SECOND REGULAR SESSION

HOUSE BILL NO. 1416

100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE HELMS.

3298H.01I DANA RADEMAN MILLER, Chief Clerk

AN ACT

To amend chapter 208, RSMo, by adding thereto one new section relating to direct primary care services for MO HealthNet participants.

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
2 known as section 208.1090, to read as follows:

208.1090. 1. The department of social services shall develop and oversee a pilot
2 program to allow MO HealthNet participants to receive health care services through direct
3 primary care arrangements. The pilot program shall initially be implemented in any
4 county of the first classification with more than two hundred sixty thousand but fewer than
5 three hundred thousand inhabitants and any county with more than sixty-five thousand
6 but fewer than eighty-five thousand inhabitants and with a county seat with more than
7 seventeen thousand but fewer than nineteen thousand inhabitants. The pilot program shall
8 begin January 1, 2021, and shall end December 31, 2026. The pilot program shall include
9 enrollees from each of the following MO HealthNet eligibility categories:
10 **(1) Childless adults;**
11 **(2) Children under seven years of age;**
12 **(3) Children seven years of age and older and under nineteen years of age;**
13 **(4) Parents;**
14 **(5) Pregnant women;**
15 **(6) Elderly individuals; and**
16 **(7) Disabled individuals.**

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.

17 **2. For the purpose of the pilot program, each enrollee shall be enrolled in a direct**
18 **primary care provider plan under contract with one or more managed care provider**
19 **organizations under contract with the department to provide MO HealthNet services.**
20 **Each enrollee shall be eligible for claims to the managed care provider for services not**
21 **covered by the direct primary care provider plan.**
22 **3. The direct primary care provider plan shall include the following:**
23 **(1) The monthly direct primary care enrollment fee shall not exceed a weighted**
24 **average of seventy dollars per month across all eligibility categories. The average shall be**
25 **weighted by the population makeup of the pilot program;**
26 **(2) The managed care provider shall designate participating direct primary care**
27 **providers as the managers for the pilot participant. As manager, the direct primary care**
28 **provider shall be authorized to provide a pilot participant with access to nonprimary care**
29 **services in the managed care provider network. The managed care provider shall not**
30 **stipulate any conditions upon a direct primary care provider that would alter the direct**
31 **primary care service delivery model as a requirement for the direct primary care provider**
32 **to receive the manager designation. The managed care provider shall not restrict or limit**
33 **the patient's choice of direct primary care provider and shall not require a direct primary**
34 **care provider to have certain admitting privileges as long as the direct primary care**
35 **provider is licensed and in good standing in the state; and**
36 **(3) The managed care provider shall not be liable for increased costs resulting from**
37 **implementation of the pilot program.**
38 **4. The department shall report annually to the general assembly on the**
39 **implementation of the direct primary care pilot program. The report shall include, but is**
40 **not limited to, the following performance metrics:**
41 **(1) The number of enrollees in the pilot program by eligibility category;**
42 **(2) The per-member, per-month rate paid in each fiscal year per eligibility**
43 **category;**
44 **(3) The number of claims paid in each fiscal year per eligibility category;**
45 **(4) The dollar value of all claims per eligibility category;**
46 **(5) The per-member, per-month actual cost, which equals the direct primary care**
47 **plan costs and any managed care costs not covered through the direct primary care plan,**
48 **including managed care provider overhead costs;**
49 **(6) The average direct primary care cost per enrollee per eligibility category; and**
50 **(7) The total savings, which equals the per-member, per-month rate paid in each**
51 **fiscal year minus the per-member, per-month actual cost times the total number of**
52 **enrollees in the program.**

53 **5. The department shall pursue all necessary waivers from the federal government**
54 **to implement the provisions of the pilot program established under this section. If the**
55 **department is unable to obtain such waivers, the department shall implement the program**
56 **to the degree possible without such waivers.**

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