet Division (MHD) finds that this emergency amendment is necessary to preserve a compelling governmental interest to allow the State Medicaid Agency to continue to pay Provider Based Rural Health Clinics (PBRHC) under a financially sustainable payment methodology. The payment methodology requires the most recent calendar year Medicare Economic Index (MEI) published by the Centers for Medicare & Medicaid Services (CMS) to be applied to the reimbursement rate. Since the MEI is not available until the beginning of the calendar year, an emergency amendment is necessary to update the reimbursement rate effective July 1<sup>st</sup> of each year. As a result, the MHD finds a compelling governmental interest, which requires this emergency action. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended by the **Missouri and United States Constitutions**. The MHD believes this emergency amendment to be fair to all interested parties under the circumstances. The emergency amendment was filed June 16, 2026, becomes effective July 1, 2026, and expires Feb. 25, 2027.*

(2) Definitions.

(L) Medicare Economic Index (MEI). Percentage increase for primary care services.

1. SFY 2024 = 3.8%
2. SFY 2025 = 4.6%
3. SFY 2026 = 3.5%
4. **SFY 2027 = 2.7%**

*AUTHORITY: sections 208.201 and 660.017, RSMo 2016. Original rule filed June 30, 1995, effective Jan. 30, 1996. Amended: Filed May 14, 1999, effective Nov. 30, 1999. Amended: Filed Aug. 15, 2008, effective Feb. 28, 2009. Amended: Filed April 7, 2021, effective Nov. 30, 2021. Emergency amendment filed March 3, 2025, effective March 17, 2025, expired Sept. 12, 2025. Amended: Filed March 3, 2025, effective Sept. 30, 2025. The emergency amendment was filed June 16, 2026, effective July 1, 2026, and expires Feb. 25, 2027. An emergency amendment and a proposed amendment covering this same material will be published in the Aug 3, 2026 issue of the **Missouri Register**.*

*PUBLIC COST: This emergency amendment will cost state agencies or political subdivisions approximately three hundred fourteen thousand eight hundred ninety-seven dollars (\$314,897) in the aggregate in the time the emergency is effective.*

*PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate in the time the emergency is effective.*

**FISCAL NOTE  
PUBLIC COST**

- I. **Department Title:** 13 Social Services  
**Division Title:** 70 MO HealthNet Division  
**Chapter Title:** 94 Rural Health Clinic Program

<b>Rule Number and Title:</b>	13 CSR 70-94.020 Provider-Based Rural Health Clinic
<b>Type of Rulemaking:</b>	Emergency Amendment

**II. SUMMARY OF FISCAL IMPACT**

<b>Affected Agency or Political Subdivision</b>	<b>Estimated Cost of Compliance in the Aggregate</b>
<b>Other Government (Public) Clinics enrolled in MO HealthNet - 90</b>	<b>Net Estimated Cost for 6 months of SFY 2027: \$0</b>
<b>Department of Social Services, MO HealthNet Division</b>	<b>Net Estimated Cost for 6 months of SFY 2027: \$314,897</b>

**III. WORKSHEET**

<b>Department of Social Services, MO HealthNet Division Impact</b>	
<b>Estimated Impact for 6 months of SFY 2027</b>	
Estimated Cost	\$314,897
SFY 2027 Blended FMAP	35.455%
Estimated State Share	\$108,498

**IV. ASSUMPTIONS**

MHD used the number of visits from claims for calendar year 2025 times the SFY 2026 rate to estimate the payments for SFY 2026. This amount was then compared to the SFY 2027 rate times the visits from calendar year 2025 to determine the fiscal impact.