

SENATE AMENDMENT NO. _____

Offered by _____ of _____

Amend _____ SCS/Senate Bill No. 197, Page 1, Section Title, Line 3,

2 by striking all of said line and inserting in lieu thereof the
3 following: "to public medical assistance."; and

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

6 "208.152. 1. MO HealthNet payments shall be made on behalf
7 of those eligible needy persons as defined in section 208.151 who
8 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
10 care or reasonable charge for the services as defined and
11 determined by the MO HealthNet division, unless otherwise
12 hereinafter provided, for the following:

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

1 situation of hospitals which serve a disproportionate number of
2 low-income patients;

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

14 (3) Laboratory and X-ray services;

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

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

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

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

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

25 (8) Emergency ambulance services and, effective January 1,
26 1990, medically necessary transportation to scheduled,
27 physician-prescribed nonelective treatments;

28 (9) Early and periodic screening and diagnosis of
29 individuals who are under the age of twenty-one to ascertain

1 their physical or mental defects, and health care, treatment, and
2 other measures to correct or ameliorate defects and chronic
3 conditions discovered thereby. Such services shall be provided
4 in accordance with the provisions of Section 6403 of P.L. 101-239
5 and federal regulations promulgated thereunder;

6 (10) Home health care services;

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

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

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

26 (14) Personal care services which are medically oriented
27 tasks having to do with a person's physical requirements, as
28 opposed to housekeeping requirements, which enable a person to be
29 treated by his or her physician on an outpatient rather than on

1 an inpatient or residential basis in a hospital, intermediate
2 care facility, or skilled nursing facility. Personal care
3 services shall be rendered by an individual not a member of the
4 participant's family who is qualified to provide such services
5 where the services are prescribed by a physician in accordance
6 with a plan of treatment and are supervised by a licensed nurse.
7 Persons eligible to receive personal care services shall be those
8 persons who would otherwise require placement in a hospital,
9 intermediate care facility, or skilled nursing facility.
10 Benefits payable for personal care services shall not exceed for
11 any one participant one hundred percent of the average statewide
12 charge for care and treatment in an intermediate care facility
13 for a comparable period of time. Such services, when delivered
14 in a residential care facility or assisted living facility
15 licensed under chapter 198 shall be authorized on a tier level
16 based on the services the resident requires and the frequency of
17 the services. A resident of such facility who qualifies for
18 assistance under section 208.030 shall, at a minimum, if
19 prescribed by a physician, qualify for the tier level with the
20 fewest services. The rate paid to providers for each tier of
21 service shall be set subject to appropriations. Subject to
22 appropriations, each resident of such facility who qualifies for
23 assistance under section 208.030 and meets the level of care
24 required in this section shall, at a minimum, if prescribed by a
25 physician, be authorized up to one hour of personal care services
26 per day. Authorized units of personal care services shall not be
27 reduced or tier level lowered unless an order approving such
28 reduction or lowering is obtained from the resident's personal
29 physician. Such authorized units of personal care services or

1 tier level shall be transferred with such resident if he or she
2 transfers to another such facility. Such provision shall
3 terminate upon receipt of relevant waivers from the federal
4 Department of Health and Human Services. If the Centers for
5 Medicare and Medicaid Services determines that such provision
6 does not comply with the state plan, this provision shall be null
7 and void. The MO HealthNet division shall notify the revisor of
8 statutes as to whether the relevant waivers are approved or a
9 determination of noncompliance is made;

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

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

1 client services management;

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

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

1 developed;

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

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

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

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

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

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

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

27 (c) For each day that nursing home costs are paid on behalf
28 of a participant under this subdivision during any period of six
29 consecutive months such participant shall, during the same period

1 of six consecutive months, be ineligible for payment of nursing
2 home costs of two otherwise available temporary leave of absence
3 days provided under subdivision (5) of this subsection; and

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

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

17 (20) Hospice care. As used in this subdivision, the term
18 "hospice care" means a coordinated program of active professional
19 medical attention within a home, outpatient and inpatient care
20 which treats the terminally ill patient and family as a unit,
21 employing a medically directed interdisciplinary team. The
22 program provides relief of severe pain or other physical symptoms
23 and supportive care to meet the special needs arising out of
24 physical, psychological, spiritual, social, and economic stresses
25 which are experienced during the final stages of illness, and
26 during dying and bereavement and meets the Medicare requirements
27 for participation as a hospice as are provided in 42 CFR Part
28 418. The rate of reimbursement paid by the MO HealthNet division
29 to the hospice provider for room and board furnished by a nursing

