

SECOND REGULAR SESSION

HOUSE BILL NO. 2354

94TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE PORTWOOD.

Read 1st time March 5, 2008 and copies ordered printed.

D. ADAM CRUMBLISS, Chief Clerk

4805L.01I

AN ACT

To amend chapter 208, RSMo, by adding thereto two new sections relating to medical assistance.

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

Section A. Chapter 208, RSMo, is amended by adding thereto two new sections, to be
2 known as sections 208.510 and 208.512, to read as follows:

**208.510. 1. Subject to appropriations and in accordance with authorization under
2 federal law, including the federal Deficit Reduction Act, the medical assistance provided
3 for in section 208.151 may be paid for a person who is employed and who:**

4 **(1) (a) Has a temporary disability but does not meet the definition of disabled under
5 state or federal law, including but not limited to the Supplemental Security Income
6 Program, Social Security Disability Insurance, the Ticket to Work Program, or any other
7 state or federal program providing assistance for disabled persons; or**

8 **(b) Is the parent of a minor child; and**

9 **(2) Has earned income, as defined in subsection 2 of this section; and**

10 **(3) Meets the asset limits in subsection 3 of this section; and**

11 **(4) Has net income, as defined in subsection 3 of this section, that does not exceed
12 the limit for permanent and totally disabled individuals to receive nonspenddown MO
13 HealthNet under subdivision (24) of subsection 1 of section 208.151; and**

14 **(5) Has a gross income of two hundred fifty percent or less of the federal poverty
15 level, excluding any earned income of the recipient worker between two hundred fifty and**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

16 three hundred percent of the federal poverty level. For purposes of this subdivision, "gross
17 income" includes all income of the person and the person's spouse that would be
18 considered in determining MO HealthNet eligibility for permanent and totally disabled
19 individuals under subdivision (24) of subsection 1 of section 208.151. Individuals with
20 gross incomes in excess of one hundred percent of the federal poverty level shall pay a
21 premium for participation in accordance with subsection 4 of this section.

22 2. For income to be considered earned income for purposes of this section, the
23 department of social services shall document that Medicare and Social Security taxes are
24 withheld from such income. Self-employed persons shall provide proof of payment of
25 Medicare and Social Security taxes for income to be considered earned.

26 3. (1) For purposes of determining eligibility under this section, the available asset
27 limit and the definition of available assets shall be the same as those used to determine MO
28 HealthNet eligibility for permanent and totally disabled individuals under subdivision (24)
29 of subsection 1 of section 208.151.

30 (2) To determine net income, the following shall be disregarded:

31 (a) All earned income of the worker;

32 (b) The first sixty-five dollars and one-half of the remaining earned income of a
33 spouse's earned income;

34 (c) A fifty-dollar standard deduction;

35 (d) Health insurance premiums;

36 (e) A seventy-five dollar a month standard deduction for the worker's dental and
37 optical insurance when the total dental and optical insurance premiums are less than
38 seventy-five dollars;

39 (f) A six hundred dollar a month standard deduction for child care expenses;

40 (g) A one hundred fifty dollar a month standard deduction for transportation
41 expenses;

42 (h) A two hundred fifty dollar a month standard deduction for housing expenses;

43 (i) A one hundred fifty dollar a month deduction for participation in self-
44 improvement activities such as job skills improvement, retraining, and career counseling;
45 and

46 (j) For a temporarily disabled worker, a two hundred fifty dollar a month standard
47 deduction.

48 4. Any person whose gross income exceeds one hundred percent of the federal
49 poverty level shall pay a premium for participation in the medical assistance provided in
50 this section. Such premium shall be:

51 (1) For a person whose gross income is more than one hundred percent but less
52 than one hundred fifty percent of the federal poverty level, four percent of income at one
53 hundred percent of the federal poverty level;

54 (2) For a person whose gross income equals or exceeds one hundred fifty percent
55 but is less than two hundred percent of the federal poverty level, four percent of income
56 at one hundred fifty percent of the federal poverty level;

57 (3) For a person whose gross income equals or exceeds two hundred percent but
58 less than two hundred fifty percent of the federal poverty level, five percent of income at
59 two hundred percent of the federal poverty level;

60 (4) For a person whose gross income equals or exceeds two hundred fifty percent
61 up to and including three hundred percent of the federal poverty level, six percent of
62 income at two hundred fifty percent of the federal poverty level.

63 5. Recipients of services through this program shall report any change in income
64 or household size within ten days of the occurrence of such change. An increase in
65 premiums resulting from a reported change in income or household size shall be effective
66 with the next premium invoice that is mailed to a person after due process requirements
67 have been met. A decrease in premiums shall be effective the first day of the month
68 immediately following the month in which the change is reported.

69 6. If an eligible person's employer offers employer-sponsored health insurance and
70 the department of social services determines that it is more cost effective, such person shall
71 participate in the employer-sponsored insurance. The department shall pay such person's
72 portion of the premiums, co-payments, and any other costs associated with participation
73 in the employer-sponsored health insurance.

74 7. The department shall seek the necessary waivers or state plan amendments to
75 obtain the federal funding necessary to provide medical assistance to participants under
76 this section.

77 8. The provisions of this section shall expire six years after August 28, 2008.

208.512. 1. As used in this section, "program" means the medical assistance
2 program described in section 208.510.

3 2. Under the program, any physician who is a provider and meets the requirements
4 of this section shall receive enhanced reimbursement for the specified services provided
5 under the program. In order to qualify for the enhanced reimbursement, the physician
6 provider shall:

7 (1) Become the health care home for the patient;

8 (2) Complete a patient history and consultation, including but not limited to a
9 review of systems, a list of problems, and the initiation of coordination of care for the
10 patient; and

11 (3) File a treatment plan for the patient. Such plan may be filed electronically.

12 3. If a physician provider meets the requirements of subsection 2 of this section, the
13 physician provider shall be reimbursed at the following rates for all services provided
14 under the program by the physician with the American Medical Association Current
15 Procedural Terminology (CPT) codes 99201 to 99205 for new patients and CPT codes
16 99211 to 99215 for established patients:

17 (1) For new patients, one hundred twenty percent of the Medicare reimbursement
18 rate for such services; and

19 (2) For established patients, one hundred ten percent of the Medicare
20 reimbursement rate for such services.

21 4. (1) For purposes of this section, the MO HealthNet division, any third-party
22 administrator, or any other entity that contracts with the division for health care services
23 shall not change any diagnostic or current procedural terminology code submitted by the
24 health care provider for health care services under the program without the express
25 written permission of the health care provider and without the examination of the patient
26 record.

27 (2) Every contract between the division or any agent of the division and a health
28 care provider shall specifically set forth the codes, including code modifiers, for which the
29 division shall provide compensation, remuneration, or reimbursement, and the amount of
30 compensation, remuneration, or reimbursement for each such code under the program.
31 The code and code modifier shall refer to the most recent American Medical Association
32 code book and other recognized codes as adopted and used in the Medicare and Medicaid
33 programs of the state and federal government.

34 5. The MO HealthNet division may promulgate rules for implementation of this
35 section. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo,
36 that is created under the authority delegated in this section shall become effective only if
37 it complies with and is subject to all of the provisions of chapter 536, RSMo, and, if
38 applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are nonseverable
39 and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo,
40 to review, to delay the effective date, or to disapprove and annul a rule are subsequently
41 held unconstitutional, then the grant of rulemaking authority and any rule proposed or
42 adopted after August 28, 2008, shall be invalid and void.

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