



Herb B. Kuhn
President and CEO
P.O. Box 60
Jefferson City, MO 65102

MEMO

February 11, 2021

TO: MO HealthNet Division

FROM: Daniel Landon
Senior Vice President of Governmental Relations

SUBJECT: MHA Comments on Medicaid State Plan Amendment on Benefit Plan for Medicaid Expansion

The proposed Medicaid State Plan Amendment appears to comply with federal standards regarding the Alternative Benefit Plan required for implementation of Medicaid expansion. It addresses expectations for the 10 Essential Benefits and the designation of a benchmark plan. In aligning benefits with the Medicaid Standard State Plan, Missouri is following the practices of most other states that have implemented Medicaid expansion. Doing so favors administrative simplicity. Also, the Medicaid State Plan Amendment continues the current policy allowing enrollees to be covered through the Health Insurance Premium Payment Program when it is cost-effective to do so.

In ABP 10 of this Medicaid State Plan Amendment, there is boilerplate attestation language in the state Medicaid program to verify it will “comply with all other provisions of the Social Security Act in the administration of the state/territory plan under this title.” MHA is confident that MO HealthNet does and will make every effort to be vigilant on this front. However, documentation of compliance, or even the standards of compliance themselves, can be opaque regarding program expectations of Missouri’s Medicaid managed care plans. Agency jurisdiction also can be murky. As health maintenance organizations, the Medicaid managed care plans are subject to state insurance law administered by the Department of Commerce and Insurance. Obviously, the plans also are subject to oversight by MO HealthNet and the Centers for Medicare & Medicaid Services.

However, Missouri has little law and no regulation governing its Medicaid managed care program. The protections and assurances of access, quality, equity and transparency to which Medicaid participants and providers should be entitled are instead left to the provisions of MO HealthNet’s contracts with the managed care plans and the state’s enforcement of them.

Because Medicaid participants and providers are not parties to the contract, their opportunities to pursue remedies for alleged violations of the program's standards are therefore greatly limited.

Missouri's Medicaid expansion nearly will double the amount of money Missouri's Medicaid program will spend through its managed care contracts. This significant expansion calls for a more sophisticated and transparent framework of public oversight of Missouri's Medicaid managed care program. Creating this framework should not delay Medicaid expansion, but rather be pursued in conjunction with it.

dl/djb