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SALUS POPULI SUPREMA LEX ESTO

*“The welfare of the people shall be the supreme law.”*



ROBIN CARNAHAN  
SECRETARY OF STATE

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REGISTER

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**RULES**—Cite material in the *Missouri Register* by volume and page number, for example, Vol. 28, *Missouri Register*, page 27. The approved short form of citation is 28 MoReg 27.

The rules are codified 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 within 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**—The most recent version of the statute containing the section number and the date.

**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 (10) 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 one hundred eighty (180) calendar days or thirty (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.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
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 (1), (2), (3), (5), (6), (13), (14), (16), (18), and (21).

*PURPOSE: This amendment provides the State Fiscal Year (SFY) 2012 trend factor; clarifies new federal audit and record retention requirements in accordance with federally mandated DSH audit standards; references new regulations relating to Disproportionate Share Hospital (DSH) and Upper Payment Limit (UPL) payments; and revises when Enhanced Graduate Medical Education payments are paid to hospitals.*

*EMERGENCY STATEMENT: The Department of Social Services, MO HealthNet Division by rule and regulation must define the reasonable costs, manner, extent, quantity, quality, charges, and fees of medical assistance. This emergency amendment will ensure payment to Missouri hospitals providing health care to approximately nine hundred thousand (900,000) Missourians eligible for the MO HealthNet program. This emergency amendment must be implemented on a timely basis because it allows the state to recognize additional costs hospitals are incurring to ensure that quality health care continues to*

*be provided to MO HealthNet participants and the uninsured at hospitals that have relied on MO HealthNet payments to meet those patients' needs. In addition, this emergency amendment must be implemented on an emergency basis because it allows the state to redistribute hospital payments in accordance with federal audit requirements. This emergency amendment helps to offset increasing costs of serving Medicaid patients in hospital settings. This emergency amendment enables the state to recognize increased costs incurred by hospitals beginning July 1, 2011 rather than delaying trend increases approximately six months. Hospitals serve approximately one hundred twenty thousand (120,000) MO HealthNet participants each month. The majority of those served in hospital settings are Missouri's most vulnerable citizens; sixty-two (62) percent of hospital inpatient expenditures are for persons with disabilities and twenty (20) percent are for services provided to children. As a result, the MO HealthNet Division finds an immediate danger to public health, safety, and/or welfare and a compelling governmental interest which requires emergency action. The MO HealthNet program has a compelling government interest in providing continued cash flow for inpatient hospital services. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The MO HealthNet Division believes this emergency amendment is fair to all interested persons and parties under the circumstances. MO HealthNet Division staff worked extensively with the Missouri Hospital Association to ensure that the industry as a whole was adequately represented. Missouri Hospital Association representatives attended numerous meetings. This regulation was reviewed by Missouri Hospital Association staff and is supported by the Missouri Hospital Association Board. A proposed amendment covering this same material will be published in this issue of the Missouri Register. Therefore, the Division believes this emergency to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed May 20, 2011, effective June 1, 2011, expires November 28, 2011.*

(1) General Reimbursement Principles.

(C) The Title XIX reimbursement for hospitals, excluding those located outside Missouri and in-state federal hospitals, shall include per diem payments, outpatient payments, disproportionate share payments as described in this regulation through May 31, 2011 and as described in 13 CSR 70-15.220 beginning June 1, 2011; various MO HealthNet Add-On payments, as described in this rule; or a safety net adjustment, paid in lieu of Direct Medicaid Payments described in section (15) and Uninsured Add-Ons described in [subsection (18)(B)] this regulation through May 31, 2011 and described in 13 CSR 70-15.220 beginning June 1, 2011. Reimbursement shall be subject to availability of federal financial participation (FFP).

1. Per diem reimbursement—The per diem rate is established in accordance with section (3).

2. Outpatient reimbursement is described in 13 CSR 70-15.160.

3. Disproportionate share reimbursement—The disproportionate share payments described in section (16), and subsection (18)(B), include both the federally mandated reimbursement for hospitals which meet the federal requirements listed in section (6) and the discretionary disproportionate share payments which are allowable but not mandated under federal regulation. These Safety Net and Uninsured Add-Ons shall not exceed one hundred percent (100%) of the unreimbursed cost for MO HealthNet and the cost of the uninsured unless otherwise permitted by federal law. **Beginning June 1, 2011, hospital disproportionate share reimbursements are defined in 13 CSR 70-15.220.**

4. MO HealthNet Add-Ons—MO HealthNet Add-Ons are described in sections (13), (14), (15), (19), and (21) and are in addition to MO HealthNet per diem payments. These payments are subject to the federal Medicare Upper Limit test.

5. Safety Net Adjustment—The payments described in subsection (16)(A) are paid in lieu of Direct Medicaid Payments described in section (15) and Uninsured Add-Ons described in subsection (18)(B).

(2) Definitions.

(A) Allowable costs. Allowable costs are those related to covered MO HealthNet services defined as allowable in 42 CFR chapter IV, part 413, except as specifically excluded or restricted in 13 CSR 70-15.010 or the MO HealthNet hospital provider manual and detailed on the desk-reviewed Medicare/Medicaid cost report. Penalties or incentive payments as a result of Medicare target rate calculations shall not be considered allowable costs. Implicit in any definition of allowable cost is that this cost is allowable only to the extent that it relates to patient care; is reasonable, ordinary, and necessary; and is not in excess of what a prudent and cost-conscious buyer pays for the given service or item. **For purposes of calculating disproportionate share payments and to ensure federal financial participation (FFP), allowable uncompensated costs must meet definitions defined by the federal government.**

(I) Disproportionate share reimbursement. The disproportionate share payments described in section (16), and subsection (18)(B), include both the federally mandated reimbursement for hospitals which meet the federal requirements listed in section (6) and the discretionary disproportionate share payments which are allowed but not mandated under federal regulation. These Safety Net and Uninsured Payment Add-Ons shall not exceed one hundred percent (100%) of the unreimbursed cost for MO HealthNet and the cost of the uninsured unless otherwise permitted by federal law. **Beginning June 1, 2011, disproportionate share reimbursement is described in 13 CSR 70-15.220.**

(3) Per Diem Reimbursement Rate Computation. Each hospital shall receive a MO HealthNet 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 Year (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%
- H. SFY 2001—4.6%
- I. SFY 2002—4.8%
- J. SFY 2003—5.0%
- K. SFY 2004—6.2%
- L. SFY 2005—6.7%
- M. SFY 2006—5.7%
- N. SFY 2007—5.9%
- O. SFY 2008—5.5%
- P. SFY 2009—5.5%
- Q. SFY 2010—3.9%

R. SFY 2011—3.2%—The 3.2% trend shall not be applied in determining the per diem rate, Direct Medicaid payments, or uninsured payments.

