

SENATE AMENDMENT NO. _____

Offered by _____ of _____

Amend Senate Bill No. 579, Page 8, Section 192.667, Line 247,

2 by inserting after all of said line the following:

3 "208.207. 1. Beginning January 1, 2017, individuals age
4 nineteen to sixty-four, who are not otherwise eligible for MO
5 HealthNet services under this chapter, who qualify for MO
6 HealthNet services under section 42 U.S.C.
7 1396a(a)(10)(A)(i)(VIII) and as set forth in 42 CFR 435.119, and
8 who have income at or below one hundred thirty-three percent of
9 the federal poverty level plus five percent of the applicable
10 family size as determined under 42 U.S.C. 1396a(e)(14) and as set
11 forth in 42 CFR 435.603, shall be eligible for medical assistance
12 under MO HealthNet and shall receive coverage for the health
13 benefits service package.

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

19 3. The reimbursement rate to MO HealthNet providers for MO
20 HealthNet services provided to individuals qualifying under the
21 provisions of this section shall be comparable to commercial
22 reimbursement payment levels with trend adjustment for comparable

1 services. The rates shall be determined annually by the
2 department of social services, and the department may develop
3 such rates through a contracted actuary. The higher commercial
4 comparable rates shall only apply for services provided to
5 individuals qualifying under this section.

6 4. (1) The department of social services shall discontinue
7 eligibility for persons who are eligible under subsection 1 of
8 this section if:

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

15 (b) The general assembly votes to discontinue eligibility
16 for persons who are eligible under subsection 1 of this section.
17 Prior to any vote under this paragraph, the MO HealthNet
18 oversight committee and the department of social services shall
19 provide the general assembly with information on the current and
20 projected expenses incurred due to expanding eligibility to
21 persons under subsection 1 of this section in relation to health-
22 related savings and revenues and health outcomes of individuals
23 and families receiving benefits under subsection 1 of this
24 section;

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

29 5. The MO HealthNet oversight committee shall conduct

1 research and investigate any potential health-related savings and
2 revenues associated with expanding eligibility to persons under
3 subsection 1 of this section. The committee shall investigate
4 the federal matching rate below which the state could not
5 maintain the expanded eligibility to persons under subsection 1
6 of this section. If the amount is determined to be greater than
7 ninety percent, the committee shall report its findings to the
8 general assembly for its consideration prior to any vote under
9 paragraph (b) of subdivision (1) of subsection 4 of this section.
10 In conducting its research and investigation, the committee shall
11 also determine the feasibility of:

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

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

17 (3) Enrolling persons under subsection 1 of this section in
18 private health benefit plans."; and

19 Further amend the title and enacting clause accordingly.