

**Department of Social Services
MO HealthNet Division**

**Fiscal Year 2022 Budget Request
Book 5 of 6**

Jennifer Tidball, Acting Director

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Department Request Summary

**DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2022 BRASS SECTION SUMMARY**

Decision Item Name	2022 DEPARTMENT REQUEST				
	FTE	GR	FF	OF	Total
MO HealthNet Administration					
Core	224.20	12,024,532	22,402,245	3,370,785	37,797,562
<i>Total</i>	224.20	12,024,532	22,402,245	3,370,785	37,797,562
Clinical Services Program Management					
Core	0.00	461,917	12,214,032	2,485,506	15,161,455
<i>Total</i>	0.00	461,917	12,214,032	2,485,506	15,161,455
MHD Transformation					
Core	6.00	6,370,458	27,619,318	0	33,989,776
<i>Total</i>	6.00	6,370,458	27,619,318	0	33,989,776
TPL Contracts					
Core	0.00	0	4,250,000	4,250,000	8,500,000
<i>Total</i>	0.00	0	4,250,000	4,250,000	8,500,000
Information Systems					
Core	0.00	27,881,000	76,835,985	2,021,687	106,738,672
NDI - MMIS CMSP Operational Cost	0.00	485,083	985,112	0	1,470,195
NDI - MMIS BIS-EDW	0.00	1,563,093	1,563,093	0	3,126,186
NDI - MMIS HIE	0.00	2,860,624	2,860,624	0	5,721,248
NDI - MMIS Security Risk Assessment	0.00	842,500	842,500	0	1,685,000
NDI - MMIS Pharmacy Solutions	0.00	2,750,000	8,250,000	0	11,000,000
NDI - MMIS Premium Collections	0.00	250,000	1,050,000	0	1,300,000
NDI - MMIS MC Contract Management	0.00	700,000	6,300,000	0	7,000,000
<i>Total</i>	0.00	37,332,300	98,687,314	2,021,687	138,041,301
Electronic Health Records Incentives					
Core	0.00	0	28,000,000	0	28,000,000
<i>Total</i>	0.00	0	28,000,000	0	28,000,000
Hospital HIT					
Core	0.00	0	9,000,000	1,000,000	10,000,000
<i>Total</i>	0.00	0	9,000,000	1,000,000	10,000,000
HITECH					
Core	0.00	1,000,000	9,000,000	0	10,000,000
<i>Total</i>	0.00	1,000,000	9,000,000	0	10,000,000

**DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2022 BRASS SECTION SUMMARY**

Decision Item Name	2022 DEPARTMENT REQUEST				
	FTE	GR	FF	OF	Total
Money Follows the Person					
Core	0.00	0	532,549	0	532,549
<i>Total</i>	0.00	0	532,549	0	532,549
Pharmacy					
Core	0.00	146,441,080	810,989,376	292,387,828	1,249,818,284
NDI - MHD CTC	0.00	47,801,449	84,685,049	0	132,486,498
NDI - Asset Limit CTC	0.00	866,764	1,606,878	0	2,473,642
NDI - Tobacco Shortfall	0.00	5,576,108	0	0	5,576,108
NDI - Pharmacy Sepcialty PMPM	0.00	23,980,914	44,592,030	0	68,572,944
NDI - Pharmacy Non-Sepcialty PMPM	0.00	1,614,169	3,024,275	0	4,638,444
<i>Total</i>	0.00	226,280,484	944,897,608	292,387,828	1,463,565,920
Pharmacy - Medicare Part D Clawback					
Core	0.00	230,978,651	0	0	230,978,651
<i>Total</i>	0.00	230,978,651	0	0	230,978,651
Missouri Rx Plan					
Core	0.00	3,054,059	0	2,788,774	5,842,833
NDI - MHD CTC	0.00	902,700	0	0	902,700
<i>Total</i>	0.00	3,956,759	0	2,788,774	6,745,533
Pharmacy FRA					
Core	0.00	0	0	65,000,000	65,000,000
NDI - PFRA Authority CTC	0.00	0	0	43,000,000	43,000,000
<i>Total</i>	0.00	0	0	108,000,000	108,000,000
Physician Related Prof					
Core	0.00	209,180,911	352,799,915	1,678,127	563,658,953
NDI - MHD CTC	0.00	0	38,527,245	0	38,527,245
NDI - Asset Limit CTC	0.00	300,561	557,203	0	857,764
NDI - Tobacco Shortfall	0.00	2,159,006	0	0	2,159,006
<i>Total</i>	0.00	211,640,478	391,884,363	1,678,127	605,202,968
Trauma Treatment					
Core	0.00	430,150	819,850	0	1,250,000
<i>Total</i>	0.00	430,150	819,850	0	1,250,000

**DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2022 BRASS SECTION SUMMARY**

Decision Item Name	2022 DEPARTMENT REQUEST				
	FTE	GR	FF	OF	Total
Neonatal Abstinence Syndrome					
Core	0.00	487,787	911,206	0	1,398,993
<i>Total</i>	0.00	487,787	911,206	0	1,398,993
Dental					
Core	0.00	1,772,622	3,480,505	71,162	5,324,289
NDI - MHD CTC	0.00	19,663	0	0	19,663
NDI - Asset Limit CTC	0.00	1,308	2,424	0	3,732
<i>Total</i>	0.00	1,793,593	3,482,929	71,162	5,347,684
Premium Payments					
Core	0.00	87,949,018	183,111,439	0	271,060,457
NDI - MHD CTC	0.00	5,622,195	7,665,584	0	13,287,779
NDI - Premium Increase	0.00	5,983,493	12,206,767	0	18,190,260
<i>Total</i>	0.00	99,554,706	202,983,790	0	302,538,496
Nursing Facilities					
Core	0.00	154,825,897	421,834,331	65,509,459	642,169,687
NDI - MHD CTC	0.00	0	909,786	0	909,786
<i>Total</i>	0.00	154,825,897	422,744,117	65,509,459	643,079,473
Home Health					
Core	0.00	1,320,551	2,791,873	159,305	4,271,729
NDI - MHD CTC	0.00	11,393	0	0	11,393
NDI - Asset Limit CTC	0.00	3,849	7,135	0	10,984
<i>Total</i>	0.00	1,335,793	2,799,008	159,305	4,294,106
Nursing Facility FRA					
Core	0.00	0	0	364,882,362	364,882,362
<i>Total</i>	0.00	0	0	364,882,362	364,882,362
Long Term Support Payments					
Core	0.00	0	7,182,390	3,768,378	10,950,768
<i>Total</i>	0.00	0	7,182,390	3,768,378	10,950,768
Rehab & Specialty Services					
Core	0.00	79,234,108	173,548,602	27,031,890	279,814,600
NDI - MHD CTC	0.00	14,491,016	0	0	14,491,016
NDI - Asset Limit CTC	0.00	157,172	372,486	43,751	573,409
NDI - Hospice Rate Increase	0.00	129,089	239,316	0	368,405
<i>Total</i>	0.00	94,011,385	174,160,404	27,075,641	295,247,430

**DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2022 BRASS SECTION SUMMARY**

Decision Item Name	2022 DEPARTMENT REQUEST				
	FTE	GR	FF	OF	Total
Treat No Transport					
Core	0.00	496,672	927,803	0	1,424,475
<i>Total</i>	0.00	496,672	927,803	0	1,424,475
NEMT					
Core	0.00	16,324,558	36,628,453	0	52,953,011
NDI - Asset Limit CTC	0.00	27,986	51,883	0	79,869
NDI - NEMT Actuarial Increase	0.00	1,085,547	2,012,477	0	3,098,024
<i>Total</i>	0.00	17,438,091	38,692,813	0	56,130,904
Ground Emer Med Transport					
Core	0.00	0	54,685,827	29,274,419	83,960,246
<i>Total</i>	0.00	0	54,685,827	29,274,419	83,960,246
Complex Rehab Technology Products					
Core	0.00	4,028,101	7,489,060	0	11,517,161
NDI - MHD CTC	0.00	842,894	1,584,802	0	2,427,696
NDI - Asset Limit CTC	0.00	12,095	22,424	0	34,519
<i>Total</i>	0.00	4,883,090	9,096,286	0	13,979,376
Managed Care					
Core	0.00	375,370,115	1,258,815,510	257,105,563	1,891,291,188
NDI - MHD CTC	0.00	49,224,319	65,707,210	0	114,931,529
NDI - Tobacco Shortfall	0.00	9,240,769	0	0	9,240,769
NDI - AFRA Fund Authority CTC	0.00	0	960,066	517,869	1,477,935
NDI - Actuarial Increase	0.00	35,968,598	66,681,510	0	102,650,108
NDI - CHIP Shortfall	0.00	18,750,000	0	0	18,750,000
<i>Total</i>	0	488,553,801	1,392,164,296	257,623,432	2,138,341,529
Hospital Care					
Core	0.00	52,683,360	408,206,883	173,457,633	634,347,876
NDI - MHD CTC	0.00	0	19,883,429	724,187	20,607,616
NDI - Asset Limit CTC	0.00	608,820	1,736,431	327,826	2,673,077
NDI - Tobacco Shortfall	0.00	10,000,000	0	0	10,000,000
<i>Total</i>	0.00	63,292,180	429,826,743	174,509,646	667,628,569
Physician Payments for Safety Net					
Core	0.00	0	16,113,590	209,202	16,322,792
<i>Total</i>	0.00	0	16,113,590	209,202	16,322,792
FQHC Distribution and Women and Minority					
Core	0.00	2,287,528	2,068,625	0	4,356,153
<i>Total</i>	0.00	2,287,528	2,068,625	0	4,356,153

**DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2022 BRASS SECTION SUMMARY**

Decision Item Name	2022 DEPARTMENT REQUEST				
	FTE	GR	FF	OF	Total
Technical Assistance Contracts					
Core	0.00	1,968,150	3,676,585	0	5,644,735
<i>Total</i>	0.00	1,968,150	3,676,585	0	5,644,735
Health Homes					
Core	0.00	5,425,296	14,739,899	5,810,121	25,975,316
NDI - MHD CTC	0.00	214,074	2,207,812	0	2,421,886
<i>Total</i>	0.00	5,639,370	16,947,711	5,810,121	28,397,202
Federal Reimbursement Allowance					
Core	0.00	0	0	1,728,243,278	1,728,243,278
<i>Total</i>	0.00	0	0	1,728,243,278	1,728,243,278
IGT Safety Net Hospitals					
Core	0.00	0	24,842,277	13,298,569	38,140,846
<i>Total</i>	0.00	0	24,842,277	13,298,569	38,140,846
CHIP					
Core	0.00	19,950,207	85,146,070	7,719,204	112,815,481
NDI - MHD CTC	0.00	2,349,100	7,562,952	0	9,912,052
NDI - Actuarial Increase	0.00	1,312,039	4,036,672	0	5,348,711
<i>Total</i>	0.00	23,611,346	96,745,694	7,719,204	128,076,244
Show Me Babies					
Core	0.00	9,646,951	29,631,153	0	39,278,104
NDI - MHD CTC	0.00	3,305,514	10,292,224	0	13,597,738
NDI - Actuarial Increase	0.00	429,797	1,322,332	0	1,752,129
<i>Total</i>	0.00	13,382,262	41,245,709	0	54,627,971
School District Medicaid Claiming					
Core	0.00	242,525	41,653,770	0	41,896,295
<i>Total</i>	0.00	242,525	41,653,770	0	41,896,295

**DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2022 BRASS SECTION SUMMARY**

Decision Item Name	2022 DEPARTMENT REQUEST				
	FTE	GR	FF	OF	Total
Blind Pension Medical Benefits					
Core	0.00	21,271,474	0	0	21,271,474
<i>Total</i>	0.00	21,271,474	0	0	21,271,474
IGT Transfer					
Core	0.00	0	0	137,074,165	137,074,165
<i>Total</i>	0.00	0	0	137,074,165	137,074,165
IGT DMH Medicaid Programs					
Core	0.00	0	500,077,646	203,482,221	703,559,867
NDI - MHD CTC	0.00	0	0	31,547,613	31,547,613
<i>Total</i>	0.00	0	500,077,646	235,029,834	735,107,480
GR Pharmacy FRA Transfer					
Core	0.00	38,737,111	0	0	38,737,111
<i>Total</i>	0.00	38,737,111	0	0	38,737,111
Pharmacy FRA Transfer					
Core	0.00	0	0	38,737,111	38,737,111
<i>Total</i>	0.00	0	0	38,737,111	38,737,111
Ambulance SRV Reim Allow Transfer					
Core	0.00	20,837,332	0	0	20,837,332
<i>Total</i>	0.00	20,837,332	0	0	20,837,332
GR Ambulance SRV Reim. Allow Transfer					
Core	0.00	0	0	20,837,332	20,837,332
<i>Total</i>	0.00	0	0	20,837,332	20,837,332
GR FRA Transfer					
Core	0.00	653,701,378	0	0	653,701,378
<i>Total</i>	0.00	653,701,378	0	0	653,701,378
FRA Transfer					
Core	0.00	0	0	653,701,378	653,701,378
<i>Total</i>	0.00	0	0	653,701,378	653,701,378

**DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2022 BRASS SECTION SUMMARY**

Decision Item Name	2022 DEPARTMENT REQUEST				
	FTE	GR	FF	OF	Total
GR NFFRA Transfer					
Core	0.00	210,950,510	0	0	210,950,510
<i>Total</i>	0.00	210,950,510	0	0	210,950,510
Nursing Facility Reimbursement Transfer					
Core	0.00	0	0	210,950,510	210,950,510
<i>Total</i>	0.00	0	0	210,950,510	210,950,510
Nursing Facility Quality Transfer					
Core	0.00	0	0	1,500,000	1,500,000
<i>Total</i>	0.00	0	0	1,500,000	1,500,000
DSS Legal Expense Fund TRF					
Core	0.00	1	0	0	1
<i>Total</i>	0.00	1	0	0	1

<i>MHD Core Total</i>	230.20	2,397,334,010	4,632,026,767	4,317,805,969	11,347,166,746
<i>MHD NDI Total</i>		252,443,701	400,309,731	76,161,246	728,914,678
<i>Less MHD Non Counts</i>	0.00	(924,226,332)	0	(1,062,800,496)	(1,987,026,828)
<i>Total MHD</i>	230.20	1,725,551,379	5,032,336,498	3,331,166,719	10,089,054,596

Crossing Issues

**NDI - MHD Cost to
Continue**

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MO HealthNet Cost to Continue

DI# 1886002

Budget Unit: Various
HB Section: Various

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Funds are requested for estimated costs in the FY 2022 budget. These amounts are based on actual MO HealthNet program expenditures through August 2020 and historical trends. It is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2022. Programs with estimated shortfalls include Pharmacy, MORx, Dental (GR), Premium Payments, Rehabilitation and Specialty Services (GR), Non-Emergency Medical Transportation (NEMT), Complex Rehab, Hospitals, Managed Care, Health Homes, Children Health Insurance Program (CHIP), and Show-Me Healthy Babies (SMHB). Programs with lapses include Clawback, Physician, Dental (Fed), Nursing Facilities (GR), Home Health (Fed), Rehabilitation and Specialty Services (Fed), Hospital (GR), and Blind Medical. The portion of the supplemental related to the Public Health Emergency has been removed for the cost-to-continue.

	Department Request			Total
	GR	Federal	Other	
Pharmacy	47,801,449	84,685,049	0	132,486,498
MORx	902,700	0	0	902,700
Physician	0	38,527,245	0	38,527,245
Dental	19,663	0	0	19,663
Premium	5,622,195	7,665,584	0	13,287,779
Nursing Facilities	0	909,786	0	909,786
Home Health	11,393	0	0	11,393
Rehab	14,491,016	0	0	14,491,016
Complex Rehab	842,894	1,584,802	0	2,427,696
Managed Care	49,224,319	65,707,210	0	114,931,529
Hospital	0	19,883,429	724,187	20,607,616
Health Homes	214,074	2,207,812	0	2,421,886
CHIP	2,349,100	7,562,952	0	9,912,052
SMHB	3,305,514	10,292,224	0	13,597,738
IGT DMH	0	0	31,547,613	31,547,613
Total	124,784,317	239,026,093	32,271,800	396,082,210

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MO HealthNet Cost to Continue

DI# 1886002

Budget Unit: Various
HB Section: Various

	Department Request			
Pharmacy (11.700)	GR	Federal	Other	Total
Asset Limit (unfunded)	92,027	171,911	0	263,938
FY21 CTC (unfunded)	739,859	1,382,088	0	2,121,947
Specialty PMPM (unfunded)	8,141,070	15,197,665	0	23,338,735
Trikafta (unfunded)	2,486,107	4,644,153	0	7,130,260
Koselugo	4,660,320	8,639,680	0	13,300,000
Caseload/Utilization/Inflation	31,682,066	54,649,552	0	86,331,619
Total Pharmacy	47,801,449	84,685,049	0	132,486,499

MORx (11.705)	GR	Federal	Other	Total
Caseload/Utilization/Inflation	902,700	0	0	902,700
Total MORx	902,700	0	0	902,700

Physician Services (11.715)	GR	Federal	Other	Total
Asset Limit (unfunded)	0	168,992	0	168,992
FY21 CTC (unfunded)	0	11,996,439	0	11,996,439
CCBHO and Disease Management Increase	0	11,616,899	0	11,616,899
Caseload/Utilization/Inflation	0	14,744,915	0	14,744,915
Total Physician Services	0	38,527,245	0	38,527,245

Dental Services (11.720)	GR	Federal	Other	Total
Asset Limit (unfunded)	2,195	0	0	6,296
Caseload/Utilization/Inflation	17,468	0	0	13,367
Total Premium Payments	19,663	0	0	19,663

Premium Payments (11.725)	GR	Federal	Other	Total
Premium Increase NDI (unfunded)	2,841,897	5,768,533	0	8,610,430
Caseload/Utilization/Inflation	2,780,298	1,897,051	0	4,677,349
Total Premium Payments	5,622,195	7,665,584	0	13,287,779

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: MO HealthNet Cost to Continue

DI# 1886002

Budget Unit: Various
 HB Section: Various

	Department Request			
Nursing Facilities (11.730)	GR	Federal	Other	Total
FY21 CTC (unfunded)	0	1,437,506	0	1,437,506
Caseload/Utilization/Inflation	0	(527,720)	0	(527,720)
Total NFFRA	0	909,786	0	909,786