**S. SFY 2012—4.0%**

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, 2000, 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).

4. A facility previously enrolled for participation in the MO HealthNet Program, which either voluntarily or involuntarily terminates its participation in the MO HealthNet Program and which reenters the MO HealthNet Program, shall have its MO HealthNet rate determined in accordance with section (4).

(5) [Administrative Actions] Reporting Requirements.

(B) Records.

1. All hospitals are required to maintain financial and statistical records in accordance with 42 CFR 413.20. For purposes of this plan, statistical and financial records shall include beneficiaries' medical records and patient claim logs separated for inpatient and outpatient services billed to and paid for by MO HealthNet (excluding cross-over claims) respectively. Separate logs for inpatient and outpatient services should be maintained for MO HealthNet participants covered by managed care. All records must be available upon request to representatives, employees, or contractors of the MO HealthNet program, Missouri Department of Social Services, General Accounting Office (GAO), or the United States Department of Health and Human Services (HHS). The content and organization of the inpatient and outpatient logs shall include the following:

A. A separate MO HealthNet log for each fiscal year must be maintained by either date of service or date of payment by MO HealthNet for claims and all adjustments of those claims for services provided in the fiscal period. Lengths of stay covering two (2) fiscal periods should be recorded by date of admission. The information from the MO HealthNet log should be used to complete the Medicaid worksheet in the hospital's cost report;

B. Data required to be recorded in logs for each claim include:

- (I) Participant name and MO HealthNet number;
- (II) Dates of service;
- (III) If inpatient claim, number of days paid for by MO HealthNet, classified by adults and peds, each subproviders, newborn, or specific type of intensive care;
- (IV) Charges for paid inpatient days and inpatient ancillary charges for paid days classified by cost center as reported in the cost report or allowed outpatient services, classified by cost center as reported on cost report;
- (V) Noncovered charges combined under a separate heading;
- (VI) Total charges;
- (VII) Any partial payment made by third-party payers (claims paid equal to or in excess of MO HealthNet payment rates by third-party payers shall not be included in the log);
- (VIII) MO HealthNet payment received or the adjustment taken; and
- (IX) Date of remittance advice upon which paid claim or adjustment appeared;

C. A year-to-date total must appear at the bottom of each log page or after each applicable group total, or a summation page of all subtotals for the fiscal year activity must be included with the log; and

D. Not to be included in the outpatient log are claims or line item outpatient charges denied by MO HealthNet or claims or charges paid from an established MO HealthNet fee schedule. This would include payments for hospital-based physicians and certified registered nurse anesthetists billed by the hospital on a professional services claim, payments for certain specified clinical diagnostic laboratory services, or payments for services provided by the hospital through enrollment as a MO HealthNet provider-type other than hospital outpatient.

2. Records of related organizations, as defined by 42 CFR

413.17, must be available upon demand to those individuals or organizations as listed in paragraph (5)(B)1. of this rule.

**3. Records to support and document DSH payments must be maintained and available for future federal audits. Records used to complete DSH audit surveys shall be kept seven (7) years following the final DSH audit. For example, the SFY 2011 state DSH survey will use 2009 cost data which must be maintained seven (7) years following the completion of the 2014 DSH audit (2022). Records provided by hospitals to the state's independent auditor shall also be maintained for seven (7) years following the completion of the final federal 2014 DSH audit.**

*[3.]4.* The MO HealthNet Division shall retain all uniform cost reports submitted for a period of at least three (3) years following the date of submission of the reports and will maintain those reports pursuant to the record keeping requirements of 42 CFR 413.20. If an audit by, or on behalf of, the state or federal government has begun but is not completed at the end of the three (3)-year period, or if audit findings have not been resolved at the end of the three (3)-year period, the reports shall be retained until resolution of the audit findings.

*[4.]5.* The MO HealthNet Division shall maintain any responses received on this plan, subsequent changes to this plan, and rates for a period of three (3) years from the date of receipt.

(D) Audits.

1. A comprehensive hospital audit program shall be established in cooperation with the Missouri Medicare fiscal intermediary. Under the terms of the Common Audit Agreement, the Medicare intermediary shall perform the following:

A. Desk review all hospital cost reports;

B. Determine the scope and format for on-site audits;

C. Perform field audits when indicated in accordance with Title XIX principles; and

D. Submit to the state agency the final Title XVIII cost report with respect to each provider.

2. The state agency shall review audited Medicare/Medicaid cost reports for each hospital's fiscal year in accordance with 13 CSR 70-15.040.

**3. Annual DSH audits are completed by an independent auditor in accordance with federal DSH audit standards. Hospitals receiving DSH payments are subject to the annual DSH audit.**

(6) **Disproportionate Share and Direct Medicaid Qualifying Criteria. Effective June 1, 2011, disproportionate share payment methodology and criteria that must be met to receive DSH payments are described in 13 CSR 70-15.220. The definitions set forth in this section (6) will continue to be used to determine eligibility for Direct Medicaid Payments (15) and the Safety Net adjustment (16).**

(F) Hospital-specific DSH cap. Unless otherwise permitted by federal law, disproportionate share payments shall not exceed one hundred percent (100%) of the unreimbursed cost for MO HealthNet and the cost of the uninsured. The hospital-specific DSH cap shall be computed by combining the estimated unreimbursed MO HealthNet costs for each hospital, as calculated in section (15), with the hospital's corresponding estimated uninsured costs, as determined in section (18). If the sum of disproportionate share payments exceeds the estimated hospital-specific DSH cap, the difference shall be deducted in order as necessary from safety net payments, other disproportionate share lump sum payments, direct Medicaid payments, and if necessary, as a reduced per diem. All DSH payments in the aggregate shall not exceed the federal DSH allotment within a state fiscal period. **Effective June 1, 2011, hospital specific DSH limits shall be calculated in accordance with federally mandated DSH audit standards as described in 13 CSR 70-15.220.**

(13) Trauma Add-On Payments. Hospitals that meet the following will receive additional Add-On payments.

**(E) Effective July 1, 2011, trauma add-on payments will be replaced with Upper Payment Limit payments as described in 13 CSR 70-15.230.**

(14) Trauma Outlier Payments.

**(F) Effective July 1, 2011, trauma add-on payments will be replaced with Upper Payment Limit payments as described in 13 CSR 70-15.230.**

(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.

**(E) Effective June 1, 2011, DSH payment calculations and criteria are described in 13 CSR 70-15.220.**

(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:

**(G) Effective June 1, 2011, DSH payment calculations and criteria are described in 13 CSR 70-15.220.**

(21) Enhanced Graduate Medical Education (GME) Payment—An enhanced GME payment shall be made to any acute care hospital that provides graduate medical education (teaching hospital).

