

SENATE BILL NO. 916

102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR HOSKINS.

3682S.01I

KRISTINA MARTIN, Secretary

AN ACT

To repeal sections 208.152 and 208.153, RSMo, and to enact in lieu thereof two new sections relating to MO HealthNet providers.

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

Section A. Sections 208.152 and 208.153, RSMo, are
2 repealed and two new sections enacted in lieu thereof, to be
3 known as sections 208.152 and 208.153, to read as follows:

208.152. 1. MO HealthNet payments shall be made on
2 behalf of those eligible needy persons as described in
3 section 208.151 who are unable to provide for it in whole or
4 in part, with any payments to be made on the basis of the
5 reasonable cost of the care or reasonable charge for the
6 services as defined and determined by the MO HealthNet
7 division, unless otherwise hereinafter provided, for the
8 following:

9 (1) Inpatient hospital services, except to persons in
10 an institution for mental diseases who are under the age of
11 sixty-five years and over the age of twenty-one years;
12 provided that the MO HealthNet division shall provide
13 through rule and regulation an exception process for
14 coverage of inpatient costs in those cases requiring
15 treatment beyond the seventy-fifth percentile professional
16 activities study (PAS) or the MO HealthNet children's
17 diagnosis length-of-stay schedule; and provided further that
18 the MO HealthNet division shall take into account through

19 its payment system for hospital services the situation of
20 hospitals which serve a disproportionate number of low-
21 income patients;

22 (2) All outpatient hospital services, payments
23 therefor to be in amounts which represent no more than
24 eighty percent of the lesser of reasonable costs or
25 customary charges for such services, determined in
26 accordance with the principles set forth in Title XVIII A
27 and B, Public Law 89-97, 1965 amendments to the federal
28 Social Security Act (42 U.S.C. Section 301, et seq.), but
29 the MO HealthNet division may evaluate outpatient hospital
30 services rendered under this section and deny payment for
31 services which are determined by the MO HealthNet division
32 not to be medically necessary, in accordance with federal
33 law and regulations;

34 (3) Laboratory and X-ray services;

35 (4) Nursing home services for participants, except to
36 persons with more than five hundred thousand dollars equity
37 in their home or except for persons in an institution for
38 mental diseases who are under the age of sixty-five years,
39 when residing in a hospital licensed by the department of
40 health and senior services or a nursing home licensed by the
41 department of health and senior services or appropriate
42 licensing authority of other states or government-owned and -
43 operated institutions which are determined to conform to
44 standards equivalent to licensing requirements in Title XIX
45 of the federal Social Security Act (42 U.S.C. Section 301,
46 et seq.), as amended, for nursing facilities. The MO
47 HealthNet division may recognize through its payment
48 methodology for nursing facilities those nursing facilities
49 which serve a high volume of MO HealthNet patients. The MO
50 HealthNet division when determining the amount of the

51 benefit payments to be made on behalf of persons under the
52 age of twenty-one in a nursing facility may consider nursing
53 facilities furnishing care to persons under the age of
54 twenty-one as a classification separate from other nursing
55 facilities;

56 (5) Nursing home costs for participants receiving
57 benefit payments under subdivision (4) of this subsection
58 for those days, which shall not exceed twelve per any period
59 of six consecutive months, during which the participant is
60 on a temporary leave of absence from the hospital or nursing
61 home, provided that no such participant shall be allowed a
62 temporary leave of absence unless it is specifically
63 provided for in his plan of care. As used in this
64 subdivision, the term "temporary leave of absence" shall
65 include all periods of time during which a participant is
66 away from the hospital or nursing home overnight because he
67 is visiting a friend or relative;

68 (6) Physicians' services, whether furnished in the
69 office, home, hospital, nursing home, or elsewhere,
70 **provided, no funds shall be expanded to any abortion**
71 **facility, as defined in section 188.015, or any affiliate or**
72 **associate thereof;**

73 (7) Subject to appropriation, up to twenty visits per
74 year for services limited to examinations, diagnoses,
75 adjustments, and manipulations and treatments of
76 malpositioned articulations and structures of the body
77 provided by licensed chiropractic physicians practicing
78 within their scope of practice. Nothing in this subdivision
79 shall be interpreted to otherwise expand MO HealthNet
80 services;

81 (8) Drugs and medicines when prescribed by a licensed
82 physician, dentist, podiatrist, or an advanced practice

