

SECOND REGULAR SESSION

# HOUSE BILL NO. 2148

101ST GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE MURPHY.

4947H.011

DANA RADEMAN MILLER, Chief Clerk

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## AN ACT

To repeal section 208.153, RSMo, and to enact in lieu thereof one new section relating to Medicaid managed care organizations.

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*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Section A. Section 208.153, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 208.153, to read as follows: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 **including, but not limited to, payment standards and reimbursement methodologies of a Medicaid managed care organization defined in 42 U.S.C. Section 1396b(m) that provides or arranges health care services for MO HealthNet enrollees in Missouri**. 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

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.

17 provisions of Title XVIII B and XIX, Public Law 89-97, 1965 amendments to the federal  
18 Social Security Act (42 U.S.C. 301, et seq.), as amended.

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

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

31 4. MO HealthNet shall include benefit payments for Medicare Part B cost sharing  
32 described in 42 U.S.C. Section 1396(d)(p)(3)(A)(ii) for individuals described in subsection 2  
33 of this section, but for the fact that their income exceeds the income level established by the  
34 state under 42 U.S.C. Section 1396(d)(p)(2) but is less than one hundred and ten percent  
35 beginning January 1, 1993, and less than one hundred and twenty percent beginning January  
36 1, 1995, of the official poverty line for a family of the size involved.

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

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

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

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