

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;

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

39 (3) Laboratory and X-ray services;

40 (4) Nursing home services for participants, except to
41 persons with more than five hundred thousand dollars equity
42 in their home or except for persons in an institution for
43 mental diseases who are under the age of sixty-five years,
44 when residing in a hospital licensed by the department of
45 health and senior services or a nursing home licensed by the
46 department of health and senior services or appropriate
47 licensing authority of other states or government-owned and -
48 operated institutions which are determined to conform to
49 standards equivalent to licensing requirements in Title XIX
50 of the federal Social Security Act (42 U.S.C. Section 301,
51 et seq.), as amended, for nursing facilities. The MO
52 HealthNet division may recognize through its payment
53 methodology for nursing facilities those nursing facilities
54 which serve a high volume of MO HealthNet patients. The MO
55 HealthNet division when determining the amount of the
56 benefit payments to be made on behalf of persons under the
57 age of twenty-one in a nursing facility may consider nursing
58 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;

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

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

102 (11) Home health care services;

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

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

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

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

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

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

129 (15) Personal care services which are medically
130 oriented tasks having to do with a person's physical
131 requirements, as opposed to housekeeping requirements, which
132 enable a person to be treated by his or her physician on an
133 outpatient rather than on an inpatient or residential basis
134 in a hospital, intermediate care facility, or skilled
135 nursing facility. Personal care services shall be rendered
136 by an individual not a member of the participant's family
137 who is qualified to provide such services where the services
138 are prescribed by a physician in accordance with a plan of
139 treatment and are supervised by a licensed nurse. Persons
140 eligible to receive personal care services shall be those
141 persons who would otherwise require placement in a hospital,
142 intermediate care facility, or skilled nursing facility.
143 Benefits payable for personal care services shall not exceed
144 for any one participant one hundred percent of the average
145 statewide charge for care and treatment in an intermediate
146 care facility for a comparable period of time. Such
147 services, when delivered in a residential care facility or
148 assisted living facility licensed under chapter 198 shall be
149 authorized on a tier level based on the services the
150 resident requires and the frequency of the services. A
151 resident of such facility who qualifies for assistance under
152 section 208.030 shall, at a minimum, if prescribed by a
153 physician, qualify for the tier level with the fewest
154 services. The rate paid to providers for each tier of
155 service shall be set subject to appropriations. Subject to
156 appropriations, each resident of such facility who qualifies

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

175 (16) Mental health services. The state plan for
176 providing medical assistance under Title XIX of the Social
177 Security Act, 42 U.S.C. Section 301, as amended, shall
178 include the following mental health services when such
179 services are provided by community mental health facilities
180 operated by the department of mental health or designated by
181 the department of mental health as a community mental health
182 facility or as an alcohol and drug abuse facility or as a
183 child-serving agency within the comprehensive children's
184 mental health service system established in section
185 630.097. The department of mental health shall establish by
186 administrative rule the definition and criteria for
187 designation as a community mental health facility and for
188 designation as an alcohol and drug abuse facility. Such
189 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

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

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

235 (18) The services of an advanced practice registered
236 nurse with a collaborative practice agreement to the extent
237 that such services are provided in accordance with chapters
238 334 and 335, and regulations promulgated thereunder;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

326 (25) The MO HealthNet division shall, by January 1,
327 2008, and annually thereafter, report the status of MO
328 HealthNet provider reimbursement rates as compared to one
329 hundred percent of the Medicare reimbursement rates and
330 compared to the average dental reimbursement rates paid by
331 third-party payors licensed by the state. The MO HealthNet
332 division shall, by July 1, 2008, provide to the general
333 assembly a four-year plan to achieve parity with Medicare
334 reimbursement rates and for third-party payor average dental
335 reimbursement rates. Such plan shall be subject to
336 appropriation and the division shall include in its annual
337 budget request to the governor the necessary funding needed
338 to complete the four-year plan developed under this
339 subdivision.

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

347 (1) Dental services;

348 (2) Services of podiatrists as defined in section
349 330.010;

350 (3) Optometric services as described in section
351 336.010;

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

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

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

387 defined in section 536.010, that is created under the
388 authority delegated in this subdivision shall become
389 effective only if it complies with and is subject to all of
390 the provisions of chapter 536 and, if applicable, section
391 536.028. This section and chapter 536 are nonseverable and
392 if any of the powers vested with the general assembly
393 pursuant to chapter 536 to review, to delay the effective
394 date, or to disapprove and annul a rule are subsequently
395 held unconstitutional, then the grant of rulemaking
396 authority and any rule proposed or adopted after August 28,
397 2005, shall be invalid and void.

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

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

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

449 5. Reimbursement for obstetrical and pediatric
450 services under subdivision (6) of subsection 1 of this
451 section shall be timely and sufficient to enlist enough
452 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.