Home Health (11.730)	GR	Federal	Other	Total
Asset Limit (unfunded)	669	0	0	669
Caseload/Utilization/Inflation	10,724	0	0	10,724
Total Home Health	11,393	0	0	11,393

Rehabilitation and Specialty Services (11.745)	GR	Federal	Other	Total
Asset Limit (unfunded)	117,187	0	0	117,187
FY21 CTC (unfunded)	3,934,984	0	0	3,934,984
Caseload/Utilization/Inflation	10,438,845	0	0	10,438,845
Total Rehabilitation and Specialty Services	14,491,016	0	0	14,491,016

Complex Rehab (11.755)	GR	Federal	Other	Total
Asset Limit (unfunded)	764	1,427	0	2,191
FY21 CTC (unfunded)	8,919	0	0	8,919
Caseload/Utilization/Inflation	833,211	1,583,375	0	2,416,586
Total Complex Rehab	842,894	1,584,802	0	2,427,696

Managed Care (11.760)	GR	Federal	Other	Total
Caseload/Utilization/Inflation	49,224,319	65,707,210	0	114,931,530
Total Managed Care	49,224,319	65,707,210	0	114,931,530

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MO HealthNet Cost to Continue

DI# 1886002

Budget Unit: Various
HB Section: Various

Hospital Care (11.765)	GR	Federal	Other	Total
Asset Limit (unfunded)	0	405,980	76,065	482,045
Zolgensma and Roctavian	0	3,432,977	648,122	4,081,099
FY21 CTC (unfunded)	0	21,105,215	0	21,105,215
Caseload/Utilization/Inflation	0	(5,060,743)	0	(5,060,743)
Total Hospital Care	0	19,883,429	724,187	20,607,616

Health Homes (11.785)	GR	Federal	Other	Total
FY21 CTC (unfunded)	259,184	418,666	0	677,850
Caseload/Utilization/Inflation	(45,110)	1,789,146	0	1,744,036
Total Health Homes	214,074	2,207,812	0	2,421,886

Department Request

CHIP (11.800)	GR	Federal	Other	Total
FY21 CTC (unfunded)	1,462,356	3,500,080	0	4,962,436
Caseload/Utilization/Inflation	886,744	4,062,872	0	4,949,616
Total CHIP	2,349,100	7,562,952	0	9,912,052

SMHB (11.805)	GR	Federal	Other	Total
FY21 CTC (unfunded)	456,420	1,345,182	0	1,801,602
Caseload/Utilization/Inflation	2,849,094	8,947,042	0	11,796,136
Total SMHB	3,305,514	10,292,224	0	13,597,738

IGT DMH (11.855)	GR	Federal	Other	Total
Caseload/Utilization/Inflation	0	0	31,547,613	31,547,613
Total IGT DMH	0	0	31,547,613	31,547,613

TOTAL	124,784,317	239,026,093	32,271,800	396,082,210
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NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: MO HealthNet Cost to Continue

DI# 1886002

Budget Unit: Various

HB Section: Various

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PSD	<u>124,784,317</u>		<u>239,026,093</u>		<u>32,271,800</u>		<u>396,082,210</u>		<u>0</u>
Grand Total	124,784,317	0.0	239,026,093	0.0	32,271,800	0.0	396,082,210	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MO HealthNet Cost to Continue

DI# 1886002

Budget Unit: Various
HB Section: Various

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

Since this decision item is a combined request for the increase in authority of several programs, measures are found in the individual program descriptions.

6b. Provide a measure of the program's quality.

Since this decision item is a combined request for the increase in authority of several programs, measures are found in the individual program descriptions.

6c. Provide a measure of the program's impact.

Since this decision item is a combined request for the increase in authority of several programs, measures are found in the individual program descriptions.

6d. Provide a measure of the program's efficiency

Since this decision item is a combined request for the increase in authority of several programs, measures are found in the individual program descriptions.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY								
MHD CTC - 1886002								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	132,486,498	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	132,486,498	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$132,486,498	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$47,801,449	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$84,685,049	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MISSOURI RX PLAN								
MHD CTC - 1886002								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	902,700	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	902,700	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$902,700	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$902,700	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHYSICIAN RELATED PROF								
MHD CTC - 1886002								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	38,527,245	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	38,527,245	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$38,527,245	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$38,527,245	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
DENTAL								
MHD CTC - 1886002								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	19,663	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	19,663	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$19,663	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$19,663	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PREMIUM PAYMENTS								
MHD CTC - 1886002								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	13,287,779	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	13,287,779	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$13,287,779	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$5,622,195	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$7,665,584	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITIES								
MHD CTC - 1886002								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	909,786	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	909,786	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$909,786	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$909,786	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOME HEALTH								
MHD CTC - 1886002								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	11,393	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	11,393	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$11,393	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$11,393	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
REHAB AND SPECIALTY SERVICES								
MHD CTC - 1886002								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	14,491,016	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	14,491,016	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$14,491,016	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$14,491,016	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
COMPLEX REHAB TECHNLOGY PRDUCTS								
MHD CTC - 1886002								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	2,427,696	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,427,696	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,427,696	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$842,894	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,584,802	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MANAGED CARE								
MHD CTC - 1886002								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	114,931,529	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	114,931,529	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$114,931,529	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$49,224,319	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$65,707,210	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOSPITAL CARE								
MHD CTC - 1886002								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	20,607,616	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	20,607,616	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$20,607,616	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$19,883,429	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$724,187	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HEALTH HOMES								
MHD CTC - 1886002								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	2,421,886	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,421,886	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,421,886	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$214,074	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$2,207,812	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CHILDREN'S HEALTH INS PROGRAM								
MHD CTC - 1886002								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	9,912,052	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	9,912,052	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$9,912,052	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$2,349,100	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$7,562,952	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
SHOW-ME BABIES								
MHD CTC - 1886002								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	13,597,738	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	13,597,738	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$13,597,738	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$3,305,514	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$10,292,224	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
IGT DMH MEDICAID PROGRAM								
MHD CTC - 1886002								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	31,547,613	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	31,547,613	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$31,547,613	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$31,547,613	0.00		0.00

**NDI - GR Pick Up for
Tobacco Shortfall
Cost to Continue**

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: GR Pick-Up for Tobacco Shortfall CTC

DI# 1886005

Budget Unit: 90544C, 90551C, 90552C, 90541C

HB Section: 11.715, 11.760, 11.765, 11.700

1. AMOUNT OF REQUEST

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	26,975,883	0	0	26,975,883
TRF	0	0	0	0
Total	26,975,883	0	0	26,975,883

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input checked="" type="checkbox"/> Cost to Continue
<input checked="" type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other: _____	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Due to updated settlement projections from the Attorney General's Office, the state is anticipating a shortfall in tobacco settlement funds. Tobacco settlement funds are deposited into the Early Childhood Educational Development Fund (ECDEC), Life Sciences Research Trust Fund (LSRTF), and the Healthy Families Trust Fund (HFTF). DSS is requesting a GR pick-up in the Physician, Managed Care, Hospital, and Pharmacy sections with a corresponding core cut of LSRTF and HFTF for the same amount.

NEW DECISION ITEM

Department: Social Services

Budget Unit: 90544C, 90551C, 90552C, 90541C

Division: MO HealthNet

DI Name: GR Pick-Up for Tobacco Shortfall CTC

DI# 1886005

HB Section: 11.715, 11.760, 11.765, 11.700

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Due to updated settlement projections from the Attorney General's Office, the state is anticipating a shortfall in tobacco settlement funds. Tobacco settlement funds are deposited into the Early Childhood Educational Development Fund (ECDEC), Life Sciences Research Trust Fund (LSRTF), and the Healthy Families Trust Fund (HFTF). DSS is requesting a GR pick-up in the Physician, Managed Care, Hospital, and Pharmacy sections with a corresponding core cut of LSRTF and HFTF for the same amount.

	FY21 Beginning Balance	FY21 Estimated Revenue	FY21 Approps	FY21 End of the Year Balance	FY22 Beginning Balance	FY22 Estimated Revenue	FY22 Approps	FY22 End of the Year Balance
Tobacco Master Settlement Agreement Allocations		118,060,923				106,801,089		
ECDEC	-	35,000,000				35,000,000		
LSRTF	-	29,515,231	33,369,132	(3,853,901)		26,700,272	33,369,132	(6,668,860)
HFTF	-	53,545,692	65,407,840	(11,862,148)		45,100,817	65,407,840	(20,307,023)
	-	83,060,923	98,776,972	(15,716,049)	-	71,801,089	98,776,972	(26,975,883)

		FY21 TAFP	Dept Core Redux	Dept Core Req	GR Pickup
HB Healthy Families Trust Fund					
11.715	Physician Related	2,159,006	(2,159,006)	-	2,159,006
11.760	Managed Care	22,883,390	(8,148,017)	14,735,373	8,148,017
11.765	DSS Safety Net Payments	30,365,444		30,365,444	-
11.765	Graduate Medical Education	10,000,000	(10,000,000)	-	10,000,000
	Subtotal	65,407,840	(20,307,023)	45,100,817	20,307,023
Life Science Research Trust Fund					
11.600	MHD Admin	3,000	-	3,000	-
11.700	Pharmacy	5,576,108	(5,576,108)	-	5,576,108
11.760	Managed Care	27,790,024	(1,092,752)	26,697,272	1,092,752
	Total	33,369,132	(6,668,860)	26,700,272	6,668,860

NEW DECISION ITEM

Department: Social Services

Budget Unit: 90544C, 90551C, 90552C, 90541C

Division: MO HealthNet

DI Name: GR Pick-Up for Tobacco Shortfall CTC

DI# 1886005

HB Section: 11.715, 11.760, 11.765, 11.700

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PSD	<u>26,975,883</u>		<u>0</u>		<u>0</u>		<u>26,975,883</u>		<u>0</u>
Grand Total	26,975,883	0.0	0	0.0	0	0.0	26,975,883	0.0	0

NEW DECISION ITEM

Department: Social Services

Division: MO HealthNet

DI Name: GR Pick-Up for Tobacco Shortfall CTC

DI# 1886005

Budget Unit: 90544C, 90551C, 90552C, 90541C

HB Section: 11.715, 11.760, 11.765, 11.700

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

This new decision item is exempt from performance measures as it is a GR pick-up.

6b. Provide a measure of the program's quality.

This new decision item is exempt from performance measures as it is a GR pick-up.

6c. Provide a measure of the program's impact.

This new decision item is exempt from performance measures as it is a GR pick-up.

6d. Provide a measure of the program's efficiency

This new decision item is exempt from performance measures as it is a GR pick-up.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY								
GR pickup for Tobacco Shortfal - 1886005								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	5,576,108	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	5,576,108	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$5,576,108	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$5,576,108	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHYSICIAN RELATED PROF								
GR pickup for Tobacco Shortfal - 1886005								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	2,159,006	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,159,006	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,159,006	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$2,159,006	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MANAGED CARE								
GR pickup for Tobacco Shortfal - 1886005								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	9,240,769	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	9,240,769	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$9,240,769	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$9,240,769	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOSPITAL CARE								
GR pickup for Tobacco Shortfal - 1886005								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	10,000,000	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	10,000,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$10,000,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$10,000,000	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

NDI - Asset Limit Cost to Continue

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: Asset Limit CTC

DI# 1886004

Budget Unit: 90544C, 90541C, 90546C, 90550C, 90561C,
 90577C, 90564C, 90552C
 HB Section: 11.715, 11.700, 11.720, 11.745
 11.755, 11.730, 11.765

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The MO HealthNet Division (MHD) estimates a fiscal impact because of changes to the resource limits for aged, blind, and disabled persons to be eligible for MO HealthNet benefits. Higher cost will result from one group of Medicaid eligibles who currently receive limited medical benefits, but will receive full Medicaid benefits under this legislation. New eligibles are also expected to enter the Medicaid program because of the change in eligibility rules.

This bill raised the MHD asset limits for MHD claimants from \$4,000 to \$5,000 for individuals and \$8,000 to \$10,000 for married couples in 2021. The estimated costs shown below are based on a FY20 expenditures trend for the new Asset Limit population.

FY21 TAFP HB	Program	GR	Fed	Other*	Total
11.715	Physician	\$300,561	\$557,203		\$857,764
11.700	Pharmacy	\$866,764	\$1,606,878		\$2,473,642
11.720	Dental	\$1,308	\$2,424		\$3,732
11.745	Rehab	\$157,172	\$372,486	\$43,751	\$573,409
11.745	NEMT	\$27,986	\$51,883		\$79,869
11.755	Complex Rehab	\$12,095	\$22,424		\$34,519
11.730	Home Health	\$3,849	\$7,135		\$10,984
11.765	Hospital	\$608,820	\$1,736,431	\$327,826	\$2,673,077
	MHD Total	\$1,978,555	\$4,356,864	\$371,577	\$6,706,996

*Other funds include Federal Reimbursement Allowance Fund and Ambulance Reimbursement Allowance Fund.

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PSD	1,978,555		4,356,864		371,577		6,706,996		0
Grand Total	1,978,555	0.0	4,356,864	0.0	371,577	0.0	6,706,996	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Asset Limit CTC

DI# 1886004

Budget Unit: 90544C, 90541C, 90546C, 90550C, 90561C,
90577C, 90564C, 90552C
HB Section: 11.715, 11.700, 11.720, 11.745
11.755, 11.730, 11.765

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

Since this decision item is a combined request for the increase in authority for several programs, measures are found in the individual program descriptions.

6b. Provide a measure of the program's quality.

Since this decision item is a combined request for the increase in authority for several programs, measures are found in the individual program descriptions.

6c. Provide a measure of the program's impact.

Since this decision item is a combined request for the increase in authority for several programs, measures are found in the individual program descriptions.

6d. Provide a measure of the program's efficiency

Since this decision item is a combined request for the increase in authority for several programs, measures are found in the individual program descriptions.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY								
Asset Limit CTC - 1886004								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	2,473,642	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,473,642	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,473,642	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$866,764	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,606,878	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHYSICIAN RELATED PROF								
Asset Limit CTC - 1886004								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	857,764	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	857,764	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$857,764	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$300,561	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$557,203	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
DENTAL								
Asset Limit CTC - 1886004								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	3,732	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	3,732	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$3,732	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,308	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$2,424	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOME HEALTH								
Asset Limit CTC - 1886004								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	10,984	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	10,984	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$10,984	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$3,849	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$7,135	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
REHAB AND SPECIALTY SERVICES								
Asset Limit CTC - 1886004								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	573,409	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	573,409	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$573,409	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$157,172	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$372,486	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$43,751	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NON-EMERGENCY TRANSPORT								
Asset Limit CTC - 1886004								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	79,869	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	79,869	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$79,869	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$27,986	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$51,883	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
COMPLEX REHAB TECHNLOGY PRDUCTS								
Asset Limit CTC - 1886004								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	34,519	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	34,519	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$34,519	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$12,095	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$22,424	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOSPITAL CARE								
Asset Limit CTC - 1886004								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	2,673,077	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,673,077	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,673,077	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$608,820	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,736,431	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$327,826	0.00		0.00

NDI - Managed Care Actuarial Rate Increase

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: Managed Care Actuarial Increase

Budget Unit: 90551C, 90556C, 88855C

DI# 1886009

HB Section: 11.760, 11.800, 11.805

1. AMOUNT OF REQUEST

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	37,710,434	72,040,514	0	109,750,948
TRF	0	0	0	0
Total	37,710,434	72,040,514	0	109,750,948

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/>	New Legislation	<input type="checkbox"/>	New Program	<input type="checkbox"/>	Fund Switch
<input checked="" type="checkbox"/>	Federal Mandate	<input type="checkbox"/>	Program Expansion	<input type="checkbox"/>	Cost to Continue
<input type="checkbox"/>	GR Pick-Up	<input type="checkbox"/>	Space Request	<input type="checkbox"/>	Equipment Replacement
<input type="checkbox"/>	Pay Plan	<input type="checkbox"/>	Other: _____		

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

This NDI is needed to fund an increase for managed care medical, newborn delivery, and Neonatal Intensive Care Unit (NICU) services to ensure that managed care payments are actuarially sound. The FY22 rates are based on an estimated budget trend developed utilizing actuarial standards which consider historical trends in utilization and inflation, budget and legislative changes, and federal requirements.

MO HealthNet needs to maintain capitation rates at a sufficient level to ensure continued health plan and provider participation. The Federal Authority is Social Security Act Section 1915(b) and 1115 Waiver. The Federal Regulation is 42 CFR 438-Managed Care, and the State Authority is Section 208.166, RSMo. Final federal rules and regulations published June 14, 2002, effective August 13, 2003, require that capitation payments made on behalf of managed care participants be actuarially sound. Further, the state must provide the actuarial certification of the capitation rates to the CMS. The CMS Regional Office must review and approve all contracts for managed care as a condition for federal financial participation.

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: Managed Care Actuarial Increase

DI# 1886009

Budget Unit: 90551C, 90556C, 88855C

HB Section: 11.760, 11.800, 11.805

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The chart below details the projected need for all medical services, as well as the births of children and Neonatal Intensive Care Unit (NICU) care for newborns in need of specialized care. Pharmacy benefits were carved out of managed care beginning October 1, 2009; therefore, participants receive their pharmacy benefits through the fee-for-service program. The FY21 rates are based on an estimated budget trend developed utilizing actuarial standards which consider historical trends in utilization and inflation, budget and legislative changes, and federal requirements.

