

Volume 25, Number 19

Pages 2559-2504

October 2, 2000



Rebecca McDowell Cook

**Secretary of State**

MISSOURI  
REGISTER

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The *Missouri Register* is published semi-monthly by

**Secretary of State**  
**Rebecca McDowell Cook**

Administrative Rules Division  
James C. Kirkpatrick State Information Center  
600 W. Main  
Jefferson City, MO 65101  
(573) 751-4015

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ISSN 0149-2942, USPS 320-630; periodical postage paid at Jefferson City, MO  
Subscription fee: \$56.00 per year

POSTMASTER: Send change of address notices and undelivered copies to:

**MISSOURI REGISTER**  
Office of the Secretary of State  
Administrative Rules Division  
P.O. Box 1767  
Jefferson City, MO 65102

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Register Filing Deadlines	Register Publication	Code Publication	Code Effective
June 30, 2000 July 14, 2000	<b>August 1, 2000</b> <b>August 15, 2000</b>	August 31, 2000 August 31, 2000	Sept. 30, 2000 Sept. 30, 2000
August 1, 2000 August 15, 2000	<b>Sept. 1, 2000</b> <b>Sept. 15, 2000</b>	Sept. 30, 2000 Sept. 30, 2000	Oct. 30, 2000 Oct. 30, 2000
Sept. 1, 2000 Sept. 15, 2000	<b>Oct. 2, 2000</b> <b>Oct. 16, 2000</b>	Oct. 31, 2000 Oct. 31, 2000	Nov. 30, 2000 Nov. 30, 2000
Oct. 2, 2000 Oct. 16, 2000	<b>Nov. 1, 2000</b> <b>Nov. 15, 2000</b>	Nov. 30, 2000 Nov. 30, 2000	Dec. 30, 2000 Dec. 30, 2000
Nov. 1, 2000 Nov. 15, 2000	<b>Dec. 1, 2000</b> <b>Dec. 15, 2000</b>	Dec. 31, 2000 Dec. 31, 2000	Jan. 30, 2001 Jan. 30, 2001
Dec. 1, 2000 Dec. 15, 2000	<b>Jan. 2, 2001</b> <b>Jan. 16, 2001</b>	Jan. 29, 2001 Jan. 29, 2001	Feb. 28, 2001 Feb. 28, 2001
Dec. 29, 2000 Jan. 16, 2001	<b>Feb. 1, 2001</b> <b>Feb. 15, 2001</b>	Feb. 28, 2001 Feb. 28, 2001	March 30, 2001 March 30, 2001
Feb. 1, 2001 Feb. 15, 2001	<b>March 1, 2001</b> <b>March 15, 2001</b>	March 31, 2001 March 31, 2001	April 30, 2001 April 30, 2001
March 1, 2001 March 15, 2001	<b>April 2, 2001</b> <b>April 16, 2001</b>	April 30, 2001 April 30, 2001	May 30, 2001 May 30, 2001
March 30, 2001 April 13, 2001	<b>May 1, 2001</b> <b>May 15, 2001</b>	May 31, 2001 May 31, 2001	June 30, 2001 June 30, 2001

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The rules are divided in the *Code of State Regulations* in this system—

Title	Code of State Regulations	Division	Chapter	Rule
1	CSR	10-	1.	010
Department		Agency, Division	General area regulated	Specific area regulated

They are properly cited by using the full citation, i.e., 1 CSR 10-1.010.

Each department of state government is assigned a title. Each agency or division in the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

**RSMo**—Cite material in the RSMo by date of legislative action. The note in parentheses gives the original and amended legislative history. The Office of the Revisor of Statutes recognizes that this practice gives users a concise legislative history.