(A) The enhanced GME payment shall be computed in accordance with subsection (21)(B). The payment shall be made *[at]* following the end of the state fiscal year. The enhanced GME payment for each state fiscal year shall be computed using the most recent cost data available when the enhanced GME payment is computed. If the cost report is less than or more than a twelve (12)-month period, the cost report data will be adjusted to reflect a twelve (12)-month period. The state share of the enhanced GME payment to a hospital that has cash subsidies shall come from funds certified by the hospital.

*AUTHORITY: sections 208.152, 208.153, and 208.201I, and 208.471I, RSMo Supp. 2010. 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. Amended: Filed May 20, 2011. Emergency filed May 20, 2011, effective June 1, 2011, expires Nov. 28, 2011.*

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 15—Hospital Program**

**EMERGENCY RULE**

**13 CSR 70-15.220 Disproportionate Share Hospital Payments**

*PURPOSE: This rule implements a new state methodology for paying Disproportionate Share (DSH) payments in order to comply with the new federally required DSH audit standards. The regulation provides for an interim adjustment to DSH payments and provides for final adjustment to DSH payments based upon the federally mandated DSH audits.*

*EMERGENCY STATEMENT: The Department of Social Services, MO HealthNet Division by rule and regulation must define the reasonable costs, manner, extent, quantity, quality, charges, and fees of medical assistance. This emergency rule will ensure payment to Missouri hospitals providing health care to approximately nine hundred thousand (900,000) Missourians eligible for the MO HealthNet program plus the uninsured. This emergency rule must be implemented on an emergency basis because it allows the state to redistribute disproportionate share*

hospital (DSH) payments to hospitals in accordance with federal audit requirements. Section 1923(j) of the Social Security Act (SSA) requires States to submit an annual independent certified audit of its DSH payments and reimburse the Federal government for any overpayments detected. Beginning with DSH payments relating to Medicaid State plan rate year 2011, "FFP is not available in expenditures for DSH payments that are found in the independent certified audit to exceed the hospital-specific eligible uncompensated care cost limit." 42 C.F.R. § 455.304(a)(2). In addition, CMS requires that audits "must be taken into consideration for Medicaid State plan rate year 2011 uncompensated care cost estimates and associated DSH payments." Medicaid Program; Disproportionate Share Hospital Payments, 73 Fed. Reg. 77904, 77948 (Dec. 19, 2008) ("Final Rule"). The independent audit reports for Medicaid State plan rate years 2005–2007 were completed in December 2010 and reflected that Missouri's current methodology resulted in excess DSH payments to the hospitals. Based upon the results of these audits, the Department determined that its current methodology was providing excess DSH payment and as a result, SFY 2011 payments likely would need to be adjusted and the methodology for determining future DSH payments needed to be changed that more closely followed the new DSH rules. Due to the age of the data in the 2005–2007 audits and the significant changes in hospital payments and costs, the Department did not believe that the amounts reported in the 2005–2007 audits to be reflective of current industry payments and costs. Since 2007, the Department has made drastic cuts in Medicaid payments to hospitals resulting in larger Medicaid shortfalls and larger DSH limits. The State determined that it needed to use more recent data to make adjustments to the SFY 2011 DSH payments. Therefore, the Department decided to follow the DSH audit methodology and collect 2009 data from hospitals trended to 2011 to determine if adjustments to the SFY 2011 DSH payments are necessary. The Department developed a State DSH Survey to collect the 2009 data which follows the same format as the requirements laid out by the DSH audit rule (using the Medicare cost report and following the definitions of uninsured). This emergency rule allows SFY 2011 DSH payments to be adjusted in accordance with the federally mandated DSH standards beginning in SFY 2011. DSH payments to hospitals that are estimated to be in excess of their hospital-specific eligible uncompensated care cost limit will be recouped and redistributed to hospitals whose DSH payments are less than their hospital-specific eligible uncompensated care cost limit. Without this emergency regulation, hospitals would forego \$94.4 million in payments that are subject to recoupment in accordance with DSH federal audit regulations. This emergency rule also allows for SFY 2012 DSH payments to be determined in accordance with the federally mandated DSH standards and for the payments to be made on a timely basis, beginning July 1, 2011. This regulation ensures that quality health care continues to be provided to MO HealthNet participants and the uninsured at hospitals that have relied on MO HealthNet payments to meet those patients' needs. As a result, the MO HealthNet Division finds an immediate danger to public health, safety, and/or welfare and a compelling governmental interest which requires emergency action. The MO HealthNet program has a compelling government interest in providing continued cash flow for inpatient hospital services. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The MO HealthNet Division believes this emergency rule is fair to all interested persons and parties under the circumstances. MO HealthNet Division staff worked extensively with the Missouri Hospital Association to ensure that the industry as a whole was adequately represented. Missouri Hospital Association representatives attended numerous meetings. This regulation was reviewed by Missouri Hospital Association staff and is supported by the Missouri Hospital Association Board. A proposed rule covering this same material will be published in this issue of the Missouri Register. Therefore, the Division believes this emergency to be fair to all interested persons and parties under the cir-

cumstances. This emergency rule was filed May 20, 2011, effective June 1, 2011, expires November 28, 2011.

#### (1) General Reimbursement Principles.

(A) In order to receive federal financial participation (FFP), disproportionate share payments are made in compliance with federal statutes and regulations. Section 1923 of the Social Security Act (42 U.S. Code) describes the hospitals that must be paid DSH and those that the state may elect to pay DSH.

(B) Hospitals that must be paid DSH are considered to be federally deemed DSH hospitals. The state must pay DSH to hospitals that meet the following criteria:

1. Obstetrics requirements as described in paragraph (2)(A)1; and

2. Have a Medicaid Inpatient Utilization Rate (MIUR) at least one (1) standard deviation above the statewide mean as defined in paragraph (2)(A)2., or a Low Income Utilization Rate (LIUR) greater than twenty-five (25) percent as defined in paragraph (2)(A)3.

(C) Hospitals that may be paid DSH must meet obstetric requirements as defined in paragraph (2)(A)1. and have a MIUR of at least one (1) percent.

(D) Section 1923(g) of the Social Security Act (Act) limits the amount of DSH payments states can pay to each hospital and earn FFP. To be in compliance with the Act, DSH payments shall not exceed one hundred (100) percent of the uncompensated care costs of providing hospital services to Medicaid and uninsured individuals. Hospital specific DSH limit calculations must comply with federally mandated DSH audit standards and definitions. If the disproportionate share payments exceed the hospital-specific DSH costs, the difference shall be deducted from disproportionate share payments or recouped from future payments.

