# COMMITTEE ON LEGISLATIVE RESEARCH OVERSIGHT DIVISION

#### **FISCAL NOTE**

<u>L.R. No.</u>: 0845-03 <u>Bill No.</u>: SB 151

Subject: Medicaid; Physicians; Public Assistance

Type: Original

Date: February 4, 2015

Bill Summary: This proposal sets a reimbursement rate for primary care physicians under

Medicaid and requires MO HealtNet to contract with a third party for

eligibility verification.

### **FISCAL SUMMARY**

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND				
FUND AFFECTED	FY 2016	FY 2017	FY 2018	
General Revenue	(\$18,782,100) to \$1,025,136	Up to \$2,050,272	Up to \$2,050,272	
Total Estimated Net Effect on General Revenue	(\$18,782,100) to \$1,025,136	Up to \$2,050,272	Up to \$2,050,272	

ESTIMATED NET EFFECT ON OTHER STATE FUNDS				
FUND AFFECTED	FY 2016	FY 2017	FY 2018	
Total Estimated Net Effect on Other State Funds	\$0	\$0	\$0	

Numbers within parentheses: ( ) indicate costs or losses.

This fiscal note contains 6 pages.

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ESTIMATED NET EFFECT ON FEDERAL FUNDS				
FUND AFFECTED	FY 2016	FY 2017	FY 2018	
Federal *	\$0	\$0	\$0	
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0	\$0	\$0	

<sup>\*</sup> Income, savings, costs, and loss net to \$0.

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)				
FUND AFFECTED	FY 2016	FY 2017	FY 2018	
Total Estimated Net Effect on FTE	0	0	0	

Estimated Net Effect (expenditures or reduced revenues) expected to exceed \$100,000 in any of the three fiscal years after implementation of the act.

ESTIMATED NET EFFECT ON LOCAL FUNDS				
FUND AFFECTED	FY 2016	FY 2017	FY 2018	
<b>Local Government</b>	\$0	\$0	\$0	

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#### **FISCAL ANALYSIS**

#### **ASSUMPTION**

Officials from the **Department of Social Services (DSS), MO HealthNet Division (MHD)** assumes that section 208.152.12 is reinstating the Affordable Care Act Primary Care Rate Increases for FY16 only. The total cost for this is subject to appropriations, \$0 to \$61,450,535 (GR \$22,538,520; Federal \$38,912,015).

Section 208.201.7 requires MO HealthNet to procure a contract no later than January 1, 2016, to verify eligibility for assistance using the name, date of birth, address, and Social Security number of each applicant and recipient against public records. MO HealthNet assumes the current TPL (Third Party Liability) and Fund Recovery contract could be amended, at a cost of 14%, which is the prevailing fee for special projects. The estimated recoveries could be up to \$6.5 million, for a net savings of \$5,590,000 [\$6,500,000 X (100% - 14% fee = 86% to state) = \$5,590,000 [\$2,050,272 GR; \$3,539,728 Federal). The FY 2016 cost/savings is for 6 months, as the contractor shall be procured no later than January 1, 2016.

**Oversight** will present the cost/savings for FY 2016 from the maximum cost of \$18,782,100 (for 10 months and assumes no savings) up to the maximum savings of \$1,025,136 (assumes no appropriation for increasing primary care provider reimbursement).

Officials from the **Department of Health and Senior Services**, the **Department of Mental Health** and the **Office of Administration**, **Division of Purchasing and Materials Management** each assume the proposal would not fiscally impact their respective agencies.

