| House  | Amendment NO  |
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| Offered By   |   |
| AMEND House Committee Substitute for House Bill No. 2209, Page 2, Section 376.998, Line 21, by inserting after all of said section and line the following:   |   |
| "376.1218. 1. Any health carr plans, other than Medicaid health bene or renewed in this state on or after Jams services described in this section that a care professionals licensed by the state for children from birth to age three ide services under Part C of the Individual seq. Such coverage shall be limited to calendar year, with a maximum of nine 2. As used in this section, "heameaning as such terms are defined in s 3. In the event that any health under subsection 1 of this section becate to the act commonly known as ERISA event that subsection 1 of this section is responsible for payment and provision 4. For purposes of this section speech and language therapy, occupating devices for children from birth to age to system as eligible for services under Paystem as eligible child and the child's family that | rier or health benefit plan that offers or issues health benefit efit plans, which are delivered, issued for delivery, continued, uary 1, 2006, shall provide coverage for early intervention are delivered by early intervention specialists who are health to of Missouri and acting within the scope of their professions entified by the Part C early intervention system as eligible for als with Disabilities Education Act, 20 U.S.C. Section 1431, et of three thousand dollars for each covered child per policy per thousand dollars per child. |
| section.  5. No payment made for specific  | fied early intervention services shall be applied by the health<br>ny maximum lifetime aggregate specified in the policy or   |
| health benefit plan [if the carrier opts t (2) of subsection 7 of this section]. [A  | to satisfy its obligations under this section under subdivision health benefit plan shall be billed at the applicable Medicaid delivered, and the health benefit plan shall pay the Part C early  |

intervention system at such rate for benefits covered by this section.] Services under the Part C early

Action Taken

Date \_\_\_\_

intervention system shall be delivered as prescribed by the individualized family service plan and an electronic claim filed in accordance with the carrier's or plan's standard format. [Beginning January 1, 2007, such claims' payments shall be made in accordance with the provisions of sections 376.383 and 376.384.]

- 6. The health care service required by this section shall not be subject to any greater deductible, co-payment, or coinsurance than other similar health care services provided by the health benefit plan.
- 7. **[**(1) Subject to the provisions of this section, payments made during a calendar year by a health carrier or group of carriers affiliated by or under common ownership or control to the Part C early intervention system for services provided to children covered by the Part C early intervention system shall not exceed one-half of one percent of the direct written premium for health benefit plans as reported to the department of insurance, financial institutions and professional registration on the health carrier's most recently filed annual financial statement.
- (2) In lieu of reimbursing claims under this section,] A carrier or group of carriers affiliated by or under common ownership or control [may] shall, on behalf of all of the carrier's or carriers' health benefit plan or plans providing coverage under this section, directly pay the Part C early intervention system by January thirty-first of the calendar year an amount equal to one-half of one percent of the direct written premium for health benefit plans as reported to the department of insurance, financial institutions and professional registration on the health carrier's most recently filed annual financial statement, or five hundred thousand dollars, whichever is less, and such payment shall constitute full and complete satisfaction of the health benefit plan's obligation for the calendar year. Nothing in this subsection shall require a health carrier or health benefit plan providing coverage under this section to amend or modify any provision of an existing policy or plan relating to the payment or reimbursement of claims by the health carrier or health benefit plan.
- 8. [This section shall not apply to a supplemental insurance policy, including a life care contract, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, hospitalization-surgical care policy, policy that is individually underwritten or provides such coverage for specific individuals and members of their families, long-term care policy, or short-term major medical policies of six months or less duration.
- 9. Except for health carriers or health benefit plans making payments under subdivision (2) of subsection 7 of this section, the department of insurance, financial institutions and professional registration shall collect data related to the number of children receiving private insurance coverage under this section and the total amount of moneys paid on behalf of such children by private health carriers or health benefit plans. The department shall report to the general assembly regarding the department's findings no later than January 30, 2007, and annually thereafter.
- 10.] Notwithstanding the provisions of section 23.253 to the contrary, the provisions of this section shall not sunset."; and

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