

SPONSOR: Barnes

COMMITTEE ACTION: Voted "Do Pass" by the Committee on Government Oversight and Accountability by a vote of 6 to 0.

This substitute extends the provisions regarding the Ticket to Work Health Assurance Program from August 28, 2013, to August 28, 2019. It specifies that a person in foster care is eligible for MO HealthNet benefits on the date he or she turns 18 years of age, or in the 30 days before turning 18, without regard to income or assets if the person is less than 26 years of age, is not eligible for coverage under another mandatory coverage group, and was covered by the Missouri Medicaid Program while he or she was in foster care.

In order to be eligible for MO HealthNet benefits an individual must be a resident of Missouri; have a valid Social Security number; be a citizen of the United States or a qualified alien with satisfactory documentary evidence of qualified alien status that has been verified by the federal Department of Homeland Security; and if claiming eligibility as a pregnant woman, she must verify the pregnancy. The Family Support Division within the Department of Social Services must conduct an annual redetermination of all MO HealthNet participants' eligibility. The department may contract with an administrative service organization to conduct the annual redetermination if it is cost effective. The department or the division must conduct electronic searches to redetermine eligibility on the basis of income, residency, citizenship, identity, and other criteria upon availability of electronic data sources. The department or division may enter into a contract with a vendor to perform the electronic searches of eligibility information not disclosed during the application process and obtain an applicable case management system. The department will retain final authority over eligibility determinations made during the redetermination process.

An individual who is applying for MO HealthNet benefits must submit an application in accordance with federal law, including 42 CFR 435.907, and provide all required information and documentation necessary to make an eligibility determination, resolve discrepancies found during the redetermination process, or for any purpose directly connected to the administration of the medical assistance program.

The department will determine an individual's financial eligibility based on projected annual household income and family size for the remainder of the current year and determine the modified adjusted

gross household by including all actually available cash support provided by the person claiming the applying individual as a tax dependent. A pregnant woman's household size is determined by counting the pregnant woman plus the number of children she is expected to deliver. A CHIP-eligible child must be uninsured and not have access to affordable insurance, and the child's parent must pay the required premium. An individual claiming eligibility as an uninsured woman must be uninsured.

The 16-member MO HealthNet Transformation Task Force is established in the Department of Social Services. The members are the directors of the departments of Social Services, Health and Senior Services, and Mental Health, or their designees; four members of the House of Representatives and four members of the Senate, including two from each political party; and five members from the Missouri health care community who must be appointed by the Governor with Senate approval.

The task force must make recommendations in a report to the General Assembly on improvements that can be made to the state medical assistance health care delivery system. The report must include, but not be limited to:

- (1) Advice on more efficient and cost-effective ways to provide coverage;
- (2) An evaluation of how coverage can resemble that of commercially available health plans while complying with federal Medicaid requirements;
- (3) Possibilities for promoting healthy behavior by encouraging patients to take ownership of their health care and seek early preventative care;
- (4) Advice on the best manner in which to provide incentives, including a shared risk and savings to health plans and providers to encourage cost-effective delivery of care; and
- (5) Ways that participants currently receiving coverage can transition to obtaining their health coverage through the private sector.

The task force must meet at least quarterly and annually submit by December 31 its recommendations and statewide plan for improvements to the MO HealthNet plan to the Governor, General Assembly, and director of the Department of Social Services. Members of the task force cannot receive any additional compensation but must be eligible for reimbursement for expenses directly related to the performance of task force duties.

Beginning January 1, 2014, those eligible for MO HealthNet benefits must include:

- (1) Individuals covered by MO HealthNet for families;
- (2) Individuals covered by transitional MO HealthNet under 42 U.S.C. Section 1396r-6;
- (3) Individuals covered by extended MO HealthNet for families on child support closings under 42 U.S.C. Section 1396r-6;
- (4) Pregnant women who meet the requirements for aid to families with dependent children benefits except for the existence of a dependent child in the home; pregnant women who meet the requirements for aid to families with dependent children except for the existence of a dependent child who is deprived of parental support; and pregnant women or infants under one year of age, or both, whose family income does not exceed an income eligibility standard equal to 133% of the federal poverty level (FPL);
- (5) Children between one year of age and 19 years of age who are eligible for medical assistance and whose family income does not exceed an income eligibility standard equal to 133% of the FPL;
- (6) Children eligible for the federal Children's Health Insurance Program (CHIP); and
- (7) Uninsured women at least 18 years of age with a net family income equal to or less than 185% of the federal poverty level and with assets less than \$250,000 who don't have access to employer-provided health insurance.

The substitute requires the eligibility for these individuals to be determined by the Department of Social Services by converting applicable income standards to the individual's modified adjusted gross income (MAGI) equivalent net income standard.

The provisions of the substitute relating to the task force expire May 31, 2024.

PROPONENTS: Supporters say that the state needs a mechanism to address the upgrade of the public health care system on a continuous basis. The membership cuts across areas of concentration in health care. Testifying for the bill were Representative Barnes; St. Louis Area Business Health Coalition; Associated Industries of Missouri; Missouri Hospital Association.

OPPONENTS: There was no opposition voiced to the committee.