83 registered nurse; except that no payment for drugs and
84 medicines prescribed on and after January 1, 2006, by a
85 licensed physician, dentist, podiatrist, or an advanced
86 practice registered nurse may be made on behalf of any
87 person who qualifies for prescription drug coverage under
88 the provisions of P.L. 108-173;

89 (9) Emergency ambulance services and, effective
90 January 1, 1990, medically necessary transportation to
91 scheduled, physician-prescribed nonelective treatments;

92 (10) Early and periodic screening and diagnosis of
93 individuals who are under the age of twenty-one to ascertain
94 their physical or mental defects, and health care,
95 treatment, and other measures to correct or ameliorate
96 defects and chronic conditions discovered thereby. Such
97 services shall be provided in accordance with the provisions
98 of Section 6403 of P.L. 101-239 and federal regulations
99 promulgated thereunder;

100 (11) Home health care services;

101 (12) Family planning as defined by federal rules and
102 regulations; provided, however, that such family planning
103 services shall not include abortions or any abortifacient
104 drug or device that is used for the purpose of inducing an
105 abortion unless such abortions are certified in writing by a
106 physician to the MO HealthNet agency that, in the
107 physician's professional judgment, the life of the mother
108 would be endangered if the fetus were carried to term;

109 (13) Inpatient psychiatric hospital services for
110 individuals under age twenty-one as defined in Title XIX of
111 the federal Social Security Act (42 U.S.C. Section 1396d, et
112 seq.);

113 (14) Outpatient surgical procedures, including
114 presurgical diagnostic services performed in ambulatory

115 surgical facilities which are licensed by the department of
116 health and senior services of the state of Missouri; except,
117 that such outpatient surgical services shall not include
118 persons who are eligible for coverage under Part B of Title
119 XVIII, Public Law 89-97, 1965 amendments to the federal
120 Social Security Act, as amended, if exclusion of such
121 persons is permitted under Title XIX, Public Law 89-97, 1965
122 amendments to the federal Social Security Act, as amended;

123 (15) Personal care services which are medically
124 oriented tasks having to do with a person's physical
125 requirements, as opposed to housekeeping requirements, which
126 enable a person to be treated by his or her physician on an
127 outpatient rather than on an inpatient or residential basis
128 in a hospital, intermediate care facility, or skilled
129 nursing facility. Personal care services shall be rendered
130 by an individual not a member of the participant's family
131 who is qualified to provide such services where the services
132 are prescribed by a physician in accordance with a plan of
133 treatment and are supervised by a licensed nurse. Persons
134 eligible to receive personal care services shall be those
135 persons who would otherwise require placement in a hospital,
136 intermediate care facility, or skilled nursing facility.
137 Benefits payable for personal care services shall not exceed
138 for any one participant one hundred percent of the average
139 statewide charge for care and treatment in an intermediate
140 care facility for a comparable period of time. Such
141 services, when delivered in a residential care facility or
142 assisted living facility licensed under chapter 198 shall be
143 authorized on a tier level based on the services the
144 resident requires and the frequency of the services. A
145 resident of such facility who qualifies for assistance under
146 section 208.030 shall, at a minimum, if prescribed by a

147 physician, qualify for the tier level with the fewest
148 services. The rate paid to providers for each tier of
149 service shall be set subject to appropriations. Subject to
150 appropriations, each resident of such facility who qualifies
151 for assistance under section 208.030 and meets the level of
152 care required in this section shall, at a minimum, if
153 prescribed by a physician, be authorized up to one hour of
154 personal care services per day. Authorized units of
155 personal care services shall not be reduced or tier level
156 lowered unless an order approving such reduction or lowering
157 is obtained from the resident's personal physician. Such
158 authorized units of personal care services or tier level
159 shall be transferred with such resident if he or she
160 transfers to another such facility. Such provision shall
161 terminate upon receipt of relevant waivers from the federal
162 Department of Health and Human Services. If the Centers for
163 Medicare and Medicaid Services determines that such
164 provision does not comply with the state plan, this
165 provision shall be null and void. The MO HealthNet division
166 shall notify the revisor of statutes as to whether the
167 relevant waivers are approved or a determination of
168 noncompliance is made;

169 (16) Mental health services. The state plan for
170 providing medical assistance under Title XIX of the Social
171 Security Act, 42 U.S.C. Section 301, as amended, shall
172 include the following mental health services when such
173 services are provided by community mental health facilities
174 operated by the department of mental health or designated by
175 the department of mental health as a community mental health
176 facility or as an alcohol and drug abuse facility or as a
177 child-serving agency within the comprehensive children's
178 mental health service system established in section