United States Postal Service

**Statement of Ownership, Management, and Circulation**

1. Publication Title Missouri Register		2. Publication Number 0 1 4 9 - 2 9 4 2				3. Filing Date 8/25/00
4. Issue Frequency Bi-monthly		5. Number of Issues Published Annually 24				6. Annual Subscription Price \$56.00
7. Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP+4) Secretary of State, James C. Kirkpatrick State Information Center, Administrative Rules Division, 600 West Main Street, Room 337, Jefferson City, MO 65101 (Cole County)					Contact Person Terrie Arnold Telephone (573) 751-4015	
8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printer)						

Same as # 7

9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor (Do not leave blank)

**Publisher (Name and complete mailing address)**  
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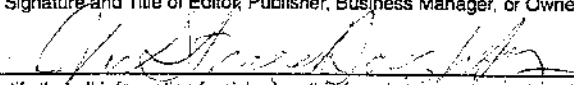
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12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one)  
The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes:  
 Has Not Changed During Preceding 12 Months  
 Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)

3. Publication Title <u>Missouri Register</u>		14. Issue Date for Circulation Data Below <u>First and middle of each month</u>	
5. Extent and Nature of Circulation		Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
i. Total Number of Copies ( <i>Net press run</i> ) *Fiscal year 2000		779*	740
b. Paid and/or Requested Circulation	(1) Paid/Requested Outside-County Mail Subscriptions Stated on Form 3541. ( <i>Include advertiser's proof and exchange copies</i> )	443	425
	(2) Paid In-County Subscriptions ( <i>Include advertiser's proof and exchange copies</i> )	95	137
	(3) Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Non-USPS Paid Distribution	121	117
	(4) Other Classes Mailed Through the USPS	N/A	N/A
2. Total Paid and/or Requested Circulation [Sum of 15b. (1), (2), (3), and (4)]		659	679
j. Free Distribution by Mail ( <i>Samples, complimentary, and other free</i> )	(1) Outside-County as Stated on Form 3541	38	38
	(2) In-County as Stated on Form 3541		
	(3) Other Classes Mailed Through the USPS		
3. Free Distribution Outside the Mail ( <i>Carriers or other means</i> )		13	13
f. Total Free Distribution ( <i>Sum of 15d. and 15e.</i> )		51	51
g. Total Distribution ( <i>Sum of 15c. and 15f.</i> )		710	730
h. Copies not Distributed		38	17
i. Total ( <i>Sum of 15g. and h.</i> )		748	747
l. Percent Paid and/or Requested Circulation ( <i>15c. divided by 15g. times 100</i> )		93%	93%
16. Publication of Statement of Ownership <input checked="" type="checkbox"/> Publication required. Will be printed in the <u>October 1, 2000</u> issue of this publication. <input type="checkbox"/> Publication not required.			
17. Signature and Title of Editor, Publisher, Business Manager, or Owner 			Date 8/25/00
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**R**ules appearing under this heading are filed under the authority granted by section 536.025, RSMo 2000. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the *Missouri* and the *United States Constitutions*; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons and findings which support its conclusion that there is an immediate danger to the public health, safety or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

**R**ules filed as emergency rules may be effective not less than ten days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the *Missouri Register* as soon as practicable.

**A**ll emergency rules must state the period during which they are in effect, and in no case can they be in effect more than 180 calendar days or 30 legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

*health hazard, particularly to elderly and disabled individuals, since they are more susceptible to hypothermia.*

*The rule is necessary to preserve a compelling governmental interest requiring an early effective date in that the rule informs the public regarding income guidelines for receipt of assistance. The eligibility criteria for energy assistance changes each year based on poverty guidelines announced by the Federal government. It is essential for persons potentially eligible for low income home energy assistance to have timely information related to the income guidelines prior to the need for assistance. The procedure employed is fair to all interested parties concerned inasmuch as it equitably allocates energy assistance benefits based on household size and available resources. Emergency amendment filed August 31, 2000, effective October 1, 2000, expires March 28, 2001.*

(3) Primary eligibility requirements for this program are as follows:

(D) Each household must have a monthly income no greater than the specific amounts based on household size as set forth in the Low Income Home Energy Assistance Program (LIHEAP) Income Ranges Chart. If the household size and composition of a LIHEAP applicant household can be matched against an active food stamp case reflecting the same household size and composition, monthly income for LIHEAP will be established by using the monthly income documented in the household's food stamp file.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 40—Division of Family Services  
Chapter 19—Energy Assistance**

**EMERGENCY AMENDMENT**

**13 CSR 40-19.020 Low Income Home Energy Assistance Program.** The Division of Family Services proposes to amend section (3) to reflect changes made in income levels based on Federal poverty guidelines.

