

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 4681-01
Bill No.: HB 2252
Subject: Medicaid/MO HealthNet; Employees - Employers; Insurance - Health
Type: Original
Date: March 2, 2020

Bill Summary: This proposal modifies provisions relating to eligibility for MO HealthNet benefits.

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2021	FY 2022	FY 2023
General Revenue*		(\$6,394,833 to \$11,596,084) or (\$14,928,639 to \$20,825,975)	(\$8,768,821 to \$14,089,962) or (\$24,151,217 to \$31,754,362)
	(\$842,037)		
Total Estimated Net Effect on General Revenue		(\$6,394,833 to \$11,596,084) or (\$14,928,639 to \$20,825,975)	(\$8,768,821 to \$14,089,962) or (\$24,151,217 to \$31,754,362)
	(\$842,037)		

*The lower amount (scenario 1) assumes the state acquires the federal waiver funding. The larger amount (scenario 2) assumes the state does not get the federal waiver funding.

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2021	FY 2022	FY 2023
Total Estimated Net Effect on <u>Other</u> State Funds			
	\$0	\$0	\$0

Numbers within parentheses: () indicate costs or losses.
This fiscal note contains 14 pages.

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2021	FY 2022	FY 2023
Federal*	\$0	\$0	\$0
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0	\$0	\$0

* With a federal waiver, income and expenditures exceed \$20 million annually and net to \$0. Without a federal waiver, income and expenditures are estimated at \$250,000 annually beginning in FY 2023 and net to \$0.

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)			
FUND AFFECTED	FY 2021	FY 2022	FY 2023
General Revenue	0 FTE	2 FTE	2 FTE
Total Estimated Net Effect on FTE	0 FTE	2 FTE	2 FTE

☒ Estimated Net Effect (expenditures or reduced revenues) expected to exceed \$100,000 in any of the three fiscal years after implementation of the act.

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2021	FY 2022	FY 2023
Local Government	\$0	\$0	\$0

FISCAL ANALYSIS

ASSUMPTION

§208.057 - Allows premium payments for continued MO HealthNet eligibility

Officials from the **Department of Social Services (DSS)** state the provisions of this bill allow recipients who become ineligible for MO HealthNet due to increased income from employment to remain eligible if the recipient pays a premium. The premium amount would be based on the amount the recipient exceeds the maximum allowable monthly federal poverty income level (FPL) for the applicable family size with three premium levels. The provisions establish the following ways of paying the monthly premium, either through payroll deduction in conjunction with Department of Revenue (DOR), on a monthly basis by the recipient, or an alternative method to be determined by the division.

The bill also requires DSS to establish a program to assist recipients of MO HealthNet benefits to transition off of MO HealthNet while they work towards gaining employment and would allow recipients who pay their premiums to be eligible for voluntary training.

The Family Support Division (FSD) determined there will be approximately 3,902 participants eligible for this program annually if the provisions of this bill are enacted.

FSD arrived at 3,902 participants in this manner:

System limitations prevented FSD from identifying the population whose case closed due to increased income from employment prior to July 2019. Therefore, FSD used data from July 2019 to December 2019 to determine this information and quantified the total to estimate an annual population of participants who closed due to increased income from employment. FSD determined between July 2019 to December 2019, there were 1,951 participants who lost MO HealthNet eligibility due to increased income from employment.

Currently, the population of participants whose case closes due to increased income from employment could be eligible for the Transitional MO HealthNet (TMH) program which would provide coverage for up to 12 months.

