

HB 1972 -- MEDICAL ASSISTANCE

SPONSOR: Allen

This bill changes the laws regarding medical assistance. Currently, the Department of Social Services must maximize the use of prepaid health plans, where appropriate, and other alternative service delivery and reimbursement methodologies, including individual primary care physician sponsors or specialty physician services arrangements, designed to facilitate the cost-effective purchase of comprehensive health care. The bill specifies that a prepaid health plan must not include pharmacy benefits and services.

A prepaid health plan must not provide:

(1) Pharmacy benefits;

(2) All benefits and services currently provided by a community psychiatric rehabilitation provider or a comprehensive substance abuse treatment and rehabilitation provider under the Medicaid rehabilitation state plan option that includes mental health rehabilitation services and substance abuse rehabilitation services; and

(3) All benefits and services subject to the clinical upper payment limit under the clinic upper payment limit state plan approved by the Centers for Medicare and Medicaid Services that are provided by privately owned and operated community mental health centers acting as administrative entities for the Department of Mental Health. A community mental health center may be a designated entry and exit point for department services and is required to provide a comprehensive array of services to any department patients in its designated service area who seek care.

For the purposes of care coordination and disease management, a prepaid health plan or other alternative service delivery entity must be required to provide MO HealthNet with an electronic notice of any authorization or denial of an initial request of coverage of inpatient admission within 24 hours of receiving the request and an electronic copy of all other claims within 10 days of the initial submission and upon payment of the claim.

Currently, the Department of Social Services has authority to purchase medical services for public assistance recipients from prepaid health plans, health maintenance organizations, health insuring organizations, preferred provider organizations, individual practice associations, local health units, community mental health centers, or primary care physician sponsors. The

bill adds accountable care organizations and community mental health centers. Currently, the department or its designated division must ensure, whenever possible and consistent with quality of care and cost factors, that publicly supported neighborhood and community-supported health clinics are utilized as providers. The bill adds community mental health centers. Currently, the department or its designated division must ensure reasonable access to medical services in geographic areas where managed or coordinated care programs are initiated. The bill requires the department or its designated division to ensure reasonable access to medical services in all geographic areas of the state.

The bill requires the Department of Mental Health, consistent with its constitutional role as the state's mental health authority, to collaborate with MO HealthNet to determine by mutual consent:

- (1) A sub-capitation rate for behavioral health within the overall capitation rate at a level that will sufficiently support reasonable access to service, good quality of care, and is consistent with the rate for similar populations nationally;
- (2) All requests for proposal language for managed care procurement related to behavioral health benefits;
- (3) The definition of medical necessity for behavioral health benefits; and
- (4) Mutually developed protocols to assure the quality of behavioral health services delivered through capitated managed care plans.