(E) All DSH payments in the aggregate shall not exceed the federal DSH allotment within a state fiscal period. The DSH allotment is the maximum amount of DSH a state can distribute each year and receive FFP.

(F) The state must submit an annual independent audit of the state's DSH program to the Centers for Medicare and Medicaid Services (CMS). FFP is not available for DSH payments that are found to exceed the hospital-specific eligible uncompensated care cost limit. All hospitals that receive DSH payments are subject to the independent federal DSH audit.

(G) Hospitals qualify for DSH for a period of one (1) state fiscal year and must requalify at the beginning of each state fiscal year to continue to receive disproportionate share payments.

#### (2) Federally Deemed DSH Hospitals.

(A) The state must pay disproportionate share payments to hospitals that meet specific obstetric requirements and have either a MIUR at least one (1) standard deviation above the state mean or a LIUR greater than twenty-five (25) percent.

##### 1. Obstetric Requirements and Exemptions:

A. Hospitals must have two (2) obstetricians, with staff privileges, who agree to provide non-emergency obstetric services to Medicaid eligibles. Rural hospitals, as defined by the federal Executive Office of Management and Budget, may qualify any physician with staff privileges as an obstetrician.

B. Hospitals are exempt from the obstetric requirements if the facility did not offer nonemergency obstetric services as of December 21, 1987.

C. Hospitals are exempt if inpatients are predominantly under eighteen (18) years of age.

##### 2. MIUR Calculations.

A. As determined from the fourth prior year desk-reviewed cost report, the facility has a Medicaid inpatient utilization rate (MIUR) of at least one (1) standard deviation above the state's mean MIUR for all Missouri hospitals.

B. The MIUR is calculated as follows:



(I) 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).

(II) 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;

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

### 3. LIUR Calculations

A. As determined from the fourth prior year desk-reviewed cost report, the LIUR shall be the sum (expressed as a percentage) of the fractions, calculated as follows:

(I) Total MO HealthNet 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 MO HealthNet under a state plan;

$$\text{LIUR} = \frac{\text{TMPR} + \text{CS}}{\text{TNR} + \text{CS}} \frac{\text{C}\tilde{\text{C}}\text{CS}}{\text{THC}}$$

### (3) State Elected DSH Payments.

(A) The state may elect to make hospital disproportionate share payments to hospitals that meet the obstetric requirements defined in paragraph (2)(A)1 and have a MIUR of at least one (1) percent as calculated in subparagraph (2)(A)2(B).

### (4) DSH Audit Payment Adjustments.

(A) Beginning in Medicaid state plan year 2011, DSH payments made to hospitals, will be revised based on the results of a state DSH Survey which uses federally-mandated DSH audit standards. These revisions are to serve as interim adjustments until the federally-mandated DSH audits are complete. DSH audits are finalized three (3) years following the SFY year-end reflected in the audit. For example, the SFY 2011 DSH audit will be finalized in 2014. The interim adjustments shall be determined as follows:

1. Based upon the state's analysis of the 2011 state's DSH survey using federally-mandated DSH audit standards, DSH payments will be limited to the hospital's projected hospital-specific DSH limit.

2. DSH payments as provided in the state's DSH survey that exceed the projected hospital-specific DSH limits will be recouped from the hospitals to reduce their payments to their projected hospital-specific DSH limit.

(B) Any payments that are recouped from hospitals as a result of the DSH audit will be redistributed to hospitals that are shown to have been paid less than their hospital-specific DSH limits. These redistributions will occur proportionally based on each hospital's uncompensated care shortfall to the total shortfall, not to exceed each hospital's specific DSH limit.

1. Redistribution payments to hospitals that have been paid less than their SFY 2011 projected hospital-specific DSH limit must occur after the recoupment of payments made to hospitals that have

been paid in excess of their hospital specific DSH limits. The state may establish a hospital-specific recoupment plan. However, total industry redistribution payments may not exceed total industry recoupments collected to date.

2. If the Medicaid program's original DSH payments did not fully expend the federal DSH allotment for any plan year, the remaining DSH allotment may be paid to hospitals that are under their hospital-specific DSH limit. These redistributions will occur proportionally based on each hospital's uncompensated care shortfall to the total shortfall, not to exceed each hospital's specific DSH limit.

### (5) Disproportionate Share (DSH) Interim Payments.

(A) SFY 2012 interim DSH payments will be based on the 2011 state DSH survey after applying the trend factor published in *Health Care Costs* by DRI/McGraw-Hill for the current fiscal year.

(B) Federally deemed hospitals will receive the nominal DSH payment of five thousand dollars (\$5,000) and the greater of their upper payment limit payment or their hospital specific DSH limit as calculated from the state DSH survey. Except for federally deemed hospitals, hospitals may elect to receive an upper payment limit payment as defined in 13 CSR 70.230 in lieu of DSH payments.

(C) Disproportionate share payments will coincide with the semi-monthly claim payment schedule.

(D) New facilities will be paid based on the industry average as determined from the state DSH survey.

(E) Facilities not providing a state DSH survey will have DSH payments calculated using the most recent hospital-specific information provided to the state by the independent auditor.

### (6) Department of Mental Health Hospital (DMH) DSH Adjustments and Payments.

(A) Effective June 1, 2011, interim DSH payments made to DMH hospitals will be revised based on the results of a DMH state DSH survey which uses federally-mandated DSH audit standards. These revisions are to serve as interim adjustments until the federally-mandated DSH audits are complete in 2014.

(B) Beginning in SFY 2012 due to structural changes occurring at the DMH facilities, interim DSH payments will be based on the third prior base year cost report trended to the current SFY adjusted for the FRA assessment paid by DMH hospitals. Additional adjustments may be done based on the results of the federally mandated DSH audits as set forth below in subsection (7)(A).

(C) If the Medicaid program's original DSH payments did not fully expend the federal Institute for Mental Disease DSH allotment for any plan year, the remaining IMD DSH allotment may be paid to hospitals that are under their projected hospital-specific DSH limit.

### (7) Final DSH Adjustments.

(A) Final DSH adjustments will be made after actual cost data is available and the DSH audit is completed. DSH audits are completed three (3) years following the initial independent DSH audit. For example, final adjustments for 2011 will be made following the completion of the annual independent DSH audit in 2014 (SFY 2015).

### (8) Record Retention.

(A) Records used to complete the state's DSH survey shall be kept until the final audit is completed. For example, the SFY 2011 state DSH survey will use 2009 cost data which must be maintained until the 2014 DSH audits are completed in SFY 2015.

(B) Records provided by hospitals to the state's independent auditor shall also be maintained until the 2014 federal DSH audit is complete.