1 home to an eligible hospice patient shall not be less than
2 ninety-five percent of the rate of reimbursement which would have
3 been paid for facility services in that nursing home facility for
4 that patient, in accordance with subsection (c) of Section 6408
5 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

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

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

16 (23) Blood clotting products-related services. For persons
17 diagnosed with a bleeding disorder, as defined in section
18 338.400, reliant on blood clotting products, as defined in
19 section 338.400, such services include:

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

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

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

29 (24) The MO HealthNet division shall, by January 1, 2008,

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

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

- 19 (1) Dental services;
- 20 (2) Services of podiatrists as defined in section 330.010;
- 21 (3) Optometric services as defined in section 336.010;
- 22 (4) Orthopedic devices or other prosthetics, including eye
23 glasses, dentures, hearing aids, and wheelchairs;
- 24 (5) Hospice care. As used in this subdivision, the term
25 "hospice care" means a coordinated program of active professional
26 medical attention within a home, outpatient and inpatient care
27 which treats the terminally ill patient and family as a unit,
28 employing a medically directed interdisciplinary team. The
29 program provides relief of severe pain or other physical symptoms

1 and supportive care to meet the special needs arising out of
2 physical, psychological, spiritual, social, and economic stresses
3 which are experienced during the final stages of illness, and
4 during dying and bereavement and meets the Medicare requirements
5 for participation as a hospice as are provided in 42 CFR Part
6 418. The rate of reimbursement paid by the MO HealthNet division
7 to the hospice provider for room and board furnished by a nursing
8 home to an eligible hospice patient shall not be less than
9 ninety-five percent of the rate of reimbursement which would have
10 been paid for facility services in that nursing home facility for
11 that patient, in accordance with subsection (c) of Section 6408
12 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

13 (6) Comprehensive day rehabilitation services beginning
14 early posttrauma as part of a coordinated system of care for
15 individuals with disabling impairments. Rehabilitation services
16 must be based on an individualized, goal-oriented, comprehensive
17 and coordinated treatment plan developed, implemented, and
18 monitored through an interdisciplinary assessment designed to
19 restore an individual to optimal level of physical, cognitive,
20 and behavioral function. The MO HealthNet division shall
21 establish by administrative rule the definition and criteria for
22 designation of a comprehensive day rehabilitation service
23 facility, benefit limitations and payment mechanism. Any rule or
24 portion of a rule, as that term is defined in section 536.010,
25 that is created under the authority delegated in this subdivision
26 shall become effective only if it complies with and is subject to
27 all of the provisions of chapter 536 and, if applicable, section
28 536.028. This section and chapter 536 are nonseverable and if
29 any of the powers vested with the general assembly pursuant to

1 chapter 536 to review, to delay the effective date, or to
2 disapprove and annul a rule are subsequently held
3 unconstitutional, then the grant of rulemaking authority and any
4 rule proposed or adopted after August 28, 2005, shall be invalid
5 and void.

6 3. The MO HealthNet division may require any participant
7 receiving MO HealthNet benefits to pay part of the charge or cost
8 until July 1, 2008, and an additional payment after July 1, 2008,
9 as defined by rule duly promulgated by the MO HealthNet division,
10 for all covered services except for those services covered under
11 subdivisions (14) and (15) of subsection 1 of this section and
12 sections 208.631 to 208.657 to the extent and in the manner
13 authorized by Title XIX of the federal Social Security Act (42
14 U.S.C. Section 1396, et seq.) and regulations thereunder. When
15 substitution of a generic drug is permitted by the prescriber
16 according to section 338.056, and a generic drug is substituted
17 for a name-brand drug, the MO HealthNet division may not lower or
18 delete the requirement to make a co-payment pursuant to
19 regulations of Title XIX of the federal Social Security Act. A
20 provider of goods or services described under this section must
21 collect from all participants the additional payment that may be
22 required by the MO HealthNet division under authority granted
23 herein, if the division exercises that authority, to remain
24 eligible as a provider. Any payments made by participants under
25 this section shall be in addition to and not in lieu of payments
26 made by the state for goods or services described herein except
27 the participant portion of the pharmacy professional dispensing
28 fee shall be in addition to and not in lieu of payments to
29 pharmacists. A provider may collect the co-payment at the time a

