

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for House Bill Nos. 671 & 683, Page 1, in the Title, Line 3,
2 by deleting all of said line and inserting in lieu thereof the phrase "healthcare."; and

3
4 Further amend said bill and page, Section A, Line 2, by inserting immediately after all of said line
5 and section the following:

6
7 "208.152. 1. MO HealthNet payments shall be made on behalf of those eligible needy
8 persons as defined in section 208.151 who are unable to provide for it in whole or in part, with any
9 payments to be made on the basis of the reasonable cost of the care or reasonable charge for the
10 services as defined and determined by the MO HealthNet division, unless otherwise hereinafter
11 provided, for the following:

12 (1) Inpatient hospital services, except to persons in an institution for mental diseases who are
13 under the age of sixty-five years and over the age of twenty-one years; provided that the MO
14 HealthNet division shall provide through rule and regulation an exception process for coverage of
15 inpatient costs in those cases requiring treatment beyond the seventy-fifth percentile professional
16 activities study (PAS) or the MO HealthNet children's diagnosis length-of-stay schedule; and
17 provided further that the MO HealthNet division shall take into account through its payment system
18 for hospital services the situation of hospitals which serve a disproportionate number of low-income
19 patients;

20 (2) All outpatient hospital services, payments therefor to be in amounts which represent no
21 more than eighty percent of the lesser of reasonable costs or customary charges for such services,
22 determined in accordance with the principles set forth in Title XVIII A and B, Public Law 89-97,
23 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301, et seq.), but the MO
24 HealthNet division may evaluate outpatient hospital services rendered under this section and deny
25 payment for services which are determined by the MO HealthNet division not to be medically
26 necessary, in accordance with federal law and regulations;

27 (3) Laboratory and X-ray services;

28 (4) Nursing home services for participants, except to persons with more than five hundred
29 thousand dollars equity in their home or except for persons in an institution for mental diseases who
30 are under the age of sixty-five years, when residing in a hospital licensed by the department of health
31 and senior services or a nursing home licensed by the department of health and senior services or
32 appropriate licensing authority of other states or government-owned and -operated institutions which
33 are determined to conform to standards equivalent to licensing requirements in Title XIX of the
34 federal Social Security Act (42 U.S.C. Section 301, et seq.), as amended, for nursing facilities. The
35 MO HealthNet division may recognize through its payment methodology for nursing facilities those
36 nursing facilities which serve a high volume of MO HealthNet patients. The MO HealthNet division

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1 when determining the amount of the benefit payments to be made on behalf of persons under the age
2 of twenty-one in a nursing facility may consider nursing facilities furnishing care to persons under
3 the age of twenty-one as a classification separate from other nursing facilities;

4 (5) Nursing home costs for participants receiving benefit payments under subdivision (4) of
5 this subsection for those days, which shall not exceed twelve per any period of six consecutive
6 months, during which the participant is on a temporary leave of absence from the hospital or nursing
7 home, provided that no such participant shall be allowed a temporary leave of absence unless it is
8 specifically provided for in his plan of care. As used in this subdivision, the term "temporary leave
9 of absence" shall include all periods of time during which a participant is away from the hospital or
10 nursing home overnight because he is visiting a friend or relative;

11 (6) Physicians' services, whether furnished in the office, home, hospital, nursing home, or
12 elsewhere;

13 (7) Drugs and medicines when prescribed by a licensed physician, dentist, podiatrist, or an
14 advanced practice registered nurse; except that no payment for drugs and medicines prescribed on
15 and after January 1, 2006, by a licensed physician, dentist, podiatrist, or an advanced practice
16 registered nurse may be made on behalf of any person who qualifies for prescription drug coverage
17 under the provisions of P.L. 108-173;

18 (8) Emergency ambulance services and, effective January 1, 1990, medically necessary
19 transportation to scheduled, physician-prescribed nonelective treatments;

20 (9) Early and periodic screening and diagnosis of individuals who are under the age of
21 twenty-one to ascertain their physical or mental defects, and health care, treatment, and other
22 measures to correct or ameliorate defects and chronic conditions discovered thereby. Such services
23 shall be provided in accordance with the provisions of Section 6403 of P.L. 101-239 and federal
24 regulations promulgated thereunder;

25 (10) Home health care services;

26 (11) Family planning as defined by federal rules and regulations; provided, however, that
27 such family planning services shall not include abortions unless such abortions are certified in
28 writing by a physician to the MO HealthNet agency that, in the physician's professional judgment,
29 the life of the mother would be endangered if the fetus were carried to term;

