

HOUSE AMENDMENT NO. _____
TO
HOUSE AMENDMENT NO. _____

Offered By

AMEND House Amendment No. _____ to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 106, Page 7, Line 2, by inserting after all of said line the following:

"Further amend said bill, Page 10, Section 208.151, Line 263, by inserting after all of said section and line the following:

"208.152. 1. MO HealthNet payments shall be made on behalf of those eligible needy persons as described in section 208.151 who are unable to provide for it in whole or in part, with any payments to be made on the basis of the reasonable cost of the care or reasonable charge for the services as defined and determined by the MO HealthNet division, unless otherwise hereinafter provided, for the following:

(1) Inpatient hospital services, except to persons in an institution for mental diseases who are under the age of sixty-five years and over the age of twenty-one years; provided that the MO HealthNet division shall provide through rule and regulation an exception process for coverage of inpatient costs in those cases requiring treatment beyond the seventy-fifth percentile professional activities study (PAS) or the MO HealthNet children's diagnosis length-of-stay schedule; and provided further that the MO HealthNet division shall take into account through its payment system for hospital services the situation of hospitals which serve a disproportionate number of low-income patients;

(2) All outpatient hospital services, payments therefor to be in amounts which represent no more than eighty percent of the lesser of reasonable costs or customary charges for such services, determined in accordance with the principles set forth in Title XVIII A and B, Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301, et seq.), but the MO HealthNet division may evaluate outpatient hospital services rendered under this section and deny payment for services which are determined by the MO HealthNet division not to be medically necessary, in accordance with federal law and regulations;

(3) Laboratory and X-ray services;

Action Taken _____ Date _____

1 (4) Nursing home services for participants, except to persons with more than five hundred
2 thousand dollars equity in their home or except for persons in an institution for mental diseases who
3 are under the age of sixty-five years, when residing in a hospital licensed by the department of
4 health and senior services or a nursing home licensed by the department of health and senior
5 services or appropriate licensing authority of other states or government-owned and -operated
6 institutions which are determined to conform to standards equivalent to licensing requirements in
7 Title XIX of the federal Social Security Act (42 U.S.C. Section ~~[304,]~~ 1396 et seq.), as amended, for
8 nursing facilities. The MO HealthNet division may recognize through its payment methodology for
9 nursing facilities those nursing facilities which serve a high volume of MO HealthNet patients. The
10 MO HealthNet division when determining the amount of the benefit payments to be made on behalf
11 of persons under the age of twenty-one in a nursing facility may consider nursing facilities
12 furnishing care to persons under the age of twenty-one as a classification separate from other
13 nursing facilities;

14 (5) Nursing home costs for participants receiving benefit payments under subdivision (4) of
15 this subsection for those days, which shall not exceed twelve per any period of six consecutive
16 months, during which the participant is on a temporary leave of absence from the hospital or nursing
17 home, provided that no such participant shall be allowed a temporary leave of absence unless it is
18 specifically provided for in his or her plan of care. As used in this subdivision, the term "temporary
19 leave of absence" shall include all periods of time during which a participant is away from the
20 hospital or nursing home overnight because he or she is visiting a friend or relative;

21 (6) Physicians' services, whether furnished in the office, home, hospital, nursing home, or
22 elsewhere;

23 (7) Subject to appropriation, up to twenty visits per year for services limited to
24 examinations, diagnoses, adjustments, and manipulations and treatments of malpositioned
25 articulations and structures of the body provided by licensed chiropractic physicians practicing
26 within their scope of practice. Nothing in this subdivision shall be interpreted to otherwise expand
27 MO HealthNet services;

28 (8) Drugs and medicines when prescribed by a licensed physician, dentist, podiatrist, or an
29 advanced practice registered nurse; except that no payment for drugs and medicines prescribed on
30 and after January 1, 2006, by a licensed physician, dentist, podiatrist, or an advanced practice
31 registered nurse may be made on behalf of any person who qualifies for prescription drug coverage
32 under the provisions of P.L. 108-173;

