

SECOND REGULAR SESSION

SENATE BILL NO. 961

98TH GENERAL ASSEMBLY

INTRODUCED BY SENATORS NASHEED, SCHUPP, CHAPPELLE-NADAL, HOLSMAN,
CURLS, WALSH AND SIFTON.

Read 1st time January 21, 2016, and ordered printed.

ADRIANE D. CROUSE, Secretary.

5983S.011

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

21 social services, and the department may develop such rates through a
22 contracted actuary. The higher commercial comparable rates shall only
23 apply for services provided to individuals qualifying under this section.

24 4. (1) The department of social services shall discontinue
25 eligibility for persons who are eligible under subsection 1 of this
26 section if:

27 (a) The federal medical assistance percentage established under
28 42 U.S.C. Section 1396d(y) or 1396d(z) is less than ninety percent as
29 specified for 2020 and each year thereafter or an amount determined
30 by the MO HealthNet oversight committee to be necessary to maintain
31 state budget solvency, whichever is lower; and

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

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

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

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

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

60 **(3) Enrolling persons under subsection 1 of this section in**
61 **private health benefit plans.**

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