179 630.097. The department of mental health shall establish by
180 administrative rule the definition and criteria for
181 designation as a community mental health facility and for
182 designation as an alcohol and drug abuse facility. Such
183 mental health services shall include:

184 (a) Outpatient mental health services including
185 preventive, diagnostic, therapeutic, rehabilitative, and
186 palliative interventions rendered to individuals in an
187 individual or group setting by a mental health professional
188 in accordance with a plan of treatment appropriately
189 established, implemented, monitored, and revised under the
190 auspices of a therapeutic team as a part of client services
191 management;

192 (b) Clinic mental health services including
193 preventive, diagnostic, therapeutic, rehabilitative, and
194 palliative interventions rendered to individuals in an
195 individual or group setting by a mental health professional
196 in accordance with a plan of treatment appropriately
197 established, implemented, monitored, and revised under the
198 auspices of a therapeutic team as a part of client services
199 management;

200 (c) Rehabilitative mental health and alcohol and drug
201 abuse services including home and community-based
202 preventive, diagnostic, therapeutic, rehabilitative, and
203 palliative interventions rendered to individuals in an
204 individual or group setting by a mental health or alcohol
205 and drug abuse professional in accordance with a plan of
206 treatment appropriately established, implemented, monitored,
207 and revised under the auspices of a therapeutic team as a
208 part of client services management. As used in this
209 section, mental health professional and alcohol and drug
210 abuse professional shall be defined by the department of

211 mental health pursuant to duly promulgated rules. With
212 respect to services established by this subdivision, the
213 department of social services, MO HealthNet division, shall
214 enter into an agreement with the department of mental
215 health. Matching funds for outpatient mental health
216 services, clinic mental health services, and rehabilitation
217 services for mental health and alcohol and drug abuse shall
218 be certified by the department of mental health to the MO
219 HealthNet division. The agreement shall establish a
220 mechanism for the joint implementation of the provisions of
221 this subdivision. In addition, the agreement shall
222 establish a mechanism by which rates for services may be
223 jointly developed;

224 (17) Such additional services as defined by the MO
225 HealthNet division to be furnished under waivers of federal
226 statutory requirements as provided for and authorized by the
227 federal Social Security Act (42 U.S.C. Section 301, et seq.)
228 subject to appropriation by the general assembly;

229 (18) The services of an advanced practice registered
230 nurse with a collaborative practice agreement to the extent
231 that such services are provided in accordance with chapters
232 334 and 335, and regulations promulgated thereunder;

233 (19) Nursing home costs for participants receiving
234 benefit payments under subdivision (4) of this subsection to
235 reserve a bed for the participant in the nursing home during
236 the time that the participant is absent due to admission to
237 a hospital for services which cannot be performed on an
238 outpatient basis, subject to the provisions of this
239 subdivision:

240 (a) The provisions of this subdivision shall apply
241 only if:

242 a. The occupancy rate of the nursing home is at or
243 above ninety-seven percent of MO HealthNet certified
244 licensed beds, according to the most recent quarterly census
245 provided to the department of health and senior services
246 which was taken prior to when the participant is admitted to
247 the hospital; and

248 b. The patient is admitted to a hospital for a medical
249 condition with an anticipated stay of three days or less;

250 (b) The payment to be made under this subdivision
251 shall be provided for a maximum of three days per hospital
252 stay;

253 (c) For each day that nursing home costs are paid on
254 behalf of a participant under this subdivision during any
255 period of six consecutive months such participant shall,
256 during the same period of six consecutive months, be
257 ineligible for payment of nursing home costs of two
258 otherwise available temporary leave of absence days provided
259 under subdivision (5) of this subsection; and

260 (d) The provisions of this subdivision shall not apply
261 unless the nursing home receives notice from the participant
262 or the participant's responsible party that the participant
263 intends to return to the nursing home following the hospital
264 stay. If the nursing home receives such notification and
265 all other provisions of this subsection have been satisfied,
266 the nursing home shall provide notice to the participant or
267 the participant's responsible party prior to release of the
268 reserved bed;

269 (20) Prescribed medically necessary durable medical
270 equipment. An electronic web-based prior authorization
271 system using best medical evidence and care and treatment
272 guidelines consistent with national standards shall be used
273 to verify medical need;