Program	Region	FY21	FY22	Difference Increase/ (Decrease)	Participants	Contract Months in FY21	Total
Medical-Managed Care	Eastern	\$230.38	\$240.34	\$9.96	189,504	12	\$22,640,026
Medical-Managed Care	Central	\$236.41	\$250.58	\$14.17	159,720	12	\$27,160,915
Medical-Managed Care	Western	\$265.55	\$281.31	\$15.76	127,866	12	\$24,185,898
Medical-Managed Care	SW	\$207.81	\$223.37	\$15.55	110,083	12	\$20,544,999
<i>subtotal Managed Care</i>							\$94,531,838
Medical TIXXI CHIP-Child	Eastern	\$197.49	\$219.41	\$21.92	8,406	12	\$2,211,230
Medical TIXXI CHIP-Child	Central	\$182.84	\$196.74	\$13.90	8,574	12	\$1,429,645
Medical TIXXI CHIP-Child	Western	\$263.64	\$275.77	\$12.13	6,420	12	\$934,268
Medical TIXXI CHIP-Child	SW	\$178.51	\$189.04	\$10.53	6,121	12	\$773,568
<i>subtotal TIXXI CHIP Children</i>							\$5,348,711
Medical Prenatal Services for Unborn-Show Me Healthy Babies	Eastern	\$524.64	\$545.63	\$20.99	391	12	\$98,555
Medical Prenatal Services for Unborn-Show Me Healthy Babies	Central	\$514.74	\$537.39	\$22.65	335	12	\$91,107
Medical Prenatal Services for Unborn-Show Me Healthy Babies	Western	\$488.99	\$521.26	\$32.27	258	12	\$100,043
Medical Prenatal Services for Unborn-Show Me Healthy Babies	SW	\$413.57	\$435.08	\$21.51	249	12	\$64,180
<i>subtotal prenatal services</i>							\$353,885
Medical First Year following birth-Show Me Healthy Babies	Eastern	\$712.76	\$730.58	\$17.82	639	12	\$136,584
Medical First Year following birth-Show Me Healthy Babies	Central	\$589.15	\$653.36	\$64.22	560	12	\$431,205
Medical First Year following birth-Show Me Healthy Babies	Western	\$590.15	\$637.96	\$47.80	450	12	\$258,186
Medical First Year following birth-Show Me Healthy Babies	SW	\$530.34	\$560.57	\$30.23	400	12	\$144,992
<i>subtotal first year</i>							\$970,967
<i>subtotal SMHB</i>							\$1,324,852
Total Need Medical Trend							\$101,205,401

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Managed Care Actuarial Increase

DI# 1886009

Budget Unit: 90551C, 90556C, 88855C

HB Section: 11.760, 11.800, 11.805

Program	Region	FY20	FY21	Difference Increase/ (Decrease)	Participants	Contract Months in FY20	Total
Deliveries-Managed Care, CHIP, SMHB	Eastern	\$6,946.37	\$6,960.26	\$13.89	753	12	\$125,535
Deliveries-Managed Care, CHIP, SMHB	Central	\$5,380.66	\$5,563.60	\$182.94	623	12	\$1,367,678
Deliveries-Managed Care, CHIP, SMHB	Western	\$4,974.81	\$5,069.33	\$94.52	505	12	\$572,800
Deliveries-Managed Care, CHIP, SMHB	SW	\$5,014.62	\$5,150.01	\$135.39	445	12	\$723,008
<i>subtotal Managed Care, SMHB and CHIP Deliveries</i>							\$2,789,021
Total Need Deliveries Trend							\$2,789,021
NICU-Managed Care, CHIP, SMHB	Eastern	\$254,592.94	\$260,957.76	\$6,364.82	13	12	\$992,912
NICU-Managed Care, CHIP, SMHB	Central	\$172,517.05	\$191,321.41	\$18,804.36	9	12	\$2,030,871
NICU-Managed Care, CHIP, SMHB	Western	\$175,677.04	\$189,906.88	\$14,229.84	13	12	\$2,219,855
NICU-Managed Care, CHIP, SMHB	SW	\$149,967.21	\$158,515.34	\$8,548.13	5	12	\$512,888
<i>subtotal Managed Care, SMHB and CHIP NICU</i>							\$5,756,526
Total Need NICU Trend							\$5,756,526
Total Need Medical, Deliveries and NICU							<u>\$109,750,948</u>

	FMAP	Total	GR	Federal
Managed Care	64.96%	102,650,108	35,968,598	66,681,510
CHIP	75.47%	5,348,711	1,312,039	4,036,672
SMHB	75.47%	1,752,129	429,797	1,322,332
		\$109,750,948	\$37,710,434	\$72,040,514

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PSD	37,710,434		72,040,514		0		109,750,948		0
Grand Total	37,710,434	0.0	72,040,514	0.0	0	0.0	109,750,948	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Managed Care Actuarial Increase

DI# 1886009

Budget Unit: 90551C, 90556C, 88855C

HB Section: 11.760, 11.800, 11.805

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

Historical managed care actuarial percentage increases:

SFY 16: 3.3%
SFY 17: 3.6%
SFY 18: 1.3%
SFY 19: 1.9%
SFY 20: 7.6%
SFY 21: 3.4%
SFY 22: 5.5%

6b. Provide a measure of the program's quality.

Please see the Managed Care core section for performance measures.

6c. Provide a measure of the program's impact.

Please see the Managed Care core section for performance measures.

6d. Provide a measure of the program's efficiency

Please see the Managed Care core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

- Participate in the Statewide Coalition, consisting of leaders from Missouri Hospital Association and the Family and Community Trust to provide outreach and enrollment.
- Continue to work with community groups, local medical providers, health care associations, schools, etc., regarding access to MO HealthNet coverage.
- Continue to work with MO HealthNet managed care health plans to provide outreach and education to communities regarding access to MO HealthNet coverage.

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MANAGED CARE								
MC Actuarial Increase - 1886009								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	102,650,108	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	102,650,108	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$102,650,108	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$35,968,598	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$66,681,510	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CHILDREN'S HEALTH INS PROGRAM								
MC Actuarial Increase - 1886009								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	5,348,711	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	5,348,711	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$5,348,711	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,312,039	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$4,036,672	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
SHOW-ME BABIES								
MC Actuarial Increase - 1886009								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	1,752,129	0.00	0	0.00
TOTAL - PD	<u>0</u>	<u>0.00</u>	<u>0</u>	<u>0.00</u>	<u>1,752,129</u>	<u>0.00</u>	<u>0</u>	<u>0.00</u>
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,752,129	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$429,797	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,322,332	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Core - MO HealthNet Administration

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: MO HealthNet Administration

Budget Unit: 90512C

HB Section: 11.600

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	3,306,227	6,297,799	1,985,623	11,589,649
EE	8,718,305	16,104,446	1,385,162	26,207,913
PSD	0	0	0	0
TRF	0	0	0	0
Total	12,024,532	22,402,245	3,370,785	37,797,562
FTE	64.90	113.69	45.61	224.20

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	2,006,738	3,682,948	1,298,368	6,988,053
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

- Pharmacy Reimbursement Allowance Fund (0144) - \$28,120
- Health Initiatives Fund (HIF) (0275) - \$499,081
- Nursing Facility Quality of Care Fund (NFQC) (0271) - \$100,787
- Third Party Liability Collections Fund (TPL) (0120) - \$913,793
- MO Rx Plan Fund (0779) - \$372,494
- Federal Reimbursement Allowance Fund (FRA) (0142) - \$338,899
- Ambulance Service Reimbursement Allowance Fund (0958) - \$147,831
- Ground Emergency Medical Transportation Fund (GEMT) (0422) - \$472,255
- Pharmacy Rebates Fund (0114) - \$494,525
- Life Sciences Research Fund (0763) - \$3,000

Other Funds:

2. CORE DESCRIPTION

The MO HealthNet Administration appropriation provides funding for the salaries and associated expense and equipment for the Central Office management and support staff. Funding from this appropriation is also used to support ongoing expense and equipment costs. MO HealthNet Division staff assist participants and providers.

3. PROGRAM LISTING (list programs included in this core funding)

MO HealthNet Administration

CORE DECISION ITEM

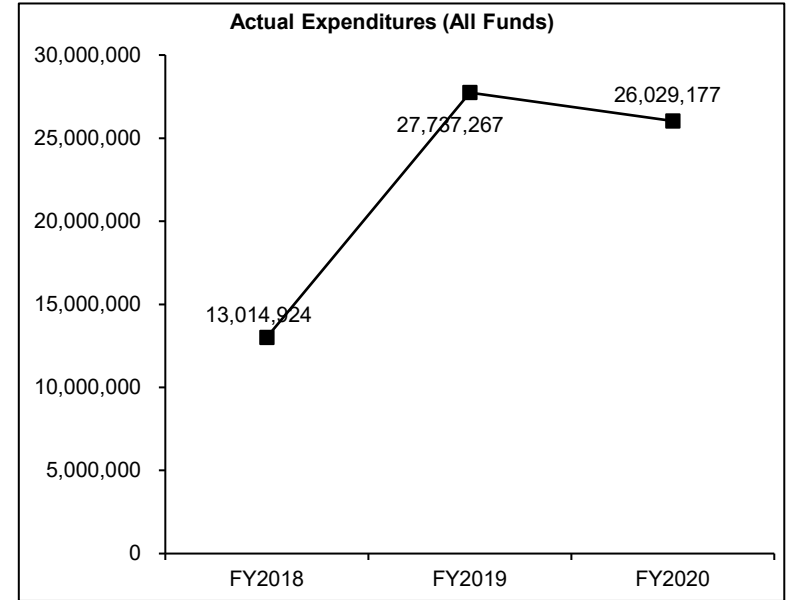
Department: Social Services
Division: MO HealthNet
Core: MO HealthNet Administration

Budget Unit: 90512C

HB Section: 11.600

4. FINANCIAL HISTORY

	FY2018 Actual	FY2019 Actual	FY2020 Actual	FY2021 Current Yr.
Appropriation (All Funds)	14,722,190	31,936,366	36,585,758	37,797,562
Less Reverted (All Funds)	(114,500)	(372,313)	(375,999)	(373,562)
Less Restricted (All Funds)	0	0	(1,000,000)	(71,564)
Budget Authority (All Funds)	14,607,690	31,564,053	35,209,759	37,352,436
Actual Expenditures (All Funds)	13,014,924	27,737,267	26,029,177	N/A
Unexpended (All Funds)	1,592,766	3,826,786	9,180,582	N/A
Unexpended, by Fund:				
General Revenue	0	18,334	1,948,808	N/A
Federal	1,067,695	3,450,143	7,014,112	N/A
Other	525,071	358,309	217,662	N/A
	(1)	(2)	(3)	



*Current Year restricted amount is as of September 1, 2020.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY18 - There were agency reserves of \$202,572 Federal and \$525,754 Other Funds

(2) FY19 - Funding was reallocated from various program lines to the MHD Administration section to pay for contract expenditures.

(3) FY20 - The Department limited all nonessential expense and equipment purchases due to revenue shortfalls as a result of the COVID pandemic. \$125,000 Amulance Service FRA (0958) fund transferred in to cover program expenditures. \$1 Million GR was placed in restriction in FY20.

CORE RECONCILIATION DETAIL

STATE
MO HEALTHNET ADMIN

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PS	224.20	3,306,227	6,297,799	1,985,623	11,589,649	
	EE	0.00	8,718,305	16,104,446	1,385,162	26,207,913	
	Total	224.20	12,024,532	22,402,245	3,370,785	37,797,562	
DEPARTMENT CORE REQUEST							
	PS	224.20	3,306,227	6,297,799	1,985,623	11,589,649	
	EE	0.00	8,718,305	16,104,446	1,385,162	26,207,913	
	PD	0.00	0	0	0	0	
	Total	224.20	12,024,532	22,402,245	3,370,785	37,797,562	
GOVERNOR'S RECOMMENDED CORE							
	PS	224.20	3,306,227	6,297,799	1,985,623	11,589,649	
	EE	0.00	8,718,305	16,104,446	1,385,162	26,207,913	
	PD	0.00	0	0	0	0	
	Total	224.20	12,024,532	22,402,245	3,370,785	37,797,562	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
MO HEALTHNET ADMIN									
CORE									
PERSONAL SERVICES									
GENERAL REVENUE	2,336,636	47.06	3,306,227	64.90	3,306,227	64.90	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	6,126,810	121.58	6,297,799	113.69	6,297,799	113.69	0	0.00	
PHARMACY REBATES	292,518	5.95	438,972	9.04	438,972	9.04	0	0.00	
THIRD PARTY LIABILITY COLLECT	416,441	8.36	425,752	12.30	425,752	12.30	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	102,717	2.03	106,191	2.01	106,191	2.01	0	0.00	
PHARMACY REIMBURSEMENT ALLOWAN	27,357	0.50	27,764	0.50	27,764	0.50	0	0.00	
NURSING FAC QUALITY OF CARE	89,186	1.85	90,506	2.45	90,506	2.45	0	0.00	
HEALTH INITIATIVES	434,252	8.58	457,696	9.85	457,696	9.85	0	0.00	
GROUND EMERGENCY MED TRANSPORT	46,200	0.95	46,883	1.00	46,883	1.00	0	0.00	
MISSOURI RX PLAN FUND	292,516	5.95	372,494	7.96	372,494	7.96	0	0.00	
AMBULANCE SERVICE REIMB ALLOW	19,085	0.25	19,365	0.50	19,365	0.50	0	0.00	
TOTAL - PS	10,183,718	203.06	11,589,649	224.20	11,589,649	224.20	0	0.00	
EXPENSE & EQUIPMENT									
GENERAL REVENUE	5,984,065	0.00	8,718,305	0.00	8,718,305	0.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	8,446,799	0.00	16,104,446	0.00	16,104,446	0.00	0	0.00	
PHARMACY REBATES	0	0.00	55,553	0.00	55,553	0.00	0	0.00	
THIRD PARTY LIABILITY COLLECT	488,041	0.00	488,041	0.00	488,041	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	232,708	0.00	232,708	0.00	232,708	0.00	0	0.00	
PHARMACY REIMBURSEMENT ALLOWAN	356	0.00	356	0.00	356	0.00	0	0.00	
NURSING FAC QUALITY OF CARE	10,281	0.00	10,281	0.00	10,281	0.00	0	0.00	
HEALTH INITIATIVES	40,097	0.00	41,385	0.00	41,385	0.00	0	0.00	
GROUND EMERGENCY MED TRANSPORT	425,372	0.00	425,372	0.00	425,372	0.00	0	0.00	
LIFE SCIENCES RESEARCH TRUST	0	0.00	3,000	0.00	3,000	0.00	0	0.00	
AMBULANCE SERVICE REIMB ALLOW	128,466	0.00	128,466	0.00	128,466	0.00	0	0.00	
TOTAL - EE	15,756,185	0.00	26,207,913	0.00	26,207,913	0.00	0	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	44,867	0.00	0	0.00	0	0.00	0	0.00	

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
MO HEALTHNET ADMIN									
CORE									
PROGRAM-SPECIFIC									
DEPT OF SOC SERV FEDERAL & OTH	44,406	0.00	0	0.00	0	0.00	0	0.00	
TOTAL - PD	89,273	0.00	0	0.00	0	0.00	0	0.00	
TOTAL	26,029,176	203.06	37,797,562	224.20	37,797,562	224.20	0	0.00	
GRAND TOTAL	\$26,029,176	203.06	\$37,797,562	224.20	\$37,797,562	224.20	\$0	0.00	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90512C BUDGET UNIT NAME: MO HealthNet Administration HOUSE BILL SECTION: 11.600	DEPARTMENT: Social Services DIVISION: MO HealthNet
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

DEPARTMENT REQUEST

Total \$37,797,562	% Flex 0.25%	Flex Amount \$94,494	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.
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2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	HB11 language allows up to .25% flexibility between 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.	.25% flexibility is being requested for FY22