*AUTHORITY: sections 208.152, 208.153, and 208.201, RSMo Supp. 2010. Original rule filed May 20, 2011. Emergency rule May 20, 2011, effective June 1, 2011, expires Nov. 28, 2011.*

**Title 13—DEPARTMENT OF SOCIAL SERVICES**  
**Division 70—MO HealthNet Division**  
**Chapter 15—Hospital Program**

**EMERGENCY RULE**

**13 CSR 70-15.230 Supplemental Upper Payment Limit Methodology**

*PURPOSE: This rule establishes a methodology for determining Upper Payment Limit (UPL) payments provided to hospitals for dates of service beginning July 1, 2011. The regulation also establishes an additional UPL supplemental payment for hospitals with a Low Income and Needy Care Collaboration Agreement.*

*EMERGENCY STATEMENT: The Department of Social Services, MO HealthNet Division by rule and regulation must define the reasonable costs, manner, extent, quantity, quality, charges, and fees of medical assistance. This emergency rule will ensure payment to Missouri hospitals providing health care to over nine hundred thousand (900,000) Missourians eligible for the MO HealthNet program. This emergency rule must be implemented on an emergency basis because it establishes the calculation of the Upper Payment Limit payments effective for dates of service beginning July 1, 2011 to ensure that quality health care continues to be provided to MO HealthNet participants at hospitals that have relied on MO HealthNet payments to meet those patients' needs. In addition, this regulation enables private hospitals to partner with state or local government entities to collaboratively provide health care to low income and needy patients. The current regulation makes UPL payments based on complicated formulas and targets hospitals with unreimbursed uninsured costs and trauma centers. This new rule enables the Department to simplify the UPL calculations and base UPL payments on Medicaid utilization which allows the Department to pay more hospitals rather than targeting trauma centers and those having unreimbursed uninsured costs. This rule also provides for UPL payments to private hospitals that partner with state or local government entities to collaboratively provide health care to low income and needy patients for dates of service beginning July 1, 2011 that are otherwise not available. As a result, the MO HealthNet Division finds an immediate danger to public health, safety, and/or welfare and a compelling governmental interest which requires emergency action. The MO HealthNet program has a compelling governmental interest in providing continued cash flow for inpatient hospital services. The current regulation only provides for UPL payments through June 30, 2011 so UPL payments would not be able to be made beginning July 1, 2011. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The MO HealthNet Division believes this emergency rule is fair to all interested persons and parties under the circumstances. MO HealthNet Division staff worked extensively with the Missouri Hospital Association to ensure that the industry as a whole was adequately represented. Missouri Hospital Association representatives attended numerous meetings. This regulation was reviewed by Missouri Hospital Association staff and is supported by the Missouri Hospital Association Board. A proposed rule covering this same material will be published in this issue of the Missouri Register. Therefore, the Division believes this emergency to be fair to all interested persons and parties under the circumstances. This emergency rule was filed May 20, 2011, effective July 1, 2011, expires December 28, 2011.*

(1) General Principles.

(A) Hospital UPL payments cannot exceed the Medicare Upper Payment Limit as authorized by federal law and included in Missouri's State Plan.

(2) Beginning with State Fiscal Year 2012, each participating hospi-

tal may be paid supplemental payments up to the Medicare Upper Payment Limit (UPL).

(A) UPL Payment. Supplemental payments may be paid to qualifying hospitals for inpatient services. The total amount of supplemental payments made under this section in each year shall not exceed the Medicare Upper Payment Limit, after accounting for all other supplemental payments. Payments under this section will be determined prior to the determination of payments under section (B) below authorizing Medicaid UPL supplemental payments for low income and needy care collaboration hospitals.

1. The state shall determine the amount of Medicaid supplemental payments payable under this section on an annual basis. The state shall calculate the Medicare Upper Payment Limit for each of the three categories of hospitals: state hospitals, non-state governmental hospitals, and private hospitals. The state shall apportion the Medicaid supplemental payments payable under this section to each of the three categories of hospitals based on the proportionate Medicare Upper Payment Limits for each category of hospitals.

2. Each participating hospital may be paid its proportional share of the UPL gap based upon its Medicaid inpatient utilization.

(B) Supplemental Payments for Low Income and Needy Care Collaboration Hospitals. Additional Supplemental Payments for Low Income and Needy Collaboration Hospitals may be made if there is room remaining under the UPL to make additional payments without exceeding the UPL, after making the UPL payments in (2)(A) above.

1. Effective for dates of services on or after July 1, 2011, supplemental payments may be issued to qualifying hospitals for inpatient services after July 1, 2011. Maximum aggregate payments to all qualifying hospitals under this section shall not exceed the available Medicare Upper Payment Limit, less all other Medicaid inpatient payments to private hospitals under this State Plan which are subject to the Medicare Upper Payment Limit.

2. Qualifying Criteria. In order to qualify for the supplemental payment under this section, the private hospital must be affiliated with a state or local governmental entity through a Low Income and Needy Care Collaboration Agreement. The state or local governmental entity includes governmentally supported hospitals.

A. A private hospital is defined as a hospital that is owned or operated by a private entity.

B. A Low Income and Needy Care Collaboration Agreement is defined as an agreement between a private hospital and a state or local governmental entity to collaborate for purposes of providing healthcare services to low income and needy patients.

C. Reimbursement Methodology. Each qualifying private hospital may be eligible to receive supplemental payments. The total supplemental payments in any fiscal year will not exceed the lesser of:

(I) The difference between each qualifying hospital's inpatient Medicaid billed charges and Medicaid payment the hospital receives for covered inpatient services for Medicaid participants during the fiscal year; or

(II) For hospitals participating in the Medicaid Disproportionate Share Hospital (DSH) program, the difference between the hospital's specific DSH cap and the hospital's DSH payments during the fiscal year.

D. Payments under this section will be determined after the determination of payments under subsection 2(A) above authorizing Medicaid UPL supplemental payments.