33 (9) Emergency ambulance services and, effective January 1, 1990, medically necessary
34 transportation to scheduled, physician-prescribed nonelective treatments;

35 (10) Early and periodic screening and diagnosis of individuals who are under the age of
36 twenty-one to ascertain their physical or mental defects, and health care, treatment, and other
37 measures to correct or ameliorate defects and chronic conditions discovered thereby. Such services
38 shall be provided in accordance with the provisions of Section 6403 of ~~[P.L.]~~ Pub. L. 101-239 (42
39 U.S.C. Sections 1396a and 1396d), as amended, and federal regulations promulgated thereunder;

1 (11) Home health care services;

2 (12) Family planning as defined by federal rules and regulations; provided, however, that
3 such family planning services shall not include abortions or any abortifacient drug or device that is
4 used for the purpose of inducing an abortion unless such abortions are certified in writing by a
5 physician to the MO HealthNet agency that, in the physician's professional judgment, the life of the
6 mother would be endangered if the fetus were carried to term;

7 (13) Inpatient psychiatric hospital services for individuals under age twenty-one as defined
8 in Title XIX of the federal Social Security Act (42 U.S.C. Section 1396d, et seq.);

9 (14) Outpatient surgical procedures, including presurgical diagnostic services performed in
10 ambulatory surgical facilities which are licensed by the department of health and senior services of
11 the state of Missouri; except, that such outpatient surgical services shall not include persons who are
12 eligible for coverage under Part B of Title XVIII, Public Law 89-97, 1965 amendments to the
13 federal Social Security Act, as amended, if exclusion of such persons is permitted under Title XIX,
14 Public Law 89-97, 1965 amendments to the federal Social Security Act, as amended;

15 (15) Personal care services which are medically oriented tasks having to do with a person's
16 physical requirements, as opposed to housekeeping requirements, which enable a person to be
17 treated by his or her physician on an outpatient rather than on an inpatient or residential basis in a
18 hospital, intermediate care facility, or skilled nursing facility. Personal care services shall be
19 rendered by an individual not a member of the participant's family who is qualified to provide such
20 services where the services are prescribed by a physician in accordance with a plan of treatment and
21 are supervised by a licensed nurse. Persons eligible to receive personal care services shall be those
22 persons who would otherwise require placement in a hospital, intermediate care facility, or skilled
23 nursing facility. Benefits payable for personal care services shall not exceed for any one participant
24 one hundred percent of the average statewide charge for care and treatment in an intermediate care
25 facility for a comparable period of time. Such services, when delivered in a residential care facility
26 or assisted living facility licensed under chapter 198 shall be authorized on a tier level based on the
27 services the resident requires and the frequency of the services. A resident of such facility who
28 qualifies for assistance under section 208.030 shall, at a minimum, if prescribed by a physician,
29 qualify for the tier level with the fewest services. The rate paid to providers for each tier of service
30 shall be set subject to appropriations. Subject to appropriations, each resident of such facility who
31 qualifies for assistance under section 208.030 and meets the level of care required in this section
32 shall, at a minimum, if prescribed by a physician, be authorized up to one hour of personal care
33 services per day. Authorized units of personal care services shall not be reduced or tier level
34 lowered unless an order approving such reduction or lowering is obtained from the resident's
35 personal physician. Such authorized units of personal care services or tier level shall be transferred
36 with such resident if he or she transfers to another such facility. Such provision shall terminate upon
37 receipt of relevant waivers from the federal Department of Health and Human Services. If the
38 Centers for Medicare and Medicaid Services determines that such provision does not comply with
39 the state plan, this provision shall be null and void. The MO HealthNet division shall notify the

1 revisor of statutes as to whether the relevant waivers are approved or a determination of
2 noncompliance is made;

