

HB 2199 -- MO HEALTHNET MANAGED CARE

SPONSOR: Neely

This bill requires any contract between the state and a vendor of prepaid capitated health services issued, reauthorized, or renewed after August 28, 2018, must incorporate the standards specified in the bill.

The Department of Social Services must accept regional plan proposals from provider-sponsored care management organizations as an option for coverage of beneficiaries. Such regional proposals may be submitted by coordinated care organizations (CCOs), which are organizations that are accountable for the quality, cost, coordination, and overall care of a defined group of MO HealthNet participants. The regional or statewide CCOs must use a shared savings-shared risk model, and the department must reimburse the CCOs through a global payment methodology, which may utilize a population-based mechanism based on a per-member, per-month calculation with risk-adjustment, risk sharing, and aligned payment incentives. The department may develop performance incentive payments designed to reward increased quality and decreased cost of care.

The State Auditor must conduct an annual evaluation of the savings and costs attributable to state government, political subdivisions, health care providers, and MO HealthNet participants following the expansion of MO HealthNet managed care on or after May 1, 2019. The annual evaluations must include an assessment of the financial implications attributable to the use of subcontractors by prepaid capitated health services to administer the delivery of health services, including behavioral health services, to MO HealthNet participants.

This bill is the same as HB 684 (2017) and HB 2750 (2016).