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MO HEALTHNET ADMIN								
CORE								
ADMIN OFFICE SUPPORT ASSISTANT	240,803	8.08	156,836	5.00	0	0.00	0	0.00
OFFICE SUPPORT ASSISTANT	0	0.00	1,675	0.00	0	0.00	0	0.00
SR OFFICE SUPPORT ASSISTANT	119,557	4.38	315,327	11.00	0	0.00	0	0.00
BUYER III	14,219	0.30	14,450	0.25	0	0.00	0	0.00
BUYER IV	17,402	0.30	17,932	0.25	0	0.00	0	0.00
AUDITOR II	86,099	2.00	183,311	4.00	0	0.00	0	0.00
AUDITOR I	29,069	0.78	167,364	4.00	0	0.00	0	0.00
SENIOR AUDITOR	185,779	3.94	241,188	5.00	0	0.00	0	0.00
ACCOUNTANT I	0	0.00	39,330	1.00	0	0.00	0	0.00
ACCOUNTANT III	23,553	0.53	45,452	1.03	0	0.00	0	0.00
BUDGET ANAL III	48,291	1.02	145,822	3.00	0	0.00	0	0.00
ACCOUNTING CLERK	43,671	1.61	85,272	3.00	0	0.00	0	0.00
ACCOUNTING GENERALIST I	59,348	1.86	67,547	2.00	0	0.00	0	0.00
ACCOUNTING GENERALIST II	38,142	1.00	5	0.00	0	0.00	0	0.00
PERSONNEL OFFICER	47,999	1.01	48,876	1.00	0	0.00	0	0.00
PERSONNEL ANAL I	0	0.00	40,774	1.00	0	0.00	0	0.00
PERSONNEL ANAL II	40,808	0.96	0	0.00	0	0.00	0	0.00
PUBLIC INFORMATION SPEC II	24,776	0.49	49,011	1.00	0	0.00	0	0.00
EXECUTIVE I	29,685	0.82	41,449	1.00	0	0.00	0	0.00
MANAGEMENT ANALYSIS SPEC II	590,355	12.13	603,665	12.00	0	0.00	0	0.00
PERSONNEL CLERK	9,193	0.29	0	0.00	0	0.00	0	0.00
ADMINISTRATIVE ANAL I	31,170	0.84	37,987	1.00	0	0.00	0	0.00
PHYSICIAN	125,300	1.00	129,218	1.00	0	0.00	0	0.00
REGISTERED NURSE - CLIN OPERS	331,635	5.78	423,151	7.00	0	0.00	0	0.00
PROGRAM DEVELOPMENT SPEC	884,113	19.79	927,996	20.00	0	0.00	0	0.00
MEDICAID PROGRAM RELATIONS REP	134,541	3.06	137,984	3.00	0	0.00	0	0.00
CORRESPONDENCE & INFO SPEC I	281,577	7.66	303,876	8.00	0	0.00	0	0.00
MEDICAID PHARMACEUTICAL TECH	14,157	0.41	0	0.00	0	0.00	0	0.00
MEDICAID CLERK	213,207	7.11	256,394	8.00	0	0.00	0	0.00
MEDICAID TECHNICIAN	762,818	22.20	627,678	17.50	0	0.00	0	0.00
MEDICAID SPEC	1,247,138	31.02	1,212,415	30.00	0	0.00	0	0.00
MEDICAID UNIT SPV	320,743	6.30	322,992	6.00	0	0.00	0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MO HEALTHNET ADMIN								
CORE								
FISCAL & ADMINISTRATIVE MGR B1	722,709	11.74	940,895	15.00	0	0.00	0	0.00
SOCIAL SERVICES MGR, BAND 1	1,034,726	15.88	1,179,378	18.00	0	0.00	0	0.00
DEPUTY STATE DEPT DIRECTOR	0	0.00	1,515	0.00	1,515	0.00	0	0.00
DESIGNATED PRINCIPAL ASST DEPT	20,990	0.25	21,624	0.15	21,624	0.15	0	0.00
DIVISION DIRECTOR	230,374	1.00	236,507	1.00	234,067	1.00	0	0.00
DEPUTY DIVISION DIRECTOR	102,389	1.00	104,054	1.00	104,030	1.00	0	0.00
DESIGNATED PRINCIPAL ASST DIV	296,116	3.00	304,142	3.00	300,863	3.00	0	0.00
LEGAL COUNSEL	138,339	1.94	159,232	2.16	157,447	2.16	0	0.00
MISCELLANEOUS PROFESSIONAL	24,342	0.46	39,589	3.19	20,089	3.19	0	0.00
SPECIAL ASST OFFICIAL & ADMSTR	0	0.00	719	0.00	719	0.00	0	0.00
SPECIAL ASST PROFESSIONAL	1,526,350	19.13	1,902,036	22.40	1,858,136	22.40	0	0.00
SPECIAL ASST OFFICE & CLERICAL	92,235	1.99	54,981	1.27	135,141	1.27	0	0.00
ADMIN SUPPORT ASSISTANT	0	0.00	0	0.00	317,002	11.00	0	0.00
LEAD ADMIN SUPPORT ASSISTANT	0	0.00	0	0.00	413,230	13.00	0	0.00
ADMIN SUPPORT PROFESSIONAL	0	0.00	0	0.00	34,127	1.00	0	0.00
PROGRAM SPECIALIST	0	0.00	0	0.00	927,996	20.00	0	0.00
PROGRAM COORDINATOR	0	0.00	0	0.00	2,120,273	33.00	0	0.00
RESEARCH/DATA ASSISTANT	0	0.00	0	0.00	37,987	1.00	0	0.00
RESEARCH/DATA ANALYST	0	0.00	0	0.00	603,665	12.00	0	0.00
PUBLIC RELATIONS SPECIALIST	0	0.00	0	0.00	49,011	1.00	0	0.00
REGISTERED NURSE SPEC/SPV	0	0.00	0	0.00	423,151	7.00	0	0.00
PHYSICIAN	0	0.00	0	0.00	127,308	1.00	0	0.00
AGENCY BUDGET SENIOR ANALYST	0	0.00	0	0.00	145,822	3.00	0	0.00
ACCOUNTS ASSISTANT	0	0.00	0	0.00	85,272	3.00	0	0.00
SENIOR ACCOUNTS ASSISTANT	0	0.00	0	0.00	106,877	3.00	0	0.00
ACCOUNTANT	0	0.00	0	0.00	5	0.00	0	0.00
INTERMEDIATE ACCOUNTANT	0	0.00	0	0.00	45,452	1.03	0	0.00
AUDITOR	0	0.00	0	0.00	350,675	8.00	0	0.00
LEAD AUDITOR	0	0.00	0	0.00	241,188	5.00	0	0.00
PROCUREMENT SPECIALIST	0	0.00	0	0.00	14,450	0.25	0	0.00
PROCUREMENT SUPERVISOR	0	0.00	0	0.00	17,932	0.25	0	0.00
HUMAN RESOURCES GENERALIST	0	0.00	0	0.00	40,774	1.00	0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MO HEALTHNET ADMIN								
CORE								
HUMAN RESOURCES SPECIALIST	0	0.00	0	0.00	48,876	1.00	0	0.00
BENEFIT PROGRAM SPECIALIST	0	0.00	0	0.00	931,554	25.50	0	0.00
BENEFIT PROGRAM SR SPECIALIST	0	0.00	0	0.00	1,350,399	33.00	0	0.00
BENEFIT PROGRAM SUPERVISOR	0	0.00	0	0.00	322,992	6.00	0	0.00
TOTAL - PS	10,183,718	203.06	11,589,649	224.20	11,589,649	224.20	0	0.00
TRAVEL, IN-STATE	20,776	0.00	24,203	0.00	24,203	0.00	0	0.00
TRAVEL, OUT-OF-STATE	17,552	0.00	41,045	0.00	41,045	0.00	0	0.00
SUPPLIES	718,891	0.00	686,070	0.00	686,070	0.00	0	0.00
PROFESSIONAL DEVELOPMENT	66,144	0.00	61,212	0.00	61,212	0.00	0	0.00
COMMUNICATION SERV & SUPP	116,647	0.00	118,362	0.00	118,362	0.00	0	0.00
PROFESSIONAL SERVICES	12,743,206	0.00	25,212,916	0.00	23,207,368	0.00	0	0.00
M&R SERVICES	25,381	0.00	4,415	0.00	4,415	0.00	0	0.00
OFFICE EQUIPMENT	8,816	0.00	21,816	0.00	21,816	0.00	0	0.00
OTHER EQUIPMENT	27,201	0.00	15,102	0.00	15,102	0.00	0	0.00
PROPERTY & IMPROVEMENTS	662	0.00	16,009	0.00	16,009	0.00	0	0.00
BUILDING LEASE PAYMENTS	770	0.00	700	0.00	700	0.00	0	0.00
EQUIPMENT RENTALS & LEASES	259	0.00	63	0.00	63	0.00	0	0.00
MISCELLANEOUS EXPENSES	2,009,880	0.00	6,000	0.00	2,011,548	0.00	0	0.00
TOTAL - EE	15,756,185	0.00	26,207,913	0.00	26,207,913	0.00	0	0.00
PROGRAM DISTRIBUTIONS	89,273	0.00	0	0.00	0	0.00	0	0.00
TOTAL - PD	89,273	0.00	0	0.00	0	0.00	0	0.00
GRAND TOTAL	\$26,029,176	203.06	\$37,797,562	224.20	\$37,797,562	224.20	\$0	0.00
GENERAL REVENUE	\$8,365,568	47.06	\$12,024,532	64.90	\$12,024,532	64.90		0.00
FEDERAL FUNDS	\$14,618,015	121.58	\$22,402,245	113.69	\$22,402,245	113.69		0.00
OTHER FUNDS	\$3,045,593	34.42	\$3,370,785	45.61	\$3,370,785	45.61		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.600

Program Name: Administration

Program is found in the following core budget(s): MO HealthNet Administration

1a. What strategic priority does this program address?

Ensure access to coverage

1b. What does this program do?

To efficiently operate the \$10.5 billion MO HealthNet program (also known as Missouri Medicaid) across four state departments, the MO HealthNet Division effectively utilizes its appropriated staff. The MO HealthNet Division staff account for less than 0.46% of total state employees while the MO HealthNet program comprised 27.06% of the total SFY 2020 state operating budget of \$30.1 billion. The administrative portion of the budget (Personal Services and Expense and Equipment) comprised less than 0.39% of the division's total budget. MO HealthNet Division staff assist participants as well as providers.

Program Goals

The MO HealthNet Division seeks to aid participants and providers in their efforts to access MO HealthNet programs by utilizing administrative staffing, expense and equipment, and contractor resources efficiently and effectively.

Program Objectives

- To purchase and monitor health care services for low income and vulnerable citizens of the State of Missouri;
- To assure quality health care through development of service delivery systems, standards setting and enforcement, and education of providers and participants;
- To be fiscally accountable for maximum and appropriate utilization of resources.

Additional Details

Administrative expenditures for the division consist of personal services and expense and equipment. These expenditures are driven by the operational demands of supporting the MO HealthNet program. The division operates both a fee-for-service program and a managed care program.

Approximately 95% of the division's expense and equipment expenditures are comprised of payments to contractors for professional services including, but not limited to, actuarial services; contracts with health care professionals to conduct utilization claim reviews to determine medical necessity of services; and services of an external quality reviewer as required by federal law. Approximately 5% of administrative expense and equipment expenditures support MO HealthNet staff for such routine operational expenses as supplies, postage, and office equipment.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.600

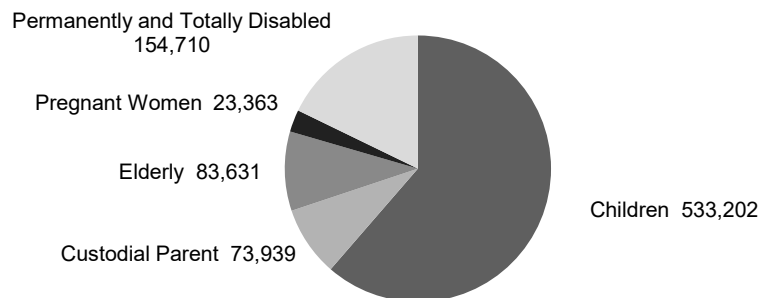
Program Name: Administration

Program is found in the following core budget(s): MO HealthNet Administration

2a. Provide an activity measure(s) for the program.

Average number of participants served in a month by MO HealthNet, by Large Eligibility Group, as of June 30, 2020.

Number of Participants Served by Large Eligibility Group

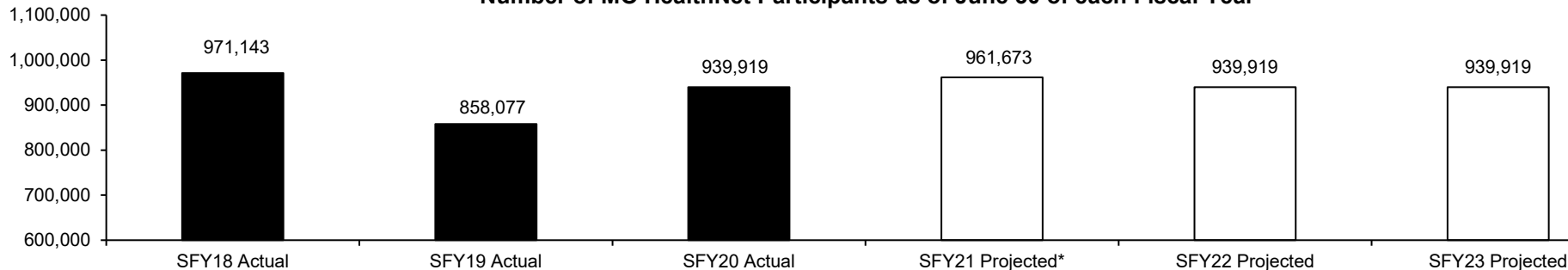


2b. Provide a measure(s) of the program's quality.

Refer to program sections for quality measures.

2c. Provide a measure(s) of the program's impact.

Number of MO HealthNet Participants as of June 30 of each Fiscal Year



*Projected increase due to COVID-19 and higher unemployment.

**Future projections are based on eligibility requirements as of 7/1/20.

PROGRAM DESCRIPTION

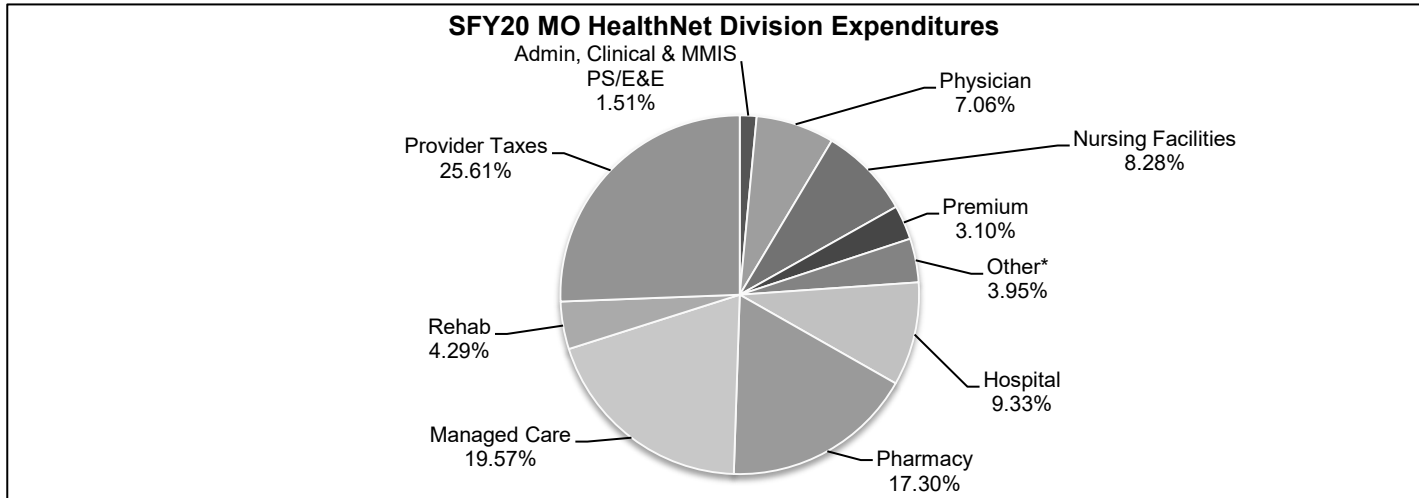
Department: Social Services

HB Section(s): 11.600

Program Name: Administration

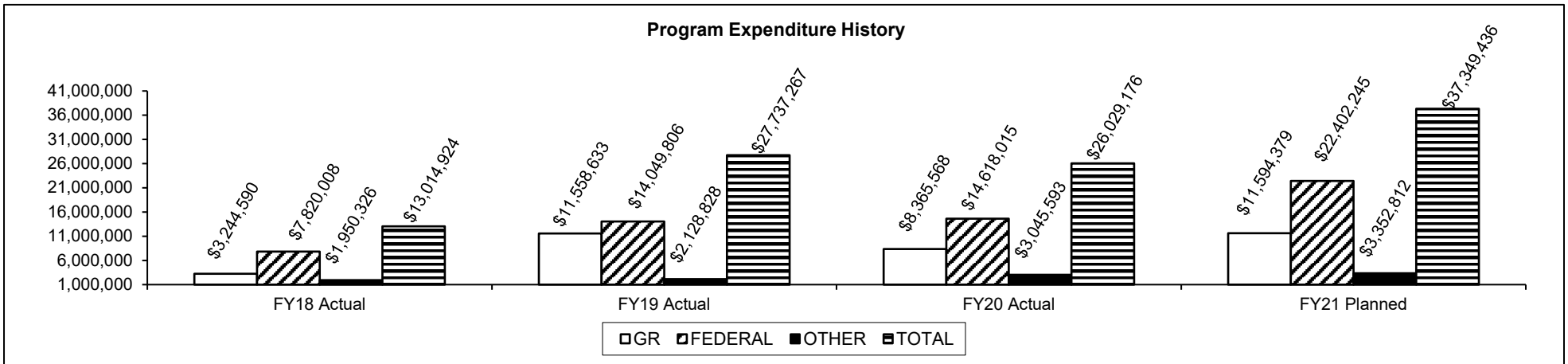
Program is found in the following core budget(s): MO HealthNet Administration

2d. Provide a measure(s) of the program's efficiency.



*Other includes:
 HI-TECH grants, Dental,
 Home Health, Long Term Support Upper
 Payment Limit, Non-Emergency Medical
 Transportation, Ground Emergency Medical
 IGT, Health Care Home IGT,
 Children's Health Insurance Program,
 Show-Me Healthy Babies and
 School District Claiming.

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of restricted, reverted and reserves.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.600

Program Name: Administration

Program is found in the following core budget(s): MO HealthNet Administration

4. What are the sources of the "Other " funds?

Pharmacy Reimbursement Allowance Fund (0144)
Health Initiatives Fund (HIF) (0275)
Nursing Facility Quality of Care Fund (NFQC) (0271)
Third Party Liability Collections Fund (TPL) (0120)
MO Rx Plan Fund (0779)
Federal Reimbursement Allowance Fund (FRA) (0142)
Ambulance Service Reimbursement Allowance Fund (0958)
Ground Emergency Medical Transportation Fund (GEMT) (0422)
Pharmacy Rebates Fund (0114)
Life Sciences Research Trust Fund (0763)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.201, RSMo. Federal law: Social Security Act Section 1902(a)(4). Federal Regulations: 42 CFR, Part 432.

6. Are there federal matching requirements? If yes, please explain.

Expenditures are allocated in accordance with the methodology outlined in the department's cost allocation plan and charged to corresponding grants or identified and claimed as maintenance of effort as appropriate. A majority of the grants have a federal matching requirement.

7. Is this a federally mandated program? If yes, please explain.

Yes. Section 1902 (a) (4) of the Social Security Act requires such methods of administration as necessary for the proper and efficient administration of the MO HealthNet State Plan.

Core - Clinical Services Program Management

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Clinical Services Program Management

Budget Unit: 90516C
HB Section: 11.605

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	461,917	12,214,032	2,485,506	15,161,455
PSD	0	0	0	0
TRF	0	0	0	0
Total	461,917	12,214,032	2,485,506	15,161,455
FTE	0.00	0.00	0.00	0.00

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Third Party Liability Collections (TPL) Fund (0120) - \$924,911
 MO Rx Plan Fund (0779) - \$62,947
 Pharmacy Rebates Fund (0114) - \$1,497,648

Other Funds:

2. CORE DESCRIPTION

This item funds contractor costs that support the pharmacy and clinical services programs. Funding is used for cost containment initiatives and clinical policy decision-making to enhance efforts to provide appropriate and quality medical care to participants. The MO HealthNet Division (MHD) seeks to aid participants and providers in their efforts to access the MO HealthNet program by utilizing contractor resources effectively.