3 (16) Mental health services. The state plan for providing medical assistance under Title
4 XIX of the Social Security Act, 42 U.S.C. Section ~~[304]~~ 1396 et seq., as amended, shall include the
5 following mental health services when such services are provided by community mental health
6 facilities operated by the department of mental health or designated by the department of mental
7 health as a community mental health facility or as an alcohol and drug abuse facility or as a child-
8 serving agency within the comprehensive children's mental health service system established in
9 section 630.097. The department of mental health shall establish by administrative rule the
10 definition and criteria for designation as a community mental health facility and for designation as
11 an alcohol and drug abuse facility. Such mental health services shall include:

12 (a) Outpatient mental health services including preventive, diagnostic, therapeutic,
13 rehabilitative, and palliative interventions rendered to individuals in an individual or group setting
14 by a mental health professional in accordance with a plan of treatment appropriately established,
15 implemented, monitored, and revised under the auspices of a therapeutic team as a part of client
16 services management;

17 (b) Clinic mental health services including preventive, diagnostic, therapeutic,
18 rehabilitative, and palliative interventions rendered to individuals in an individual or group setting
19 by a mental health professional in accordance with a plan of treatment appropriately established,
20 implemented, monitored, and revised under the auspices of a therapeutic team as a part of client
21 services management;

22 (c) Rehabilitative mental health and alcohol and drug abuse services including home and
23 community-based preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions
24 rendered to individuals in an individual or group setting by a mental health or alcohol and drug
25 abuse professional in accordance with a plan of treatment appropriately established, implemented,
26 monitored, and revised under the auspices of a therapeutic team as a part of client services
27 management. As used in this section, mental health professional and alcohol and drug abuse
28 professional shall be defined by the department of mental health pursuant to duly promulgated rules.
29 With respect to services established by this subdivision, the department of social services, MO
30 HealthNet division, shall enter into an agreement with the department of mental health. Matching
31 funds for outpatient mental health services, clinic mental health services, and rehabilitation services
32 for mental health and alcohol and drug abuse shall be certified by the department of mental health to
33 the MO HealthNet division. The agreement shall establish a mechanism for the joint
34 implementation of the provisions of this subdivision. In addition, the agreement shall establish a
35 mechanism by which rates for services may be jointly developed;

36 (17) Such additional services as defined by the MO HealthNet division to be furnished
37 under waivers of federal statutory requirements as provided for and authorized by the federal Social
38 Security Act (42 U.S.C. Section 301, et seq.) subject to appropriation by the general assembly;

1 (18) The services of an advanced practice registered nurse with a collaborative practice
2 agreement to the extent that such services are provided in accordance with chapters 334 and 335,
3 and regulations promulgated thereunder;

4 (19) Nursing home costs for participants receiving benefit payments under subdivision (4)
5 of this subsection to reserve a bed for the participant in the nursing home during the time that the
6 participant is absent due to admission to a hospital for services which cannot be performed on an
7 outpatient basis, subject to the provisions of this subdivision:

8 (a) The provisions of this subdivision shall apply only if:

9 a. The occupancy rate of the nursing home is at or above ninety-seven percent of MO
10 HealthNet certified licensed beds, according to the most recent quarterly census provided to the
11 department of health and senior services which was taken prior to when the participant is admitted
12 to the hospital; and

13 b. The patient is admitted to a hospital for a medical condition with an anticipated stay of
14 three days or less;

15 (b) The payment to be made under this subdivision shall be provided for a maximum of
16 three days per hospital stay;

17 (c) For each day that nursing home costs are paid on behalf of a participant under this
18 subdivision during any period of six consecutive months such participant shall, during the same
19 period of six consecutive months, be ineligible for payment of nursing home costs of two otherwise
20 available temporary leave of absence days provided under subdivision (5) of this subsection; and

21 (d) The provisions of this subdivision shall not apply unless the nursing home receives
22 notice from the participant or the participant's responsible party that the participant intends to return
23 to the nursing home following the hospital stay. If the nursing home receives such notification and
24 all other provisions of this subsection have been satisfied, the nursing home shall provide notice to
25 the participant or the participant's responsible party prior to release of the reserved bed;

