HB 1155 -- CORRECTIONAL HEALTH CARE SERVICES

SPONSOR: Hubbard

This bill requires the Department of Corrections to implement a
clinical code editing technology solution to further automate
claims resolution and enhance cost containment through improved
claim accuracy and appropriate medical code correction. The
technology will be designed to identify and prevent errors or
potential over-billing based on widely accepted and referable
protocols. The edits must be applied automatically before a claim
is adjudicated to speed processing, reduce the number of pending or
rejected claims, and ensure a smoother and more consistent process
with fewer delays in provider reimbursement.

The department will implement correctional health care claims audit
and recovery services to identify improper payments, audit claims,
obtain provider acknowledgment of audit results, and recover
validated over-payments. Post-payment reviews will verify that the
diagnosis and procedure codes are accurate and valid based on the
supporting physician's documentation within the relevant medical
records. The department must implement automated payment
detection, prevention, and recovery solutions to identify and
submit claims for reimbursement under the MO HealthNet Program for
eligible inpatient hospital and professional services.

It is the intent of the General Assembly that the department must
contract for the services and use the resulting savings to cover
the costs of implementation and administration of the program.
Contractors may be reimbursed on the basis of a percentage of
achieved savings model, a per-beneficiary per-month model, a
per-transaction model, a case-rate model, or any blended model of
these methodologies. The model used must include a performance
guarantee of the contractor to ensure that the savings from the
program exceed the costs of implementation.