



## **No Show Policy All Payers**

### **No-Show Policy – All Payers**

**Purpose:** Ensure compliant management of missed appointments.

#### **Payer Rules:**

Medi-Cal: No fee allowed.

Medicare: Fee allowed but not billable to Medicare.

MA/HMO: Contract dependent.

PPO/Self-pay: Allowed with disclosure.

#### **Procedure:**

1. Document missed appointment.
2. Determine payer rule.
3. Perform outreach.
4. Post fee only if permitted.
5. Refer repeated no-shows.



## Front Desk Workflow Medi-Cal

### Medi-Cal Front Desk No-Show Workflow

1. Verify coverage (Medi-Cal = no fee).
2. Mark no-show in EHR.
3. Attempt outreach within 24 hrs.
4. Offer reschedule.
5. After 3 no-shows → refer to care coordination.
6. Document all actions.

**Compliance: Non-discrimination and abandonment safeguards required.**

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You must treat patients the same regardless of:

- Insurance type (except where legally required — e.g., Medi-Cal no fee)
- Race, ethnicity, language
- Disability
- Socioeconomic status
- Age
- Gender identity
- Chronic illness / behavioral health

👉 Example:

You cannot dismiss Medi-Cal patients faster than PPO patients simply because they no-show.

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## ★ Legal / regulatory basis

### Federal

- **ACA Section 1557** → prohibits discrimination in federally funded programs
- **Civil Rights Act Title VI** → prohibits discrimination based on race/ethnicity
- **ADA** → requires reasonable accommodations

### DHCS Medi-Cal managed care

Plans and providers must:

- Remove access barriers
- Address social determinants impacting missed visits
- Provide language and disability accommodations

### OIG compliance expectations

The 2023 OIG guidance stresses:

- Monitoring access to care
- Ensuring policies do not indirectly restrict vulnerable populations

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## ★ Examples of non-compliant behavior

- ✗ Waiving no-show fees only for cash patients but not Medicare patients
- ✗ Dismissing patients with transportation barriers without care coordination
- ✗ Penalizing behavioral health patients disproportionately
- ✗ Ignoring interpreter needs contributing to missed visits

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## **2. Patient abandonment safeguards**

Patient abandonment occurs when a provider **terminates care without adequate notice or transition**, potentially harming the patient.

This is a malpractice, licensing, and CMS survey risk.



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## ★ Required safeguards when dismissing for repeated no-shows

### ✓ Progressive steps

1. Document missed visits
2. Perform outreach
3. Send warning notice
4. Attempt care coordination
5. Provider review before dismissal

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### ✓ Formal dismissal protections

To avoid abandonment:

#### **You must:**

- Provide written dismissal notice
- Allow continued urgent care for a transition period (typically 30 days)
- Provide medication refill support if clinically appropriate
- Offer referral to health plan / new PCP
- Transfer records upon authorization

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## ★ Regulatory basis

### **CMS / Medicare**

CMS expects providers to ensure continuity of care and avoid unsafe termination.

### **OIG**

OIG compliance guidance highlights:

- Monitoring access barriers



- Ensuring dismissal processes are clinically justified
- Documentation of outreach and transition planning

### **California Medical Board**

Requires:

- Reasonable notice
  - Emergency coverage
  - Records transfer
  - No dismissal based on discriminatory reasons
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### **★ Examples of abandonment risk**

- ✗ Immediate dismissal after one no-show
  - ✗ Refusing urgent appointment during dismissal period
  - ✗ Not providing medication refill bridge
  - ✗ Failing to notify health plan for Medi-Cal / MA members
  - ✗ Dismissing high-risk patients without care coordination
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### **★ Best practice workflow (survey-ready)**

**No-show #1** → reminder / outreach

**No-show #2** → warning letter

**No-show #3** → provider review + care coordination referral

**No-show #4** → dismissal with safeguards

This demonstrates:

- ✓ Non-discrimination
  - ✓ Access monitoring
  - ✓ Progressive discipline
  - ✓ Abandonment protection
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**Important Note:**

The practice applies its missed appointment policy uniformly and without discrimination. Prior to dismissal, the practice will perform outreach, assess barriers to care, and provide care coordination referrals as appropriate. Patients subject to dismissal will receive written notice, a transition period for urgent care, and assistance in obtaining alternative care to ensure continuity and avoid patient abandonment.



## **Sample Warning Letter**

Missed Appointment Warning Letter

Dear [Patient Name],

Our records show you recently missed a scheduled appointment on [Date].

We understand situations occur; however, missed visits may impact your care.

Please contact our office within 7 days to reschedule.

Repeated missed visits may result in care coordination referral or dismissal.

Sincerely,

[Clinic Name]

## **Sample Dismissal Letter**

Patient Dismissal Letter – Repeated No-Shows

Dear [Patient Name],

After multiple missed appointments, we are unable to continue providing care.

Your care will continue for 30 days from the date of this letter for urgent needs.

We encourage you to contact your health plan to select a new provider.

Medical records will be transferred upon authorization.

Sincerely,

[Clinic Name]



## No-Show Policy Citations

### CMS

- **Medicare Benefit Policy Manual → missed appointment fees not covered**
- **Medicare Claims Processing Manual → administrative fees cannot be billed to Medicare**

### DHCS

- **Medi-Cal Provider Manual → balance billing prohibition**
- **Medi-Cal Managed Care Access Standards → documentation and outreach expectations**

### OIG

- **2023 General Compliance Program Guidance → access monitoring & non-discrimination**
- **Patient abandonment risk principles → safe dismissal after repeated no-shows**

No-Show Policy Citations (CMS, DHCS, OIG)  
CMS Guidance: • Medicare Benefit Policy Manual – Missed appointment fees not payable by Medicare. • Medicare Claims Processing Manual – Administrative fees must not be billed to Medicare.  
DHCS Guidance: • Medi-Cal Provider Manual – Balance billing prohibition for Medi-Cal beneficiaries. • DHCS Managed Care Access Standards – Documentation and outreach for missed appointments.  
OIG Guidance: • OIG General Compliance Program Guidance (2023) – Access to care monitoring and non-discrimination. • OIG Patient Abandonment Risk Alerts – Safeguards for dismissal after missed appointments.  
Survey Readiness Tip: Maintain documentation of outreach and consistent fee policy.