26 (20) Prescribed medically necessary durable medical equipment. An electronic web-based
27 prior authorization system using best medical evidence and care and treatment guidelines consistent
28 with national standards shall be used to verify medical need;

29 (21) Hospice care. As used in this subdivision, the term "hospice care" means a coordinated
30 program of active professional medical attention within a home, outpatient and inpatient care which
31 treats the terminally ill patient and family as a unit, employing a medically directed interdisciplinary
32 team. The program provides relief of severe pain or other physical symptoms and supportive care to
33 meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses
34 which are experienced during the final stages of illness, and during dying and bereavement and
35 meets the Medicare requirements for participation as a hospice as are provided in 42 CFR Part 418.
36 The rate of reimbursement paid by the MO HealthNet division to the hospice provider for room and
37 board furnished by a nursing home to an eligible hospice patient shall not be less than ninety-five
38 percent of the rate of reimbursement which would have been paid for facility services in that nursing

home facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

(22) Prescribed medically necessary dental services. Such services shall be subject to appropriations. An electronic web-based prior authorization system using best medical evidence and care and treatment guidelines consistent with national standards shall be used to verify medical need;

(23) Prescribed medically necessary optometric services. Such services shall be subject to appropriations. An electronic web-based prior authorization system using best medical evidence and care and treatment guidelines consistent with national standards shall be used to verify medical need;

(24) Blood clotting products-related services. For persons diagnosed with a bleeding disorder, as defined in section 338.400, reliant on blood clotting products, as defined in section 338.400, such services include:

(a) Home delivery of blood clotting products and ancillary infusion equipment and supplies, including the emergency deliveries of the product when medically necessary;

(b) Medically necessary ancillary infusion equipment and supplies required to administer the blood clotting products; and

(c) Assessments conducted in the participant's home by a pharmacist, nurse, or local home health care agency trained in bleeding disorders when deemed necessary by the participant's treating physician;

(25) Childbirth education classes for pregnant women and a support person;

(26) The MO HealthNet division shall, by January 1, 2008, and annually thereafter, report the status of MO HealthNet provider reimbursement rates as compared to one hundred percent of the Medicare reimbursement rates and compared to the average dental reimbursement rates paid by third-party payors licensed by the state. The MO HealthNet division shall, by July 1, 2008, provide to the general assembly a four-year plan to achieve parity with Medicare reimbursement rates and for third-party payor average dental reimbursement rates. Such plan shall be subject to appropriation and the division shall include in its annual budget request to the governor the necessary funding needed to complete the four-year plan developed under this subdivision.

2. Additional benefit payments for medical assistance shall be made on behalf of those eligible needy children, pregnant women and blind persons with any payments to be made on the basis of the reasonable cost of the care or reasonable charge for the services as defined and determined by the MO HealthNet division, unless otherwise hereinafter provided, for the following:

(1) Dental services;

(2) Services of podiatrists as defined in section 330.010;

(3) Optometric services as described in section 336.010;

(4) Orthopedic devices or other prosthetics, including eye glasses, dentures, hearing aids, and wheelchairs;

1 (5) Hospice care. As used in this subdivision, the term "hospice care" means a coordinated
2 program of active professional medical attention within a home, outpatient and inpatient care which
3 treats the terminally ill patient and family as a unit, employing a medically directed interdisciplinary
4 team. The program provides relief of severe pain or other physical symptoms and supportive care to
5 meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses
6 which are experienced during the final stages of illness, and during dying and bereavement and
7 meets the Medicare requirements for participation as a hospice as are provided in 42 CFR Part 418.
8 The rate of reimbursement paid by the MO HealthNet division to the hospice provider for room and
9 board furnished by a nursing home to an eligible hospice patient shall not be less than ninety-five
10 percent of the rate of reimbursement which would have been paid for facility services in that nursing
11 home facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239
12 (Omnibus Budget Reconciliation Act of 1989);

