

SENATE AMENDMENT NO. _____

Offered by _____ Of _____

Amend SS/Senate Bill No. 1, Page 1, Section Title, Line 5,

2 by striking "reimbursement allowance taxes" and inserting in
3 lieu thereof the following: "MO HealthNet"; and

4 Further amend said bill, page 2, Section 198.439, line
5 2, by inserting after all of said line the following:

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

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

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

(3) Laboratory and X-ray services;

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

59 twenty-one as a classification separate from other nursing
60 facilities;

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

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

75 (7) Subject to appropriation, up to twenty visits per
76 year for services limited to examinations, diagnoses,
77 adjustments, and manipulations and treatments of
78 malpositioned articulations and structures of the body
79 provided by licensed chiropractic physicians practicing
80 within their scope of practice. Nothing in this subdivision
81 shall be interpreted to otherwise expand MO HealthNet
82 services;

83 (8) Drugs and medicines when prescribed by a licensed
84 physician, dentist, podiatrist, or an advanced practice
85 registered nurse; except that no payment for drugs and
86 medicines prescribed on and after January 1, 2006, by a
87 licensed physician, dentist, podiatrist, or an advanced
88 practice registered nurse may be made on behalf of any
89 person who qualifies for prescription drug coverage under
90 the provisions of P.L. 108-173;

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

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

(11) Home health care services;

(12) Family planning as defined by federal rules and regulations; provided, however, that such family planning services shall not include:

(a) Abortions unless such abortions are certified in writing by a physician to the MO HealthNet agency that, in the physician's professional judgment, the life of the mother would be endangered if the fetus were carried to term; and

(b) Any drug or device approved by the federal Food and Drug Administration that may cause the destruction of, or prevent the implantation of, an unborn child, as defined in section 188.015;

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

(14) Outpatient surgical procedures, including presurgical diagnostic services performed in ambulatory surgical facilities which are licensed by the department of health and senior services of the state of Missouri; except, that such outpatient surgical services shall not include

persons who are eligible for coverage under Part B of Title XVIII, Public Law 89-97, 1965 amendments to the federal Social Security Act, as amended, if exclusion of such persons is permitted under Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security Act, as amended;

(15) Personal care services which are medically oriented tasks having to do with a person's physical requirements, as opposed to housekeeping requirements, which enable a person to be treated by his or her physician on an outpatient rather than on an inpatient or residential basis in a hospital, intermediate care facility, or skilled nursing facility. Personal care services shall be rendered by an individual not a member of the participant's family who is qualified to provide such services where the services are prescribed by a physician in accordance with a plan of treatment and are supervised by a licensed nurse. Persons eligible to receive personal care services shall be those persons who would otherwise require placement in a hospital, intermediate care facility, or skilled nursing facility.

Benefits payable for personal care services shall not exceed for any one participant one hundred percent of the average statewide charge for care and treatment in an intermediate care facility for a comparable period of time. Such services, when delivered in a residential care facility or assisted living facility licensed under chapter 198 shall be authorized on a tier level based on the services the resident requires and the frequency of the services. A resident of such facility who qualifies for assistance under section 208.030 shall, at a minimum, if prescribed by a physician, qualify for the tier level with the fewest services. The rate paid to providers for each tier of service shall be set subject to appropriations. Subject to appropriations, each resident of such facility who qualifies

for assistance under section 208.030 and meets the level of care required in this section shall, at a minimum, if prescribed by a physician, be authorized up to one hour of personal care services per day. Authorized units of personal care services shall not be reduced or tier level lowered unless an order approving such reduction or lowering is obtained from the resident's personal physician. Such authorized units of personal care services or tier level shall be transferred with such resident if he or she transfers to another such facility. Such provision shall terminate upon receipt of relevant waivers from the federal Department of Health and Human Services. If the Centers for Medicare and Medicaid Services determines that such provision does not comply with the state plan, this provision shall be null and void. The MO HealthNet division shall notify the revisor of statutes as to whether the relevant waivers are approved or a determination of noncompliance is made;

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

190 (a) Outpatient mental health services including
191 preventive, diagnostic, therapeutic, rehabilitative, and
192 palliative interventions rendered to individuals in an
193 individual or group setting by a mental health professional
194 in accordance with a plan of treatment appropriately
195 established, implemented, monitored, and revised under the
196 auspices of a therapeutic team as a part of client services
197 management;

198 (b) Clinic mental health services including
199 preventive, diagnostic, therapeutic, rehabilitative, and
200 palliative interventions rendered to individuals in an
201 individual or group setting by a mental health professional
202 in accordance with a plan of treatment appropriately
203 established, implemented, monitored, and revised under the
204 auspices of a therapeutic team as a part of client services
205 management;

206 (c) Rehabilitative mental health and alcohol and drug
207 abuse services including home and community-based
208 preventive, diagnostic, therapeutic, rehabilitative, and
209 palliative interventions rendered to individuals in an
210 individual or group setting by a mental health or alcohol
211 and drug abuse professional in accordance with a plan of
212 treatment appropriately established, implemented, monitored,
213 and revised under the auspices of a therapeutic team as a
214 part of client services management. As used in this
215 section, mental health professional and alcohol and drug
216 abuse professional shall be defined by the department of
217 mental health pursuant to duly promulgated rules. With
218 respect to services established by this subdivision, the
219 department of social services, MO HealthNet division, shall
220 enter into an agreement with the department of mental
221 health. Matching funds for outpatient mental health
222 services, clinic mental health services, and rehabilitation

services for mental health and alcohol and drug abuse shall be certified by the department of mental health to the MO HealthNet division. The agreement shall establish a mechanism for the joint implementation of the provisions of this subdivision. In addition, the agreement shall establish a mechanism by which rates for services may be jointly developed;

