

# SENATE AMENDMENT NO. \_\_\_\_\_

Offered by \_\_\_\_\_ Of \_\_\_\_\_

Amend SS/SCS/Senate Bill No. 29, Page 1, Section title \_\_\_\_\_, Lines 5-6,

2 of the title, by striking "reimbursement allowance assessments"  
3 and inserting in lieu thereof the following: "MO HealthNet"; and

4 Further amend said bill and page, Section 198.439, line 10,  
5 by inserting after all of said line the following:

6 "208.207. 1. Beginning January 1, 2020, individuals age  
7 nineteen to sixty-four, who are not otherwise eligible for MO  
8 HealthNet services under this chapter, who qualify for MO  
9 HealthNet services under section 42 U.S.C.

10 1396a(a)(10)(A)(i)(VIII) and as set forth in 42 CFR 435.119, and  
11 who have income at or below one hundred thirty-three percent of  
12 the federal poverty level plus five percent of the applicable  
13 family size as determined under 42 U.S.C. 1396a(e)(14) and as set  
14 forth in 42 CFR 435.603, shall be eligible for medical assistance  
15 under MO HealthNet and shall receive coverage for the health  
16 benefits service package.

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

22 3. The reimbursement rate to MO HealthNet providers for MO  
23 HealthNet services provided to individuals qualifying under the  
24 provisions of this section shall be comparable to commercial

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

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

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

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

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

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

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

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

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

20           Further amend the title and enacting clause accordingly.