*AUTHORITY: sections 208.152, 208.153, and 208.201, RSMo Supp. 2010. Original rule filed May 20, 2011. Emergency rule filed May 20, 2011, effective July 1, 2011, expires Dec. 28, 2011.*

**T**he Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo Supp. 2010.

## EXECUTIVE ORDER 11-09

WHEREAS, the severe weather that began on April 19, 2011, created a condition of distress and hazards to the safety and welfare of the citizens of the state of Missouri beyond the capabilities of some local jurisdictions and other established agencies; and

WHEREAS, Executive Order 11-06 was issued on April 22, 2011, declaring a State of Emergency within the state of Missouri; and

WHEREAS, Executive Order 11-07 was issued on April 25, 2011, authorizing the Director of the Missouri Department of Natural Resources to temporarily waive or suspend the operation of any statutory or administrative rule or regulation under her purview in order to best serve the interests of the public health and safety during the period of the emergency and subsequent recovery period; and

WHEREAS, Executive Order 11-08 was issued on April 25, 2011, directing the Adjutant General of the State of Missouri, or his designee, to forthwith call and order into active service such portions of the organized militia as he deems necessary to aid the executive officials of Missouri, to protect life and property, and to take such action and employ such equipment as may be necessary in support of civilian authorities, and provide such assistance as may be authorized and directed by the Governor of this state; and

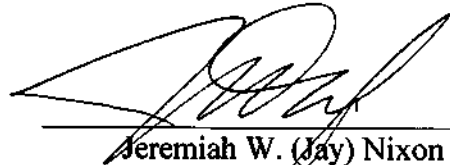
WHEREAS, many communities in the state of Missouri continue to recover from the devastation caused by the severe weather; and

WHEREAS, Executive Orders 11-06, 11-07 and 11-08 expire on May 23, 2011, unless extended in whole or in part.


NOW, THEREFORE, I, JEREMIAH W. (JAY) NIXON, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and laws of the state of Missouri, hereby extend the declaration of emergency contained in Executive Order 11-06 and the terms of Executive Orders 11-07 and 11-08 through June 20, 2011, for the purpose of continuing the recovery efforts in the affected Missouri communities.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri in the City of Jefferson on this 20<sup>th</sup> day of May, 2011.

  
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Jeremiah W. (Jay) Nixon  
Governor

ATTEST:

  
\_\_\_\_\_  
Robin Carnahan  
Secretary of State

**EXECUTIVE ORDER  
11-10**

**WHEREAS, on April 22, 2011, by Executive Order 11-06, I declared a State of Emergency and directed the Missouri State Emergency Operations Plan to be activated; and**

**WHEREAS, on May, 20, 2011, by Executive Order 11-09, I extended the declaration of emergency contained in Executive Order 11-06 through June 20, 2011; and**

**WHEREAS, on May 22, 2011, the City of Joplin was hit by a tornado and severe storms causing a natural disaster of historic proportions; and**

**WHEREAS, medical practitioners entering the State of Missouri to provide mutual aid and assistance to individuals affected by the disaster may need to prescribe, dispense and administer medications; and**

**WHEREAS, some individuals affected by this disaster have a continuing need for prescription medications that had been duly prescribed by licensed physicians in Missouri or other states, but the pharmacist is unable to contact the original prescribing physician and records of such prescriptions are unavailable as a result of the current disaster and its impact; and**

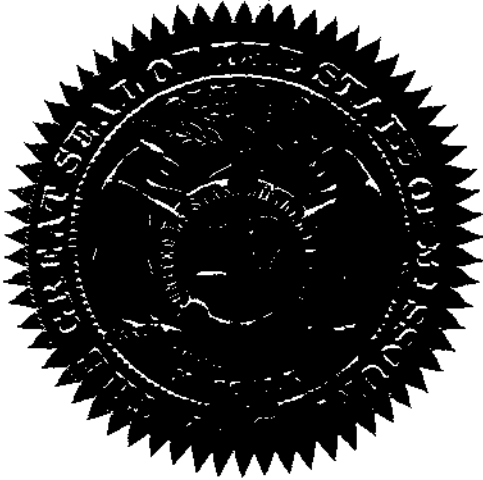
**WHEREAS, appropriate measures must be taken in response to the disaster to ensure that those individuals affected by the disaster whose prescriptions were lost or destroyed, and whose records are not available, and whose original prescribing physician is unavailable, will be able to continue to receive prescribed medications to assure their health, safety, and welfare; and**

**WHEREAS, in order to respond to the emergency, it is necessary to adjust, on a temporary and short-term basis, certain rules and regulations relating to prescribing and dispensing medications to individuals affected by the disaster.**

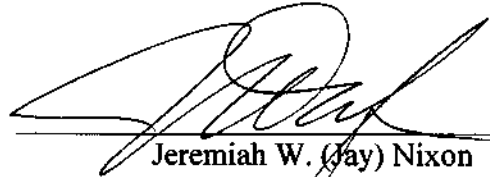
**NOW THEREFORE, I, JEREMIAH W. (JAY) NIXON, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by Chapter 44, RSMo, do hereby issue the following order:**

**The Director of the Missouri Department of Health and Senior Services and the State Board of Pharmacy are vested with full discretionary authority to temporarily waive or suspend the operation of any statutory or administrative rule or regulation currently in place under their purview in order to best serve the interests of the public health and safety during the period of the emergency and the subsequent recovery period.**


**This order shall terminate on June 20, 2011, unless extended in whole or in part.**



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 24<sup>th</sup> day of May, 2011.

  
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Jeremiah W. (Jay) Nixon  
Governor

ATTEST:

  
\_\_\_\_\_  
Robin Carnahan  
Secretary of State

**EXECUTIVE ORDER  
11-11**

WHEREAS, on April 22, 2011, by Executive Order 11-06, I declared a State of Emergency and directed the Missouri State Emergency Operations Plan to be activated; and

WHEREAS, on May, 20, 2011, by Executive Order 11-09, I extended the declaration of emergency contained in Executive Order 11-06 through June 20, 2011; and

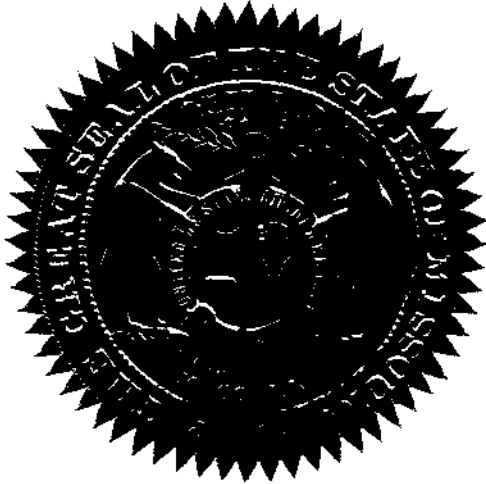
WHEREAS, on May 22, 2011, the City of Joplin was hit by a tornado and severe storms causing a natural disaster of historic proportions; and

WHEREAS, many citizens of the State of Missouri living in this area have suffered great hardship and have been impaired in their ability to conduct normal activities including, but not limited to, the regular titling and registration of motor vehicles and obtaining an acceptable form of identification.

