

FIRST REGULAR SESSION

SENATE BILL NO. 504

101ST GENERAL ASSEMBLY

INTRODUCED BY SENATOR REHDER.

2293S.01H

ADRIANE D. CROUSE, Secretary

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Section A. Section 208.153, RSMo, is repealed and one new
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. The benefits
6 available under these sections shall not replace those
7 provided under other federal or state law or under other
8 contractual or legal entitlements of the persons receiving
9 them, and all persons shall be required to apply for and
10 utilize all benefits available to them and to pursue all
11 causes of action to which they are entitled. Any person
12 entitled to MO HealthNet benefits may obtain it from any
13 provider of services with which an agreement is in effect
14 under this section and which undertakes to provide the
15 services, as authorized by the MO HealthNet division. At
16 the discretion of the director of the MO HealthNet division
17 and with the approval of the governor, the MO HealthNet
18 division is authorized to provide medical benefits for

19 participants receiving public assistance by expending funds
20 for the payment of federal medical insurance premiums,
21 coinsurance and deductibles pursuant to the provisions of
22 Title XVIII B and XIX, Public Law 89-97, 1965 amendments to
23 the federal Social Security Act (42 U.S.C. 301, et seq.), as
24 amended.

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

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

42 4. MO HealthNet shall include benefit payments for
43 Medicare Part B cost sharing described in 42 U.S.C. Section
44 1396(d) (p) (3) (A) (ii) for individuals described in subsection
45 2 of this section, but for the fact that their income
46 exceeds the income level established by the state under 42
47 U.S.C. Section 1396(d) (p) (2) but is less than one hundred
48 and ten percent beginning January 1, 1993, and less than one
49 hundred and twenty percent beginning January 1, 1995, of the
50 official poverty line for a family of the size involved.

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

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

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

82 8. Any nonprofit hospital licensed under chapter 197
83 for which an agreement is in effect under this section shall
84 not deny the provision of medically necessary services to a
85 MO HealthNet participant for which the participant is
86 eligible, and for which the hospital undertakes to provide
87 in its regular course of business, on the basis of the
88 participant's status as a fee-for-service participant or a
89 managed care enrollee.

✓