*PURPOSE: The Emergency Amendment to this rule is being made to adjust the monthly income amounts on the LIHEAP Income Ranges Chart.*

*EMERGENCY STATEMENT: The division finds that there exists an immediate danger to the public welfare which requires emergency action. This Emergency Amendment follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances, complies with the protections extended by the Missouri and United States Constitutions and limits the scope of the Emergency Rule to the circumstances creating the emergency and requiring emergency procedure. An emergency amendment is necessary because of the planned implementation of the program in October, 2000. Postponing the date for acceptance of energy assistance applications will result in individuals having their utility service terminated. Termination of utility service can produce a*

*LIHEAP INCOME RANGES CHART*  
*Monthly Income Amounts*

<i>Household Size</i>	<i>Income Range</i>	<i>Income Range</i>	<i>Income Range</i>	<i>Income Range</i>	<i>Income Range</i>
1	\$0-172	\$173-344	\$345-516	\$517-688	\$689-858
2	\$0-230	\$231-460	\$461-690	\$691-920	\$921-1,152
3	\$0-266	\$267-532	\$533-798	\$799-1,064	\$1,065-1,330
4	\$0-320	\$321-640	\$641-960	\$961--1,280	\$1,281-1,600
5	\$0-374	\$375-748	\$749-1,122	\$1,123-1,496	\$1497-1,871
6	\$0-428	\$429-856	\$857-1,284	\$1,285-1,712	\$1,713-2,141
7	\$0-482	\$483-964	\$965-1,446	\$1,447-1,928	\$1,929-2,411
8	\$0-536	\$537-1,072	\$1,073-1,608	\$1,609-2,144	\$2,145-2,681
9	\$0-590	\$591-1,180	\$1,181-1,770	\$1,771-2,360	\$2,361-2,952
10	\$0-644	\$645-1,288	\$1,289-1,932	\$1,933-2,576	\$2,577-3,222
11	\$0-698	\$699-1,396	\$1,397-2,094	\$2,095-2,792	\$2,793-3,492
12	\$0-752	\$753-1,504	\$1,505-2,256	\$2,257-3,008	\$3,009-3,762
13	\$0-807	\$808-1,614	\$1,615-2,421	\$2,422-3,228	\$3,229-4,033
14	\$0-861	\$862-1,722	\$1,723-2,583	\$2,584-3,444	\$3,445-4,303
15	\$0-915	\$916-1,830	\$1,831-2,745	\$2,746-3,660	\$3,661-4,573
16	\$0-969	\$970-1,938	\$1,939-2,907	\$2,908-3,876	\$3,877-4,843
17	\$0-1,023	\$1,024-2,046	\$2,047-3,069	\$3,070-4,092	\$4,093-5,114
18	\$0-1,077	\$1,078-2,154	\$2,155-3,231	\$3,232-4,308	\$4,309-5,384
19	\$0-1,131	\$1,132-2,262	\$2,263-3,393	\$3,394-4,524	\$4,525-5,654
20	\$0-1,185	\$1,186-2,370	\$2,371-3,555	\$3,556-4,740	\$4,741-5,924