For the purposes of this legislation, FSD assumes the program:

- Is applicable to any adult age 19-64 who becomes ineligible for MO HealthNet for Families and is either not eligible for TMH or has exceeded the benefit period of TMH;

ASSUMPTION (continued)

- Does not apply to children who become ineligible due to their parent(s)' increased income from employment;
- Does not include adults who are receiving MO HealthNet for the Aged, Blind, and Disabled as participants remain eligible with a spend down or an increased spend down when the participant has increased income from employment;
- Will similarly follow the transition of the Children's Health Insurance Program (CHIP) non-premium to premium group;
- To assist recipients of MO HealthNet to transition off MO HealthNet is voluntary and only applies to adults age 19-64 who become ineligible for MO HealthNet for Families due to increased income from employment;
- For voluntary training only applies to adults age 19-64 who become ineligible for MO HealthNet for Families and meet the premium program requirements.

Because it is not specified in the provisions of this bill, FSD assumes enrollment in the program established by these provisions will follow the transition of non-premium to premium model based on the Children's Health Insurance Program (CHIP). Based on this model, participants will receive a 60 day transition period, allowing access to health benefits for 60 days and time to meet the premium obligation. MO HealthNet Division (MHD) will invoice the participant. If the initial or recurring premium is not paid after 60 days, FSD will be notified by MHD to close the case.

Due to system limitations, the amount of excess income for participants whose case closed due to increased income from employment is unknown. Therefore, FSD was unable to identify the exact number of participants that would meet the requirements of the three premium levels. To estimate the population impacted by this provision, FSD reviewed a sample of participants who closed due to increased income from employment. Based on this review, FSD estimates the average dollar amount over the FPL income maximum is \$1,220. FSD estimates 61% of participants would fall into the third premium tier (income exceeds FPL by more than \$1,000) and be required to pay 75% of the amount by which the income exceeds the maximum, 17% of participants would fall into the second premium tier (income exceeds FPL by more than \$500 but no more than \$1,000) and be required to pay 50% of the amount by which the income exceeds the maximum, and 22% of participants would fall into the first premium tier (income exceeds FPL by no more than \$500) and be required to pay 25% of the amount by which the income exceeds the maximum.

ASSUMPTION (continued)

It is unknown how many participants will utilize the voluntary program to assist in transitioning off of MO HealthNet. Therefore, FSD estimates that 0 to 3,902 participants will participate and the total expenditures could be between \$0 to \$3,902,000 ($3,902 * \$1,000$) to administer the program. FSD estimates an additional two (2) FTE (Program Development Specialists at \$53,370 plus fringe benefits annually) will be needed ($3,902/2,000 = 1.6$ rounded up).

Based on discussions with DSS officials, **Oversight** notes the \$1,000 per person expenditure is consistent with similar public assistance work resources and community engagement bills, and based on the existing Skill Up program for SNAP recipients. Oversight does not have any information to the contrary. Therefore, Oversight will reflect the costs provided by FSD for fiscal note purposes.

DSS would request a waiver from Centers for Medicare and Medicaid Services (CMS) to implement the provisions of this legislation. DSS estimates it would take approximately a year to obtain CMS approval of the waiver. Due to the time it takes to obtain the waiver, implementation of this program could not begin until July 1, 2021. If the waiver was not approved the cost for the program would be funded entirely by General Revenue.

Therefore, based on the provisions of this legislation and the assumptions identified, FSD estimates the fiscal impact would be \$0 to \$3,902,000 in FY 2021 (for a full year if it were implemented at that time); \$0 to \$3,999,550 in FY 2022; and \$0 to \$4,099,539 in FY 2023 using a 2.5% inflation rate; and an additional 2 FTE.

FSD defers to MO HealthNet Division (MHD) regarding any services or medical expenses the participant may incur from the date of application.

FSD defers to OA-ITSD regarding costs associated with system changes necessary to implement the provisions of this bill.

Oversight notes DSS assumes it will need a total of 2 FTE as a result of the provisions of this proposal. Based on discussions with DSS officials, it is assumed the additional FTE can be housed within current DSS locations. However, if multiple proposals pass during the legislative session requiring additional FTE, cumulatively the effect of all proposals passed may result in DSS needing additional rental space. DSS officials also stated that, although the salary and fringe expenses for the new FTE will not begin until FY 2022, they intend to have the office equipment and set-up completed in FY 2021 at a cost of \$13,660 GR.