30 (12) Inpatient psychiatric hospital services for individuals under age twenty-one as defined
31 in Title XIX of the federal Social Security Act (42 U.S.C. Section 1396d, et seq.);

32 (13) Outpatient surgical procedures, including presurgical diagnostic services performed in
33 ambulatory surgical facilities which are licensed by the department of health and senior services of
34 the state of Missouri; except, that such outpatient surgical services shall not include persons who are
35 eligible for coverage under Part B of Title XVIII, Public Law 89-97, 1965 amendments to the federal
36 Social Security Act, as amended, if exclusion of such persons is permitted under Title XIX, Public
37 Law 89-97, 1965 amendments to the federal Social Security Act, as amended;

38 (14) Personal care services which are medically oriented tasks having to do with a person's
39 physical requirements, as opposed to housekeeping requirements, which enable a person to be treated
40 by his or her physician on an outpatient rather than on an inpatient or residential basis in a hospital,
41 intermediate care facility, or skilled nursing facility. Personal care services shall be rendered by an
42 individual not a member of the participant's family who is qualified to provide such services where
43 the services are prescribed by a physician in accordance with a plan of treatment and are supervised
44 by a licensed nurse. Persons eligible to receive personal care services shall be those persons who
45 would otherwise require placement in a hospital, intermediate care facility, or skilled nursing facility.
46 Benefits payable for personal care services shall not exceed for any one participant one hundred
47 percent of the average statewide charge for care and treatment in an intermediate care facility for a
48 comparable period of time. Such services, when delivered in a residential care facility or assisted

1 living facility licensed under chapter 198 shall be authorized on a tier level based on the services the
2 resident requires and the frequency of the services. A resident of such facility who qualifies for
3 assistance under section 208.030 shall, at a minimum, if prescribed by a physician, qualify for the
4 tier level with the fewest services. The rate paid to providers for each tier of service shall be set
5 subject to appropriations. Subject to appropriations, each resident of such facility who qualifies for
6 assistance under section 208.030 and meets the level of care required in this section shall, at a
7 minimum, if prescribed by a physician, be authorized up to one hour of personal care services per
8 day. Authorized units of personal care services shall not be reduced or tier level lowered unless an
9 order approving such reduction or lowering is obtained from the resident's personal physician. Such
10 authorized units of personal care services or tier level shall be transferred with such resident if he or
11 she transfers to another such facility. Such provision shall terminate upon receipt of relevant waivers
12 from the federal Department of Health and Human Services. If the Centers for Medicare and
13 Medicaid Services determines that such provision does not comply with the state plan, this provision
14 shall be null and void. The MO HealthNet division shall notify the revisor of statutes as to whether
15 the relevant waivers are approved or a determination of noncompliance is made;

16 (15) Mental health services. The state plan for providing medical assistance under Title XIX
17 of the Social Security Act, 42 U.S.C. Section 301, as amended, shall include the following mental
18 health services when such services are provided by community mental health facilities operated by
19 the department of mental health or designated by the department of mental health as a community
20 mental health facility or as an alcohol and drug abuse facility or as a child-serving agency within the
21 comprehensive children's mental health service system established in section 630.097. The
22 department of mental health shall establish by administrative rule the definition and criteria for
23 designation as a community mental health facility and for designation as an alcohol and drug abuse
24 facility. Such mental health services shall include:

25 (a) Outpatient mental health services including preventive, diagnostic, therapeutic,
26 rehabilitative, and palliative interventions rendered to individuals in an individual or group setting by
27 a mental health professional in accordance with a plan of treatment appropriately established,
28 implemented, monitored, and revised under the auspices of a therapeutic team as a part of client
29 services management;

30 (b) Clinic mental health services including preventive, diagnostic, therapeutic, rehabilitative,
31 and palliative interventions rendered to individuals in an individual or group setting by a mental
32 health professional in accordance with a plan of treatment appropriately established, implemented,
33 monitored, and revised under the auspices of a therapeutic team as a part of client services
34 management;

