

House \_\_\_\_\_ Amendment NO. \_\_\_\_\_

Offered By

1 AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403,  
2 Page 9, Section 197.135, Line 47, by inserting after all of said section and line the following:

3  
4 "208.153. 1. Pursuant to and not inconsistent with the provisions of sections 208.151 and  
5 208.152, the MO HealthNet division shall by rule and regulation define the reasonable costs,  
6 manner, extent, quantity, quality, charges and fees of MO HealthNet benefits herein provided. The  
7 benefits available under these sections shall not replace those provided under other federal or state  
8 law or under other contractual or legal entitlements of the persons receiving them, and all persons  
9 shall be required to apply for and utilize all benefits available to them and to pursue all causes of  
10 action to which they are entitled. Any person entitled to MO HealthNet benefits may obtain it from  
11 any provider of services with which an agreement is in effect under this section and which  
12 undertakes to provide the services, as authorized by the MO HealthNet division. At the discretion of  
13 the director of the MO HealthNet division and with the approval of the governor, the MO HealthNet  
14 division is authorized to provide medical benefits for participants receiving public assistance by  
15 expending funds for the payment of federal medical insurance premiums, coinsurance and  
16 deductibles pursuant to the provisions of Title XVIII B and XIX, Public Law 89-97, 1965  
17 amendments to the federal Social Security Act (42 U.S.C. 301, et seq.), as amended.

18 2. MO HealthNet shall include benefit payments on behalf of qualified Medicare  
19 beneficiaries as defined in 42 U.S.C. Section 1396d(p). The family support division shall by rule  
20 and regulation establish which qualified Medicare beneficiaries are eligible. The MO HealthNet  
21 division shall define the premiums, deductible and coinsurance provided for in 42 U.S.C. Section  
22 1396d(p) to be provided on behalf of the qualified Medicare beneficiaries.

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

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

35 5. For an individual eligible for MO HealthNet under Title XIX of the Social Security Act,  
36 MO HealthNet shall include payment of enrollee premiums in a group health plan and all

Action Taken \_\_\_\_\_ Date \_\_\_\_\_

1 deductibles, coinsurance and other cost-sharing for items and services otherwise covered under the  
2 state Title XIX plan under Section 1906 of the federal Social Security Act and regulations  
3 established under the authority of Section 1906, as may be amended. Enrollment in a group health  
4 plan must be cost effective, as established by the Secretary of Health and Human Services, before  
5 enrollment in the group health plan is required. If all members of a family are not eligible for MO  
6 HealthNet and enrollment of the Title XIX eligible members in a group health plan is not possible  
7 unless all family members are enrolled, all premiums for noneligible members shall be treated as  
8 payment for MO HealthNet of eligible family members. Payment for noneligible family members  
9 must be cost effective, taking into account payment of all such premiums. Non-Title XIX eligible  
10 family members shall pay all deductible, coinsurance and other cost-sharing obligations. Each  
11 individual as a condition of eligibility for MO HealthNet benefits shall apply for enrollment in the  
12 group health plan.

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

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

19 8. Any nonprofit hospital licensed under chapter 197 for which an agreement is in effect  
20 under this section shall not deny the provision of medically necessary services to a MO HealthNet  
21 participant for which the participant is eligible, and for which the hospital undertakes to provide in  
22 its regular course of business and mission, on the basis of the participant's status as a fee-for-service  
23 participant or a managed care enrollee where an offer exists for reimbursement at an amount equal  
24 to one hundred percent of the MO HealthNet fee-for-service rate in a single case agreement."; and  
25

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