ASSUMPTION (continued)

Oversight has, for fiscal note purposes only, changed the starting salary for a Program Development Specialist to correspond to the average salary calculated from the Missouri Accountability Portal 2019 calendar year. This decision reflects the policy of the Oversight Subcommittee of the Joint Committee on Legislative Research.

Officials from the **Office of Administration (OA), Information Technology Services Division (ITSD)/DSS** state the Family Assistance Management Information Systems (FAMIS), the Missouri Eligibility Determination and Enrollment System (MEDES), the MO HealthNet systems would need to be updated to comply with this proposal.

FAMIS changes include but are not limited to: extensive changes to the existing income eligibility determination process; changes to forms and notices; new screens and programs; and implementation of automatic payroll deductions. New interfaces with the Department of Revenue would need to be developed.

OA, ITSD/DSS assumes every new IT project/system will be bid out because all ITSD resources are at full capacity. IT contract rates for FAMIS are estimated at \$95/hour. It is assumed FAMIS modifications will require 1,239.84 hours for a cost of \$117,785 (1,239.840 * \$95), 100% GR in FY 2021 exclusively.

MEDES provides case management and eligibility determination support for the set of MO HealthNet programs based on Modified Adjusted Gross Income (MAGI) criteria established by the Patient Protection and Affordable Care Act of 2010. §208.057 essentially creates a new subprogram for which eligibility will be triggered when eligibility ends for Transitional MO HealthNet coverage.

This response assumes that coverage will be extended through an ex parte process that transitions the family from Transitional MO HealthNet to the new benefit program. The premium payment requirements and processes that are currently utilized for the Children's Health Insurance Program (CHIP) will be used with the addition of collecting payments through payroll deduction capabilities that do not currently exist. MEDES changes include but are not limited to: new interfaces; notices; management and operations reports; and new premium information.

Modifications for the MEDES system must be performed by Redmane. Hourly IT costs under this contract vary by position title and work type. It is estimated to take 3,504 hours for a total cost of \$595,680, 100% GR, in FY 21 exclusively.

ASSUMPTION (continued)

Functionality for collecting premiums is shared by MO HealthNet Systems maintained by ITSD (state) and the Missouri Medicaid Information System hosted by Wipro (a contracted vendor). MEDES generates referral records that include action codes and premium amount to MO HealthNet Systems. MO HealthNet Systems generates invoices and transmits records to the Medicaid Management Information System (MMIS) where accounts receivable are established. When a payment is not received by a specified date, MHN Systems follows up with delinquency notices to the family. Failure to pay results in a record being transmitted to MEDES and eligibility is discontinued.

Functionality for enrollment is also shared between MO HealthNet Systems and the MMIS. Referral records (open, close, region change, address change, etc.,) are generated by MEDES and processed by MO HealthNet systems. The enrollments are processed and records are transmitted to the MMIS which performs enrollment broker functions including mailing of enrollment packets.

New functionality will be required to support payments via payroll deduction and to support the new transition program and the voluntary training program.

It is estimated to take 1,209.6 hours for a total cost of \$114,912, 100% GR, in FY 21 exclusively.

Oversight does not have any information to the contrary. Therefore, Oversight will reflect the costs provided by ITSD/DSS for fiscal note purposes.

A waiver would need to be requested for this legislation. Therefore, **MHD** assumes costs would begin in FY 2022.

MHD assumes any premium collections issues would be handled by the Beneficiary Support Center. MHD assumes there will be ongoing annual operational costs up to \$500,000 (\$250,000 GR; \$250,000 Federal) for invoicing, mailing, call center support, etc.

