

CCS HCS SS SB 1007 -- CERTAIN STATE PUBLIC ASSISTANCE PROGRAMS

This bill changes the laws regarding certain public assistance programs administered by the departments of Social Services and Health and Senior Services.

HOME AND COMMUNITY-BASED SERVICES (Section 198.016, RSMo)

Prior to admission of a MO HealthNet individual into a long-term care facility, a prospective resident or his or her next-of-kin, legally authorized representative, or designee must be informed of the home and community-based services available to him or her. A decline of these services by the prospective resident must be kept on record.

CARE OF TUBERCULOSIS PATIENTS (Sections 199.010 - 199.260)

Subject to appropriations, the Missouri Rehabilitation Center within the University of Missouri, must provide care for head injury patients but is no longer required to provide treatment for persons with tuberculosis. The Department of Health and Senior Services must provide treatment to tuberculosis patients at the center. An individual granted an ex parte petition for emergency temporary commitment and an individual considered to be a public health danger will be committed to a facility designated by the department instead of the university. The department may contract with the center to provide treatment to tuberculosis patients, and the contract will be exempt from the competitive bidding requirements of Chapter 34. The state payment for the care and treatment of one of these patients will be available only after benefits from all third-party payers have been exhausted.

MO HEALTHNET PROGRAM (Sections 208.010, 208.895, and 660.300)

The MO HealthNet Program will be exempt from paying Medicare Part B deductible and co-insurance amounts for outpatient hospital services.

The Department of Health and Senior Services may contract with an independent third-party assessor for initial home and community-based assessments including a care plan. The contract must include a requirement that the contractor make a face-to-face assessment of care needed and develop a plan of care within 15 days of the receipt of a referral for service. The contractor must notify the referring entity within five days of receipt of the referral if additional information is needed to process the referral. The contract must also include the same requirements for the assessments as of January 1, 2010, related to the timeliness of assessments and the beginning of service. The

contract must be bid under Chapter 34 and cannot be a risk-based contract. Reassessment visits conducted by a nurse must be reviewed and approved by the independent third-party assessor. These provisions will expire three years from the effective date.

Currently, all in-home services clients must be advised of their rights by the department, including the right to report dissatisfaction with a provider or services. The bill specifies that the department's designee can give the notification and that the department may contract for services relating to receiving complaints.

CHILD CARE ASSISTANCE (Section 208.046)

The Children's Division within the Department of Social Services is required to establish rules to become effective by July 1, 2011, to modify the income eligibility criteria for any person receiving state-funded child care assistance through vouchers or direct reimbursement to child care providers. Subject to appropriations, an eligible child care recipient may pay a fee based on his or her adjusted gross income and family size unit on a child care sliding fee scale established by the division. An individual receiving state-funded child care assistance whose income surpasses the annual appropriation level may continue to receive reduced subsidy benefits on a scale established by the division, at which time the person will have assumed the full cost of the maximum base child care subsidy rate and will no longer be eligible for child care subsidy benefits. The sliding scale may be waived by the division for a child with special needs. The maximum payment by the division will be the applicable rate minus the applicable fee.

PAYMENTS FROM THIRD-PARTY PAYERS TO THE MO HEALTHNET DIVISION (Section 208.215)

The bill changes the laws regarding the authority of the MO HealthNet Division within the Department of Social Services to collect payments from third-party payers. Health benefit plans, third-party administrators, administrative service organizations, and pharmacy benefits managers are required to process and pay properly submitted medical assistance or MO HealthNet subrogation claims using standard electronic transactions or paper claim forms for a period of three years from the date services were provided by an entity. The entity cannot be required to reimburse for items or services not covered under MO HealthNet; cannot deny a claim based solely on the date of submission, the type or format of the claim form, failure to present proper documentation of coverage at the point of sale, or failure to obtain prior authorization; cannot be required to reimburse for items or services previously submitted to the third-party payer

by the provider or the participant and the claim was properly denied for procedural reasons; and cannot be required to reimburse for items or services which are not covered under the plan offered by the entity against which a claim for subrogation has been filed. An entity must reimburse for items or services to the same extent that the entity would have been liable if it had been properly billed at the point of sale and the amount due is limited to what the entity would have paid if it had been properly billed at the point of sale. Health benefit plans, third-party administrators, administrative service organizations, and pharmacy benefits managers must also pay a subrogation claim if the state enforces its right to a claim within six years of the submission of the claim.

The computerized records of the division, if certified by the division director or his designee, will be prima facie evidence of proof of moneys expended and the amount of the debt due the state.

HEALTH CARE PROVIDER TAX (Sections 208.453, 660.425, and 660.465)

Currently, public hospitals which are operated primarily for the care and treatment of mental disorders are exempt from the payment of a federal hospital reimbursement allowance for the privilege of engaging in the business of providing inpatient health care in this state. The bill removes this exemption.

In Sections 660.425 and 660.465, MO HealthNet in-home services providers will no longer be exempt from the in-home provider tax assessed by the Department of Social Services. The expiration date for the tax is extended from September 1, 2011, to September 1, 2012.

TELEPHONE TRACKING SYSTEM (Sections 208.909, 208.918, and 660.023)

By July 1, 2015, all personal care service vendors must have, maintain, and use a telephone tracking system to report and verify the delivery of consumer-directed care services as authorized by the Department of Health and Senior Services or its designee to process payroll and to submit claims for reimbursement to the MO HealthNet Division. The department, in collaboration with other appropriate agencies including centers for independent living, must establish telephone tracking system pilot projects in an urban and a rural area. The department must submit a report by December 31, 2013, to the Governor and General Assembly detailing the outcomes of these pilot projects.

In order to be a department-contracted vendor, the vendor must be able to provide fiscal conduit services through a telephone

tracking system by July 1, 2015.

By July 1, 2015, all in-home services provider agencies must also have, maintain, and use a telephone tracking system to report and verify the delivery of home and community-based services as authorized by the department or its designee to process payroll and to submit claims for reimbursement to the MO HealthNet Division. The department, in collaboration with other appropriate agencies including in-home services providers, must establish telephone tracking system pilot projects in an urban and a rural area. The department must submit a report by December 31, 2013, to the Governor and General Assembly detailing the outcomes of these pilot projects.