274 (21) Hospice care. As used in this subdivision, the
275 term "hospice care" means a coordinated program of active
276 professional medical attention within a home, outpatient and
277 inpatient care which treats the terminally ill patient and
278 family as a unit, employing a medically directed
279 interdisciplinary team. The program provides relief of
280 severe pain or other physical symptoms and supportive care
281 to meet the special needs arising out of physical,
282 psychological, spiritual, social, and economic stresses
283 which are experienced during the final stages of illness,
284 and during dying and bereavement and meets the Medicare
285 requirements for participation as a hospice as are provided
286 in 42 CFR Part 418. The rate of reimbursement paid by the
287 MO HealthNet division to the hospice provider for room and
288 board furnished by a nursing home to an eligible hospice
289 patient shall not be less than ninety-five percent of the
290 rate of reimbursement which would have been paid for
291 facility services in that nursing home facility for that
292 patient, in accordance with subsection (c) of Section 6408
293 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

294 (22) Prescribed medically necessary dental services.
295 Such services shall be subject to appropriations. An
296 electronic web-based prior authorization system using best
297 medical evidence and care and treatment guidelines
298 consistent with national standards shall be used to verify
299 medical need;

300 (23) Prescribed medically necessary optometric
301 services. Such services shall be subject to
302 appropriations. An electronic web-based prior authorization
303 system using best medical evidence and care and treatment
304 guidelines consistent with national standards shall be used
305 to verify medical need;

306 (24) Blood clotting products-related services. For
307 persons diagnosed with a bleeding disorder, as defined in
308 section 338.400, reliant on blood clotting products, as
309 defined in section 338.400, such services include:

310 (a) Home delivery of blood clotting products and
311 ancillary infusion equipment and supplies, including the
312 emergency deliveries of the product when medically necessary;

313 (b) Medically necessary ancillary infusion equipment
314 and supplies required to administer the blood clotting
315 products; and

316 (c) Assessments conducted in the participant's home by
317 a pharmacist, nurse, or local home health care agency
318 trained in bleeding disorders when deemed necessary by the
319 participant's treating physician;

320 (25) The MO HealthNet division shall, by January 1,
321 2008, and annually thereafter, report the status of MO
322 HealthNet provider reimbursement rates as compared to one
323 hundred percent of the Medicare reimbursement rates and
324 compared to the average dental reimbursement rates paid by
325 third-party payors licensed by the state. The MO HealthNet
326 division shall, by July 1, 2008, provide to the general
327 assembly a four-year plan to achieve parity with Medicare
328 reimbursement rates and for third-party payor average dental
329 reimbursement rates. Such plan shall be subject to
330 appropriation and the division shall include in its annual
331 budget request to the governor the necessary funding needed
332 to complete the four-year plan developed under this
333 subdivision.

334 2. Additional benefit payments for medical assistance
335 shall be made on behalf of those eligible needy children,
336 pregnant women and blind persons with any payments to be
337 made on the basis of the reasonable cost of the care or

338 reasonable charge for the services as defined and determined
339 by the MO HealthNet division, unless otherwise hereinafter
340 provided, for the following:

341 (1) Dental services;

342 (2) Services of podiatrists as defined in section
343 330.010;

344 (3) Optometric services as described in section
345 336.010;

346 (4) Orthopedic devices or other prosthetics, including
347 eye glasses, dentures, hearing aids, and wheelchairs;

348 (5) Hospice care. As used in this subdivision, the
349 term "hospice care" means a coordinated program of active
350 professional medical attention within a home, outpatient and
351 inpatient care which treats the terminally ill patient and
352 family as a unit, employing a medically directed
353 interdisciplinary team. The program provides relief of
354 severe pain or other physical symptoms and supportive care
355 to meet the special needs arising out of physical,
356 psychological, spiritual, social, and economic stresses
357 which are experienced during the final stages of illness,
358 and during dying and bereavement and meets the Medicare
359 requirements for participation as a hospice as are provided
360 in 42 CFR Part 418. The rate of reimbursement paid by the
361 MO HealthNet division to the hospice provider for room and
362 board furnished by a nursing home to an eligible hospice
363 patient shall not be less than ninety-five percent of the
364 rate of reimbursement which would have been paid for
365 facility services in that nursing home facility for that
366 patient, in accordance with subsection (c) of Section 6408
367 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);
368 (6) Comprehensive day rehabilitation services
369 beginning early posttrauma as part of a coordinated system

