

FIRST REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1291
101ST GENERAL ASSEMBLY

2656H.03C

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal section 208.153, RSMo, and to enact in lieu thereof one new section relating to the provision of MO HealthNet benefits.

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

Section A. Section 208.153, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 208.153, to read as follows:

208.153. 1. Pursuant to and not inconsistent with the provisions of sections 208.151 and 208.152, the MO HealthNet division shall by rule and regulation define the reasonable costs, manner, extent, quantity, quality, charges and fees of MO HealthNet benefits herein provided. The benefits available under these sections shall not replace those provided under other federal or state law or under other contractual or legal entitlements of the persons receiving them, and all persons shall be required to apply for and utilize all benefits available to them and to pursue all causes of action to which they are entitled. Any person entitled to MO HealthNet benefits may obtain it from any provider of services with which an agreement is in effect under this section and which undertakes to provide the services, as authorized by the MO HealthNet division. At the discretion of the director of the MO HealthNet division and with the approval of the governor, the MO HealthNet division is authorized to provide medical benefits for participants receiving public assistance by expending funds for the payment of federal medical insurance premiums, coinsurance and deductibles pursuant to the provisions of Title XVIII B and XIX, Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. 301, et seq.), as amended.

2. MO HealthNet shall include benefit payments on behalf of qualified Medicare beneficiaries as defined in 42 U.S.C. Section 1396d(p). The family support division shall by rule and regulation establish which qualified Medicare beneficiaries are eligible. The MO HealthNet

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.

19 division shall define the premiums, deductible and coinsurance provided for in 42 U.S.C. Section
20 1396d(p) to be provided on behalf of the qualified Medicare beneficiaries.

21 3. MO HealthNet shall include benefit payments for Medicare Part A cost sharing as
22 defined in clause (p)(3)(A)(i) of 42 U.S.C. 1396d on behalf of qualified disabled and working
23 individuals as defined in subsection (s) of Section 42 U.S.C. 1396d as required by subsection (d)
24 of Section 6408 of ~~[P.L.]~~ **Pub. L. 101-239 (42 U.S.C. Sections 1396a, 1396d, and 1396o)**
25 (Omnibus Budget Reconciliation Act of 1989). The MO HealthNet division may impose a
26 premium for such benefit payments as authorized by paragraph (d)(3) of Section 6408 of ~~[P.L.]~~
27 **Pub. L. 101-239 (42 U.S.C. Section 1396o)**.

28 4. MO HealthNet shall include benefit payments for Medicare Part B cost sharing
29 described in 42 U.S.C. Section 1396(d)(p)(3)(A)(ii) for individuals described in subsection 2 of
30 this section, but for the fact that their income exceeds the income level established by the state
31 under 42 U.S.C. Section 1396(d)(p)(2) but is less than one hundred and ten percent beginning
32 January 1, 1993, and less than one hundred and twenty percent beginning January 1, 1995, of the
33 official poverty line for a family of the size involved.

34 5. For an individual eligible for MO HealthNet under Title XIX of the Social Security
35 Act, MO HealthNet shall include payment of enrollee premiums in a group health plan and all
36 deductibles, coinsurance and other cost-sharing for items and services otherwise covered under
37 the state Title XIX plan under Section 1906 of the federal Social Security Act and regulations
38 established under the authority of Section 1906, as may be amended. Enrollment in a group
39 health plan must be cost effective, as established by the Secretary of Health and Human Services,
40 before enrollment in the group health plan is required. If all members of a family are not eligible
41 for MO HealthNet and enrollment of the Title XIX eligible members in a group health plan is
42 not possible unless all family members are enrolled, all premiums for noneligible members shall
43 be treated as payment for MO HealthNet of eligible family members. Payment for noneligible
44 family members must be cost effective, taking into account payment of all such premiums. Non-
45 Title XIX eligible family members shall pay all deductible, coinsurance and other cost-sharing
46 obligations. Each individual as a condition of eligibility for MO HealthNet benefits shall apply
47 for enrollment in the group health plan.

48 6. Any Social Security cost-of-living increase at the beginning of any year shall be
49 disregarded until the federal poverty level for such year is implemented.

50 7. If a MO HealthNet participant has paid the requested spenddown in cash for any
51 month and subsequently pays an out-of-pocket valid medical expense for such month, such
52 expense shall be allowed as a deduction to future required spenddown for up to three months
53 from the date of such expense.

54 **8. Any nonprofit hospital licensed under chapter 197 for which an agreement is in**
55 **effect under this section shall not deny the provision of medically necessary services to a**
56 **MO HealthNet participant for which the participant is eligible, and for which the hospital**
57 **undertakes to provide in its regular course of business, on the basis of the participant's**
58 **status as a fee-for-service participant or a managed care enrollee where an offer exists for**
59 **reimbursement at an amount equal to one hundred percent of the MO HealthNet fee-for-**
60 **service rate in a single case agreement.**

✓