1 service is provided or at a later date. A provider shall not
2 refuse to provide a service if a participant is unable to pay a
3 required payment. If it is the routine business practice of a
4 provider to terminate future services to an individual with an
5 unclaimed debt, the provider may include uncollected co-payments
6 under this practice. Providers who elect not to undertake the
7 provision of services based on a history of bad debt shall give
8 participants advance notice and a reasonable opportunity for
9 payment. A provider, representative, employee, independent
10 contractor, or agent of a pharmaceutical manufacturer shall not
11 make co-payment for a participant. This subsection shall not
12 apply to other qualified children, pregnant women, or blind
13 persons. If the Centers for Medicare and Medicaid Services does
14 not approve the Missouri MO HealthNet state plan amendment
15 submitted by the department of social services that would allow a
16 provider to deny future services to an individual with
17 uncollected co-payments, the denial of services shall not be
18 allowed. The department of social services shall inform
19 providers regarding the acceptability of denying services as the
20 result of unpaid co-payments.

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

24 5. Reimbursement for obstetrical and pediatric services
25 under subdivision (6) of subsection 1 of this section shall be
26 timely and sufficient to enlist enough health care providers so
27 that care and services are available under the state plan for MO
28 HealthNet benefits at least to the extent that such care and
29 services are available to the general population in the

1 geographic area, as required under subparagraph (a) (30) (A) of 42
2 U.S.C. Section 1396a and federal regulations promulgated
3 thereunder.

4 6. Beginning July 1, 1990, reimbursement for services
5 rendered in federally funded health centers shall be in
6 accordance with the provisions of subsection 6402(c) and Section
7 6404 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989)
8 and federal regulations promulgated thereunder.

9 7. Beginning July 1, 1990, the department of social
10 services shall provide notification and referral of children
11 below age five, and pregnant, breast-feeding, or postpartum women
12 who are determined to be eligible for MO HealthNet benefits under
13 section 208.151 to the special supplemental food programs for
14 women, infants and children administered by the department of
15 health and senior services. Such notification and referral shall
16 conform to the requirements of Section 6406 of P.L. 101-239 and
17 regulations promulgated thereunder.

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

22 9. Reimbursement rates to long-term care providers with
23 respect to a total change in ownership, at arm's length, for any
24 facility previously licensed and certified for participation in
25 the MO HealthNet program shall not increase payments in excess of
26 the increase that would result from the application of Section
27 1902 (a) (13) (C) of the Social Security Act, 42 U.S.C. Section
28 1396a (a) (13) (C).

29 10. The MO HealthNet division, may enroll qualified

1 residential care facilities and assisted living facilities, as
2 defined in chapter 198, as MO HealthNet personal care providers.

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

7 12. For fiscal year 2016 only and subject to an
8 appropriation for such purpose, reimbursement rates to physicians
9 providing primary care services shall be no less than the
10 reimbursement rates to physicians providing such services under
11 the Medicare program in accordance with 42 U.S.C. Section 1395w-
12 4.

13 208.201. 1. The "MO HealthNet Division" is hereby
14 established within the department of social services. The
15 director of the MO HealthNet division shall be appointed by the
16 director of the department. Where the title "division of medical
17 services" is found in the Missouri Revised statutes it shall mean
18 "MO HealthNet division".

19 2. The MO HealthNet division is an integral part of the
20 department of social services and shall have and exercise all the
21 powers and duties necessary to carry out fully and effectively
22 the purposes assigned to it by law and shall be the state agency
23 to administer payments to providers under the MO HealthNet
24 program and to carry out such other functions, duties, and
25 responsibilities as the MO HealthNet division may be transferred
26 by law, or by a departmental reorganizational plan pursuant to
27 law.