**LIHEAP INCOME RANGES CHART**

**Monthly Income Amounts**

<b>Household Size</b>	<b>Income Range</b>	<b>Income Range</b>	<b>Income Range</b>	<b>Income Range</b>	<b>Income Range</b>
1	\$0-174	\$175-348	\$349-522	\$523-696	\$697-870
2	\$0-234	\$235-468	\$469-702	\$703-936	\$937-1,172
3	\$0-271	\$272-542	\$543-813	\$814-1,084	\$1,085-1,356
4	\$0-326	\$327-652	\$653-978	\$979-1,304	\$1,305-1,634
5	\$0-382	\$383-764	\$765-1,146	\$1,147-1,528	\$1,529-1,912
6	\$0-438	\$439-876	\$877-1,314	\$1,315-1,752	\$1,753-2,190
7	\$0-493	\$494-986	\$987-1,479	\$1,480-1,972	\$1,973-2,468
8	\$0-549	\$550-1,098	\$1,099-1,647	\$1,648-2,196	\$2,197-2,746
9	\$0-604	\$605-1,208	\$1,209-1,812	\$1,813-2,416	\$2,417-3,024
10	\$0-660	\$661-1,320	\$1,321-1,980	\$1,981-2,640	\$2,641-3,301
11	\$0-715	\$716-1,430	\$1,431-2,145	\$2,146-2,860	\$2,861-3,579
12	\$0-771	\$772-1,542	\$1,543-2,313	\$2,314-3,084	\$3,085-3,857
13	\$0-827	\$828-1,654	\$1,655-2,481	\$2,482-3,308	\$3,309-4,135
14	\$0-882	\$883-1,764	\$1,765-2,646	\$2,647-3,528	\$3,529-4,413
15	\$0-938	\$939-1,876	\$1,877-2,814	\$2,815-3,752	\$3,753-4,691
16	\$0-993	\$994-1,986	\$1,987-2,979	\$2,980-3,972	\$3,973-4,969
17	\$0-1,049	\$1,050-2,100	\$2,101-3,149	\$3,150-4,198	\$4,199-5,247
18	\$0-1,105	\$1,106-2,210	\$2,211-3,315	\$3,316-4,420	\$4,421-5,525
19	\$0-1,160	\$1,161-2,320	\$2,321-3,480	\$3,481-4,640	\$4,641-5,803
20	\$0-1,216	\$1,217-2,432	\$2,433-3,648	\$3,649-4,864	\$4,865-6,081



*AUTHORITY: section 207.020, RSMo 1994. Emergency rule filed Nov. 26, 1980, effective Dec. 6, 1980, expired March 11, 1981. Original rule filed Nov. 26, 1980, effective March 12, 1981. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Aug. 31, 2000, effective Oct. 1, 2000, expires March 28, 2001. A proposed amendment covering this same material is published in this issue of the Missouri Register.*

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—Division of Medical Services  
Chapter 15—Hospital Program**

**ORDER TERMINATING EMERGENCY  
AMENDMENT**

By the authority vested in the Department of Social Services, Division of Medical Services, under sections 208.152, 208.153, 208.201 and 208.471, RSMo 1994, the division hereby terminates an emergency amendment effective September 4, 2000 as follows:

**13 CSR 70-15.010** Inpatient Hospital Services Reimbursement Plan; Outpatient Hospital Services Reimbursement Methodology is terminated.

A notice of emergency rulemaking containing the text of the emergency amendment was published in the *Missouri Register* on June 1, 2000 (25 MoReg 1383-1384).

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—Division of Medical Services  
Chapter 15—Hospital Program**

**EMERGENCY AMENDMENT**

**13 CSR 70-15.010** Inpatient Hospital Services Reimbursement Plan; Outpatient Hospital Services Reimbursement Methodology. The division is amending sections (3), (6), (15), (16), and (18).