13 (6) Comprehensive day rehabilitation services beginning early posttrauma as part of a
14 coordinated system of care for individuals with disabling impairments. Rehabilitation services must
15 be based on an individualized, goal-oriented, comprehensive and coordinated treatment plan
16 developed, implemented, and monitored through an interdisciplinary assessment designed to restore
17 an individual to optimal level of physical, cognitive, and behavioral function. The MO HealthNet
18 division shall establish by administrative rule the definition and criteria for designation of a
19 comprehensive day rehabilitation service facility, benefit limitations and payment mechanism. Any
20 rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority
21 delegated in this subdivision shall become effective only if it complies with and is subject to all of
22 the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are
23 nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to
24 review, to delay the effective date, or to disapprove and annul a rule are subsequently held
25 unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after
26 August 28, 2005, shall be invalid and void.

27 3. The MO HealthNet division may require any participant receiving MO HealthNet
28 benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after July 1,
29 2008, as defined by rule duly promulgated by the MO HealthNet division, for all covered services
30 except for those services covered under subdivisions (15) and (16) of subsection 1 of this section
31 and sections 208.631 to 208.657 to the extent and in the manner authorized by Title XIX of the
32 federal Social Security Act (42 U.S.C. Section 1396, et seq.) and regulations thereunder. When
33 substitution of a generic drug is permitted by the prescriber according to section 338.056, and a
34 generic drug is substituted for a name-brand drug, the MO HealthNet division may not lower or
35 delete the requirement to make a co-payment pursuant to regulations of Title XIX of the federal
36 Social Security Act. A provider of goods or services described under this section must collect from
37 all participants the additional payment that may be required by the MO HealthNet division under
38 authority granted herein, if the division exercises that authority, to remain eligible as a provider.
39 Any payments made by participants under this section shall be in addition to and not in lieu of

1 payments made by the state for goods or services described herein except the participant portion of
2 the pharmacy professional dispensing fee shall be in addition to and not in lieu of payments to
3 pharmacists. A provider may collect the co-payment at the time a service is provided or at a later
4 date. A provider shall not refuse to provide a service if a participant is unable to pay a required
5 payment. If it is the routine business practice of a provider to terminate future services to an
6 individual with an unclaimed debt, the provider may include uncollected co-payments under this
7 practice. Providers who elect not to undertake the provision of services based on a history of bad
8 debt shall give participants advance notice and a reasonable opportunity for payment. A provider,
9 representative, employee, independent contractor, or agent of a pharmaceutical manufacturer shall
10 not make co-payment for a participant. This subsection shall not apply to other qualified children,
11 pregnant women, or blind persons. If the Centers for Medicare and Medicaid Services does not
12 approve the MO HealthNet state plan amendment submitted by the department of social services
13 that would allow a provider to deny future services to an individual with uncollected co-payments,
14 the denial of services shall not be allowed. The department of social services shall inform providers
15 regarding the acceptability of denying services as the result of unpaid co-payments.

16 4. The MO HealthNet division shall have the right to collect medication samples from
17 participants in order to maintain program integrity.

18 5. Reimbursement for obstetrical and pediatric services under subdivision (6) of subsection
19 1 of this section shall be timely and sufficient to enlist enough health care providers so that care and
20 services are available under the state plan for MO HealthNet benefits at least to the extent that such
21 care and services are available to the general population in the geographic area, as required under
22 subparagraph (a)(30)(A) of 42 U.S.C. Section 1396a and federal regulations promulgated
23 thereunder.

24 6. Beginning July 1, 1990, reimbursement for services rendered in federally funded health
25 centers shall be in accordance with the provisions of subsection 6402(c) and Section 6404 of P.L.
26 101-239 (Omnibus Budget Reconciliation Act of 1989) and federal regulations promulgated
27 thereunder.