35 (c) Rehabilitative mental health and alcohol and drug abuse services including home and
36 community-based preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions
37 rendered to individuals in an individual or group setting by a mental health or alcohol and drug abuse
38 professional in accordance with a plan of treatment appropriately established, implemented,
39 monitored, and revised under the auspices of a therapeutic team as a part of client services
40 management. As used in this section, mental health professional and alcohol and drug abuse
41 professional shall be defined by the department of mental health pursuant to duly promulgated rules.
42 With respect to services established by this subdivision, the department of social services, MO
43 HealthNet division, shall enter into an agreement with the department of mental health. Matching
44 funds for outpatient mental health services, clinic mental health services, and rehabilitation services
45 for mental health and alcohol and drug abuse shall be certified by the department of mental health to
46 the MO HealthNet division. The agreement shall establish a mechanism for the joint implementation
47 of the provisions of this subdivision. In addition, the agreement shall establish a mechanism by
48 which rates for services may be jointly developed;

1 (16) Such additional services as defined by the MO HealthNet division to be furnished under
2 waivers of federal statutory requirements as provided for and authorized by the federal Social
3 Security Act (42 U.S.C. Section 301, et seq.) subject to appropriation by the general assembly;

4 (17) The services of an advanced practice registered nurse with a collaborative practice
5 agreement to the extent that such services are provided in accordance with chapters 334 and 335, and
6 regulations promulgated thereunder;

7 (18) Nursing home costs for participants receiving benefit payments under subdivision (4) of
8 this subsection to reserve a bed for the participant in the nursing home during the time that the
9 participant is absent due to admission to a hospital for services which cannot be performed on an
10 outpatient basis, subject to the provisions of this subdivision:

11 (a) The provisions of this subdivision shall apply only if:

12 a. The occupancy rate of the nursing home is at or above ninety-seven percent of MO
13 HealthNet certified licensed beds, according to the most recent quarterly census provided to the
14 department of health and senior services which was taken prior to when the participant is admitted to
15 the hospital; and

16 b. The patient is admitted to a hospital for a medical condition with an anticipated stay of
17 three days or less;

18 (b) The payment to be made under this subdivision shall be provided for a maximum of three
19 days per hospital stay;

20 (c) For each day that nursing home costs are paid on behalf of a participant under this
21 subdivision during any period of six consecutive months such participant shall, during the same
22 period of six consecutive months, be ineligible for payment of nursing home costs of two otherwise
23 available temporary leave of absence days provided under subdivision (5) of this subsection; and

24 (d) The provisions of this subdivision shall not apply unless the nursing home receives notice
25 from the participant or the participant's responsible party that the participant intends to return to the
26 nursing home following the hospital stay. If the nursing home receives such notification and all
27 other provisions of this subsection have been satisfied, the nursing home shall provide notice to the
28 participant or the participant's responsible party prior to release of the reserved bed;

29 (19) Prescribed medically necessary durable medical equipment. An electronic web-based
30 prior authorization system using best medical evidence and care and treatment guidelines consistent
31 with national standards shall be used to verify medical need;

32 (20) Hospice care. As used in this subdivision, the term "hospice care" means a coordinated
33 program of active professional medical attention within a home, outpatient and inpatient care which
34 treats the terminally ill patient and family as a unit, employing a medically directed interdisciplinary
35 team. The program provides relief of severe pain or other physical symptoms and supportive care to
36 meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses
37 which are experienced during the final stages of illness, and during dying and bereavement and
38 meets the Medicare requirements for participation as a hospice as are provided in 42 CFR Part 418.
39 The rate of reimbursement paid by the MO HealthNet division to the hospice provider for room and
40 board furnished by a nursing home to an eligible hospice patient shall not be less than ninety-five
41 percent of the rate of reimbursement which would have been paid for facility services in that nursing
42 home facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239
43 (Omnibus Budget Reconciliation Act of 1989);

44 (21) Prescribed medically necessary dental services. Such services shall be subject to
45 appropriations. An electronic web-based prior authorization system using best medical evidence and
46 care and treatment guidelines consistent with national standards shall be used to verify medical need;

47 (22) Prescribed medically necessary optometric services. Such services shall be subject to
48 appropriations. An electronic web-based prior authorization system using best medical evidence and

1 care and treatment guidelines consistent with national standards shall be used to verify medical need;

2 (23) Blood clotting products-related services. For persons diagnosed with a bleeding
3 disorder, as defined in section 338.400, reliant on blood clotting products, as defined in section
4 338.400, such services include:

5 (a) Home delivery of blood clotting products and ancillary infusion equipment and supplies,
6 including the emergency deliveries of the product when medically necessary;

7 (b) Medically necessary ancillary infusion equipment and supplies required to administer the
8 blood clotting products; and