*PURPOSE: The emergency amendment to section (3) provides for the trend factors to the trended cost per day and per diem rate for State Fiscal Year (SFY) 2001 and allows for a per diem rate reduction to prevent a negative Direct Medicaid payment, the emergency amendment to section (6) adds an additional category of hospital which shall be provided a safety net adjustment, the emergency amendment to section (15) provides for using a base year cost report that is the most representative of costs for safety net hospitals and calls for the use of the twelve month report when a hospital has both a twelve month and partial year cost report in a calendar year, the emergency amendment to section (16) redefines the safety net adjustment and adds paragraph (16)(A)2 to authorize use of certified funds as the state share of the safety net adjustment, the authorization which was inadvertently deleted in a prior amendment, and the emergency amendment to section (18) adjusts the percent of uninsured costs paid for SFY 2001 and calls for the use of the twelve month report when a hospital has both a twelve month and partial year cost report in a calendar year.*

*EMERGENCY STATEMENT: The Balanced Budget Act of 1997 and the Terms and Conditions of the Medicaid Section III5 Health Care Reform Demonstration Project placed a limit on Federal Financial Participation made to Missouri for disproportionate share payments by establishing allotments for federal fiscal years (FFY) 1998 through 2002 and FFY 2003 and thereafter. The Division of Medical Services finds that this emergency amendment is necessary, to preserve a compelling governmental interest*

*requiring an early effective date in that the emergency amendment makes adjustments to the uninsured add-on payments for state fiscal year 2001 to ensure access to hospital services for indigent and Medicaid recipients at hospitals which have relied on disproportionate share payments in meeting those needs. The Division of Medical Services also finds an immediate danger to public health and welfare which requires emergency action. If this emergency amendment is not enacted it will cause significant cash flow shortages and financial strain on all hospitals who serve the more than 600,000 Medicaid recipients. This will, in turn, result in an adverse impact on the health and welfare of those in need of medical care and treatment. This emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. Therefore, the division believes this emergency amendment to be fair to all interested persons and parties under the circumstances. Emergency amendment filed August 25, 2000, effective September 4, 2000, expires March 2, 2001.*

(3) Per-Diem Reimbursement Rate Computation. Each hospital shall receive a Medicaid per-diem rate based on the following computation.

(B) Trend Indices (TI). Trend indices are determined based on the four (4)-quarter average DRI Index for DRI-Type Hospital Market Basket as published in *Health Care Costs* by DRI/McGraw-Hill for each State Fiscal (SFY) 1995 to 1998. Trend indices starting in SFY 1999 will be determined based on CPI Hospital indexed as published in *Health Care Costs* by DRI/McGraw-Hill for each State Fiscal Year (SFY).

1. The TI are—
  - A. SFY 1994—4.6%
  - B. SFY 1995—4.45%
  - C. SFY 1996—4.575%
  - D. SFY 1997—4.05%
  - E. SFY 1998—3.1%
  - F. SFY 1999—3.8%
  - G. SFY 2000—4.0%[.] and
  - H. SFY 2001—4.6%.

2. The TI for SFY 1996 through SFY 1998 are applied as a full percentage to the OC of the per-diem rate and for SFY 1999 the OC of the June 30, 1998 rate shall be trended by 1.2% and for SFY 2000 the OC of the June 30, 1999 rate shall be trended by 2.4%. **The OC of the June 30, 1999 rate shall be trended by 1.95% for SFY 2001.**

3. **The per diem rate shall be reduced as necessary to avoid any negative Direct Medicaid Payments computed in accordance with subsection (15)(B).**

(6) Disproportionate Share.

(A) Inpatient hospital providers may qualify as a disproportionate share hospital (DSH) based on the following criteria. Hospitals shall qualify as disproportionate share hospitals for a period of only one (1) state fiscal year and must requalify at the beginning of each state fiscal year to continue their disproportionate share classification—

1. If the facility offered nonemergency obstetric services as of December 21, 1987, there must be a least two (2) obstetricians with staff privileges at the hospital who have agreed to provide obstetric services to individuals entitled to these services under the Missouri Medicaid plan. In the case of a hospital located in a rural area (area outside of a metropolitan statistical area, as defined by the federal Executive Office of Management and Budget), the term obstetrician includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures. This section does not apply to hospitals either with inpatients predominantly under eighteen (18) years of age or which did not offer nonemergency obstetric services as of December 21, 1987;