MHD anticipates needing to add at least one new medical eligibility (ME) code for this legislation including developing a new interface. Depending on the timing, MHD may have to implement this into its existing systems and then implement into the new Enrollment Broker/Premium Collections vendor. MHD is estimating up to \$1.5 million in one-time costs, split 10% GR/90% Federal, to implement in the existing MMIS (\$150,000 GR; \$1,350,000 Federal).

ASSUMPTION (continued)

MHD assumes if these participants lost their eligibility due to their income, they will be adults in managed care-like eligibility categories and not in the Aged, Blind and Disabled categories. Therefore, MHD will pay a per member per month (PMPM) fee to a health plan and assumes PMPM for carved out services. However, the cost of the PMPM will be at least partially offset by the premium paid by the participant.

Per FSD, approximately 3,902 participants would be eligible per year, or 325 participants per month. MHD found an average monthly rate of \$577.22 for this population. This rate includes carved-out services, which mainly includes DMH services as well as Pharmacy related services.

MHD would also be collecting premiums from this new population. Due to the differences depending on each participant's FPL, MHD assumes a range of possible premiums that would be collected. MHD found the starting premium could be as low as \$0.25 per member (\$1 above the maximum allowable monthly FPL times 25%) to \$750.75 (\$1,001 above the maximum allowable monthly FPL times 75%). The \$750.75 assumes the lower end of the third tier.

MHD assumes approximately 10% of the population whose income exceeds the maximum allowable monthly FPL by more than \$1,000 would still utilize MO HealthNet benefits due to the costs of the premium.

MHD assumes no extra costs in FY 2021 due to the timing to acquire a waiver. Therefore, MHD would start seeing additional costs beginning in FY 2022. Depending on whether a waiver would be approved by CMS, the totals could be all General Revenue costs. The population was ramped up in FY 2022. Since this is an optional program, MHD found a range starting at \$0 (if nobody decided to remain eligible).

FY21 Total: \$0

FY22 Total: \$2,000,000 to \$16,633,690 (GR: \$400,000 to \$16,633,690; Federal: \$1,600,000 to \$10,834,021)

FY23 Total: \$500,000 to \$27,516,043 (GR: \$250,000 to \$27,516,043; Federal: \$250,000 to \$17,922,024)

For fiscal note purposes, **Oversight** will present two scenarios regarding the potential total costs for this proposal. In the first scenario, Oversight assumes the state will acquire the federal waiver. Under this scenario, **Oversight** assumes a FY21 impact of \$13,660 GR; an FY22 impact of “could exceed” \$17,732,984 to \$24,170,320 (\$6,394,833 to \$11,596,084 GR; \$11,338,151 to \$12,574,236 Federal); and an FY23 impact of \$26,698,469 to \$34,301,614 (\$8,768,821 to \$14,089,962 GR; \$17,929,648 to \$20,211,652 Federal).

ASSUMPTION (continued)

In the second scenario, **Oversight** assumes does not receive the federal waiver. Under this scenario, **Oversight** assumes a FY21 \$13,660 GR; an FY22 impact of “could exceed” \$17,028,639 to \$22,925,975 (\$14,928,639 to \$20,825,975 GR; \$2,100,000 Federal); and an FY23 impact of \$24,401,217 to \$32,004,362 (\$24,151,217 to \$31,754,362 GR; \$250,000 Federal).

Officials at the **Joint Committee on Administrative Rules (JCAR)** assume this proposal is not anticipated to cause a fiscal impact beyond current appropriations.

Oversight assumes JCAR will be able to administer any rules resulting from this proposal with existing resources.

In response to legislation with similar rules language, officials from the **Office of the Secretary of State (SOS)** assumed many bills considered by the General Assembly include provisions allowing or requiring agencies to submit rules and regulations to implement the act. The SOS is provided with core funding to handle a certain amount of normal activity resulting from each year’s legislative session. The fiscal impact for this fiscal note to the SOS for Administrative Rules is less than \$5,000. The SOS recognizes that this is a small amount and does not expect that additional funding would be required to meet these costs. However, the SOS also recognizes

that many such bills may be passed by the General Assembly in a given year and that collectively the costs may be in excess of what the office can sustain with the core budget. Therefore, the SOS reserves the right to request funding for the cost of supporting administrative rules requirements should the need arise based on a review of the finally approved bills signed by the governor.