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FISCAL IMPACT - State Government	FY 2016 (6 Mo.)	FY 2017	FY 2018
GENERAL REVENUE FUND	, ,		
Savings - DSS-MHD (§208.201) Recovery from eligibility verifications	Up to \$1,192,019	Up to \$2,384,037	Up to \$2,384,037
Costs - DSS-MHD (§208.201) Increase in contract fees for modification to do eligibility verifications	(\$166,883)	(\$333,765)	(\$333,765)
Costs - DSS-MHD (§208.152.12) State share of Primary Care Service rate increase for FY 2016 only (10 months) - subject to appropriation	\$0 to (\$18,782,100)	<u>\$0</u>	<u>\$0</u>
	(\$18,782,100)	IIn to	Up to
ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND	to \$1,025,136	<u>Up to</u> \$2,050,272	\$2,050,272
GENERAL REVENUE FUND			
GENERAL REVENUE FUND  FEDERAL FUNDS  Income - DSS-MHD Increase in program reimbursements (§208.152.12) (10 months)	<u>to \$1,025,136</u>		
GENERAL REVENUE FUND  FEDERAL FUNDS  Income - DSS-MHD Increase in program reimbursements (§208.152.12) (10 months)  Increase in program reimbursements (§208.201)	\$0 to \$32,426,679 \$288,117	\$2,050,272	\$2,050,272
GENERAL REVENUE FUND  FEDERAL FUNDS  Income - DSS-MHD Increase in program reimbursements (§208.152.12) (10 months)  Increase in program reimbursements	\$0 to \$32,426,679	\$2,05 <del>0,272</del> \$0	\$2,050,272 \$0
GENERAL REVENUE FUND  FEDERAL FUNDS  Income - DSS-MHD Increase in program reimbursements (§208.152.12) (10 months)  Increase in program reimbursements (§208.201)	\$0 to \$32,426,679 \$288,117 \$288,117 to	\$2,050,272 \$0 \$576,236	\$2,050,272 \$0 \$573,236

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FISCAL IMPACT - State Government	FY 2016 (6 Mo.)	FY 2017	FY 2018
FEDERAL FUNDS (continued)			
Costs - DSS-MHD			
Increase in program expenditures			
(§208.152.12) (10 months)	\$ 0 to		
	(\$32,426,679)	\$0	\$0
Increase in program expenditures			
(§208.201)	(\$288,117)	<u>(\$576,236)</u>	<u>(\$576,236)</u>
Total Costs - DSS-MHD	(\$288,117) to	<del>-</del>	<del>-</del>
	(\$32,714,796)	(\$576,236)	(\$576,236)
	<del> </del>	<del></del>	<del></del>
Loss - DSS-MHD			
Reduction in program reimbursements			
due to verification of eligibility	(Up to	(Up to	(Up to
2 ,	\$2,057,981)	\$4,115,964)	\$4,115,964)
	<u>. , , , , , , , , , , , , , , , , , , ,</u>	<u>·                                      </u>	<u>. , , , , , , , , , , , , , , , , , , ,</u>
ESTIMATED NET EFFECT ON			
FEDERAL FUNDS	<u><b>\$0</b></u>	<u><b>\$0</b></u>	<u><b>\$0</b></u>
	<del></del>	<del></del>	<del>=</del>
FISCAL IMPACT - Local Government	FY 2016	FY 2017	FY 2018
	(10 Mo.)		
	, ,		
	<u><b>\$0</b></u>	<u><b>\$0</b></u>	<u><b>\$0</b></u>

## FISCAL IMPACT - Small Business

This proposal would have a direct positive fiscal impact on small business primary care physicians who participate in the MO HealthNet program during FY 2016.

#### **FISCAL DESCRIPTION**

This proposal requires that during the 2016 fiscal year, primary care physicians providing Medicaid services shall be reimbursed at the same rate as those providing Medicare services. This provision is subject to an appropriation for such purpose.

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## FISCAL DESCRIPTION (continued)

By January 1, 2016, the MO HealthNet Division is required to contract with a private vendor to verify that eligibility requirements are being met by Medicaid recipients. The Division will retain final determination of eligibility. The Division and the contractor are required to file a quarterly report with the Governor and the General Assembly regarding the work of the contractor.

This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

#### SOURCES OF INFORMATION

Department of Health and Senior Services
Department of Mental Health
Department of Social Services 
Mo HealthNet Division
Office of Administration 
Division of Purchasing and Materials Management

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February 4, 2015

Ross Strope Assistant Director February 4, 2015