

House _____ Amendment NO. _____

Offered By

1 AMEND House Bill No. 985, Page 1, in the Title, Lines 2-3, by deleting "eligibility data
2 verification for"; and

3
4 Further amend said bill, Section 208.065, Page 2, Line 27, by inserting the following after all of said
5 line:

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

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1 appropriate licensing authority of other states or government-owned and -operated institutions which
2 are determined to conform to standards equivalent to licensing requirements in Title XIX of the
3 federal Social Security Act (42 U.S.C. Section 301, et seq.), as amended, for nursing facilities. The
4 MO HealthNet division may recognize through its payment methodology for nursing facilities those
5 nursing facilities which serve a high volume of MO HealthNet patients. The MO HealthNet division
6 when determining the amount of the benefit payments to be made on behalf of persons under the age
7 of twenty-one in a nursing facility may consider nursing facilities furnishing care to persons under
8 the age of twenty-one as a classification separate from other nursing facilities;

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

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

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

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

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

30 (10) Home health care services;

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

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

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

1 Law 89-97, 1965 amendments to the federal Social Security Act, as amended;

2 (14) Personal care services which are medically oriented tasks having to do with a person's
3 physical requirements, as opposed to housekeeping requirements, which enable a person to be treated
4 by his or her physician on an outpatient rather than on an inpatient or residential basis in a hospital,
5 intermediate care facility, or skilled nursing facility. Personal care services shall be rendered by an
6 individual not a member of the participant's family who is qualified to provide such services where
7 the services are prescribed by a physician in accordance with a plan of treatment and are supervised
8 by a licensed nurse. Persons eligible to receive personal care services shall be those persons who
9 would otherwise require placement in a hospital, intermediate care facility, or skilled nursing facility.
10 Benefits payable for personal care services shall not exceed for any one participant one hundred
11 percent of the average statewide charge for care and treatment in an intermediate care facility for a
12 comparable period of time. Such services, when delivered in a residential care facility or assisted
13 living facility licensed under chapter 198 shall be authorized on a tier level based on the services the
14 resident requires and the frequency of the services. A resident of such facility who qualifies for
15 assistance under section 208.030 shall, at a minimum, if prescribed by a physician, qualify for the
16 tier level with the fewest services. The rate paid to providers for each tier of service shall be set
17 subject to appropriations. Subject to appropriations, each resident of such facility who qualifies for
18 assistance under section 208.030 and meets the level of care required in this section shall, at a
19 minimum, if prescribed by a physician, be authorized up to one hour of personal care services per
20 day. Authorized units of personal care services shall not be reduced or tier level lowered unless an
21 order approving such reduction or lowering is obtained from the resident's personal physician. Such
22 authorized units of personal care services or tier level shall be transferred with such resident if he or
23 she transfers to another such facility. Such provision shall terminate upon receipt of relevant waivers
24 from the federal Department of Health and Human Services. If the Centers for Medicare and
25 Medicaid Services determines that such provision does not comply with the state plan, this provision
26 shall be null and void. The MO HealthNet division shall notify the revisor of statutes as to whether
27 the relevant waivers are approved or a determination of noncompliance is made;

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

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

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

6 (c) Rehabilitative mental health and alcohol and drug abuse services including home and
7 community-based preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions
8 rendered to individuals in an individual or group setting by a mental health or alcohol and drug abuse
9 professional in accordance with a plan of treatment appropriately established, implemented,
10 monitored, and revised under the auspices of a therapeutic team as a part of client services
11 management. As used in this section, mental health professional and alcohol and drug abuse
12 professional shall be defined by the department of mental health pursuant to duly promulgated rules.
13 With respect to services established by this subdivision, the department of social services, MO
14 HealthNet division, shall enter into an agreement with the department of mental health. Matching
15 funds for outpatient mental health services, clinic mental health services, and rehabilitation services
16 for mental health and alcohol and drug abuse shall be certified by the department of mental health to
17 the MO HealthNet division. The agreement shall establish a mechanism for the joint implementation
18 of the provisions of this subdivision. In addition, the agreement shall establish a mechanism by
19 which rates for services may be jointly developed;

