

House Amendment 1636

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1 1 Amend House File 841, as amended, passed, and
1 2 reprinted by the House, as follows:
1 3 #1. Page 3, line 8, by inserting after the word
1 4 <on> the following: <or after>.
1 5 #2. Page 5, line 31, by inserting after the word
1 6 <the> the following: <health risk assessment, the>.
1 7 #3. Page 6, line 20, by inserting after the word
1 8 <clinic> the following: <or rural health clinic>.
1 9 #4. Page 6, lines 21 and 22, by striking the words
1 10 <or rural health clinics>.
1 11 #5. Page 7, line 33, by striking the word <ten>
1 12 and inserting the following: <twenty>.
1 13 #6. Page 8, by striking lines 17 through 20, and
1 14 inserting the following:
1 15 <1. Beginning July 1, 2005, each expansion
1 16 population member whose family income equals or
1 17 exceeds one hundred percent of the federal poverty
1 18 level as defined by the most recently revised poverty
1 19 income guidelines published by the United States
1 20 department of health and human services shall pay a
1 21 monthly premium not to exceed one-twelfth of five
1 22 percent of the member's annual family income, and each
1 23 expansion population member whose family income is
1 24 less than one hundred percent of the federal poverty
1 25 level as defined by the most recently revised poverty
1 26 income guidelines published by the United States
1 27 department of health and human services shall pay a
1 28 monthly premium not to exceed one-twelfth of two
1 29 percent of the member's annual family income. All
1 30 premiums shall be paid on the last day of the month of
1 31 coverage. The department>.
1 32 #7. Page 9, line 6, by inserting after the word
1 33 <member.> the following: <The department shall also
1 34 waive the required out-of-pocket expenditures for an
1 35 individual expansion population member based upon a
1 36 hardship that would accrue from imposing such required
1 37 expenditures.>
1 38 #8. Page 9, by inserting after line 26, the
1 39 following:
1 40 <4. The department shall track the impact of the
1 41 out-of-pocket expenditures on patient enrollment and
1 42 shall report the findings on at least a quarterly
1 43 basis to the medical assistance projections and
1 44 assessment council established pursuant to section
1 45 249J.19. The findings shall include estimates of the
1 46 number of expansion population members complying with
1 47 payment of required out-of-pocket expenditures, the
1 48 number of expansion population members not complying
1 49 with payment of required out-of-pocket expenditures
1 50 and the reasons for noncompliance, any impact as a
2 1 result of the out-of-pocket requirements on the
2 2 provision of services to the populations previously
2 3 served, the administrative time and cost associated
2 4 with administering the out-of-pocket requirements, and
2 5 the benefit to the state resulting from the out-of-
2 6 pocket expenditures. To the extent possible, the
2 7 department shall track the income level of the member,
2 8 the health condition of the member, and the family
2 9 status of the member relative to the out-of-pocket
2 10 information.>
2 11 #9. By striking page 13, line 32, through page 14,
2 12 line 6, and inserting the following: <pursuant to
2 13 section 249A.3, and also meet the criteria specified
2 14 in section 234.7, subsection 2, if enacted in the 2005
2 15 legislative session.>
2 16 #10. By striking page 14, line 8, through page 15,
2 17 line 7, and inserting the following:
2 18 <1. The department of human services shall submit
2 19 an amendment to the home and community-based services
2 20 waiver for the elderly to the centers for Medicare and
2 21 Medicaid services of the United States department of
2 22 health and human services to provide for inclusion of
2 23 case management as a medical assistance covered
2 24 service. The department of human services shall

2 25 develop the amendment in collaboration with the
2 26 department of elder affairs.

2 27 2. If the request for an amendment to the waiver
2 28 is approved, the department of elder affairs shall use
2 29 existing funding for case management as nonfederal
2 30 matching funds. The department of elder affairs, in
2 31 collaboration with the department of human services,
2 32 shall determine the amount of existing funding that
2 33 would be eligible for use as nonfederal matching funds
2 34 so that sufficient funding is retained to also provide
2 35 case management services for frail elders who are not
2 36 eligible for the medical assistance program.