3. PROGRAM LISTING (list programs included in this core funding)

Clinical Services Program Management
 Missouri Rx Program

CORE DECISION ITEM

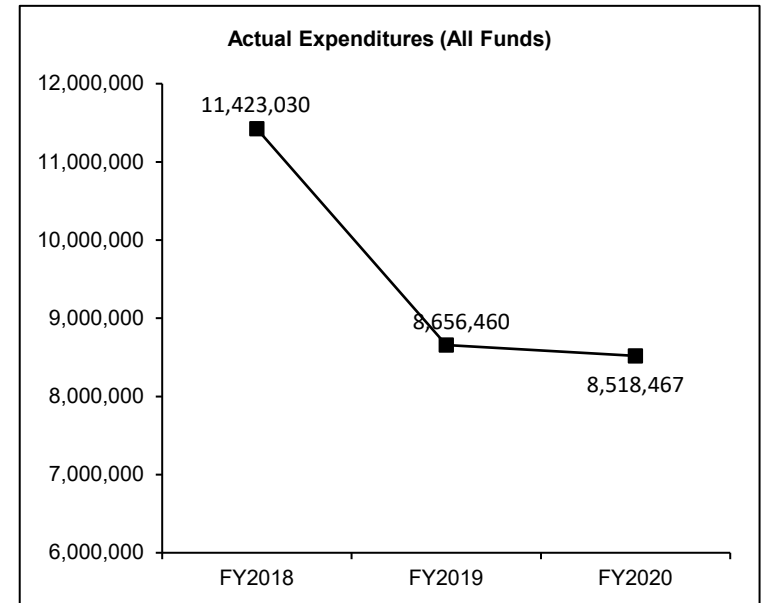
Department: Social Services
Division: MO HealthNet
Core: Clinical Services Program Management

Budget Unit: 90516C

HB Section: 11.605

4. FINANCIAL HISTORY

	FY2018 Actual	FY2019 Actual	FY2020 Actual	FY2021 Current Yr.
Appropriation (All Funds)	15,161,455	15,161,455	15,161,455	15,161,455
Less Reverted (All Funds)	(13,858)	(13,858)	(13,858)	(13,858)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	15,147,597	15,147,597	15,147,597	15,147,597
Actual Expenditures (All Funds)	11,423,030	8,656,460	8,518,467	N/A
Unexpended (All Funds)	3,724,567	6,491,137	6,629,130	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	2,326,227	4,705,707	5,088,057	N/A
Other	1,398,340	1,785,430	1,541,073	N/A
	(1)			



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY18 - There was an agency reserve of \$42,711 Federal.

CORE RECONCILIATION DETAIL

STATE
CLINICAL SRVC MGMT

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	EE	0.00	461,917	12,214,032	2,485,506	15,161,455	
	Total	0.00	461,917	12,214,032	2,485,506	15,161,455	
DEPARTMENT CORE REQUEST							
	EE	0.00	461,917	12,214,032	2,485,506	15,161,455	
	Total	0.00	461,917	12,214,032	2,485,506	15,161,455	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	461,917	12,214,032	2,485,506	15,161,455	
	Total	0.00	461,917	12,214,032	2,485,506	15,161,455	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CLINICAL SRVC MGMT								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	448,059	0.00	461,917	0.00	461,917	0.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	7,125,975	0.00	12,214,032	0.00	12,214,032	0.00	0	0.00
PHARMACY REBATES	0	0.00	1,497,648	0.00	1,497,648	0.00	0	0.00
THIRD PARTY LIABILITY COLLECT	924,911	0.00	924,911	0.00	924,911	0.00	0	0.00
MISSOURI RX PLAN FUND	19,522	0.00	62,947	0.00	62,947	0.00	0	0.00
TOTAL - EE	8,518,467	0.00	15,161,455	0.00	15,161,455	0.00	0	0.00
TOTAL	8,518,467	0.00	15,161,455	0.00	15,161,455	0.00	0	0.00
GRAND TOTAL	\$8,518,467	0.00	\$15,161,455	0.00	\$15,161,455	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CLINICAL SRVC MGMT								
CORE								
TRAVEL, IN-STATE	2,684	0.00	0	0.00	2	0.00	0	0.00
TRAVEL, OUT-OF-STATE	6,801	0.00	0	0.00	2	0.00	0	0.00
SUPPLIES	1,100	0.00	0	0.00	2	0.00	0	0.00
PROFESSIONAL DEVELOPMENT	4,855	0.00	0	0.00	2	0.00	0	0.00
PROFESSIONAL SERVICES	8,502,509	0.00	15,161,455	0.00	15,161,443	0.00	0	0.00
M&R SERVICES	84	0.00	0	0.00	2	0.00	0	0.00
MISCELLANEOUS EXPENSES	434	0.00	0	0.00	2	0.00	0	0.00
TOTAL - EE	8,518,467	0.00	15,161,455	0.00	15,161,455	0.00	0	0.00
GRAND TOTAL	\$8,518,467	0.00	\$15,161,455	0.00	\$15,161,455	0.00	\$0	0.00
GENERAL REVENUE	\$448,059	0.00	\$461,917	0.00	\$461,917	0.00		0.00
FEDERAL FUNDS	\$7,125,975	0.00	\$12,214,032	0.00	\$12,214,032	0.00		0.00
OTHER FUNDS	\$944,433	0.00	\$2,485,506	0.00	\$2,485,506	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.605

Program Name: Clinical Services Program Management

Program is found in the following core budget(s): Clinical Services Program Management

1a. What strategic priority does this program address?

Health and continuum of care

1b. What does this program do?

Funding for Clinical Services Program Management (CSPM) supports contractor costs for pharmacy and clinical services. Conduent operates and manages the web-based clinical editing process for the point-of-sale pharmacy and medical claims, medical and drug prior authorization, pre-certification, and Drug Utilization Review (DUR). The current CSPM claim processing system allows each claim to be referenced against the participant's claims history including pharmacy, medical, and procedural data (ICD-9/10 and CPT codes), providing real-time data to participating MHD providers. For patients that meet approval criteria, the claim will be paid automatically. In instances when a phone call is necessary, the hotline call center is available seven days a week, which allows providers prompt access to a paid claim for the requested product or service. In addition to receiving messages regarding the outcome of the processing of claims and the amount to be reimbursed, pharmacy providers receive prospective drug use review alert messages at the time prescriptions are dispensed.

*CyberAccess*SM is a web-based tool that allows healthcare providers to electronically request drug and medical prior authorizations for their MO HealthNet patients, review historical claims data, view and/or enter clinical data in a patient's Electronic Health Record (EHR), select appropriate preferred medications and electronically prescribe, and electronically request inpatient certifications. The continued funding for *CyberAccess*SM is critical to continue supporting the pharmacy and medical cost containment initiatives and electronic health records. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) forms and patient-specific lab results are currently available through the platform. Linkages to other health record systems yielding interoperability between systems are under development (Health Information Network {HIN}). A companion participant web portal tool, Direct Inform, has been developed and deployed to pilot providers.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.605

Program Name: Clinical Services Program Management

Program is found in the following core budget(s): Clinical Services Program Management

Pharmacy

Through the Pharmacy Program, the division is able to maintain current cost containment initiatives and implement new cost containment initiatives. Major initiatives include:

- Maintenance and Updates to Fiscal and Clinical Edits
- Quarterly Updates to the Missouri Maximum Allowable Cost (MACs)
- Prospective and Retrospective Drug Use for Drug Utilization Review (DUR)
- Routine/Ad hoc Drug Information Research
- Enrollment and Administration of Case Management
- Preferred Drug List (PDL) and Supplemental Rebates
- *See the Pharmacy tab for more details on these initiatives*

Clinical

Major Clinical Services initiatives include:

- Smart Prior Authorization (PA) for Durable Medical Equipment (DME), Optical, Psychology, Medical Services, and Chronic Pain Management
- Home and Community Based Services (HCBS) prior authorizations
- Psychology and Bone Marrow Consultants
- Optical Program
- Medical Evidence-Based Guidelines - Oregon HealthCare Contract

PROGRAM DESCRIPTION

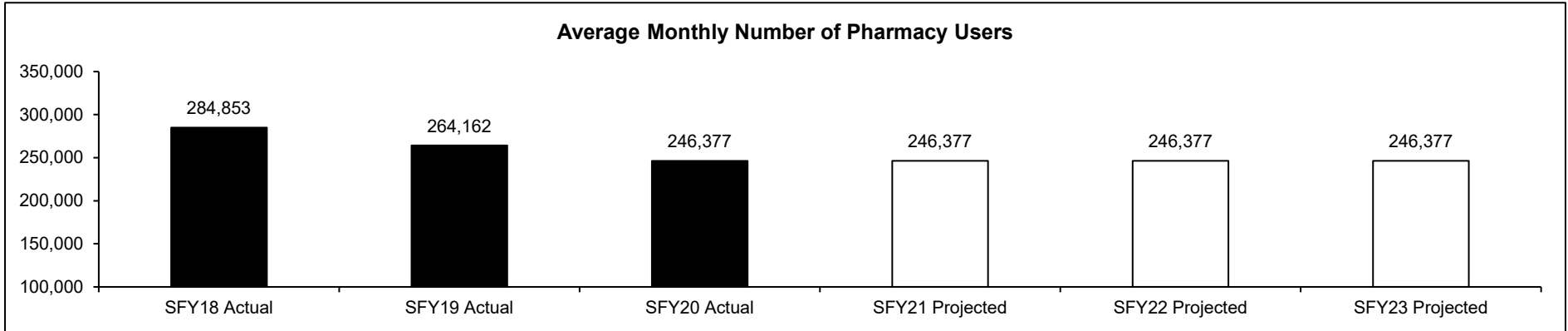
Department: Social Services

HB Section(s): 11.605

Program Name: Clinical Services Program Management

Program is found in the following core budget(s): Clinical Services Program Management

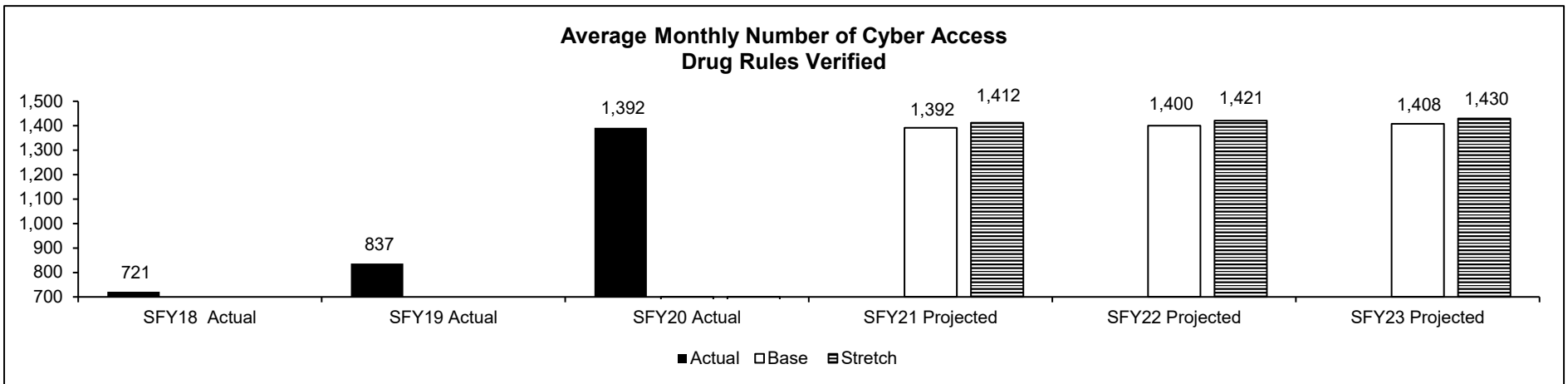
2a. Provide an activity measure for the program.



Future projections are based on eligibility requirements as of 7/1/20.

2b. Provide a measure of the program's quality.

CyberAccess Provider Outreach Representatives continue to do provider outreach, expressing the importance of utilizing Cyber Access when verifying drug and medical rules. Pharmacy is carved out of Managed Care, hence the continued increase. Most medical services are not carved out of Managed Care, therefore there is a decrease in the number of rules verified.



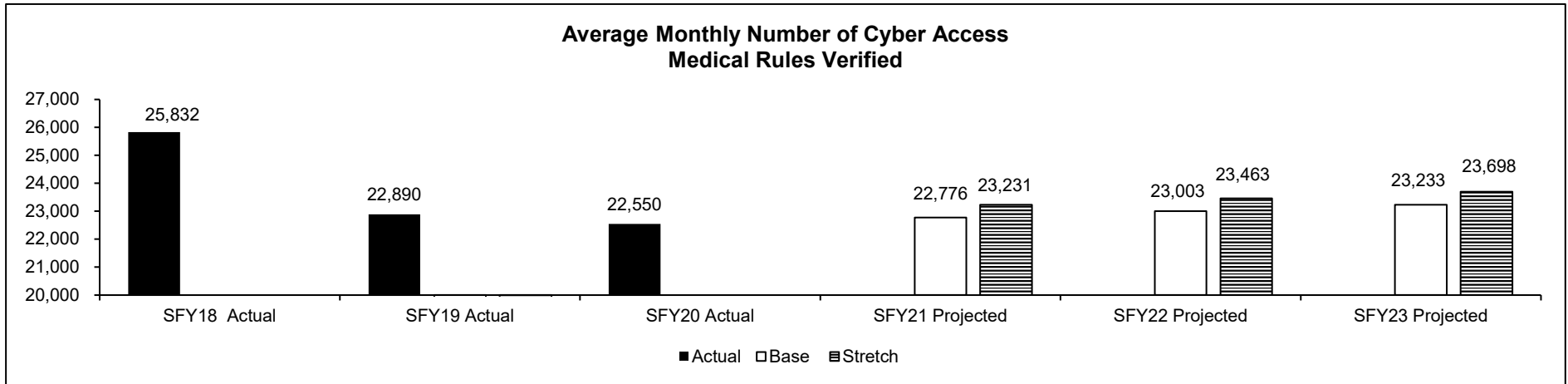
PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.605

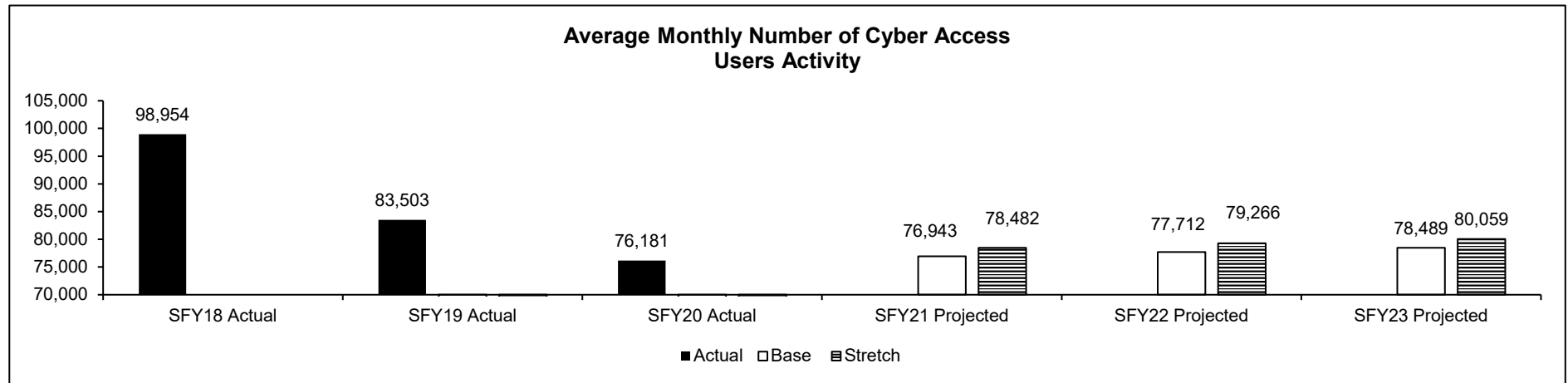
Program Name: Clinical Services Program Management

Program is found in the following core budget(s): Clinical Services Program Management



Future projections are based on eligibility requirements as of 7/1/20.

2c. Provide a measure of the program's impact.



Future projections are based on eligibility requirements as of 7/1/20.

PROGRAM DESCRIPTION

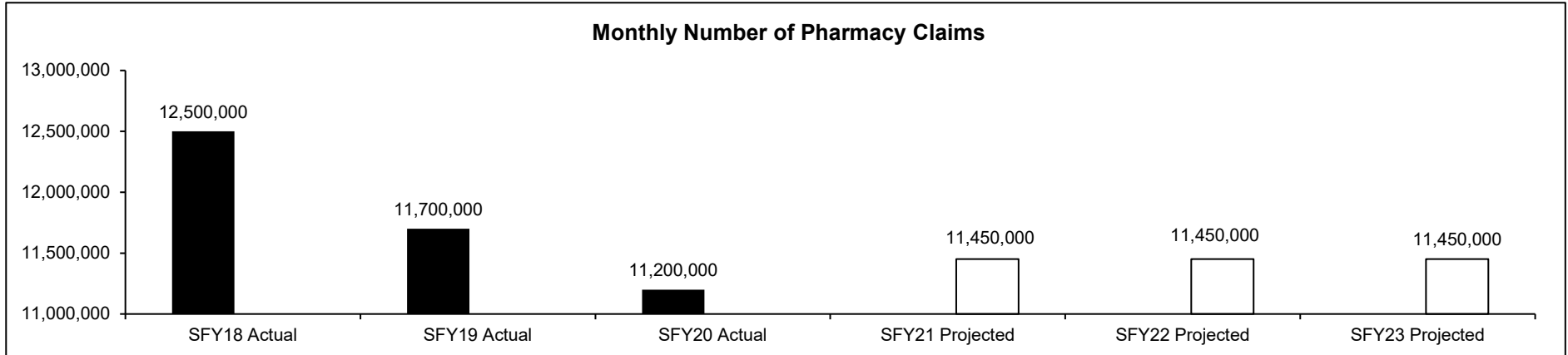
Department: Social Services

HB Section(s): 11.605

Program Name: Clinical Services Program Management

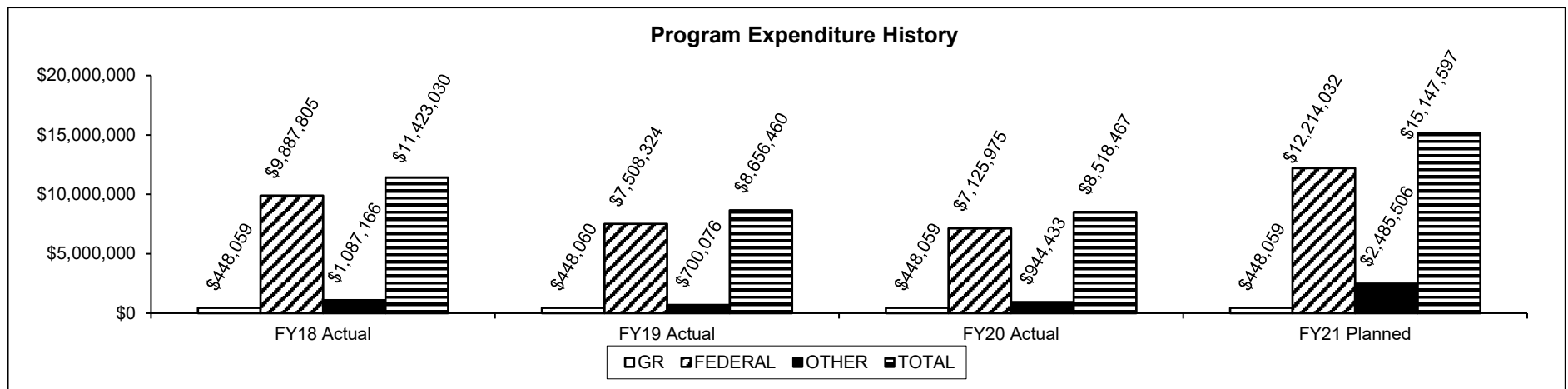
Program is found in the following core budget(s): Clinical Services Program Management

2d. Provide a measure of the program's efficiency.



