

CCS HCS SS SB 307 -- HEALTH CARE PROVIDER ASSESSMENTS

This bill establishes health care provider assessments for certain health care providers.

AMBULANCE SERVICE REIMBURSEMENT ALLOWANCE TAX (Sections 190.800 - 190.839, RSMo, and Section 1)

The bill authorizes an ambulance service reimbursement allowance tax for ground ambulance services. Each ambulance service, except state-owned and -operated ambulances, will be required to pay a tax based on a formula established by the Department of Social Services, not to exceed 6% per annum of its gross receipts. Each ambulance service must keep the necessary records to determine the amount of its reimbursement allowance tax and submit that information to the department by October 1 of each year.

The department director is required to annually determine and notify each ambulance service by October 1 of the amount of its reimbursement allowance tax due. If requested by the ambulance service, the department is authorized to offset the federal reimbursement allowance tax owed against any MO HealthNet Program payment due to the ambulance service.

Each ambulance service reimbursement allowance tax determination is final, unless the ambulance service files a protest with the department director within 30 days of receipt of the written notice specifying the grounds on which the protest is based. If a timely protest is filed, the department director must reconsider the determination and grant a hearing within 45 days if one is requested. The department director's final decision, which must be made within 45 days after the hearing, may be appealed to the Administrative Hearing Commission.

The Ambulance Service Reimbursement Allowance Fund is created to provide payment to ambulance services. All investment earnings of the fund must be credited to it.

The ambulance service reimbursement allowance tax period will be from October 1 to September 30. The department is required to annually notify each ambulance service on September 30 of the balance due. If an ambulance service fails to pay its reimbursement allowance tax within 30 days of the notice, the tax will be considered delinquent and the department may proceed with a lien against the ambulance service's property; deny, suspend, or revoke its license; and cancel or refuse to issue, extend, or reinstate its MO HealthNet participation agreement.

The provisions regarding the reimbursement allowance tax will

apply only so long as the revenues generated by the tax are eligible for the federal government's share of Missouri's expenditures under the MO HealthNet Program. No rules implementing these provisions may be filed with the Secretary of State without first being provided 72 hours in advance to the interested parties who have registered with the department director.

Currently, ambulance reimbursement under the MO HealthNet Program is made through a base fee, which includes the first five miles of transport and mileage for the remainder of the transport. The bill requires reimbursement to be made based on mileage calculations from the point of pick up to the destination.

HOSPITAL DISTRICT SALES TAXES (Section 205.202)

Hospital districts in certain counties, including Ripley County, are authorized, upon voter approval, to abolish the hospital district property tax and impose a retail sales tax of up to 1% for funding the hospital district. Moneys collected from the tax will be deposited into the newly created Hospital District Sales Tax Fund less 1% which is to be retained and deposited into the General Revenue Fund by the Director of the Department of Revenue for the cost of collection.

MENTAL HEALTH PROVIDER CERTIFICATION FEE (Section 633.402)

Beginning July 1, 2009, certain mental health providers will be subject to a certification fee. Providers that will be subject to the fee include publicly and privately operated programs that have been certified to meet the Department of Mental Health's certification standards for providing residential habilitation, individualized supported living, or day habilitation services to developmentally disabled individuals. The fee will be based on a formula established by the department based on the reasonable costs incurred by the department for its certification programs of health benefit services providers and will not be in effect until the department receives the necessary federal approvals to assure that the collection of the fee will not adversely affect the receipt of specified federal medical assistance under the federal Social Security Act. The fee will be determined on an annual basis and prorated monthly by the department director and paid to the Director of the Department of Revenue. As an alternative to paying the fee, the provider may request the Director of the Department of Social Services to offset from the amount of any payment to the provider the amount of the fee payment owed for any month. Every provider that is subject to the fee must annually submit an acknowledgment of certification for the purpose of paying its certification fee.

The Home and Community-based Developmental Disabilities Waiver Reimbursement Allowance Fund is created into which fee payments will be deposited. All investment earnings of the fund must be credited to it.

Upon receipt of notification from the Director of the Department of Mental Health of a provider's delinquency in paying the required fees, the Director of the Department of Social Services must withhold the estimated fee amount from any state payment due to the provider and remit it to the Director of the Department of Revenue. If a provider objects to the estimate or any other decision of the Department of Mental Health under the provisions of this section, a hearing may be requested. A provider will be offered 30 days to provide evidence of the correct amount due. The Director of the Department of Mental Health is required to issue a final decision within 45 days of the completed hearing. An appeal regarding the assessment must be to the Cole County circuit court or the circuit court in the county in which the provider is located.

IN-HOME SERVICES GROSS RECEIPTS TAX (Sections 660.425 - 660.465)

The bill requires each MO HealthNet in-home services provider to pay an in-home services gross receipts tax based on a formula established by the Department of Social Services, not to exceed 6.5% of its gross receipts. "In-home services" are defined as homemaker services, personal care services, chore services, respite services, consumer-directed services, and services provided in the individual's home and under a plan of care created by a physician which are necessary to keep a child out of a hospital. "In-home services provider" is defined as any provider or vendor as specified under Section 208.900 of compensated in-home services under Chapter 208 and under a provider agreement or contracted with the departments of Social Services or Health and Senior Services.

Each in-home services provider who is subject to the provisions of the bill is required to keep the necessary records to determine the total payments received for providing in-home services and report the information to the Department of Social Services. The Department of Health and Senior Services must provide the Department of Social Services with a list of all in-home services providers and vendors covered under these provisions.

The Department of Social Services is required to determine and notify each provider of the amount of tax due. The tax due may be adjusted quarterly on a prospective basis or more frequently for certain providers if the department identifies the need. If requested by the provider, the department may offset the tax owed

against any MO HealthNet Program payment due the provider.

The In-home Services Gross Receipts Tax Fund is created to provide payment for in-home services. All investment earnings of the fund must be credited to it.

For an in-home services provider with a tax due of more than 90 days, the Department of Social Services is required to send notification of the tax due. If a provider fails to pay its tax within 30 days of the notice, the tax is considered delinquent and the department may proceed with a lien against the provider's property; fail to renew his or her provider contract or provider agreement; and cancel or refuse to issue, extend, or reinstate his or her MO HealthNet provider agreement.

The provisions regarding the in-home services gross receipts tax will be effective upon authorization by the federal Centers for Medicare and Medicaid Services for a gross receipts tax for in-home services or 60 days after a determination by the federal centers that their authorization is not necessary.

The provisions of the bill regarding the in-home services gross receipts tax will expire September 1, 2011, or sooner under certain specified conditions.

The provisions regarding the ambulance service reimbursement allowance tax and the mental health provider certification fee will expire September 30, 2011.

The bill contains an emergency clause for the provisions regarding the mental health provider certification fee.