28 3. All powers, duties and functions of the family support
29 division relative to the development, administration and

1 enforcement of the medical assistance programs of this state are
2 transferred by type I transfer as defined in the Omnibus State
3 Reorganization Act of 1974 to the MO HealthNet division. The
4 family support division shall retain the authority to determine
5 and regulate the eligibility of needy persons for participation
6 in the MO HealthNet program.

7 4. All state regulations adopted under the authority of the
8 division of medical services shall remain in effect unless
9 withdrawn or amended by authority of the MO HealthNet division.

10 5. The director of the MO HealthNet division shall exercise
11 the powers and duties of an appointing authority under chapter 36
12 to employ such administrative, technical, and other personnel as
13 may be necessary, and may designate subdivisions as needed for
14 the performance of the duties and responsibilities of the
15 division.

16 6. In addition to the powers, duties and functions vested
17 in the MO HealthNet division by other provisions of this chapter
18 or by other laws of this state, the MO HealthNet division shall
19 have the power:

20 (1) To sue and be sued;

21 (2) To adopt, amend and rescind such rules and regulations
22 necessary or desirable to perform its duties under state law and
23 not inconsistent with the constitution or laws of this state;

24 (3) To make and enter into contracts and carry out the
25 duties imposed upon it by this or any other law;

26 (4) To administer, disburse, accept, dispose of and account
27 for funds, equipment, supplies or services, and any kind of
28 property given, granted, loaned, advanced to or appropriated by
29 the state of Missouri or the federal government for any lawful

1 purpose;

2 (5) To cooperate with the United States government in
3 matters of mutual concern pertaining to any duties of the MO
4 HealthNet division or the department of social services,
5 including the adoption of such methods of administration as are
6 found by the United States government to be necessary for the
7 efficient operation of state medical assistance plans required by
8 federal law, and the modification or amendment of a state medical
9 assistance plan where required by federal law;

10 (6) To make reports in such form and containing such
11 information as the United States government may, from time to
12 time, require and comply with such provisions as the United
13 States government may, from time to time, find necessary to
14 assure the correctness and verification of such reports;

15 (7) To create and appoint, when and if it may deem
16 necessary, advisory committees not otherwise provided in any
17 other provision of the law to provide professional or technical
18 consultation with respect to MO HealthNet program administration.
19 Each advisory committee shall consult with and advise the MO
20 HealthNet division with respect to policies incident to the
21 administration of the particular function germane to their
22 respective field of competence;

23 (8) To define, establish and implement the policies and
24 procedures necessary to administer payments to providers under
25 the MO HealthNet program;

26 (9) To conduct utilization reviews to determine the
27 appropriateness of services and reimbursement amounts to
28 providers participating in the MO HealthNet program;

29 (10) To establish or cooperate in research or demonstration

1 projects relative to the medical assistance programs, including
2 those projects which will aid in effective coordination or
3 planning between private and public medical assistance programs
4 and providers, or which will help improve the administration and
5 effectiveness of medical assistance programs.

6 7. (1) No later than January 1, 2016, the MO HealthNet
7 division shall procure a contractor to verify eligibility for
8 assistance under section 208.151. The contractor shall conduct
9 data matches using the name, date of birth, address, and Social
10 Security number of each applicant and recipient against public
11 records to verify eligibility.

12 (2) The contractor, upon preliminary determination that an
13 enrollee is eligible or ineligible, shall notify the division,
14 except that the contractor shall not make preliminary
15 determinations regarding the eligibility of persons residing in
16 long term care facilities whose income and resources were at or
17 below the applicable financial eligibility standards at the time
18 of their last review. Within twenty business days of such
19 notification, the division shall accept the recommendation or
20 reject it with a stated reason. The division shall retain final
21 authority over eligibility determinations. The contractor shall
22 keep a record of all preliminary determinations of ineligibility
23 communicated to the division.

24 (3) Within thirty days of the end of each calendar quarter,
25 the division and contractor shall file a joint report on a
26 quarterly basis to the governor, the speaker of the house of
27 representatives, the senate president pro tempore. The report
28 shall include, but shall not be limited to, monthly
29 recommendations of preliminary determinations of eligibility or

1 ineligibility communicated by the contractor, the actions taken
2 on those preliminary determinations by the division, and the
3 stated reasons for those recommendations that the division
4 rejected."; and

5 Further amend the title and enacting clause accordingly.
6