

HB 1222 -- PRIMARY CARE UNDER MO HEALTHNET

SPONSOR: Frederick

This bill requires the MO HealthNet Division to, by rule, determine the reimbursement of direct primary care services agreement fees which allows for a sliding scale of fees based on varying degrees of patient medical co-morbidities and other relevant demographic and geographic characteristics. The fees under the direct primary care services agreements must be billed directly to the enrollee patient, with the MO HealthNet division either providing direct payment to the physician or reimbursing the enrollee directly for the fees.

Enrollees must not be required to enter into a direct primary care services agreement under these provisions. If an enrollee enters into such an agreement, the enrollee must be permitted to select the physician with whom the enrollee enters into such agreement. If the fees under the direct primary care services agreement exceed the maximum fees eligible for reimbursement by rule, the enrollee may, at the enrollee's option, pay the difference between the fee charged under the agreement and the amount of the fee reimbursed under the MO HealthNet program.

The MO HealthNet Division must submit the state plan amendments and waivers to the Centers for Medicare and Medicaid Services of the federal Department of Health and Human Services as the department determines are necessary to implement these provisions.