NOW THEREFORE, I, JEREMIAH W. (JAY) NIXON, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by Chapter 44, RSMo, do hereby order:

For those citizens of the State of Missouri who submit sufficient proof to the Director of Revenue that their driver license, nondriver license, certificate of motor vehicle ownership, number plate, or tabs issued by the Director of Revenue have been lost or destroyed as a result of the recent tornado that hit the City of Joplin, the Director shall issue such citizen a duplicate or replacement if such citizen is otherwise eligible for such duplicate or replacement under law, and the Director shall waive all state fees and charges otherwise due for such duplicate or replacement.

This order shall terminate on June 20, 2011, unless extended in whole or in part.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 26<sup>th</sup> day of May, 2011.



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Jeremiah W. (Jay) Nixon  
Governor

ATTEST:



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Robin Carnahan  
Secretary of State

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**EXECUTIVE ORDER  
11-12**

**WHEREAS, on April 22, 2011, by Executive Order 11-06, I declared a State of Emergency and directed the Missouri State Emergency Operations Plan to be activated; and**

**WHEREAS, on May 20, 2011, by Executive Order 11-09, I extended the declaration of emergency contained in Executive Order 11-06 through June 20, 2011; and**

**WHEREAS, on May 22, 2011, the City of Joplin was hit by a tornado and severe storms causing a natural disaster of historic proportions which created a condition of distress and hazards to the health, safety, and welfare of citizens of the state of Missouri beyond the capabilities of some local jurisdictions and other established agencies; and**

**WHEREAS, the tornado and severe storms that occurred on May 22, 2011 in the City of Joplin have produced a disruption in the insurance industry, resulting in many insureds in Jasper and Newton counties unable to timely act or respond to their insurance needs and make timely premium payments on their insurance policies in force on May 22, 2011, as well as the notification process required by insurance statutes and regulations relating to cancellations, nonrenewals, reinstatements, and claims adjudication; and**

**WHEREAS, the Missouri Department of Insurance, Financial Institutions and Professional Registration ("Department") is charged by law with the duty to administer Chapters 325, 354, and 374 through 385, RSMo, which includes the supervision, regulation, and discipline of insurance companies, agencies, producers, and public adjusters licensed to operate and conduct business in the State of Missouri and with enforcing a variety of insurance-related statutes and regulations; and**

**WHEREAS, in order to respond to the emergency and to protect and safeguard the public health, safety, and welfare of the citizens of the state of Missouri, it is necessary to adjust certain insurance-related rules and regulations on a temporary and short-term basis.**

**NOW THEREFORE, I, JEREMIAH W. (JAY) NIXON, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, including Chapter 44, RSMo, do hereby order:**

**The Director of the Missouri Department of Insurance, Financial Institutions and Professional Registration shall temporarily waive, suspend, and/or modify the operation of any statute or administrative regulation currently in place under his purview in order to best serve the interests of the public health, safety, and welfare during the period of the emergency to effectuate the following:**

**Coverage for insureds in Jasper and Newton counties shall continue under all insurance policies in effect immediately preceding the severe storms occurring on May 22, 2011, and shall remain in effect until such time as this Order is terminated.**

**Insureds in Jasper and Newton counties may request and obtain a copy of any of their insurance policies free of charge.**

Any rate increase for insurance policies in Jasper and Newton counties with an effective date on or after May 22, 2011, shall be deferred during the pendency of this emergency. The coverage shall remain in effect at the previously established rate.

When prescription drug coverage exists for insureds of Jasper and Newton county, insurers shall allow insureds to obtain refills of their prescriptions even if the prescription was recently filled.

Any licensed public adjuster performing services in Jasper or Newton counties shall exhibit their adjuster license to any prospective client before entering into any contract for the performance of or before performing adjustment or settlement services.

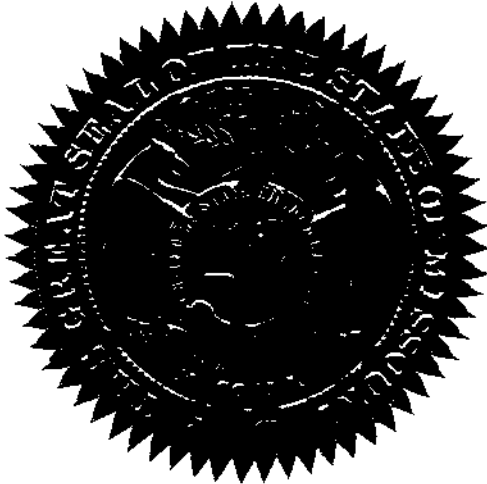
No licensed public adjuster performing adjustment or settlement services in Jasper or Newton counties may contact any insured for fourteen (14) days from the date of this Order.

No person required to be licensed as a public adjuster by the Department shall receive as consideration for such adjusting or settling in Jasper or Newton counties more than five percent (5%) of any amounts paid by an insurance company with respect to such property claim.


No person required to be licensed as a public adjuster by the Department shall require the insured to pay a fee in advance of the payment of the insurance company with respect to a claim in Jasper or Newton counties.

The insured has the right to cancel any contract with a licensed public adjuster performing adjustment or settlement services in Jasper or Newton counties up to fourteen (14) days from the date the insured signed any contract.

This order shall terminate on June 20, 2011, unless extended in whole or in part.




IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 26<sup>th</sup> day of May, 2011.



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Jeremiah W. (Jay) Nixon  
Governor

ATTEST:



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Robin Carnahan  
Secretary of State

EXECUTIVE ORDER  
11-13

WHEREAS, on April 22, 2011, by Executive Order 11-06, I declared a State of Emergency and directed the Missouri State Emergency Operations Plan to be activated; and

WHEREAS, on May 20, 2011, by Executive Order 11-09, I extended the declaration of emergency contained in Executive Order 11-06 through June 20, 2011; and

WHEREAS, on May 22, 2011, the City of Joplin was hit by a tornado and severe storms causing a natural disaster of historic proportions which created a condition of distress and hazards to the health, safety, and welfare of citizens of the state of Missouri beyond the capabilities of some local jurisdictions and other established agencies; and

WHEREAS, the tornado and severe storms that occurred on May 22, 2011 in the City of Joplin have destroyed schools and school buildings, as well as textbooks, materials, furniture, and equipment contained in the schools and school buildings within the Joplin Public School system; and

WHEREAS, school resumes in eighty-three days and, without immediate efforts to rebuild certain schools and school buildings within the Joplin Public School system, hundreds of students will be displaced; and without the immediate ability to purchase replacement textbooks, materials, furniture and equipment, teachers and students will be without the supplies needed to teach and learn; and

WHEREAS, in order to immediately respond to the emergency and to protect and safeguard the public health, safety, and welfare of the citizens of the state of Missouri, it is necessary to adjust certain state laws, rules and regulations on a temporary and short-term basis.