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

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

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

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

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

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

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

39 (c) For each day that nursing home costs are paid on behalf of a participant under this
40 subdivision during any period of six consecutive months such participant shall, during the same
41 period of six consecutive months, be ineligible for payment of nursing home costs of two otherwise

1 available temporary leave of absence days provided under subdivision (5) of this subsection; and

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

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

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

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

25 (22) Prescribed medically necessary optometric services. Such services shall be subject to
26 appropriations. An electronic web-based prior authorization system using best medical evidence and
27 care and treatment guidelines consistent with national standards shall be used to verify medical need;

28 (23) Blood clotting products-related services. For persons diagnosed with a bleeding
29 disorder, as defined in section 338.400, reliant on blood clotting products, as defined in section
30 338.400, such services include:

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

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

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

38 (24) The MO HealthNet division shall, by January 1, 2008, and annually thereafter, report
39 the status of MO HealthNet provider reimbursement rates as compared to one hundred percent of the
40 Medicare reimbursement rates and compared to the average dental reimbursement rates paid by
41 third-party payors licensed by the state. The MO HealthNet division shall, by July 1, 2008, provide

1 to the general assembly a four-year plan to achieve parity with Medicare reimbursement rates and for
2 third-party payor average dental reimbursement rates. Such plan shall be subject to appropriation
3 and the division shall include in its annual budget request to the governor the necessary funding
4 needed to complete the four-year plan developed under this subdivision.

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

9 (1) Dental services;

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

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

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

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

26 (6) Comprehensive day rehabilitation services beginning early posttrauma as part of a
27 coordinated system of care for individuals with disabling impairments. Rehabilitation services must
28 be based on an individualized, goal-oriented, comprehensive and coordinated treatment plan
29 developed, implemented, and monitored through an interdisciplinary assessment designed to restore
30 an individual to optimal level of physical, cognitive, and behavioral function. The MO HealthNet
31 division shall establish by administrative rule the definition and criteria for designation of a
32 comprehensive day rehabilitation service facility, benefit limitations and payment mechanism. Any
33 rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority
34 delegated in this subdivision shall become effective only if it complies with and is subject to all of
35 the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are
36 nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to
37 review, to delay the effective date, or to disapprove and annul a rule are subsequently held
38 unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after
39 August 28, 2005, shall be invalid and void.

40 3. The MO HealthNet division may require any participant receiving MO HealthNet benefits
41 to pay part of the charge or cost until July 1, 2008, and an additional payment after July 1, 2008, as

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

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

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

35 6. Beginning July 1, 1990, reimbursement for services rendered in federally funded health
36 centers shall be in accordance with the provisions of subsection 6402(c) and Section 6404 of P.L.
37 101-239 (Omnibus Budget Reconciliation Act of 1989) and federal regulations promulgated
38 thereunder.

39 7. Beginning July 1, 1990, the department of social services shall provide notification and
40 referral of children below age five, and pregnant, breast-feeding, or postpartum women who are
41 determined to be eligible for MO HealthNet benefits under section 208.151 to the special

1 supplemental food programs for women, infants and children administered by the department of
2 health and senior services. Such notification and referral shall conform to the requirements of
3 Section 6406 of P.L. 101-239 and regulations promulgated thereunder.

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

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

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

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

17 12. The MO HealthNet division shall provide an additional reimbursement to emergency
18 medical technicians who divert MO HealthNet recipients who do not require emergency treatment
19 from emergency departments to urgent care or other primary care facilities. The department of
20 social services shall have the authority to promulgate rules and regulations limiting the
21 circumstances in which an emergency medical technician may divert a MO HealthNet recipient from
22 an emergency department under the provisions of this subsection."; and

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