2. As determined from the *[third]* fourth prior year desk-reviewed cost report, the facility must have either—

A. A Medicaid inpatient utilization rate (MIUR) at least one (1) standard deviation above the state's mean MIUR for all Missouri hospitals. The MIUR will be expressed as the ratio of total Medicaid days (TMD) provided under a state plan divided by the provider's total number of inpatient days (TNID). The state's mean MIUR will be expressed as the ratio of the sum of the total number of the Medicaid days for all Missouri hospitals divided by the sum of the total patient days for the same Missouri hospitals. Data for hospitals no longer participating in the program will be excluded;

$$\text{MIUR} = \frac{\text{TMD}}{\text{TNID}}$$

or

B. A low-income utilization rate (LIUR) in excess of twenty-five percent (25%). The LIUR shall be the sum (expressed as a percentage) of the fractions, calculated as follows:

(I) Total Medicaid patient revenues (TMPR) paid to the hospital for patient services under a state plan plus the amount of the cash subsidies (CS) directly received from state and local governments, divided by the total net revenues (TNR) (charges, minus contractual allowances, discounts and the like) for patient services plus the CS; and

(II) The total amount of the hospital's charges for patient services attributable to charity care (CC) (care provided to individuals who have no source of payment, third-party or personal resources) less CS directly received from state and local governments in the same period, divided by the total amount of the hospital's charges (THC) for patient services. The total patient charges attributed to CC shall not include any contractual allowances and discounts other than for indigent patients not eligible for medical assistance under a state plan;

$$\text{LIUR} = \frac{\text{TMPR} + \text{CS}}{\text{TNR} + \text{CS}} + \frac{\text{CC} - \text{CS}}{\text{THC}}$$

3. As determined from the *[third]* fourth prior year desk-reviewed cost report, the hospital—

A. Has an unsponsored care ratio of at least ten percent (10%). The unsponsored care ratio is determined as the sum of bad debts and CC divided by TNR and also meets either of the criteria in paragraph (6)(A)2.; or

B. Ranks in the top fifteen (15) in the number of Medicaid inpatient days provided by that hospital compared to Medicaid patient days provided by all hospitals, and the hospitals also have a Medicaid nursery utilization ratio greater than thirty-five percent (35%) as computed by dividing Title XIX nursery and neonatal days by total nursery and neonatal days; or

C. Operated a neonatal intensive care unit with a ratio of Missouri Medicaid neonatal patient days to Missouri Medicaid total patient days in excess of nine percent (9%) reported or verified by the division from the *[third]* fourth prior year cost report;

4. As determined from the *[third]* fourth prior year desk-reviewed cost report—

**A. The acute care hospital has an unsponsored care ratio of at least sixty-five percent and is licensed for less than fifty inpatient beds; or**

***[A./B.]* The acute care hospital has an unsponsored care ratio of at least sixty-five percent (65%) and is licensed for fifty inpatient beds or more and has an occupancy rate of more than forty percent (40%); or**

***[B./C.]* The hospital is owned or operated by the Board of Curators as defined in Chapter 172, RSMo and the Missouri Rehabilitation Center created by Chapter 199, RSMo or their successors; or**

***[C./D.]* The hospital is a public hospital operated by the Department of Mental Health primarily for the care and treatment of mental disorders; and**

5. As determined from the *[third]* fourth prior year desk-reviewed cost report, hospitals which annually provide more than five thousand (5,000) Title XIX days of care and whose Title XIX nursery days represent more than fifty percent (50%) of the hospital's total nursery days.

(B) Those hospitals which meet the criteria established in paragraphs (6)(A)1., (6)(A)2. and (6)(A)4. shall be deemed *[first tier ten percent (10%) add-on DSH] safety net hospitals*. Those hospitals which meet the criteria established in (6)(A)1. and (6)(A)3. shall be deemed first tier **Disproportionate Share Hospitals (DSH)**. Those hospitals which meet only the criteria established in paragraphs (6)(A)1. and (6)(A)2. or (6)(A)1. and (6)(A)5. shall be deemed second tier DSH.

