

HOUSE BILL NO. 2248

98TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE CARPENTER.

5753H.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To amend chapter 208, RSMo, by adding thereto one new section relating to MO HealthNet services.

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

Section A. Chapter 208, RSMo, is amended by adding thereto one new section, to be known as section 208.207, to read as follows:

208.207. 1. Beginning January 1, 2017, individuals age nineteen to sixty-four, who are not otherwise eligible for MO HealthNet services under this chapter, who qualify for MO HealthNet services under section 42 U.S.C. 1396a(a)(10)(A)(i)(VIII) and as set forth in 42 CFR 435.119, and who have income at or below one hundred thirty-three percent of the federal poverty level plus five percent of the applicable family size as determined under 42 U.S.C. 1396a(e)(14) and as set forth in 42 CFR 435.603, shall be eligible for medical assistance under MO HealthNet and shall receive coverage for the health benefits service package.

2. For purposes of this section, "health benefits service package" shall mean, subject to federal approval, benefits covered by the MO HealthNet program as determined by the department of social services to meet the benchmark or benchmark-equivalent coverage requirement under 42 U.S.C. 1396a(k)(1).

3. The reimbursement rate to MO HealthNet providers for MO HealthNet services provided to individuals qualifying under the provisions of this section shall be comparable to commercial reimbursement payment levels with trend adjustment for comparable services. The rates shall be determined annually by the department of social services, and the department may develop such rates through a contracted actuary. The higher

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

20 commercial comparable rates shall only apply for services provided to individuals
21 qualifying under this section.

22 4. (1) The department of social services shall discontinue eligibility for persons who
23 are eligible under subsection 1 of this section if:

24 (a) The federal medical assistance percentage established under 42 U.S.C. Section
25 1396d(y) or 1396d(z) is less than ninety percent as specified for 2020 and each year
26 thereafter or an amount determined by the MO HealthNet oversight committee to be
27 necessary to maintain state budget solvency, whichever is lower; and

28 (b) The general assembly votes to discontinue eligibility for persons who are eligible
29 under subsection 1 of this section. Prior to any vote under this paragraph, the MO
30 HealthNet oversight committee and the department of social services shall provide the
31 general assembly with information on the current and projected expenses incurred due to
32 expanding eligibility to persons under subsection 1 of this section in relation to health-
33 related savings and revenues and health outcomes of individuals and families receiving
34 benefits under subsection 1 of this section;

35 (2) The department of social services shall inform persons eligible under subsection
36 1 of this section that their benefits may be reduced or eliminated if federal funding
37 decreases or is eliminated.

38 5. The MO HealthNet oversight committee shall conduct research and investigate
39 any potential health-related savings and revenues associated with expanding eligibility to
40 persons under subsection 1 of this section. The committee shall investigate the federal
41 matching rate below which the state could not maintain the expanded eligibility to persons
42 under subsection 1 of this section. If the amount is determined to be greater than ninety
43 percent, the committee shall report its findings to the general assembly for its consideration
44 prior to any vote under paragraph (b) of subdivision (1) of subsection 4 of this section. In
45 conducting its research and investigation, the committee shall also determine the feasibility
46 of:

47 (1) Implementing capped cost sharing for persons eligible under subsection 1 of this
48 section which may be reduced based on healthy behaviors of participants;

49 (2) Expanding Medicaid coverage for certain health care services that are currently
50 financed by the state; and

51 (3) Enrolling persons under subsection 1 of this section in private health benefit
52 plans.

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