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

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

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

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

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

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

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

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

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

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

(21) Hospice care. As used in this subdivision, the term "hospice care" means a coordinated program of active professional medical attention within a home, outpatient and inpatient care which treats the terminally ill patient and family as a unit, employing a medically directed interdisciplinary team. The program provides relief of severe pain or other physical symptoms and supportive care to meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses

which are experienced during the final stages of illness, and during dying and bereavement and meets the Medicare requirements for participation as a hospice as are provided in 42 CFR Part 418. The rate of reimbursement paid by the MO HealthNet division to the hospice provider for room and board furnished by a nursing home to an eligible hospice patient shall not be less than ninety-five percent of the rate of reimbursement which would have been paid for facility services in that nursing home facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

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

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

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

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

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

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

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

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

(1) Dental services;

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

(3) Optometric services as described in section 336.010;

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

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

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

defined in section 536.010, that is created under the authority delegated in this subdivision shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2005, shall be invalid and void.

3. The MO HealthNet division may require any participant receiving MO HealthNet benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after July 1, 2008, as defined by rule duly promulgated by the MO HealthNet division, for all covered services except for those services covered under subdivisions (15) and (16) of subsection 1 of this section and sections 208.631 to 208.657 to the extent and in the manner authorized by Title XIX of the federal Social Security Act (42 U.S.C. Section 1396, et seq.) and regulations thereunder. When substitution of a generic drug is permitted by the prescriber according to section 338.056, and a generic drug is substituted for a name-brand drug, the MO HealthNet division may not lower or delete the requirement to make a co-payment pursuant to regulations of Title XIX of the federal Social Security Act. A provider of goods or services described under this section must collect from all participants the additional payment that may be required by the MO HealthNet division under authority granted herein, if the division exercises that authority, to remain eligible as a provider. Any payments made by participants under this section shall be in addition to and

not in lieu of payments made by the state for goods or services described herein except the participant portion of the pharmacy professional dispensing fee shall be in addition to and not in lieu of payments to pharmacists. A provider may collect the co-payment at the time a service is provided or at a later date. A provider shall not refuse to provide a service if a participant is unable to pay a required payment. If it is the routine business practice of a provider to terminate future services to an individual with an unclaimed debt, the provider may include uncollected co-payments under this practice. Providers who elect not to undertake the provision of services based on a history of bad debt shall give participants advance notice and a reasonable opportunity for payment. A provider, representative, employee, independent contractor, or agent of a pharmaceutical manufacturer shall not make co-payment for a participant. This subsection shall not apply to other qualified children, pregnant women, or blind persons. If the Centers for Medicare and Medicaid Services does not approve the MO HealthNet state plan amendment submitted by the department of social services that would allow a provider to deny future services to an individual with uncollected co-payments, the denial of services shall not be allowed. The department of social services shall inform providers regarding the acceptability of denying services as the result of unpaid co-payments.

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

5. Reimbursement for obstetrical and pediatric services under subdivision (6) of subsection 1 of this section shall be timely and sufficient to enlist enough health care providers so that care and services are

453 available under the state plan for MO HealthNet benefits at
454 least to the extent that such care and services are
455 available to the general population in the geographic area,
456 as required under subparagraph (a)(30)(A) of 42 U.S.C.

457 Section 1396a and federal regulations promulgated thereunder.

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

463 7. Beginning July 1, 1990, the department of social
464 services shall provide notification and referral of children
465 below age five, and pregnant, breast-feeding, or postpartum
466 women who are determined to be eligible for MO HealthNet
467 benefits under section 208.151 to the special supplemental
468 food programs for women, infants and children administered
469 by the department of health and senior services. Such
470 notification and referral shall conform to the requirements
471 of Section 6406 of P.L. 101-239 and regulations promulgated
472 thereunder.

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

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

485 10. The MO HealthNet division may enroll qualified
486 residential care facilities and assisted living facilities,
487 as defined in chapter 198, as MO HealthNet personal care
488 providers.

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

493 12. If the Missouri Medicaid audit and compliance unit
494 changes any interpretation or application of the
495 requirements for reimbursement for MO HealthNet services
496 from the interpretation or application that has been applied
497 previously by the state in any audit of a MO HealthNet
498 provider, the Missouri Medicaid audit and compliance unit
499 shall notify all affected MO HealthNet providers five
500 business days before such change shall take effect. Failure
501 of the Missouri Medicaid audit and compliance unit to notify
502 a provider of such change shall entitle the provider to
503 continue to receive and retain reimbursement until such
504 notification is provided and shall waive any liability of
505 such provider for recoupment or other loss of any payments
506 previously made prior to the five business days after such
507 notice has been sent. Each provider shall provide the
508 Missouri Medicaid audit and compliance unit a valid email
509 address and shall agree to receive communications
510 electronically. The notification required under this
511 section shall be delivered in writing by the United States
512 Postal Service or electronic mail to each provider.

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

516 14. Beginning July 1, 2016, and subject to
517 appropriations, providers of behavioral, social, and

518 psychophysiological services for the prevention, treatment,
519 or management of physical health problems shall be
520 reimbursed utilizing the behavior assessment and
521 intervention reimbursement codes 96150 to 96154 or their
522 successor codes under the Current Procedural Terminology
523 (CPT) coding system. Providers eligible for such
524 reimbursement shall include psychologists."; and
525 Further amend the title and enacting clause accordingly.