Oversight assumes the SOS could absorb the costs of printing and distributing regulations related to this proposal. If multiple bills pass which require the printing and distribution of regulations at substantial costs, the SOS could require additional resources.

Oversight notes the **Department of Higher Education and Workforce Development** and the **Department of Revenue** have stated the proposal would not have a direct fiscal impact on their organizations. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these organizations.

<u>FISCAL IMPACT - State Government</u>	FY 2021 (10 Mo.)	FY 2022	FY 2023
GENERAL REVENUE			
SCENARIO 1 - With Federal Waiver			
<u>Income</u> - DSS (§208.057) Premiums p. 4	\$0	\$2,211 to \$663,912	\$4,082 to \$1,225,684
<u>Costs</u> - DSS (§208.057)			
Personal service p. 5	\$0	(\$87,171)	(\$88,043)
Fringe benefits	\$0	(\$51,989)	(\$52,279)
Equipment and expense	(\$13,660)	(\$9,916)	(\$10,164)
MMIS system changes p. 6	\$0	(\$150,000)	\$0
Invoicing/Mailing/Call Center p. 6	\$0	(\$250,000)	(\$250,000)
Net Premium Costs p. 8	\$0	(\$6,999,669)	(\$9,594,019)
Total <u>Costs</u> - DSS	<u>(\$13,660)</u>	<u>(\$7,548,745)</u>	<u>(\$9,994,505)</u>
FTE Changes	0 FTE	2 FTE	2 FTE
<u>Costs</u> - DSS (§208.057) Contract for employment assistance resources p. 5	\$0	\$0 to (\$3,999,550)	\$0 to (4,099,539)
<u>Costs</u> - OA, ITSD/DSS (§208.057) pp. 6- 7			
FAMIS system updates	(\$117,785)	\$0	\$0
MEDES system updates	(\$595,680)	\$0	\$0
MHD system updates	(\$114,912)	\$0	\$0
Total <u>Costs</u> - OA, ITSD/DSS	<u>(\$828,377)</u>	\$0	\$0
ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND*	<u>(\$842,037)</u>	<u>(\$6,394,833 to \$11,596,084)</u>	<u>(\$8,768,821 to \$14,089,962)</u>
Estimated net FTE Change on the General Revenue Fund	0 FTE	2 FTE	2 FTE

* High end of range is potential costs if all eligibles participated in the work assistance program and low premium income estimate.

FISCAL IMPACT - State Government
 (continued)
FEDERAL FUNDS

FY 2021
 (10 Mo.)

FY 2022

FY 2023

SCENARIO 1 - With Federal Waiver

Income - DSS (§208.057) Premiums p. 4

\$0

\$4,130 to
 \$1,240,215

\$7,624 to
 \$2,289,628

Income - DSS (§208.057) Program and
 process reimbursements pp. 5-7

\$0

\$10,834,021

\$17,922,024

Costs - DSS (§208.057)

MMIS system changes p. 6

\$0

(\$1,350,000)

\$0

Invoicing/Mailing/Call Center p. 6

\$0

(\$250,000)

(\$250,000)

Net Premium Costs p. 8

\$0

(\$9,234,021)

(\$17,672,024)

Total Costs - DSS

\$0

(\$10,834,021)

(\$17,922,024)

Costs - DSS (§208.057) Premium used
 for program distribution p. 4

\$0

(\$4,130 to
 \$1,240,215)

(\$7,624 to
 \$2,289,628)

**ESTIMATED NET EFFECT ON
 FEDERAL FUNDS**

\$0

\$0

\$0

OR

FISCAL IMPACT - State Government
 (continued)
GENERAL REVENUE

FY 2021
 (10 Mo.)

