

CCS HCS SCS SB 842, 799 & 809 -- CERTAIN STATE HEALTH CARE PROGRAMS

This bill changes the laws regarding certain health care programs administered by the departments of Social Services and Health and Senior Services.

MO HEALTHNET PROGRAM (Sections 208.010, 208.895, and 660.300, RSMo)

The MO HealthNet Program will be exempt from paying Medicare Part B deductible and co-insurance amounts for outpatient hospital services.

The Department of Health and Senior Services may contract with an independent third-party assessor for initial home and community-based assessments including a care plan. The contract must include a requirement that the contractor make a face-to-face assessment of care needed and develop a plan of care within 15 days of the receipt of a referral for service. The contractor must notify the referring entity within five days of receipt of the referral if additional information is needed to process the referral. The contract must also include the same requirements for the assessments as of January 1, 2010, related to the timeliness of assessments and the beginning of service. The contract must be bid under Chapter 34 and cannot be a risk-based contract. Reassessment visits conducted by a nurse must be reviewed and approved by the independent third-party assessor. These provisions will expire three years from the effective date.

Currently, all in-home services clients must be advised of their rights by the department, including the right to report dissatisfaction with a provider or services. The bill specifies that the department's designee can give the notification and that the department may contract for services relating to receiving complaints.

PHYSICIAN REIMBURSEMENT RATES (Section 208.198)

Subject to appropriations, the Department of Social Services must establish a reimbursement rate for services rendered by physicians and optometrists to MO HealthNet Program participants which provides equal reimbursement for the same or similar services.

PAYMENTS FROM THIRD-PARTY PAYERS TO THE MO HEALTHNET DIVISION (Section 208.215)

The bill changes the laws regarding the authority of the MO HealthNet Division within the Department of Social Services to

collect payments from third-party payers. Health benefit plans, third-party administrators, administrative service organizations, and pharmacy benefits managers are required to process and pay properly submitted medical assistance or MO HealthNet subrogation claims using standard electronic transactions or paper claim forms for a period of three years from the date services were provided by an entity. The entity cannot be required to reimburse for items or services not covered under MO HealthNet; cannot deny a claim based solely on the date of submission, the type or format of the claim form, failure to present proper documentation of coverage at the point of sale, or failure to obtain prior authorization; cannot be required to reimburse for items or services previously submitted to the third-party payer by the provider or the participant and the claim was properly denied for procedural reasons; and cannot be required to reimburse for items or services which are not covered under the plan offered by the entity against which a claim for subrogation has been filed. An entity must reimburse for items or services to the same extent that the entity would have been liable if it had been properly billed at the point of sale and the amount due is limited to what the entity would have paid if it had been properly billed at the point of sale. Health benefit plans, third-party administrators, administrative service organizations, and pharmacy benefits managers must also pay a subrogation claim if the state enforces its right to a claim within six years of the submission of the claim.

The computerized records of the division, if certified by the division director or his designee, will be prima facie evidence of proof of moneys expended and the amount of the debt due the state.

HEALTH CARE PROVIDER TAX (Sections 208.453, 660.425 - 660.445, and 660.455 - 660.465)

Currently, public hospitals which are operated primarily for the care and treatment of mental disorders are exempt from the payment of a federal hospital reimbursement allowance for the privilege of engaging in the business of providing inpatient health care in this state. The bill removes this exemption.

Currently, MO HealthNet in-home services providers are exempt from the in-home services tax assessed by the Department of Social Services. The bill removes this exemption and extends the expiration date for the tax from September 1, 2011, to September 1, 2012.

TELEPHONE TRACKING SYSTEM (Sections 208.909, 208.918, and 660.023)

By July 1, 2015, all personal care service vendors must have, maintain, and use a telephone tracking system to report and verify the delivery of consumer-directed care services as authorized by the Department of Health and Senior Services or its designee to process payroll and to submit claims for reimbursement to the MO HealthNet Division. The department, in collaboration with other appropriate agencies including centers for independent living, must establish telephone tracking system pilot projects in an urban and a rural area. The department must submit a report by December 31, 2013, to the Governor and General Assembly detailing the outcomes of these pilot projects.

In order to be a department-contracted vendor, the vendor must be able to provide fiscal conduit services through a telephone tracking system by July 1, 2015.

By July 1, 2015, all in-home services provider agencies must also have, maintain, and use a telephone tracking system to report and verify the delivery of home and community-based services as authorized by the department or its designee to process payroll and to submit claims for reimbursement to the MO HealthNet Division. The department, in collaboration with other appropriate agencies including in-home services providers, must establish telephone tracking system pilot projects in an urban and a rural area. The department must submit a report by December 31, 2013, to the Governor and General Assembly detailing the outcomes of these pilot projects.