

HB 1962 -- MO HEALTHNET

SPONSOR: Butler

MO HEALTHNET EXPANSION

Beginning January 1, 2019, this bill extends benefits under the MO HealthNet program to individuals age 19 or older, but younger than 65, who are not otherwise eligible for MO HealthNet services, who qualify for MO HealthNet services under the provisions of the Affordable Care Act (ACA) of 2010, and who have income at or below 133% of the federal poverty level plus 5% of the applicable family size (Section 208.207, RSMo).

This bill also provides that the reimbursement rate to MO HealthNet providers for MO HealthNet services provided to individuals qualifying under the provisions of the bill must be comparable to commercial reimbursement payment levels with trend adjustment for comparable services. The higher commercial comparable rates must only apply for services provided to individuals qualifying for services under the bill.

The Department of Social Services must discontinue eligibility for the newly eligible group if the federal medical assistance percentage is less than 90% as specified for 2020 and each year thereafter or an amount determined by the MO HealthNet Oversight Committee to be necessary to maintain state budget solvency, whichever is lower, as well as a vote by the General Assembly to discontinue eligibility. The department must inform eligible individuals that their benefits may be reduced or eliminated if federal funding decreases or is eliminated.

The MO HealthNet Oversight Committee must conduct research and investigate any potential health-related savings and revenues associated with expanding eligibility to persons under the bill and determine the feasibility of different options described in these provisions.

WAIVER

The Department of Social Services must apply for a global waiver for the MO HealthNet program designed to give the state greater flexibility to implement a patient-centered, sustainable, and cost-effective market-based health care system that emphasizes competitive and value-based purchasing (Sections 208.1205-208.1220).

The Joint Committee on Public Assistance must review the federal waiver application process. Prior to the submission of the waiver

application to the federal government, the department must submit the application to the joint committee. The joint committee must then hold a public hearing on the application and hear testimony from the department, after which the joint committee must, if necessary, propose modifications to or recommendations for the waiver application.

If the waiver application is accepted by the federal government, the department must propose the necessary statutory changes to implement the waiver. Until such time as the proposed changes are enacted by the General Assembly, the existing laws relating to MO HealthNet will remain in effect. The joint committee must hold public meetings on proposed statutory changes to determine if such changes satisfy the goals of this act and would result in substantial new opportunities for the MO HealthNet program on a cost-neutral basis. The joint committee is also authorized to meet at least twice a year to provide oversight on the global waiver; communicate as necessary with departments within the scope of the MO HealthNet program; recommend services for the MO HealthNet program; issue subpoenas and orders for production of documents, as necessary; and recommend to the General Assembly any amendments to the waiver or clarifying legislation that may be necessary.

In the event that the global waiver is suspended or terminated or expires for any reason, the department must apply for an extension of the global waiver or any new waivers that, at a minimum, ensure the continuation of the waiver authorities in place prior to the acceptance of the global waiver. The department must ensure that any such actions are conducted in accordance with applicable federal statutes and regulations. The department must, to the fullest extent possible, ensure that the waiver authorities are reinstated prior to any suspension, termination, or expiration of the global waiver.

MISSOURI CONSOLIDATED HEALTH CARE PLAN

Beginning January 1 after the approval of waiver, all MO HealthNet participants who are 19 or older and under 65 who are not enrolled in Medicare will be enrolled in the same state health insurance as state employees through the Missouri Consolidated Health Care Plan. The premium cost will be paid by the MO HealthNet program, but any co-payments or costs of prescription drugs will be paid by the participant. The premium amount must be no less than \$1060 and no more than \$3500 annually. The premium amount will be evaluated and adjusted biannually. If an individual is ineligible for MO HealthNet and is 19 or older and under 65 and does not have access to other health insurance coverage, the individual may purchase the same state health insurance as state employees. The bill requires the Consolidated Health Care plan to enroll participants as

required under this section (Sections 103.077 and 208.1300).

This bill is similar to HB 489 & HB 290 (2017).