370 of care for individuals with disabling impairments.
371 Rehabilitation services must be based on an individualized,
372 goal-oriented, comprehensive and coordinated treatment plan
373 developed, implemented, and monitored through an
374 interdisciplinary assessment designed to restore an
375 individual to optimal level of physical, cognitive, and
376 behavioral function. The MO HealthNet division shall
377 establish by administrative rule the definition and criteria
378 for designation of a comprehensive day rehabilitation
379 service facility, benefit limitations and payment
380 mechanism. Any rule or portion of a rule, as that term is
381 defined in section 536.010, that is created under the
382 authority delegated in this subdivision shall become
383 effective only if it complies with and is subject to all of
384 the provisions of chapter 536 and, if applicable, section
385 536.028. This section and chapter 536 are nonseverable and
386 if any of the powers vested with the general assembly
387 pursuant to chapter 536 to review, to delay the effective
388 date, or to disapprove and annul a rule are subsequently
389 held unconstitutional, then the grant of rulemaking
390 authority and any rule proposed or adopted after August 28,
391 2005, shall be invalid and void.

392 3. The MO HealthNet division may require any
393 participant receiving MO HealthNet benefits to pay part of
394 the charge or cost until July 1, 2008, and an additional
395 payment after July 1, 2008, as defined by rule duly
396 promulgated by the MO HealthNet division, for all covered
397 services except for those services covered under
398 subdivisions (15) and (16) of subsection 1 of this section
399 and sections 208.631 to 208.657 to the extent and in the
400 manner authorized by Title XIX of the federal Social
401 Security Act (42 U.S.C. Section 1396, et seq.) and

402 regulations thereunder. When substitution of a generic drug
403 is permitted by the prescriber according to section 338.056,
404 and a generic drug is substituted for a name-brand drug, the
405 MO HealthNet division may not lower or delete the
406 requirement to make a co-payment pursuant to regulations of
407 Title XIX of the federal Social Security Act. A provider of
408 goods or services described under this section must collect
409 from all participants the additional payment that may be
410 required by the MO HealthNet division under authority
411 granted herein, if the division exercises that authority, to
412 remain eligible as a provider. Any payments made by
413 participants under this section shall be in addition to and
414 not in lieu of payments made by the state for goods or
415 services described herein except the participant portion of
416 the pharmacy professional dispensing fee shall be in
417 addition to and not in lieu of payments to pharmacists. A
418 provider may collect the co-payment at the time a service is
419 provided or at a later date. A provider shall not refuse to
420 provide a service if a participant is unable to pay a
421 required payment. If it is the routine business practice of
422 a provider to terminate future services to an individual
423 with an unclaimed debt, the provider may include uncollected
424 co-payments under this practice. Providers who elect not to
425 undertake the provision of services based on a history of
426 bad debt shall give participants advance notice and a
427 reasonable opportunity for payment. A provider,
428 representative, employee, independent contractor, or agent
429 of a pharmaceutical manufacturer shall not make co-payment
430 for a participant. This subsection shall not apply to other
431 qualified children, pregnant women, or blind persons. If
432 the Centers for Medicare and Medicaid Services does not
433 approve the MO HealthNet state plan amendment submitted by

434 the department of social services that would allow a
435 provider to deny future services to an individual with
436 uncollected co-payments, the denial of services shall not be
437 allowed. The department of social services shall inform
438 providers regarding the acceptability of denying services as
439 the result of unpaid co-payments.

440 4. The MO HealthNet division shall have the right to
441 collect medication samples from participants in order to
442 maintain program integrity.

443 5. Reimbursement for obstetrical and pediatric
444 services under subdivision (6) of subsection 1 of this
445 section shall be timely and sufficient to enlist enough
446 health care providers so that care and services are
447 available under the state plan for MO HealthNet benefits at
448 least to the extent that such care and services are
449 available to the general population in the geographic area,
450 as required under subparagraph (a)(30)(A) of 42 U.S.C.
451 Section 1396a and federal regulations promulgated thereunder.

452 6. Beginning July 1, 1990, reimbursement for services
453 rendered in federally funded health centers shall be in
454 accordance with the provisions of subsection 6402(c) and
455 Section 6404 of P.L. 101-239 (Omnibus Budget Reconciliation
456 Act of 1989) and federal regulations promulgated thereunder.