(15) Direct Medicaid Payments.

(B) Direct Medicaid payment will be computed as follows:

1. The Medicaid share of the FRA assessment will be calculated by dividing the hospital's Medicaid patient days by total hospital's patient days to arrive at the Medicaid utilization percentage. This percentage is then multiplied by the FRA assessment for the current SFY to arrive at the increased allowable Medicaid costs;

2. The unreimbursed Medicaid costs are determined by subtracting the hospital's per-diem rate from its trended per-diem costs. The difference is multiplied by the estimated Medicaid patient days for the current SFY.

A. The trended cost per day is calculated by trending the base year operating costs per day by the trend indices listed in paragraph (3)(B)1., using the rate calculation in subsection (3)(A).

**B. For hospitals that meet the requirements in paragraphs (6)(A)1., (6)(A)2. and (6)(A)4. of this rule (safety net hospitals), the base year cost report may be from the third prior year, the fourth prior year, or the fifth prior year, based on the determination of the Division of Medical Services exercising its sole discretion as to which report is most representative of costs incurred. For hospitals that meet the requirements in paragraphs (6)(A)1. and (6)(A)3. of this rule (first tier Disproportionate Share Hospitals), the base year operating costs shall be based on the third prior year cost report. For all other hospitals, the base year operating costs are based on the fourth prior year cost report. For any hospital that has both a twelve month cost report and a partial year cost report, its base period cost report for that year will be the twelve month cost report.**

***[B./C.]* C.** The trended cost per day does not include the costs associated with the FRA assessment, the application of minimum utilization, the utilization adjustment and the poison control costs computed in paragraphs (15)(B)1., 3., 4., and 5.;

3. The minimum utilization costs for capital and medical education is calculated by determining the difference in the hospital's cost per day when applying the minimum utilization as identified in paragraph (5)(C)4., and without applying the minimum utilization. The difference in the cost per day is multiplied by the estimated Medicaid patient days for the SFY;

4. The utilization adjustment cost is determined by estimating the number of Medicaid inpatient days the hospital will not provide as a result of the MC+ Health Plans limiting inpatient hospital services. These days are multiplied by the hospital's cost per day to determine the total cost associated with these days. This cost is divided by the remaining total patient days from its base period cost report to arrive at the increased cost per day. This increased cost per day is multiplied by the estimated Medicaid days for the current SFY to arrive at the Medicaid utilization adjustment; and

5. The poison control cost shall reimburse the hospital for the prorated Medicaid managed care cost. It will be calculated by multiplying the estimated Medicaid share of the poison control

costs by the percentage of MC+ recipients to total Medicaid recipients.

(16) Safety Net Adjustment. A safety net adjustment, **in lieu of the Direct Medicaid Payments and Uninsured Add-Ons**, shall be provided for each hospital which qualified as disproportionate share under the provision of paragraph (6)(A)4././ The safety net adjustment payment shall be made prior to the end of each federal fiscal year.

(A) The safety net adjustment for facilities not operated by the Department of Mental Health primarily for the care and treatment of mental disorders shall be computed in accordance with the *[OBRA 93 Limitation identified in section (17)] Direct Medicaid Payment calculation described in section (15) and the Uninsured Add-Ons calculation in subsection (18)(B)* of this regulation. The safety net adjustment will include the last three quarters of the SFY ending June 30 and the first quarter of the next SFY beginning July 1 to correspond with the FFY of October 1 to September 30; and

(B) *[Adjustments provided under this section shall be considered reasonable costs for purpose of the determinations described in paragraph (5)(D)2.]* The safety net adjustment for facilities operated by the Department of Mental Health primarily for the care and treatment of mental disorders shall be computed in accordance with the Direct Medicaid Payment calculation described in section (15) and one hundred percent (100%) of the Uninsured costs calculation described in subsection (18)(B) of this regulation. The safety net adjustment will include the last three quarters of the SFY ending June 30 and the first quarter of the next SFY beginning July 1 to correspond with the FFY of October 1 to September 30.