NOW THEREFORE, I, JEREMIAH W. (JAY) NIXON, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, including Chapter 44, RSMo, do hereby authorize:


The Joplin Public School system may begin immediately to rebuild Cecil Floyd Elementary, East Middle School, and the Administration Building without requiring advertisement for bids.

The Joplin Public School system may begin immediately to purchase replacement textbooks, materials, furniture and equipment without requiring advertisement for bids.


This order shall terminate on June 20, 2011, unless extended in whole or in part.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 26<sup>th</sup> day of May, 2011.

  
Jeremiah W. (Jay) Nixon  
Governor

ATTEST:

  
Robin Carnahan  
Secretary of State

**EXECUTIVE ORDER  
11-14**

WHEREAS, the City of Joplin was hit by a devastating tornado that resulted in significant loss of life and property; and

WHEREAS, the tragedy that was inflicted upon the City of Joplin has created a condition of distress and hazard to the safety, welfare, and property of its citizens; and

WHEREAS, the State of Missouri is committed to assisting the City of Joplin recover from this disaster; and

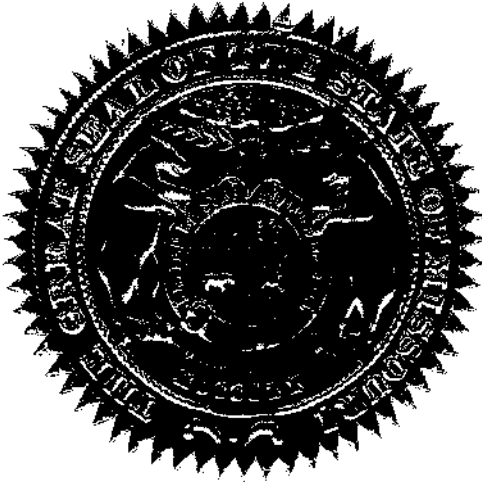
WHEREAS, the Missouri National Guard has been activated and deployed assisting the citizens of the City of Joplin through this disaster; and

WHEREAS, the magnitude of the cleanup and debris removal in the City of Joplin will require significant resources and logistical support including the expertise of the United States Army Corps of Engineers; and

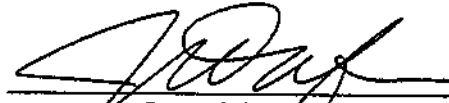
WHEREAS, the Missouri National Guard is capable of supervising and coordinating this vital mission for the citizens of the City of Joplin and the State of Missouri.

NOW THEREFORE, I, JEREMIAH W. (JAY) NIXON, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, including Chapter 44, RSMo, do hereby order and direct that the Adjutant General of the State of Missouri or his designee coordinate and supervise the cleanup and debris removal process in the City of Joplin and it is further ordered and directed that the Adjutant General or his designee call into active service such additional portions of the organized militia as he deems necessary to execute and complete this mission and employ such equipment as may be required, and provide such assistance as may be authorized and directed by the Governor of this State.

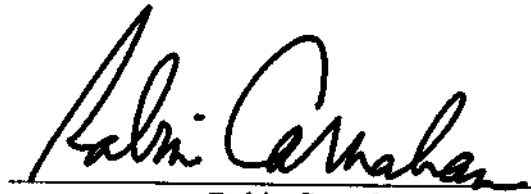
This order shall terminate on June 20, 2011, unless extended in whole or in part.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 26<sup>th</sup> day of May, 2011.

  
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Jeremiah W. (Jay) Nixon  
Governor

ATTEST:

  
\_\_\_\_\_  
Robin Carnahan  
Secretary of State

EXECUTIVE ORDER  
11-15

WHEREAS, on April 22, 2011, by Executive Order 11-06, I declared a State of Emergency and directed the Missouri State Emergency Operations Plan to be activated; and

WHEREAS, on May 20, 2011, by Executive Order 11-09, I extended the declaration of emergency contained in Executive Order 11-06 through June 20, 2011; and

WHEREAS, on May 22, 2011, the City of Joplin was hit by a tornado and severe storms causing a natural disaster of historic proportions which created a condition of distress and hazards to the health, safety, and welfare of citizens of the state of Missouri beyond the capabilities of some local jurisdictions and other established agencies; and

WHEREAS, the tornado and severe storms that occurred on May 22, 2011 in the City of Joplin have destroyed schools and school buildings within the Joplin Public School system; and

WHEREAS, on May 26, 2011, by Executive Order 11-13, I authorized the Joplin Public School system to proceed with the rebuilding of three buildings within the school district; and

WHEREAS, the Joplin Public School system has continued to identify and evaluate school district buildings that can be rebuilt, restored and/or renovated to house students during the 2011-2012 school year; and

WHEREAS, school resumes in seventy-eight days and, without immediate efforts to rebuild certain schools and school buildings within the Joplin Public School system, hundreds of students will be displaced; and

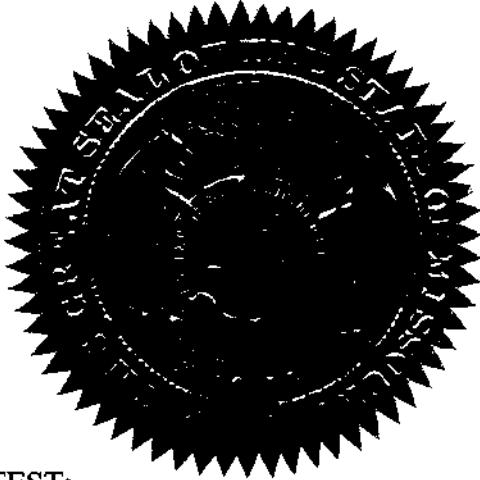
WHEREAS, in order to immediately respond to the emergency and to protect and safeguard the public health, safety, and welfare of the citizens of the state of Missouri, it is necessary to adjust certain state laws, rules and regulations on a temporary and short-term basis.

NOW THEREFORE, I, JEREMIAH W. (JAY) NIXON, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, including Chapter 44, RSMo, do hereby authorize:


The Joplin Public School system may begin immediately to rebuild, restore, and/or renovate Emerson Elementary, Kelsey Norman Elementary, Old South Middle School, and Washington Education Center without requiring advertisement for bids.

This order shall terminate on June 20, 2011, unless extended in whole or in part.

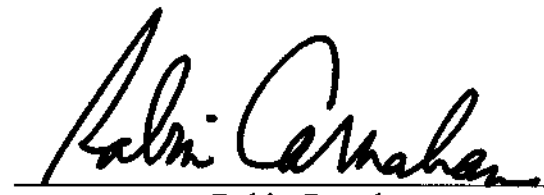




IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 1<sup>st</sup> day of June, 2011.

  
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Jeremiah W. (Jay) Nixon  
Governor

ATTEST:

  
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Robin Carnahan  
Secretary of State