28 7. Beginning July 1, 1990, the department of social services shall provide notification and
29 referral of children below age five, and pregnant, breast-feeding, or postpartum women who are
30 determined to be eligible for MO HealthNet benefits under section 208.151 to the special
31 supplemental food programs for women, infants and children administered by the department of
32 health and senior services. Such notification and referral shall conform to the requirements of
33 Section 6406 of P.L. 101-239 and regulations promulgated thereunder.

34 8. Providers of long-term care services shall be reimbursed for their costs in accordance
35 with the provisions of Section 1902 (a)(13)(A) of the Social Security Act, 42 U.S.C. Section 1396a,
36 as amended, and regulations promulgated thereunder.

37 9. Reimbursement rates to long-term care providers with respect to a total change in
38 ownership, at arm's length, for any facility previously licensed and certified for participation in the
39 MO HealthNet program shall not increase payments in excess of the increase that would result from

1 the application of Section 1902 (a)(13)(C) of the Social Security Act, 42 U.S.C. Section 1396a
2 (a)(13)(C).

3 10. The MO HealthNet division may enroll qualified residential care facilities and assisted
4 living facilities, as defined in chapter 198, as MO HealthNet personal care providers.

5 11. Any income earned by individuals eligible for certified extended employment at a
6 sheltered workshop under chapter 178 shall not be considered as income for purposes of
7 determining eligibility under this section.

8 12. If the Missouri Medicaid audit and compliance unit changes any interpretation or
9 application of the requirements for reimbursement for MO HealthNet services from the
10 interpretation or application that has been applied previously by the state in any audit of a MO
11 HealthNet provider, the Missouri Medicaid audit and compliance unit shall notify all affected MO
12 HealthNet providers five business days before such change shall take effect. Failure of the Missouri
13 Medicaid audit and compliance unit to notify a provider of such change shall entitle the provider to
14 continue to receive and retain reimbursement until such notification is provided and shall waive any
15 liability of such provider for recoupment or other loss of any payments previously made prior to the
16 five business days after such notice has been sent. Each provider shall provide the Missouri
17 Medicaid audit and compliance unit a valid email address and shall agree to receive
18 communications electronically. The notification required under this section shall be delivered in
19 writing by the United States Postal Service or electronic mail to each provider.

20 13. Nothing in this section shall be construed to abrogate or limit the department's statutory
21 requirement to promulgate rules under chapter 536.

22 14. Beginning July 1, 2016, and subject to appropriations, providers of behavioral, social,
23 and psychophysiological services for the prevention, treatment, or management of physical health
24 problems shall be reimbursed utilizing the behavior assessment and intervention reimbursement
25 codes 96150 to 96154 or their successor codes under the Current Procedural Terminology (CPT)
26 coding system. Providers eligible for such reimbursement shall include psychologists.

27 15. The department of social services shall study the impact that the childbirth education
28 classes provided under subdivision (25) of subsection 1 of this section have on infant and maternal
29 mortality among pregnant women of color. The department of social services shall submit a report
30 to the general assembly with the results of the study before January 1, 2026."; and

31
32 Further amend said bill, Page 11, Section 208.662, Line 18, by inserting after the word "birth" the
33 phrase ", including childbirth education classes"; and"; and

34
35 Further amend said amendment, Page 7, Line 20, by inserting after all of said line the following:

36
37 "Further amend said bill, Page 15, Section 376.1183, Line 35, by inserting after all of said section
38 and line the following:

39
40 "376.1213. Each entity offering individual and group health insurance policies providing
41 coverage on an expense-incurred basis, individual and group service or indemnity type contracts
42 issued by a nonprofit corporation, individual and group service contracts issued by a health
43 maintenance organization, all self-insured group arrangements to the extent not preempted by

1 federal law, and all managed health care delivery entities of any type or description, that are
2 delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2024, and
3 providing for maternity benefits, shall provide coverage for childbirth education classes."; and"; and
4

5 Further amend said bill by amending the title, enacting clause, and intersectional references
6 accordingly.
7

8 THIS AMENDMENT AMENDS 0309H09.44H.