9 (c) Assessments conducted in the participant's home by a pharmacist, nurse, or local home
10 health care agency trained in bleeding disorders when deemed necessary by the participant's treating
11 physician;

12 (24) The MO HealthNet division shall, by January 1, 2008, and annually thereafter, report
13 the status of MO HealthNet provider reimbursement rates as compared to one hundred percent of the
14 Medicare reimbursement rates and compared to the average dental reimbursement rates paid by
15 third-party payors licensed by the state. The MO HealthNet division shall, by July 1, 2008, provide
16 to the general assembly a four-year plan to achieve parity with Medicare reimbursement rates and for
17 third-party payor average dental reimbursement rates. Such plan shall be subject to appropriation
18 and the division shall include in its annual budget request to the governor the necessary funding
19 needed to complete the four-year plan developed under this subdivision.

20 2. Additional benefit payments for medical assistance shall be made on behalf of those
21 eligible needy children, pregnant women and blind persons with any payments to be made on the
22 basis of the reasonable cost of the care or reasonable charge for the services as defined and
23 determined by the MO HealthNet division, unless otherwise hereinafter provided, for the following:

24 (1) Dental services;

25 (2) Services of podiatrists as defined in section 330.010;

26 (3) Optometric services as defined in section 336.010;

27 (4) Orthopedic devices or other prosthetics, including eye glasses, dentures, hearing aids,
28 and wheelchairs;

29 (5) Hospice care. As used in this subdivision, the term "hospice care" means a coordinated
30 program of active professional medical attention within a home, outpatient and inpatient care which
31 treats the terminally ill patient and family as a unit, employing a medically directed interdisciplinary
32 team. The program provides relief of severe pain or other physical symptoms and supportive care to
33 meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses
34 which are experienced during the final stages of illness, and during dying and bereavement and
35 meets the Medicare requirements for participation as a hospice as are provided in 42 CFR Part 418.
36 The rate of reimbursement paid by the MO HealthNet division to the hospice provider for room and
37 board furnished by a nursing home to an eligible hospice patient shall not be less than ninety-five
38 percent of the rate of reimbursement which would have been paid for facility services in that nursing
39 home facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239
40 (Omnibus Budget Reconciliation Act of 1989);

41 (6) Comprehensive day rehabilitation services beginning early posttrauma as part of a
42 coordinated system of care for individuals with disabling impairments. Rehabilitation services must
43 be based on an individualized, goal-oriented, comprehensive and coordinated treatment plan
44 developed, implemented, and monitored through an interdisciplinary assessment designed to restore
45 an individual to optimal level of physical, cognitive, and behavioral function. The MO HealthNet
46 division shall establish by administrative rule the definition and criteria for designation of a
47 comprehensive day rehabilitation service facility, benefit limitations and payment mechanism. Any
48 rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority

1 delegated in this subdivision shall become effective only if it complies with and is subject to all of
2 the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are
3 nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to
4 review, to delay the effective date, or to disapprove and annul a rule are subsequently held
5 unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after
6 August 28, 2005, shall be invalid and void.

7 3. The MO HealthNet division may require any participant receiving MO HealthNet benefits
8 to pay part of the charge or cost until July 1, 2008, and an additional payment after July 1, 2008, as
9 defined by rule duly promulgated by the MO HealthNet division, for all covered services except for
10 those services covered under subdivisions (14) and (15) of subsection 1 of this section and sections
11 208.631 to 208.657 to the extent and in the manner authorized by Title XIX of the federal Social
12 Security Act (42 U.S.C. Section 1396, et seq.) and regulations thereunder. When substitution of a
13 generic drug is permitted by the prescriber according to section 338.056, and a generic drug is
14 substituted for a name-brand drug, the MO HealthNet division may not lower or delete the
15 requirement to make a co-payment pursuant to regulations of Title XIX of the federal Social Security
16 Act. A provider of goods or services described under this section must collect from all participants
17 the additional payment that may be required by the MO HealthNet division under authority granted
18 herein, if the division exercises that authority, to remain eligible as a provider. Any payments made
19 by participants under this section shall be in addition to and not in lieu of payments made by the state
20 for goods or services described herein except the participant portion of the pharmacy professional
21 dispensing fee shall be in addition to and not in lieu of payments to pharmacists. A provider may
22 collect the co-payment at the time a service is provided or at a later date. A provider shall not refuse
23 to provide a service if a participant is unable to pay a required payment. If it is the routine business
24 practice of a provider to terminate future services to an individual with an unclaimed debt, the
25 provider may include uncollected co-payments under this practice. Providers who elect not to
26 undertake the provision of services based on a history of bad debt shall give participants advance
27 notice and a reasonable opportunity for payment. A provider, representative, employee, independent
28 contractor, or agent of a pharmaceutical manufacturer shall not make co-payment for a participant.
29 This subsection shall not apply to other qualified children, pregnant women, or blind persons. If the
30 Centers for Medicare and Medicaid Services does not approve the [Missouri] MO HealthNet state
31 plan amendment submitted by the department of social services that would allow a provider to deny
32 future services to an individual with uncollected co-payments, the denial of services shall not be
33 allowed. The department of social services shall inform providers regarding the acceptability of
34 denying services as the result of unpaid co-payments.