Future projections are based on eligibility requirements as of 7/1/20.

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of reverted and reserves.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.605

Program Name: Clinical Services Program Management

Program is found in the following core budget(s): Clinical Services Program Management

4. What are the sources of the "Other " funds?

Pharmacy Rebate Fund (0114), Third Party Liability Fund (0120), and Missouri Rx Plan Fund (0779)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.201, RSMo. Federal law: Social Security Act Section 1902(a)(4). Federal Regulations: 42 CFR, Part 432.

6. Are there federal matching requirements? If yes, please explain.

Generally, MO HealthNet administrative expenditures have a 50% match. The Clinical Management Services for Pharmacy and Prior Authorization expenditures have a 75% match.

7. Is this a federally mandated program? If yes, please explain.

Yes. Section 1902 (a) (4) of the Social Security Act requires such methods of administration as necessary for the proper and efficient administration of the Medicaid State Plan.

Core - MO HealthNet Transformation

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: MHD Transformation

Budget Unit: 90519C

HB Section: 11.610

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	240,000	240,000	0	480,000
EE	6,130,458	27,379,318	0	33,509,776
PSD	0	0	0	0
TRF	0	0	0	0
Total	6,370,458	27,619,318	0	33,989,776
FTE	3.00	3.00	0.00	6.00

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	79,488	79,488	0	158,976
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Other Funds:

2. CORE DESCRIPTION

The MHD Transformation program is a combination of initiatives the MO Healthnet Division (MHD) is in the process of implementing, with the goal of transforming Medicaid. Missouri's Medicaid program is an important safety net for Missouri's most vulnerable populations, providing health care and support for nearly one million Missourians. Analysis of historical trends indicates that the financial sustainability of Missouri's Medicaid program is currently under pressure. Significant changes in the structure and performance of Missouri's Medicaid program would be necessary to bring Medicaid spending growth in line with projected economic growth for the state. The initiatives are wide-ranging, including operational improvements to bring the program up to date with common practices among other state Medicaid programs, as well as best practices and more transformational changes.

3. PROGRAM LISTING (list programs included in this core funding)

MHD Transformation

CORE DECISION ITEM

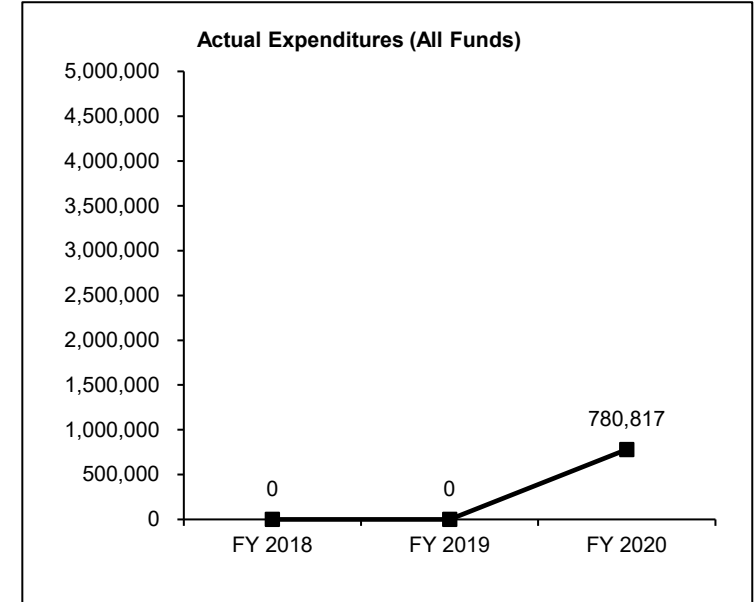
Department: Social Services
Division: MO HealthNet
Core: MHD Transformation

Budget Unit: 90519C
HB Section: 11.610

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	0	0	33,888,200	33,989,776
Less Reverted (All Funds)	0	0	(191,267)	(96,788)
Less Restricted (All Funds)	0	0	(4,772,837)	(3,144,181)
Budget Authority (All Funds)	0	0	28,924,096	30,748,807
Actual Expenditures (All Funds)	0	0	780,817	N/A
Unexpended (All Funds)	0	0	28,143,279	N/A
Unexpended, by Fund:				
General Revenue	0	0	833,215	N/A
Federal	0	0	27,310,064	N/A
Other	0	0	0	N/A

(1)



*Current Year restricted amount is as of September 1, 2020.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY20 - \$111,800 GR was held in agency reserve. \$4,772,837 GR was placed in restriction in FY20.

CORE RECONCILIATION DETAIL

STATE
MHD TRANSFORMATION

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PS	6.00	240,000	240,000	0	480,000	
	EE	0.00	6,130,458	27,379,318	0	33,509,776	
	Total	6.00	6,370,458	27,619,318	0	33,989,776	
DEPARTMENT CORE REQUEST							
	PS	6.00	240,000	240,000	0	480,000	
	EE	0.00	6,130,458	27,379,318	0	33,509,776	
	Total	6.00	6,370,458	27,619,318	0	33,989,776	
GOVERNOR'S RECOMMENDED CORE							
	PS	6.00	240,000	240,000	0	480,000	
	EE	0.00	6,130,458	27,379,318	0	33,509,776	
	Total	6.00	6,370,458	27,619,318	0	33,989,776	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
MHD TRANSFORMATION									
CORE									
PERSONAL SERVICES									
GENERAL REVENUE	152,085	1.12	240,000	3.00	240,000	3.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	240,000	3.00	240,000	3.00	0	0.00	
TOTAL - PS	152,085	1.12	480,000	6.00	480,000	6.00	0	0.00	
EXPENSE & EQUIPMENT									
GENERAL REVENUE	314,365	0.00	6,130,458	0.00	6,130,458	0.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	314,365	0.00	27,379,318	0.00	27,379,318	0.00	0	0.00	
TOTAL - EE	628,730	0.00	33,509,776	0.00	33,509,776	0.00	0	0.00	
TOTAL	780,815	1.12	33,989,776	6.00	33,989,776	6.00	0	0.00	
GRAND TOTAL	\$780,815	1.12	\$33,989,776	6.00	\$33,989,776	6.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MHD TRANSFORMATION								
CORE								
FISCAL & ADMINISTRATIVE MGR B1	0	0.00	235,362	4.00	0	0.00	0	0.00
SOCIAL SERVICES MGR, BAND 1	7,626	0.12	0	0.00	0	0.00	0	0.00
SPECIAL ASST PROFESSIONAL	144,459	1.00	244,638	2.00	270,562	2.00	0	0.00
PROGRAM COORDINATOR	0	0.00	0	0.00	209,438	4.00	0	0.00
TOTAL - PS	152,085	1.12	480,000	6.00	480,000	6.00	0	0.00
TRAVEL, IN-STATE	690	0.00	18,000	0.00	14,000	0.00	0	0.00
TRAVEL, OUT-OF-STATE	340	0.00	0	0.00	4,000	0.00	0	0.00
SUPPLIES	0	0.00	3,168	0.00	3,168	0.00	0	0.00
PROFESSIONAL DEVELOPMENT	500	0.00	1,842	0.00	1,842	0.00	0	0.00
COMMUNICATION SERV & SUPP	0	0.00	978	0.00	978	0.00	0	0.00
PROFESSIONAL SERVICES	627,112	0.00	33,485,788	0.00	33,485,784	0.00	0	0.00
EQUIPMENT RENTALS & LEASES	8	0.00	0	0.00	2	0.00	0	0.00
MISCELLANEOUS EXPENSES	80	0.00	0	0.00	2	0.00	0	0.00
TOTAL - EE	628,730	0.00	33,509,776	0.00	33,509,776	0.00	0	0.00
GRAND TOTAL	\$780,815	1.12	\$33,989,776	6.00	\$33,989,776	6.00	\$0	0.00
GENERAL REVENUE	\$466,450	1.12	\$6,370,458	3.00	\$6,370,458	3.00		0.00
FEDERAL FUNDS	\$314,365	0.00	\$27,619,318	3.00	\$27,619,318	3.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.610

Program Name: MHD Transformation

Program is found in the following core budget(s): MHD Transformation

1a. What strategic priority does this program address?

Transform Medicaid to ensure healthy, safe, and productive lives

1b. What does this program do?

The MHD Transformation program is a combination of initiatives the MO Healthnet Division (MHD) is in the process of implementing, with the goal of transforming Missouri Medicaid. Missouri's Medicaid program is an important safety net for Missouri's most vulnerable populations, providing health care and support for many Missourians. Missouri Medicaid's delivery system, payment methodologies, and information systems are outdated in many respects compared to other states. Further, analysis of historical trends indicate that the financial sustainability of Missouri's Medicaid program is currently under pressure. Currently, Missouri spends more on its Medicaid program as a percent of General Revenue than 46 other states. Significant changes in the structure and performance of Missouri's Medicaid program will be necessary to bring Medicaid spending growth in line with projected economic growth for the state.

The initiatives are wide-ranging, and include operational improvements to bring the program up to date with common practices among other state Medicaid programs, as well as best practices and more transformational changes.

Transformation goals:

- Bring Medicaid spending growth in line with the rate of growth for Missouri
- Ensure access to healthcare services to meet the needs of the most vulnerable populations
- Improve participant experience, healthcare outcomes, and increase independence
- Partner with providers to modernize care delivery systems
- Become a leader in the implementation of value based care in Medicaid

Initiatives that are "in-flight" include:

- Missouri Benefits Enrollment Transformation project to redesign the benefits application and written communications to help ensure access to all eligible citizens and improving the participant experience
- Evaluation and redesign of outdated provider reimbursement methodologies
- Pharmacy program integrity measures to minimize fraud and abuse in prescribing practices
- Evaluation of proposals to replace the current MMIS system through the National Association of State Purchasing Officers multi-state RFP
- Development of an Enterprise Data Warehouse to improve data analytics capacity
- Development of an Electronic Visit Verification program to enhance the verification of home health provider visits
- Development of a Managed Care Tracking tool to monitor the performance of contracted managed care companies increasing accountability to contractual obligations

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.610

Program Name: MHD Transformation

Program is found in the following core budget(s): MHD Transformation

2a. Provide an activity measure(s) for the program.

This is a new program and MHD will have updated measures once data is available. Outcome measures will include ensuring access to healthcare services to meet the needs of the most vulnerable populations by partnering with providers to modernize care delivery systems. MHD will measure the progress of implementation of several initiatives for both policy and programmatic changes, as well as the change in reimbursement methodologies.

2b. Provide a measure(s) of the program's quality.

This is a new program and MHD will have updated measures once data is available. Outcome measures will include MO's plans to implement a value-based payment (VBP) model, using Alternative Payment Models (APMs) to reward providers for delivering high-quality care at lower cost. Research suggests that well-designed APMs improve the quality of care and can meaningfully reduce the cost of care if implemented across the full spending base.

2c. Provide a measure(s) of the program's impact.

This is a new program and MHD will have updated measures once data is available. Outcome measures will include improving the participant experience, healthcare outcomes, and increasing independence by bringing the Medicaid programs up to date with common practices among other State Medicaid programs, as well as implementing best practices.

2d. Provide a measure(s) of the program's efficiency.

This is a new program and MHD will have updated measures once data is available. Outcome measures will include bringing Medicaid spending growth in line with the rate of growth for Missouri in state general revenues.

PROGRAM DESCRIPTION

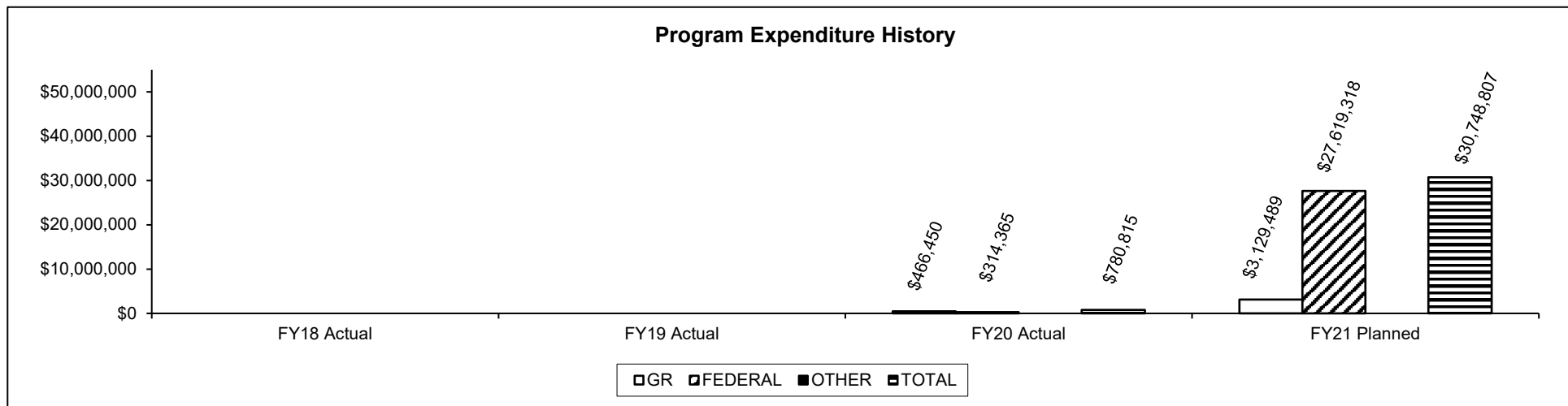
Department: Social Services

HB Section(s): 11.610

Program Name: MHD Transformation

Program is found in the following core budget(s): MHD Transformation

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe)



Planned FY2021 expenditures are net of restricted, reverted and reserves.

4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

N/A

6. Are there federal matching requirements? If yes, please explain.

MHD is currently working with CMS to secure enhanced federal funding for transformation.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - TPL Contracts

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Third Party Liability (TPL) Contracts

Budget Unit: 90515C

HB Section: 11.615

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	4,250,000	4,250,000	8,500,000
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	4,250,000	4,250,000	8,500,000
FTE	0.00	0.00	0.00	0.00

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Third Party Liability Collections Fund (TPL) (0120) - \$4,250,000

Other Funds:

2. CORE DESCRIPTION

This item funds contracted third party liability (TPL) recovery activities. TPL functions are performed by agency staff in the MO HealthNet Division TPL Unit and by a contractor. This core appropriation represents expense and equipment funding which is used to make payments to the contractor who works with the agency on TPL recovery activities.

3. PROGRAM LISTING (list programs included in this core funding)

Third Party Liability Contracts

CORE DECISION ITEM

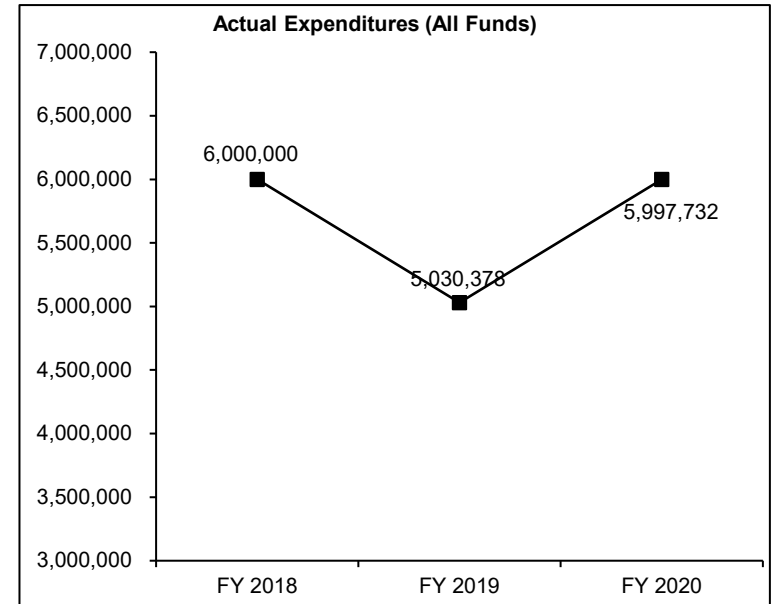
Department: Social Services
Division: MO HealthNet
Core: Third Party Liability (TPL) Contracts

Budget Unit: 90515C

HB Section: 11.615

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	6,000,000	8,500,000	8,500,000	8,500,000
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	6,000,000	8,500,000	8,500,000	8,500,000
Actual Expenditures (All Funds)	6,000,000	5,030,378	5,997,732	N/A
Unexpended (All Funds)	0	3,469,622	2,502,268	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	1,734,811	1,251,134	N/A
Other	0	1,734,811	1,251,134	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

STATE
TPL CONTRACTS

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	EE	0.00	0	4,250,000	4,250,000	8,500,000	
	Total	0.00	0	4,250,000	4,250,000	8,500,000	
DEPARTMENT CORE REQUEST							
	EE	0.00	0	4,250,000	4,250,000	8,500,000	
	Total	0.00	0	4,250,000	4,250,000	8,500,000	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	0	4,250,000	4,250,000	8,500,000	
	Total	0.00	0	4,250,000	4,250,000	8,500,000	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
TPL CONTRACTS								
CORE								
EXPENSE & EQUIPMENT								
DEPT OF SOC SERV FEDERAL & OTH	2,998,866	0.00	4,250,000	0.00	4,250,000	0.00	0	0.00
THIRD PARTY LIABILITY COLLECT	2,998,866	0.00	4,250,000	0.00	4,250,000	0.00	0	0.00
TOTAL - EE	5,997,732	0.00	8,500,000	0.00	8,500,000	0.00	0	0.00
TOTAL	5,997,732	0.00	8,500,000	0.00	8,500,000	0.00	0	0.00
GRAND TOTAL	\$5,997,732	0.00	\$8,500,000	0.00	\$8,500,000	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
TPL CONTRACTS								
CORE								
PROFESSIONAL SERVICES	5,997,732	0.00	8,500,000	0.00	8,500,000	0.00	0	0.00
TOTAL - EE	5,997,732	0.00	8,500,000	0.00	8,500,000	0.00	0	0.00
GRAND TOTAL	\$5,997,732	0.00	\$8,500,000	0.00	\$8,500,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$2,998,866	0.00	\$4,250,000	0.00	\$4,250,000	0.00		0.00
OTHER FUNDS	\$2,998,866	0.00	\$4,250,000	0.00	\$4,250,000	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.615

Program Name: Third Party Liability (TPL) Contracts

Program is found in the following core budget(s): Third Party Liability (TPL) Contracts

1a. What strategic priority does this program address?

