

HB 925 -- Medical Assistance

Sponsor: Allen

This bill changes the laws regarding medical assistance. The Department of Social Services must maximize the use of existing contracted prepaid health plans and other alternative service delivery and reimbursement methodologies to facilitate the cost-effective purchase of comprehensive health care, including pharmacy benefits and services. The department must permit each prepaid health plan to have full control over its formulary and preferred drug list (PDL).

The bill requires the department to reimburse those health care plans that have an existing contract with the department on a prepaid capitated basis. The department must initiate statewide managed coordinated care programs and ensure reasonable access to medical services in all geographic regions in Missouri currently identified as Eastern, Central, and Western. Each current geographical region will be expanded to include designated counties that are not currently part of MO HealthNet managed care so that each county in the state is within a region currently participating in managed care. The Medicaid-eligible residents must participate in the Medicaid managed care program and receive public assistance from the prepaid health plans, health maintenance organizations, health insuring organizations, or preferred provider organizations currently under contract with the state.

The department is required to seek all necessary federal review and approval to qualify for and authorize the modifications to the current managed care waiver and to expand the existing contract, geographic regions, benefits and services to the eligible populations created by the bill.