

SENATE BILL NO. 1021

101ST GENERAL ASSEMBLY

INTRODUCED BY SENATOR BROWN.

4894S.01I

ADRIANE D. CROUSE, Secretary

AN ACT

To repeal section 208.153, RSMo, and to enact in lieu thereof one new section relating to MO HealthNet reimbursement.

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Section A. Section 208.153, RSMo, is repealed and one new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

208.153. 1. Pursuant to and not inconsistent with the
2 provisions of sections 208.151 and 208.152, the MO HealthNet
3 division shall by rule and regulation define the reasonable
4 costs, manner, extent, quantity, quality, charges and fees
5 of MO HealthNet benefits herein provided. **This shall**
6 **include, but not be limited to, payment standards and**
7 **reimbursement methodologies of a Medicaid managed care**
8 **organization, as defined in 42 U.S.C. Section 1396b(m),**
9 **which provides or arranges health care services for MO**
10 **HealthNet enrollees.** The benefits available under these
11 sections shall not replace those provided under other
12 federal or state law or under other contractual or legal
13 entitlements of the persons receiving them, and all persons
14 shall be required to apply for and utilize all benefits
15 available to them and to pursue all causes of action to
16 which they are entitled. Any person entitled to MO
17 HealthNet benefits may obtain it from any provider of
18 services with which an agreement is in effect under this

19 section and which undertakes to provide the services, as
20 authorized by the MO HealthNet division. At the discretion
21 of the director of the MO HealthNet division and with the
22 approval of the governor, the MO HealthNet division is
23 authorized to provide medical benefits for participants
24 receiving public assistance by expending funds for the
25 payment of federal medical insurance premiums, coinsurance
26 and deductibles pursuant to the provisions of Title XVIII B
27 and XIX, Public Law 89-97, 1965 amendments to the federal
28 Social Security Act (42 U.S.C. 301, et seq.), as amended.

29 2. MO HealthNet shall include benefit payments on
30 behalf of qualified Medicare beneficiaries as defined in 42
31 U.S.C. Section 1396d(p). The family support division shall
32 by rule and regulation establish which qualified Medicare
33 beneficiaries are eligible. The MO HealthNet division shall
34 define the premiums, deductible and coinsurance provided for
35 in 42 U.S.C. Section 1396d(p) to be provided on behalf of
36 the qualified Medicare beneficiaries.

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

46 4. MO HealthNet shall include benefit payments for
47 Medicare Part B cost sharing described in 42 U.S.C. Section
48 1396(d) (p) (3) (A) (ii) for individuals described in subsection
49 2 of this section, but for the fact that their income
50 exceeds the income level established by the state under 42

51 U.S.C. Section 1396(d)(p)(2) but is less than one hundred
52 and ten percent beginning January 1, 1993, and less than one
53 hundred and twenty percent beginning January 1, 1995, of the
54 official poverty line for a family of the size involved.

55 5. For an individual eligible for MO HealthNet under
56 Title XIX of the Social Security Act, MO HealthNet shall
57 include payment of enrollee premiums in a group health plan
58 and all deductibles, coinsurance and other cost-sharing for
59 items and services otherwise covered under the state Title
60 XIX plan under Section 1906 of the federal Social Security
61 Act and regulations established under the authority of
62 Section 1906, as may be amended. Enrollment in a group
63 health plan must be cost effective, as established by the
64 Secretary of Health and Human Services, before enrollment in
65 the group health plan is required. If all members of a
66 family are not eligible for MO HealthNet and enrollment of
67 the Title XIX eligible members in a group health plan is not
68 possible unless all family members are enrolled, all
69 premiums for noneligible members shall be treated as payment
70 for MO HealthNet of eligible family members. Payment for
71 noneligible family members must be cost effective, taking
72 into account payment of all such premiums. Non-Title XIX
73 eligible family members shall pay all deductible,
74 coinsurance and other cost-sharing obligations. Each
75 individual as a condition of eligibility for MO HealthNet
76 benefits shall apply for enrollment in the group health plan.

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

80 7. If a MO HealthNet participant has paid the
81 requested spenddown in cash for any month and subsequently
82 pays an out-of-pocket valid medical expense for such month,

83 such expense shall be allowed as a deduction to future
84 required spenddown for up to three months from the date of
85 such expense.