Reduce Medicaid overall costs

1b. What does this program do?

The TPL program utilizes a combination of contractor and state staff resources to research and identify potentially liable third party sources and then pursues those alternative payment methods. MO HealthNet is able to avoid and/or recover costs for medical services provided to the state's Medicaid population. While this appropriation only funds the TPL contractor, both contractor and state staff responsibilities are discussed below. Funding for the MO HealthNet TPL Unit, are appropriated under MO HealthNet Administration. Even though some responsibilities are shared, the TPL Unit and the contractor each perform specific cost saving and recovery activities. The contractor focuses on bulk billings to insurance carriers and other third parties and data matches to identify potential third parties.

The following list itemizes the activities performed by the contractor:

- Health insurance billing and follow-up
- Data matches and associated billing (Tricare, Missouri Consolidated Health Care Plan, and other insurance carriers such as Blue Cross Blue Shield, United Healthcare, and Aetna)
- Provide TPL information for state files
- Post accounts receivable data to the state A/R system
- Maintain insurance billing files

Program Objectives are to recover funds:

- From third-party sources when liability at the time of service had not yet been determined
- When the third-party source was not known at the time of MO HealthNet payment
- For services that are federally mandated to be paid and then pursued

Reimbursement Methodology

The TPL contract appropriation allows for payment to the contractor who works with the agency on TPL recovery and cost avoidance activities. The contractor is paid for its recovery services through a contingency contract rate for cash recoveries of 15% for the first \$20 million recovered, 14% for any recoveries over \$20 million and up to \$30 million, and 13% for recoveries over \$30 million, which resets annually. There is also a "per member per month" (PMPM) rate of \$0.235 for cost avoidance services which is based on currently enrolled participants. Health plans in the MO HealthNet Managed Care program are responsible for the TPL activities related to plan enrollees.

PROGRAM DESCRIPTION

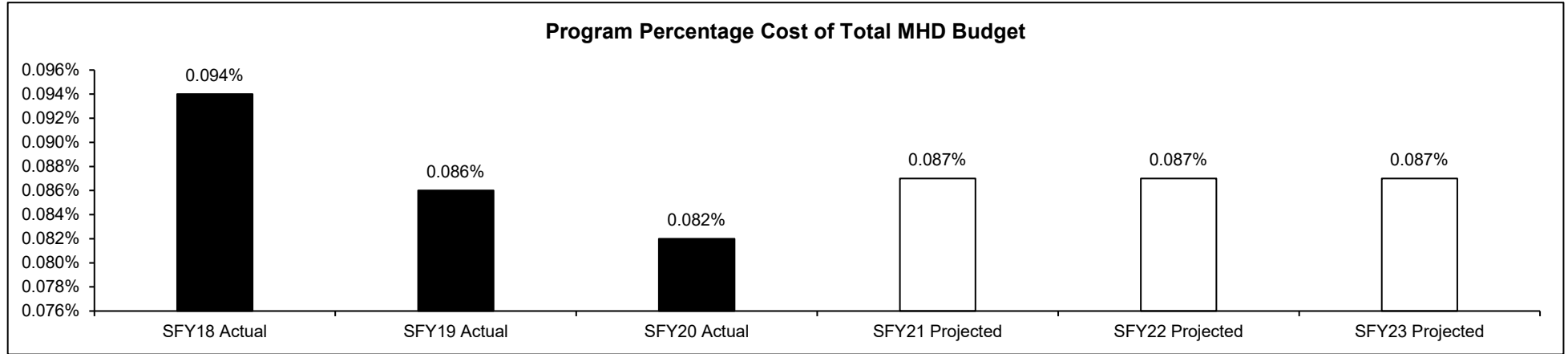
Department: Social Services

HB Section(s): 11.615

Program Name: Third Party Liability (TPL) Contracts

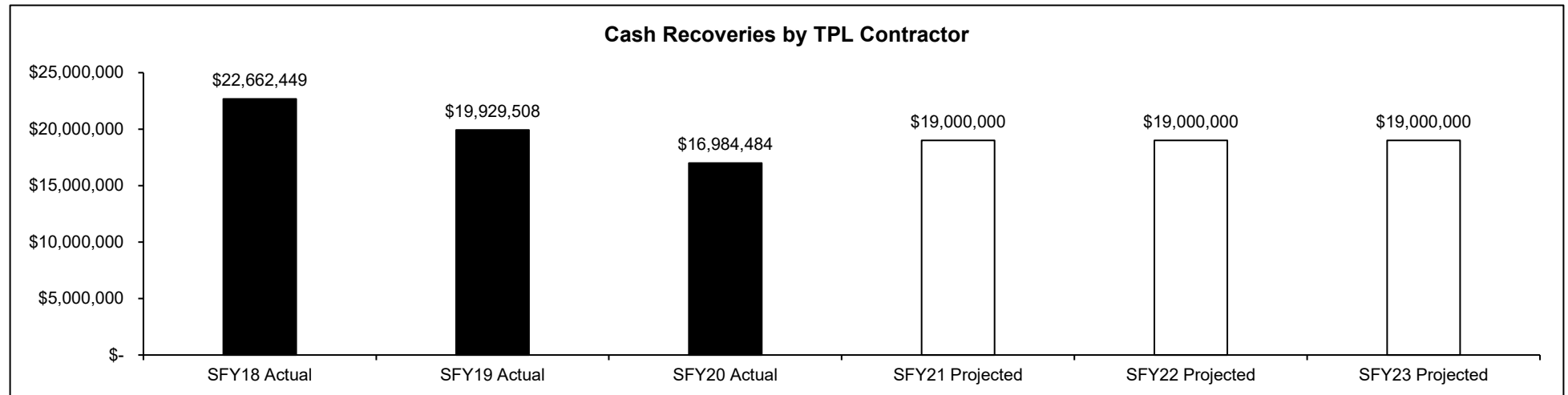
Program is found in the following core budget(s): Third Party Liability (TPL) Contracts

2a. Provide an activity measure for the program.



Increase to TPL percentage of budget is based on projected increase in contract cost

2b. Provide a measure of the program's quality.



PROGRAM DESCRIPTION

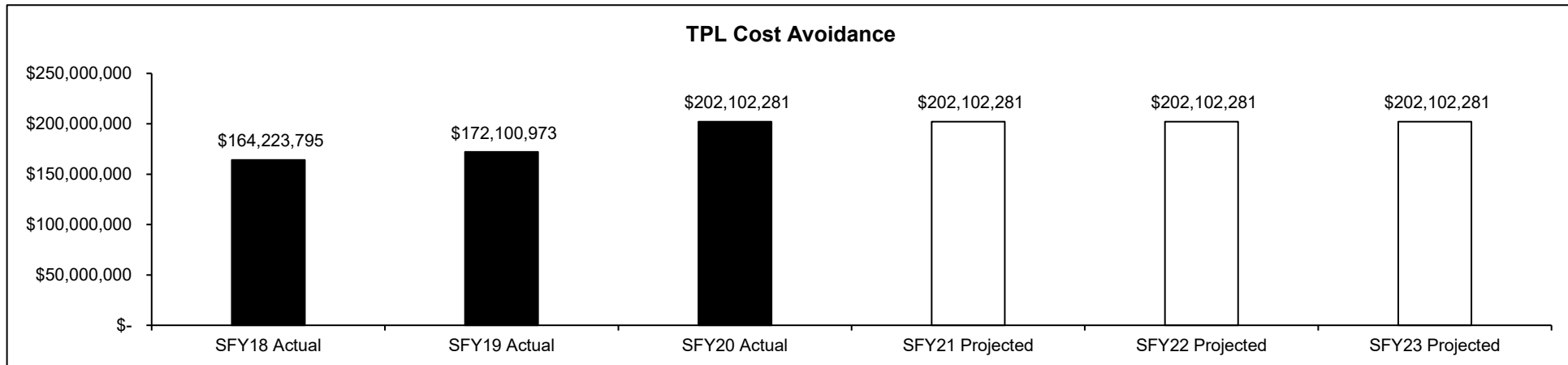
Department: Social Services

HB Section(s): 11.615

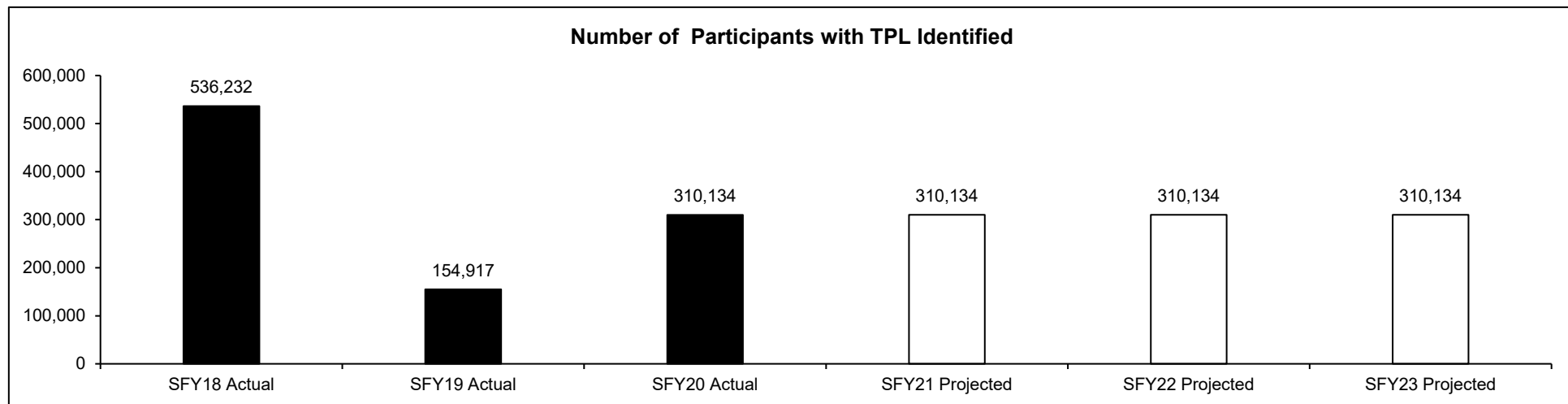
Program Name: Third Party Liability (TPL) Contracts

Program is found in the following core budget(s): Third Party Liability (TPL) Contracts

2c. Provide a measure of the program's impact.



2d. Provide a measure of the program's efficiency.



Future projections are based on eligibility requirements as of 7/1/20.

PROGRAM DESCRIPTION

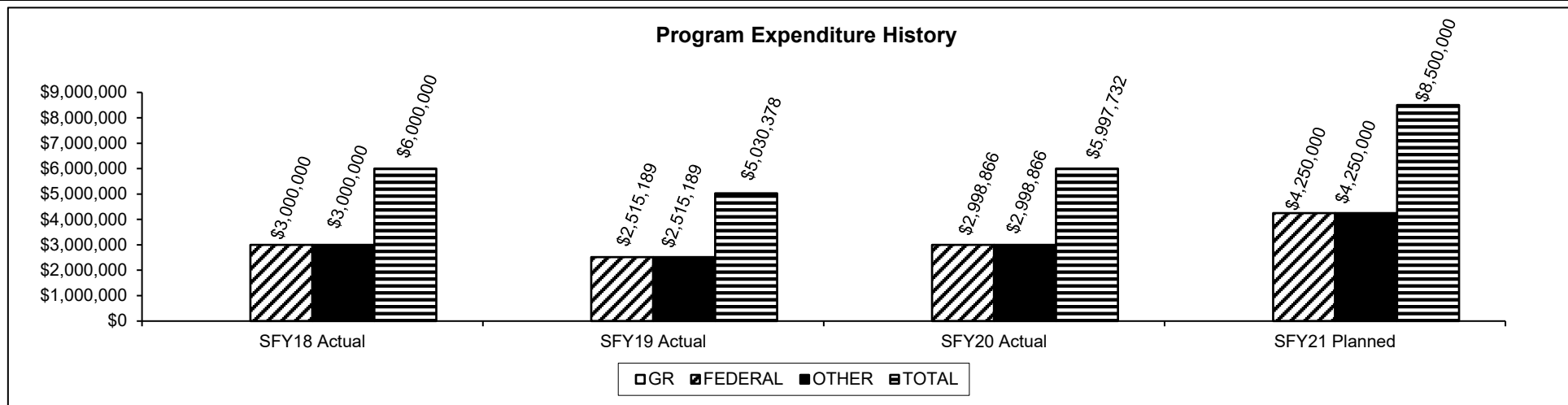
Department: Social Services

HB Section(s): 11.615

Program Name: Third Party Liability (TPL) Contracts

Program is found in the following core budget(s): Third Party Liability (TPL) Contracts

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year; and, when available, the Governor's recommended funding for the upcoming fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of reverted and reserves.

4. What are the sources of the "Other" funds?

Third Party Liability Collections Fund (0120)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 198.090, 208.101, 208.153, 208.166, 208.215, 473.398, and 473.399, RSMo. State regulation: 13 CSR 70-4.120 and 13 CSR 0-1.010. Federal law: Social Security Act, Section 1902, 1930, 1906, 1912, and 1917. Federal regulation: 42 CFR 433 Subpart D.

6. Are there federal matching requirements? If yes, please explain.

General Medicaid administrative expenditures require a 50% match.

7. Is this a federally mandated program? If yes, please explain.

By Federal Statute Sec. 1102 of the Social Security Act (42 U.S.C. 1302) and federal regulation, (42 CFR 433.138) - Identifying liable third parties, States are required to pursue all other available third party resources, who must meet their legal obligation to pay claims before the MO HealthNet program pays for the care of a participant. Missouri is required to take all reasonable measures to ascertain the legal liability of third parties to pay for care and services that are available under the Medicaid State Plan.

Core - Information Systems

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Information Systems

Budget Unit: 90522C

HB Section: 11.620

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	27,881,000	76,835,985	2,021,687	106,738,672
PSD	0	0	0	0
TRF	0	0	0	0
Total	27,881,000	76,835,985	2,021,687	106,738,672

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE 0.00 0.00 0.00 0.00

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Uncompensated Care Fund (0108) - \$430,000
 Health Initiatives Fund (0275) - \$1,591,687

Other Funds:

2. CORE DESCRIPTION

This core request is for the continued funding of MO HealthNet's Information Systems. Core funding is used to pay for the Medicaid Management Information Systems (MMIS) contract. The MMIS contractor processes fee-for-service (FFS) claims and managed care encounter data, and calculates provider and health plan payments. Managed care encounter data is processed through the system similar to FFS claims. The data is used by the Managed Care Unit for contract administration and rate setting purposes.

3. PROGRAM LISTING (list programs included in this core funding)

Information Systems

CORE DECISION ITEM

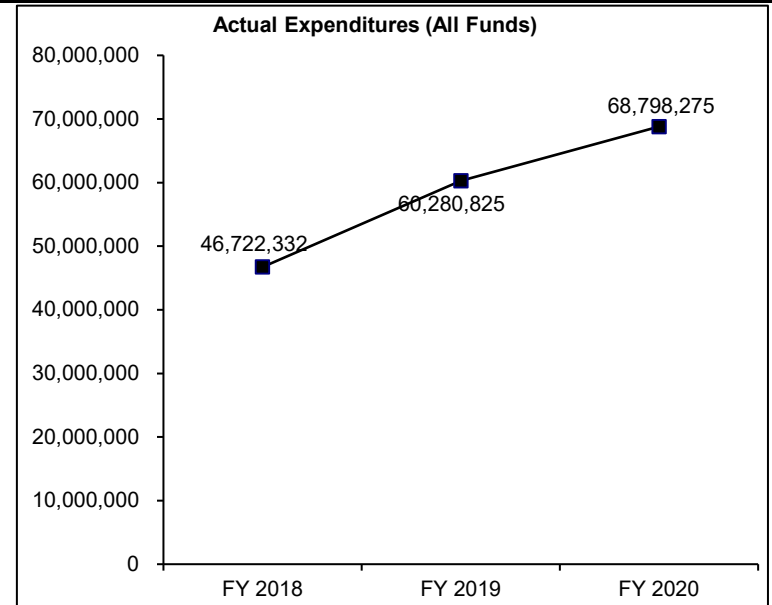
Department: Social Services
 Division: MO HealthNet
 Core: Information Systems

Budget Unit: 90522C

HB Section: 11.620

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	67,463,130	84,803,760	105,163,278	106,738,672
Less Reverted (All Funds)	(401,065)	(695,029)	(871,021)	(854,181)
Less Restricted (All Funds)	0	0	(1,000,000)	(1,000,000)
Budget Authority (All Funds)	67,062,065	84,108,731	103,292,257	104,884,491
Actual Expenditures (All Funds)	46,722,332	60,280,825	68,798,275	N/A
Unexpended (All Funds)	20,339,733	23,827,906	34,493,982	N/A
Unexpended, by Fund:				
General Revenue	0	893,750	6,212,800	N/A
Federal	20,339,733	22,934,156	28,281,182	N/A
Other	0	0	N/A	N/A
		(1)	(2)	



*Current Year restricted amount is as of September 1, 2020.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY19 - Funding was reallocated from various program lines to the Information Systems section to pay for contract expenditures.

