

SECOND REGULAR SESSION

HOUSE BILL NO. 1155

97TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE HUBBARD.

4700L.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To amend chapter 217, RSMo, by adding thereto one new section relating to health care systems for correctional facilities.

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

Section A. Chapter 217, RSMo, is amended by adding thereto one new section, to be known as section 217.232, to read as follows:

217.232. 1. Unless otherwise provided in this section, the provisions of this section shall apply to:

(1) All state correctional health care systems and services; and

(2) All state contracted managed correctional health care services.

2. The department of corrections shall implement state-of-the-art clinical code editing technology solutions to further automate claims resolution and enhance cost containment through improved claim accuracy and appropriate code correction. The technology shall be designed to identify and prevent errors or potential overbilling based on widely accepted and referenceable protocols, such as the American Medical Association and the Centers for Medicare and Medicaid Services. Such edits shall be applied automatically before claims are adjudicated to speed processing, reduce the number of pending or rejected claims, and help ensure a smoother and more consistent and open adjudication process with fewer delays in provider reimbursement.

3. The department shall implement correctional health care claims audit and recovery services to identify improper payments due to nonfraudulent issues, audit claims, obtain provider acknowledgment of audit results, and recover validated overpayments. Post-payment reviews shall verify that the diagnosis and procedure codes are accurate and

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.

18 valid based on the supporting physician documentation within the relevant medical
19 records. Core categories of reviews may include, but not be limited to, coding compliance
20 diagnosis related group (DRG) reviews, transfers, readmissions, cost outlier reviews,
21 outpatient 72-hour rule reviews, payment errors, and billing errors.

22 4. The department shall implement automated payment detection, prevention, and
23 recovery solutions to identify and submit claims for reimbursement under the MO
24 HealthNet program for eligible inpatient hospital and professional services.

25 5. It is the intent of the general assembly that the department shall contract for
26 such services and the resulting savings achieved under this section will be more than
27 sufficient to cover the costs of implementation and administration. To the extent possible,
28 technology services used in implementing the provisions of this section shall be funded
29 through the actual savings achieved under this section. Reimbursement to the contractor
30 may be contracted on the basis of a percentage of an achieved savings model, a per-
31 beneficiary per-month model, a per- transaction model, a case-rate model, or any blended
32 model of such methodologies. Reimbursement models with the contractor may also include
33 performance guarantees of the contractor to ensure savings identified exceed program
34 costs.

35 6. The department may promulgate rules to implement the provisions of this
36 section. Any rule or portion of a rule, as that term is defined in section 536.010, that is
37 created under the authority delegated in this section shall become effective only if it
38 complies with and is subject to all of the provisions of chapter 536 and, if applicable,
39 section 536.028. This section and chapter 536 are nonseverable and if any of the powers
40 vested with the general assembly pursuant to chapter 536 to review, to delay the effective
41 date, or to disapprove and annul a rule are subsequently held unconstitutional, then the
42 grant of rulemaking authority and any rule proposed or adopted after August 28, 2014,
43 shall be invalid and void.

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