(C) The state share of the safety net adjustment for hospitals described in subparagraphs (6)(A)4.A. and (6)(A)4.D. shall come from cash subsidy (CS) certified by the hospitals. If the aggregate CS are less than the state match required, the total aggregate safety net adjustment will be adjusted downward accordingly, and distributed to the hospitals in the same proportions as the original safety net adjustments; and

(18) In accordance with state and federal laws regarding reimbursement of unreimbursed costs and the costs of services provided to uninsured patients, reimbursement for each State Fiscal Year (SFY) (July 1–June 30) shall be determined as follows:

(B) Uninsured Add-Ons. The hospital shall receive *[eighty-one percent (81%)] seventy-six percent (76%)* of the Uninsured costs prorated over the SFY. Hospitals which contribute through a plan approved by the director of health to support the state's poison control center and the Primary Care Resource Initiative for Missouri (PRIMO) shall receive *[eighty-two percent (82%)] seventy-seven percent (77%)* of its uninsured costs prorated over the SFY. The uninsured Add-On will include:

1. The Add-On payment for the cost of the Uninsured./ will be based on a three year average of the fourth, fifth, and sixth prior base year cost reports. For any hospital that has both a twelve month cost report and a partial year cost report, its base period cost report for that year will be the twelve month cost report. Cost of the uninsured *[This]* is determined by multiplying the charges for charity care and allowable bad debts by the hospital's total cost-to-charge ratio for allowable hospital services from the base year cost report's desk review. The cost of the Uninsured is then trended to the current year using the trend indices reported in subsection (3)(B). Allowable bad debts do not include the costs of caring for patients whose insurance covers the particular service, procedure or treatment;

2. An adjustment to recognize the Uninsured patients share of the FRA assessment not included in the desk-reviewed cost. The FRA assessment for Uninsured patients is determined by multi-

plying the current FRA assessment by the ratio of uninsured days to total inpatient days from the base year cost report;

3. The difference in the projected General Relief per-diem payments and trended costs for General Relief patient days;

4. The increased costs per day resulting from the utilization adjustment in subsection (15)(B) is multiplied by the estimated uninsured days; and

5. In order to maintain compliance with the Balanced Budget Act of 1997 (BBA) DSH cap and the budget neutrality provisions contained in Missouri's Medicaid Section 1115 Health Care Reform Demonstration Proposal, the Uninsured Add-On for SFY *[2000] 2001* has been established at *[eighty-two percent (82%)] seventy-six percent (76%)* of the cost of the uninsured as computed in accordance with this subsection. *[One factor in determination of the payment percentage is an estimate that fifty-four (\$54) million dollars shall be paid from July 1, 1999 thru April 30, 2000 related to previously uninsured parents covered under the Medicaid Section 1115 Health Care Reform Demonstration Proposal. The SFY 2000 payment percentage shall be increased by an additional one percent (1%) for every three point five (\$3.5) million dollars increment not paid for parents covered under the Medicaid Section 1115 Health Care Reform Demonstration Proposal as of April 30, 2000. For example, if total spending on the Medicaid Section 1115 Health Care Reform Demonstration Proposal parent population is forty-seven (\$47) million dollars, as of April 30, 2000, the Uninsured Add-On percentage from SFY 2000 shall be increased by two percent (2%).]*

*AUTHORITY: sections 208.152, 208.153, 208.201 and 208.471, RSMo 1994. This rule was previously filed as 13 CSR 40-81.050. Original rule filed Feb. 13, 1969, effective Feb. 23, 1969. For intervening history, please consult the Code of State Regulations. Emergency amendment filed May, 1, 2000, effective May 11, 2000, terminated Sept. 4, 2000. Amended: Filed May 1, 2000. Emergency amendment filed Aug. 25, 2000, effective Sept. 4, 2000, expires March 2, 2001.*