

Senate File 2356

S-5164

1 Amend Senate File 2356 as follows:

2 1. Page 3, by striking lines 16 through 19 and
3 inserting:

4 <a. (1) The individual is not eligible for health
5 care coverage under any other public program, with the
6 exception of coverage through the Iowa comprehensive
7 health insurance association pursuant to chapter 514E.

8 (2) The individual is not eligible for health care
9 coverage through group or individual health insurance.

10 (3) Health care coverage offered to the individual
11 through group or individual health insurance is not
12 affordable as specified in section 217A.7.>

13 2. Page 3, by striking lines 25 through 28 and
14 inserting <which the individual is eligible or the
15 individual has not had individual health insurance
16 coverage in the last six months.>

17 3. Page 4, by striking line 27.

18 4. Page 5, line 8, after <135.153> by inserting
19 <that meet the requirements for medical homes developed
20 pursuant to this section>

21 5. Page 5, line 21, after <shall> by inserting
22 <develop a methodology to>

23 6. Page 5, line 31, after <5.> by inserting
24 <IowaCare plus member services provided to members by
25 providers included in the regional provider network
26 shall be payable at the full benefit recipient rates.>

27 7. Page 5, line 34, by striking <1.>

28 8. Page 6, line 8, after <"c".> by inserting
29 <Premiums collected pursuant to this section shall be
30 deposited in the IowaCare plus trust fund created in
31 section 217A.8.>

32 9. Page 6, after line 8 by inserting:

33 <2. Each IowaCare plus member may be eligible
34 for premium assistance as specified by rule of the
35 department.>

36 10. Page 6, by striking lines 9 through 21 and
37 inserting:

38 <Sec. ____ . **NEW SECTION. 217A.7A Coverage**
39 **options — eligible individuals.**

40 1. If an eligible individual is eligible for
41 premium assistance under section 217A.7, the department
42 shall require, that prior to provision of coverage
43 through the IowaCare plus program, the eligible
44 individual provides proof that the eligible individual
45 is unable to obtain individual or group coverage
46 that is affordable as specified in section 217A.7 as
47 follows:

48 a. In the individual market, even if the program
49 pays the individual share of the annual premium up
50 to the amount that the program would subsidize the

1 eligible individual through the program.
2 b. If the individual has access to health care
3 coverage through the individual's employer, for which
4 coverage the employer pays at least fifty percent of
5 the annual premium cost, even if the program pays the
6 employee share of the annual premium up to the amount
7 the program would subsidize the individual through the
8 program.
9 2. If an eligible individual provides proof that
10 the eligible individual is unable to obtain individual
11 or group coverage as specified in subsection 1, the
12 eligible individual may obtain coverage under the
13 program.
14 3. The department shall adopt rules to implement
15 this section, including the documentation necessary for
16 an eligible individual to provide proof of inability
17 to obtain coverage.>
18 11. Page 7, line 10, after <of> by inserting
19 <federal>
20 12. Page 7, by striking lines 12 through 14.
21 13. Page 7, line 31, after <centers> and inserting
22 <or federally qualified health center look-alikes in
23 the state>
24 14. Page 8, after line 15 by inserting:
25 <(5) Notwithstanding any provision to the contrary,
26 the department shall develop a methodology to reimburse
27 regional provider network participating providers
28 designated under this subsection.>
29 15. Page 8, by striking lines 24 through 26 and
30 inserting <appropriated on an annual basis, the
31 hospital and the university of Iowa hospitals and
32 clinics shall remain the only expansion population
33 providers for the residents of such county.>
34 16. Page 8, by striking lines 27 through 30 and
35 inserting:
36 <2. Expansion population services provided to
37 expansion population members by ~~providers included in~~
38 ~~the expansion population provider network~~ the publicly
39 owned acute care teaching hospital located in a county
40 with a population over three hundred fifty thousand and
41 the university of Iowa hospitals and clinics shall be
42 payable at the full benefit recipient rates.>
43 17. By striking page 9, line 14, through page 10,
44 line 1, and inserting:
45 <6. The department shall utilize certified public
46 expenditures at the university of Iowa hospitals and
47 clinics to maximize the availability of state funding
48 to provide necessary access to both local primary
49 and specialty physician care to expansion population
50 members. The resulting savings to the state shall be

1 utilized to reimburse physician services provided to
2 expansion population members at the university of Iowa
3 college of medicine, to reimburse providers designated
4 to participate in the regional provider network for
5 services provided to expansion population members,
6 and for deposit in the nonparticipating provider
7 reimbursement fund created in section 249J.24A to be
8 used in accordance with the purposes and requirements
9 of the fund.>

10 18. Page 10, after line 4 by inserting:
11 <Sec. _____. Section 249J.24A, Code Supplement 2009,
12 is amended by adding the following new subsection:
13 NEW SUBSECTION. 5. Notwithstanding any provision
14 to the contrary, moneys in the fund may also be used
15 in accordance with the methodology developed by the
16 department for reimbursement of nonparticipating
17 providers in the IowaCare plus program's regional
18 provider network established pursuant to section
19 217A.6. However, prioritization in allocation
20 of moneys within the fund shall be to provide
21 reimbursement to nonparticipating providers as defined
22 in this section.>
23 19. By renumbering as necessary.

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