FY 2022

FY 2023

SCENARIO 2 - Without Federal Waiver

<u>Income</u> - DSS (§208.057) Premiums p. 4	\$0	\$6,341 to \$1,904,127	\$11,706 to \$3,515,312
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Costs - DSS (§208.057)

Personal service p. 5	\$0	(\$87,171)	(\$88,043)
Fringe benefits	\$0	(\$51,989)	(\$52,279)
Equipment and expense	(\$13,660)	(\$9,916)	(\$10,164)
MMIS system changes p. 6	\$0	(\$150,000)	\$0
Invoicing/Mailing/Call Center p. 6	\$0	(\$250,000)	(\$250,000)
Net Premium Costs pp. 6-7	\$0	(\$16,233,690)	(\$27,266,043)
Total <u>Costs</u> - DSS	(\$13,660)	(\$16,782,766)	(\$27,666,529)
FTE Changes	0 FTE	2 FTE	2 FTE

<u>Costs</u> - DSS (§208.057) Contract for employment assistance resources p. 5	\$0	\$0 to (\$3,999,550)	\$0 to (4,099,539)
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Costs - OA, ITSD/DSS (§208.057) pp. 6-7

FAMIS system updates	(\$117,785)	\$0	\$0
MEDES system updates	(\$595,680)	\$0	\$0
MHD system updates	(\$114,912)	\$0	\$0
Total <u>Costs</u> - OA, ITSD/DSS	(\$828,377)	\$0	\$0

**ESTIMATED NET EFFECT ON THE
 GENERAL REVENUE FUND***

	<u>(\$14,928,639 to</u>	<u>(\$24,151,217 to</u>
	<u>(\$842,037)</u>	<u>\$20,825,975)</u>
		<u>\$31,754,362)</u>

Estimated net FTE Change on the General
 Revenue Fund

0 FTE	2 FTE	2 FTE
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<u>FISCAL IMPACT - State Government</u> (continued)	FY 2021 (10 Mo.)	FY 2022	FY 2023
FEDERAL FUNDS			
SCENARIO 2 - Without Federal Waiver			
<u>Income</u> - DSS (§208.057) Program and process reimbursements pp. 5-7	\$0	\$1,600,000	\$250,000
<u>Income</u> - OA, ITSD/DSS (§208.057) Reimbursements for MEDES updates p. 6	\$0	\$50,000 to Unknown	\$0
<u>Costs</u> - DSS (§208.057)			
MMIS system changes p. 6	\$0	(\$1,350,000)	\$0
Invoicing/Mailing/Call Center p. 6	\$0	(\$250,000)	(\$250,000)
Total <u>Costs</u> - DSS	<u>\$0</u>	<u>(\$1,600,000)</u>	<u>(\$250,000)</u>
<u>Costs</u> - OA, ITSD/DSS (§208.057) MEDES updates p. 6	<u>\$0</u>	<u>(\$50,000 to Unknown)</u>	<u>\$0</u>
ESTIMATED NET EFFECT ON FEDERAL FUNDS	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
 <u>FISCAL IMPACT - Local Government</u>	 FY 2021 (10 Mo.)	 FY 2022	 FY 2023
	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

FISCAL IMPACT - Small Business

No direct fiscal impact to small businesses would be expected as a result of this proposal.

FISCAL DESCRIPTION

This bill modifies provisions relating to eligibility for MO HealthNet benefits. It allows recipients who become ineligible for MO HealthNet due to increased income to pay a premium to continue coverage. Those paying a premium would be eligible for job related training and resources (§208.057).

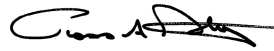
This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

Department of Higher Education and Workforce Development
Department of Revenue
Department of Social Services
Joint Committee on Administrative Rules
Office of Secretary of State



Julie Morff
Director
March 2, 2020



Ross Strobe
Assistant Director
March 2, 2020