#### SECOND REGULAR SESSION

# **HOUSE BILL NO. 1375**

## 94TH GENERAL ASSEMBLY

#### INTRODUCED BY REPRESENTATIVE PORTWOOD.

Pre-filed December 7, 2007 and copies ordered printed.

D. ADAM CRUMBLISS, Chief Clerk

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## **ANACT**

To amend chapter 208, RSMo, by adding thereto one new section relating to physician provider reimbursement under the state medical assistance program.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 208, RSMo, is amended by adding thereto one new section, to be known as section 208.148, to read as follows:

208.148. 1. As used in this section, "MO HealthNet" means the program described in section 208.001.

- 2. Under the MO HealthNet program, any physician who is a provider in the program and meets the requirements of this section shall receive enhanced reimbursement for the specified services provided. In order to qualify for the enhanced reimbursement, the physician provider shall:
  - (1) Become the health care home for a MO HealthNet patient;
- (2) Complete a patient history and consultation, including but not limited to a review of systems, a list of problems, and the initiation of coordination of care for the MO HealthNet patient; and
- (3) File a treatment plan for the MO HealthNet patient. Such plan may be filed electronically.
- 3. If a physician provider meets the requirements of subsection 2 of this section, the physician provider shall be reimbursed under the program at the following rates for all services provided by the physician with the American Medical Association Current

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

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Procedural Terminology (CPT) codes 99201 to 99205 for new patients and CPT codes 99211 to 99215 for established patients:

- (1) For new patients, one hundred twenty percent of the Medicare reimbursement rate for such services; and
- (2) For established patients, one hundred ten percent of the Medicare reimbursement rate for such services.
- 4. (1) For purposes of this section, the MO HealthNet division, any third-party administrator, or any other entity that contracts with the division for health care services shall not change any diagnostic or current procedural terminology code submitted by the health care provider for health care services without the express written permission of the health care provider and without the examination of the patient record.
- (2) Every contract between the division or any agent of the division and a health care provider shall specifically set forth the codes, including code modifiers, for which the division shall provide compensation, remuneration, or reimbursement, and the amount of compensation, remuneration, or reimbursement for each such code. The code and code modifier shall refer to the most recent American Medical Association code book and other recognized codes as adopted and used in the Medicare and Medicaid programs of the state and federal government.
- 5. The MO HealthNet division may promulgate rules for implementation of this section. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536, RSMo, and, if applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo, 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, 2008, shall be invalid and void.

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