35 4. The MO HealthNet division shall have the right to collect medication samples from
36 participants in order to maintain program integrity.

37 5. Reimbursement for obstetrical and pediatric services under subdivision (6) of subsection 1
38 of this section shall be timely and sufficient to enlist enough health care providers so that care and
39 services are available under the state plan for MO HealthNet benefits at least to the extent that such
40 care and services are available to the general population in the geographic area, as required under
41 subparagraph (a)(30)(A) of 42 U.S.C. Section 1396a and federal regulations promulgated
42 thereunder.

43 6. Beginning July 1, 1990, reimbursement for services rendered in federally funded health
44 centers shall be in accordance with the provisions of subsection 6402(c) and Section 6404 of P.L.
45 101-239 (Omnibus Budget Reconciliation Act of 1989) and federal regulations promulgated
46 thereunder.

47 7. Beginning July 1, 1990, the department of social services shall provide notification and
48 referral of children below age five, and pregnant, breast-feeding, or postpartum women who are

1 determined to be eligible for MO HealthNet benefits under section 208.151 to the special
2 supplemental food programs for women, infants and children administered by the department of
3 health and senior services. Such notification and referral shall conform to the requirements of
4 Section 6406 of P.L. 101-239 and regulations promulgated thereunder.

5 8. Providers of long-term care services shall be reimbursed for their costs in accordance with
6 the provisions of Section 1902 (a)(13)(A) of the Social Security Act, 42 U.S.C. Section 1396a, as
7 amended, and regulations promulgated thereunder.

8 9. Reimbursement rates to long-term care providers with respect to a total change in
9 ownership, at arm's length, for any facility previously licensed and certified for participation in the
10 MO HealthNet program shall not increase payments in excess of the increase that would result from
11 the application of Section 1902 (a)(13)(C) of the Social Security Act, 42 U.S.C. Section 1396a
12 (a)(13)(C).

13 10. The MO HealthNet division, may enroll qualified residential care facilities and assisted
14 living facilities, as defined in chapter 198, as MO HealthNet personal care providers.

15 11. Any income earned by individuals eligible for certified extended employment at a
16 sheltered workshop under chapter 178 shall not be considered as income for purposes of determining
17 eligibility under this section.

18 12. If Missouri Medicaid Audit and Compliance changes any interpretation or application of
19 the requirements for reimbursement for MO HealthNet services from the interpretation or
20 application that has been applied previously by the state in any audit of a MO HealthNet provider,
21 Missouri Medicaid Audit and Compliance shall notify all affected MO HealthNet providers five
22 business days before such change shall take effect. Failure of Missouri Medicaid Audit and
23 Compliance to notify a provider of such change shall entitle the provider to continue to receive and
24 retain reimbursement until such notification is provided and shall waive any liability of such
25 provider for recoupment or other loss of any payments previously made prior to the five business
26 days after such notice has been sent. Each provider shall provide Missouri Medicaid Audit and
27 Compliance a valid email address and shall agree to receive communications electronically. The
28 notification required under this section shall be delivered in writing by the United States Postal
29 Service or electronic mail to each provider.

30 13. Nothing in this section shall be construed to abrogate or limit the department's statutory
31 requirement to promulgate rules under chapter 536.

32 14. The MO HealthNet division shall provide an additional reimbursement to ambulance
33 service providers who divert MO HealthNet recipients who do not require emergency treatment from
34 emergency departments to urgent care or other primary care facilities. The department of social
35 services shall have the authority to promulgate rules and regulations limiting the circumstances in
36 which an emergency medical technician may divert a MO HealthNet recipient from an emergency
37 department under the provisions of this subsection."; and

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39 Further amend said bill by amending the title, enacting clause, and intersectional references
40 accordingly.
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