2 37 3. The department of human services, in
2 38 collaboration with the department of elder affairs,
2 39 shall establish a reimbursement rate for case
2 40 management for the frail elderly such that the amount
2 41 of state funding necessary to pay for such case
2 42 management does not exceed the amount appropriated to
2 43 the department of elder affairs for case management
2 44 for the frail elderly in the fiscal year beginning
2 45 July 1, 2005. Any state savings realized from
2 46 including case management under the home and
2 47 community-based services waiver for the elderly shall
2 48 be used for services for the frail elderly and for
2 49 substitute decision-making services to eligible
2 50 individuals pursuant to chapter 231E, if enacted by
3 1 the Eighty-first General Assembly.

3 2 4. The department of human services, in
3 3 collaboration with the department of elder affairs,
3 4 shall determine whether case management for the frail
3 5 elderly should continue to be provided through a sole
3 6 source contract or if a request for proposals process
3 7 should be initiated to provide the services. The
3 8 departments shall submit their recommendations to the
3 9 general assembly by January 1, 2006.>

3 10 #11. Page 16, line 17, by inserting after the word
3 11 <department> the following: <, in collaboration with
3 12 Iowa department of public health programs relating to
3 13 tobacco use prevention and cessation,>.

3 14 #12. Page 16, line 35, by striking the word <date>
3 15 and inserting the following: <date>.

3 16 #13. Page 19, line 12, by striking the word
3 17 <Costs> and inserting the following: <The department
3 18 shall inform the members of the task force that
3 19 costs>.

3 20 #14. Page 19, line 13, by striking the word
3 21 <shall> and inserting the following: <may>.

3 22 #15. Page 26, line 7, by inserting after the
3 23 figure <262.28> the following: <or any provision of
3 24 this chapter to the contrary>.

3 25 #16. Page 26, line 10, by inserting after the word
3 26 <installments> the following: <based upon the amount
3 27 appropriated or allocated, as applicable to a specific
3 28 public hospital, in a specific fiscal year>.

3 29 #17. Page 26, line 32, by inserting after the word
3 30 <account.> the following: <The agreement shall
3 31 include provisions relating to exceptions to the
3 32 deadline for submission of clean claims as required
3 33 pursuant to section 249J.7 and provisions relating to
3 34 data reporting requirements regarding the expansion
3 35 population.>

3 36 #18. Page 27, line 3, by inserting after the
3 37 figure <4.> the following: <Notwithstanding the
3 38 specified amount of proceeds to be transferred under
3 39 this subsection, if the amount allocated that does not
3 40 require federal matching funds under an appropriation
3 41 in a subsequent fiscal year to such hospital for
3 42 medical and surgical treatment of indigent patients,
3 43 for provision of services to expansion population
3 44 members, and for medical education, is reduced from
3 45 the amount allocated that does not require federal
3 46 matching funds under the appropriation for the fiscal
3 47 year beginning July 1, 2005, the amount of proceeds
3 48 required to be transferred under this subsection in
3 49 that subsequent fiscal year shall be reduced in the
3 50 same amount as the amount allocated that does not
4 1 require federal matching funds under that
4 2 appropriation.>

4 3 #19. Page 27, line 9, by inserting after the word
4 4 <account.> the following: <The agreement shall
4 5 include provisions relating to exceptions to the

4 6 deadline for submission of clean claims as required
4 7 pursuant to section 249J.7 and provisions relating to
4 8 data reporting requirements regarding the expansion
4 9 population.>
4 10 #20. Page 46, by striking line 33, and inserting
4 11 the following: <services to members of the>.
4 12 #21. Page 47, by striking lines 10 and 11 and
4 13 inserting the following: <indigent patients, for
4 14 provision of services to members of the expansion
4 15 population>.
4 16 #22. Page 47, line 16, by striking the figure
4 17 <36,000,000> and inserting the following:
4 18 <37,000,000>.
4 19 #23. Page 47, line 20, by striking the figure
4 20 <36,000,000> and inserting the following:
4 21 <37,000,000>.
4 22 #24. Page 47, by striking line 31, and inserting
4 23 the following: <members of the expansion>.
4 24 #25. Page 48, by striking line 2, and inserting
4 25 the following: <members of the expansion>.
4 26 #26. Page 48, by striking line 8, and inserting
4 27 the following: <members of the expansion>.
4 28 #27. Page 48, by striking line 14, and inserting
4 29 the following: <services to members of the>.
4 30 #28. By renumbering, relettering, or redesignating
4 31 and correcting internal references as necessary.
4 32 HF 841.S
4 33 pf/cc/26