457 7. Beginning July 1, 1990, the department of social
458 services shall provide notification and referral of children
459 below age five, and pregnant, breast-feeding, or postpartum
460 women who are determined to be eligible for MO HealthNet
461 benefits under section 208.151 to the special supplemental
462 food programs for women, infants and children administered
463 by the department of health and senior services. Such
464 notification and referral shall conform to the requirements

465 of Section 6406 of P.L. 101-239 and regulations promulgated
466 thereunder.

467 8. Providers of long-term care services shall be
468 reimbursed for their costs in accordance with the provisions
469 of Section 1902 (a)(13)(A) of the Social Security Act, 42
470 U.S.C. Section 1396a, as amended, and regulations
471 promulgated thereunder.

472 9. Reimbursement rates to long-term care providers
473 with respect to a total change in ownership, at arm's
474 length, for any facility previously licensed and certified
475 for participation in the MO HealthNet program shall not
476 increase payments in excess of the increase that would
477 result from the application of Section 1902 (a)(13)(C) of
478 the Social Security Act, 42 U.S.C. Section 1396a (a)(13)(C).

479 10. The MO HealthNet division may enroll qualified
480 residential care facilities and assisted living facilities,
481 as defined in chapter 198, as MO HealthNet personal care
482 providers.

483 11. Any income earned by individuals eligible for
484 certified extended employment at a sheltered workshop under
485 chapter 178 shall not be considered as income for purposes
486 of determining eligibility under this section.

487 12. If the Missouri Medicaid audit and compliance unit
488 changes any interpretation or application of the
489 requirements for reimbursement for MO HealthNet services
490 from the interpretation or application that has been applied
491 previously by the state in any audit of a MO HealthNet
492 provider, the Missouri Medicaid audit and compliance unit
493 shall notify all affected MO HealthNet providers five
494 business days before such change shall take effect. Failure
495 of the Missouri Medicaid audit and compliance unit to notify
496 a provider of such change shall entitle the provider to

497 continue to receive and retain reimbursement until such
498 notification is provided and shall waive any liability of
499 such provider for recoupment or other loss of any payments
500 previously made prior to the five business days after such
501 notice has been sent. Each provider shall provide the
502 Missouri Medicaid audit and compliance unit a valid email
503 address and shall agree to receive communications
504 electronically. The notification required under this
505 section shall be delivered in writing by the United States
506 Postal Service or electronic mail to each provider.

507 13. Nothing in this section shall be construed to
508 abrogate or limit the department's statutory requirement to
509 promulgate rules under chapter 536.

510 14. Beginning July 1, 2016, and subject to
511 appropriations, providers of behavioral, social, and
512 psychophysiological services for the prevention, treatment,
513 or management of physical health problems shall be
514 reimbursed utilizing the behavior assessment and
515 intervention reimbursement codes 96150 to 96154 or their
516 successor codes under the Current Procedural Terminology
517 (CPT) coding system. Providers eligible for such
518 reimbursement shall include psychologists.

519 15. There shall be no payments made under this section
520 for gender transition surgeries, cross-sex hormones, or
521 puberty-blocking drugs, as such terms are defined in section
522 191.1720, for the purpose of a gender transition.

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,
16 **provided, said provider shall not include any abortion**
17 **facility, as defined in section 188.015, or any affiliate or**
18 **associate thereof.** At the discretion of the director of the
19 MO HealthNet division and with the approval of the governor,
20 the MO HealthNet division is authorized to provide medical
21 benefits for participants receiving public assistance by
22 expending funds for the payment of federal medical insurance
23 premiums, coinsurance and deductibles pursuant to the
24 provisions of Title XVIII B and XIX, Public Law 89-97, 1965
25 amendments to the federal Social Security Act (42 U.S.C.
26 301, et seq.), as amended.

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

35 3. MO HealthNet shall include benefit payments for
36 Medicare Part A cost sharing as defined in clause
37 (p) (3) (A) (i) of 42 U.S.C. 1396d on behalf of qualified
38 disabled and working individuals as defined in subsection

39 (s) of Section 42 U.S.C. 1396d as required by subsection (d)
40 of Section 6408 of P.L. 101-239 (Omnibus Budget
41 Reconciliation Act of 1989). The MO HealthNet division may
42 impose a premium for such benefit payments as authorized by
43 paragraph (d)(3) of Section 6408 of P.L. 101-239.

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

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

71 eligible family members shall pay all deductible,
72 coinsurance and other cost-sharing obligations. Each
73 individual as a condition of eligibility for MO HealthNet
74 benefits shall apply for enrollment in the group health plan.

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

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

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