(2) FY20 - New Decision Items were funded for FY20: MMIS Replacement (\$350,000 GR, \$3,150,000 FED), MMIS Development (\$1,335,750 GR, \$5,979,250 FED), Enrollment Broker (\$1,320,000 GR, \$2,680,000 FED), and MMIS Health Information Exchange (\$2,860,624 GR, \$2,860,624 FED). \$176,730 GR was held in agency reserve. FY20 lapse is due to timing of contract payments and \$1 million GR was placed in restriction in FY20.

CORE RECONCILIATION DETAIL

**STATE
INFORMATION SYSTEMS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	EE	0.00	27,881,000	76,835,985	2,021,687	106,738,672	
	Total	0.00	27,881,000	76,835,985	2,021,687	106,738,672	
DEPARTMENT CORE REQUEST							
	EE	0.00	27,881,000	76,835,985	2,021,687	106,738,672	
	Total	0.00	27,881,000	76,835,985	2,021,687	106,738,672	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	27,881,000	76,835,985	2,021,687	106,738,672	
	Total	0.00	27,881,000	76,835,985	2,021,687	106,738,672	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
INFORMATION SYSTEMS									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	19,229,520	0.00	27,881,000	0.00	27,881,000	0.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	47,594,820	0.00	76,835,985	0.00	76,835,985	0.00	0	0.00	
UNCOMPENSATED CARE FUND	430,000	0.00	430,000	0.00	430,000	0.00	0	0.00	
HEALTH INITIATIVES	1,543,936	0.00	1,591,687	0.00	1,591,687	0.00	0	0.00	
TOTAL - EE	68,798,276	0.00	106,738,672	0.00	106,738,672	0.00	0	0.00	
TOTAL	68,798,276	0.00	106,738,672	0.00	106,738,672	0.00	0	0.00	
CMSP Operational - 1886014									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	0	0.00	0	0.00	485,083	0.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	985,112	0.00	0	0.00	
TOTAL - EE	0	0.00	0	0.00	1,470,195	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	1,470,195	0.00	0	0.00	
MMIS - HIE - 1886016									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	0	0.00	0	0.00	2,860,624	0.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	2,860,624	0.00	0	0.00	
TOTAL - EE	0	0.00	0	0.00	5,721,248	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	5,721,248	0.00	0	0.00	
MMIS - BIS-EDW - 1886015									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	0	0.00	0	0.00	1,563,093	0.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	1,563,093	0.00	0	0.00	
TOTAL - EE	0	0.00	0	0.00	3,126,186	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	3,126,186	0.00	0	0.00	
MMIS Security Risk Assessment - 1886018									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	0	0.00	0	0.00	842,500	0.00	0	0.00	

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
INFORMATION SYSTEMS									
MMIS Security Risk Assessment - 1886018									
EXPENSE & EQUIPMENT									
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	842,500	0.00	0	0.00	
TOTAL - EE	0	0.00	0	0.00	1,685,000	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	1,685,000	0.00	0	0.00	
MMIS - Pharmacy Solutions - 1886019									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	0	0.00	0	0.00	2,750,000	0.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	8,250,000	0.00	0	0.00	
TOTAL - EE	0	0.00	0	0.00	11,000,000	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	11,000,000	0.00	0	0.00	
MMIS Premium Collections - 1886020									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	0	0.00	0	0.00	250,000	0.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	1,050,000	0.00	0	0.00	
TOTAL - EE	0	0.00	0	0.00	1,300,000	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	1,300,000	0.00	0	0.00	
MMIS - MC Contract Mgmt Tool - 1886021									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	0	0.00	0	0.00	700,000	0.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	6,300,000	0.00	0	0.00	
TOTAL - EE	0	0.00	0	0.00	7,000,000	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	7,000,000	0.00	0	0.00	
GRAND TOTAL	\$68,798,276	0.00	\$106,738,672	0.00	\$138,041,301	0.00	\$0	0.00	

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im_disummary

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90522C BUDGET UNIT NAME: Information Systems HOUSE BILL SECTION: 11.620	DEPARTMENT: Social Services DIVISION: MO HealthNet
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

DEPARTMENT REQUEST

Total \$138,041,301	% Flex 0.25%	Flex Amount \$345,103	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.
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2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	HB11 language allows up to .25% flexibility between 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.	.25% flexibility is being requested for FY22

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
INFORMATION SYSTEMS								
CORE								
PROFESSIONAL SERVICES	68,798,276	0.00	106,738,672	0.00	106,738,672	0.00	0	0.00
TOTAL - EE	68,798,276	0.00	106,738,672	0.00	106,738,672	0.00	0	0.00
GRAND TOTAL	\$68,798,276	0.00	\$106,738,672	0.00	\$106,738,672	0.00	\$0	0.00
GENERAL REVENUE	\$19,229,520	0.00	\$27,881,000	0.00	\$27,881,000	0.00		0.00
FEDERAL FUNDS	\$47,594,820	0.00	\$76,835,985	0.00	\$76,835,985	0.00		0.00
OTHER FUNDS	\$1,973,936	0.00	\$2,021,687	0.00	\$2,021,687	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.620

Program Name: Information Systems

Program is found in the following core budget(s): Information Systems

1a. What strategic priority does this program address?

Timely automated processing and reporting

1b. What does this program do?

The Information Systems program area manages the Medicaid Management Information System (MMIS) and the contracts with the vendors that develop, operate, and maintain the system.

The primary functions of the MMIS include claims and encounter processing, calculating provider payments, healthcare service provider management, drug rebate invoicing and collection, processing third party liability, federal financial reporting, administrative workflow management, and reporting and analytics.

The primary goal of the MMIS is to support the operation of the MO HealthNet Program by accomplishing the following:

- Automation of key business processes to support the program policies and processes to ensure compliance with federal and state law
- Access for providers and users to program and participant eligibility information required to support provision of services to program participants
- Timely and accurate claims processing and payment to providers
- Timely and accurate processing of capitation payments to Managed Care health plans
- Accurate reporting of program costs and outcomes to Centers for Medicare & Medicaid Services (CMS) and maximization of federal financial participation
- Comprehensive and accurate reporting and analytics services and sharing of claims data to support administrative and program decision support, monitoring of program metrics, and improvements in program quality and care management
- Ongoing system modifications to support new program initiatives, meet changing federal and state program requirements, and further business automation
- Procurement and implementation of replacement MMIS subsystems and services in compliance with federal MMIS enhanced funding requirements

The state receives enhanced federal funding for the development and operation of the MMIS. The Information Systems program area manages the enhanced funding including review of CMS regulations and guidance, the submission of planning documents to CMS to request enhanced funding, and the review and approval of system-related costs.

CMS updated the rule related to the enhanced funding in December 2016, and continues to issue sub-regulatory guidance that is changing the conditions for receiving enhanced funding for investments in Information Technology. The guidance encourages the replacement of legacy MMIS systems such as Missouri's system with more modular and reusable solutions. MO HealthNet is working on several system procurement projects intended to replace MMIS subsystems with solutions utilizing modern technologies and complying with the CMS conditions. The procurement and replacement of MMIS systems requires a multi-year effort, and a significant capital investment, but offers future cost savings through technology that is less expensive to operate and maintain, and is more flexible allowing for quicker implementation of program changes. As part of the MMIS procurement effort, MO HealthNet has awarded a contract for a Business Intelligence Solution and Enterprise Data Warehouse (BIS/EDW) and Missouri Medicaid Audit and Compliance (MMAC) has awarded a contract for a Program Integrity Solution.

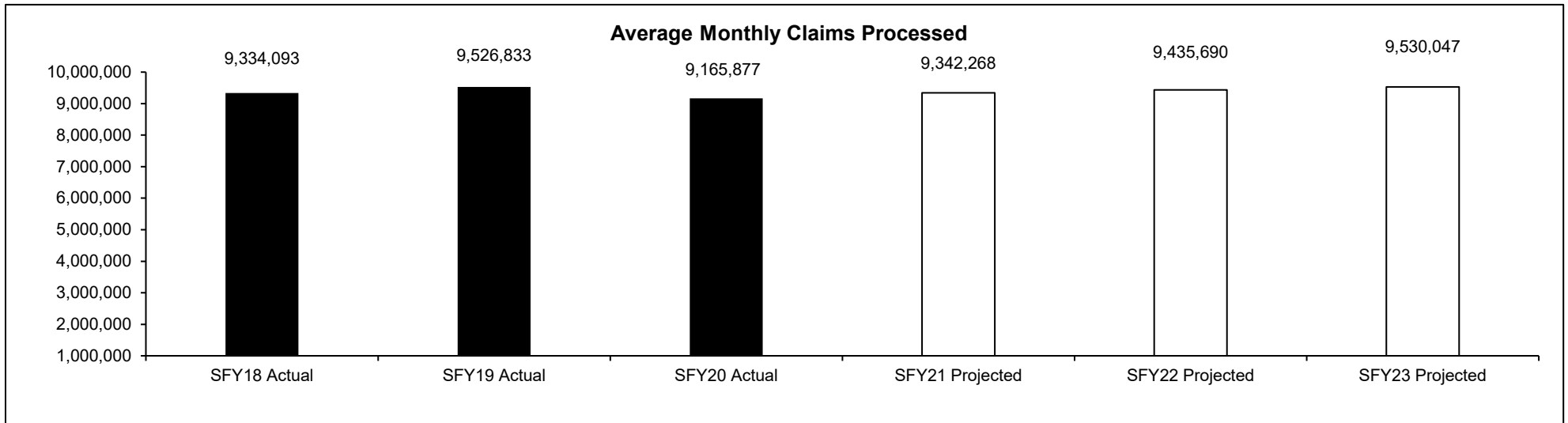
PROGRAM DESCRIPTION

Department: Social Services
Program Name: Information Systems
Program is found in the following core budget(s): Information Systems

HB Section(s): 11.620

2a. Provide an activity measure(s) for the program.

The MMIS supports the program through the automation of business processes, allowing the program to complete millions of transactions with providers and health plans utilizing a minimal number of staff.



*SFY20 actuals may have been impacted by COVID-19
Future projections are based on eligibility requirements as of 7/1/20.

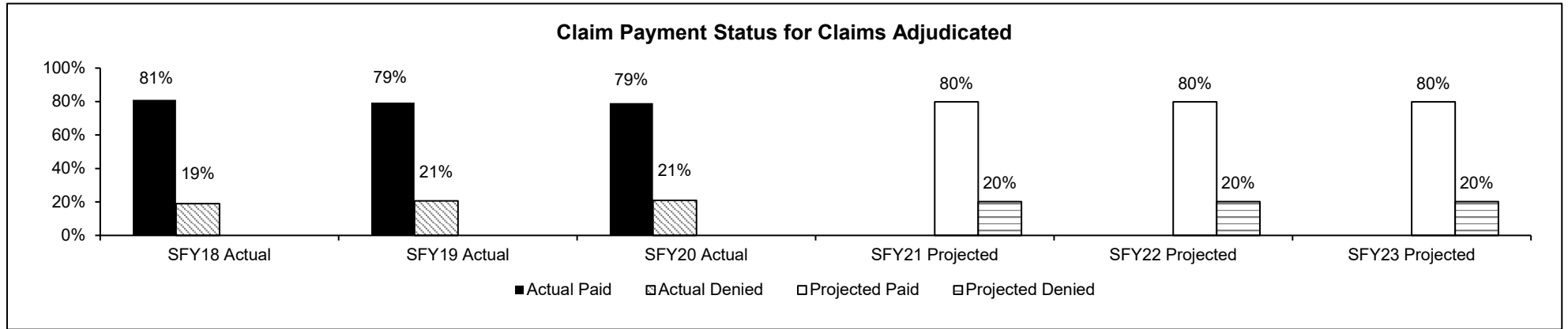
PROGRAM DESCRIPTION

Department: Social Services
Program Name: Information Systems
Program is found in the following core budget(s): Information Systems

HB Section(s): 11.620

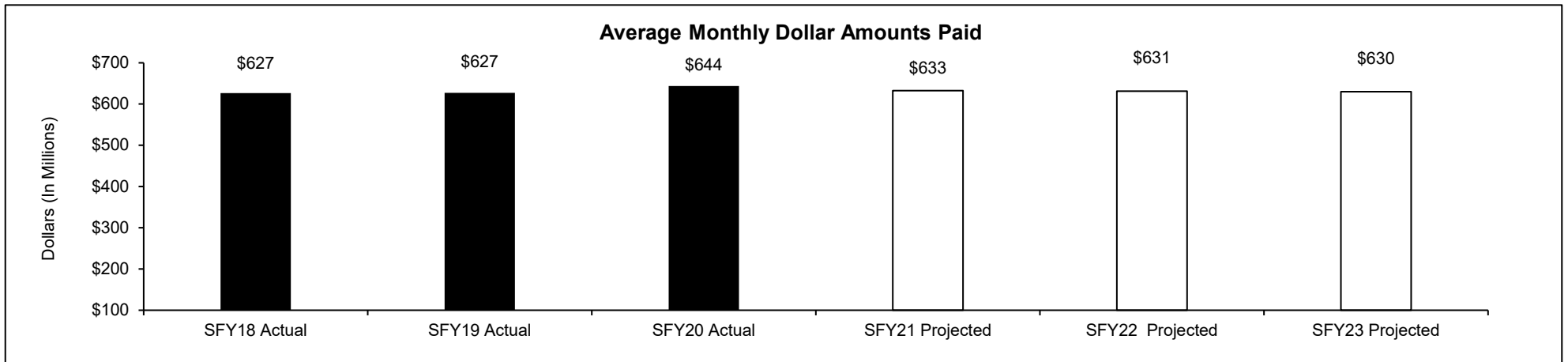
2b. Provide a measure(s) of the program's quality.

Percentage of claims paid or denied each month by Medicaid Management Information System (MMIS)



2c. Provide a measure(s) of the program's impact.

Amount paid to providers by MMIS on claims adjudicated monthly during the fiscal year.



*SFY20 actuals may have been impacted by COVID-19

PROGRAM DESCRIPTION

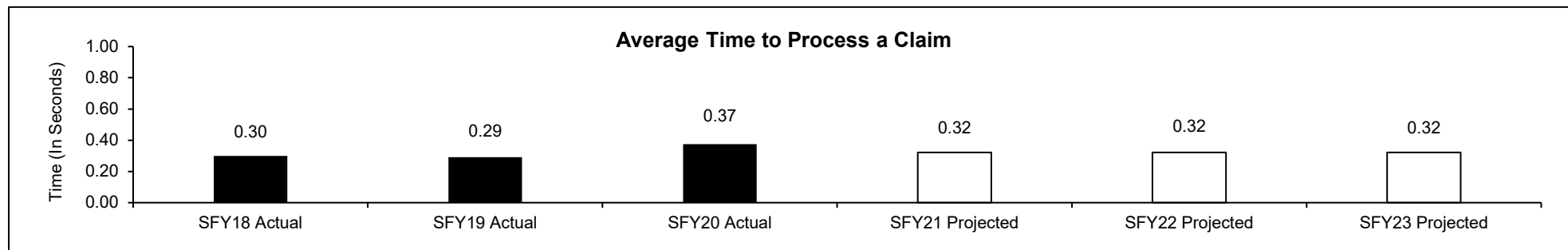
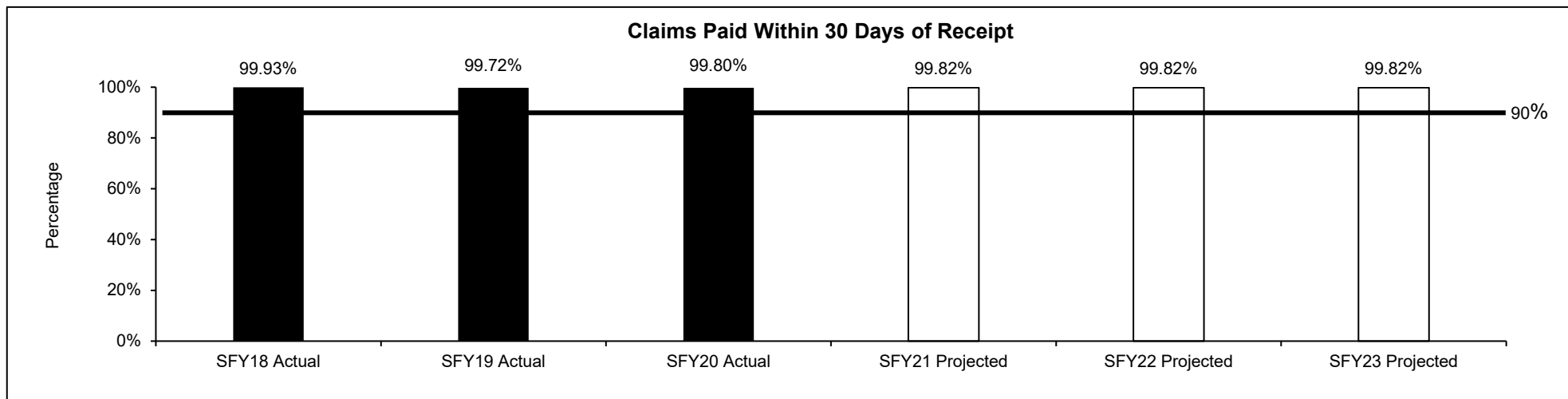
Department: Social Services
Program Name: Information Systems

HB Section(s): 11.620

Program is found in the following core budget(s): Information Systems

2d. Provide a measure(s) of the program's efficiency.

Promptly pay claims to providers per Federal regulation 42 CFR 447.45(d), state must pay 90% of clean claims received within 30 days of receipt.



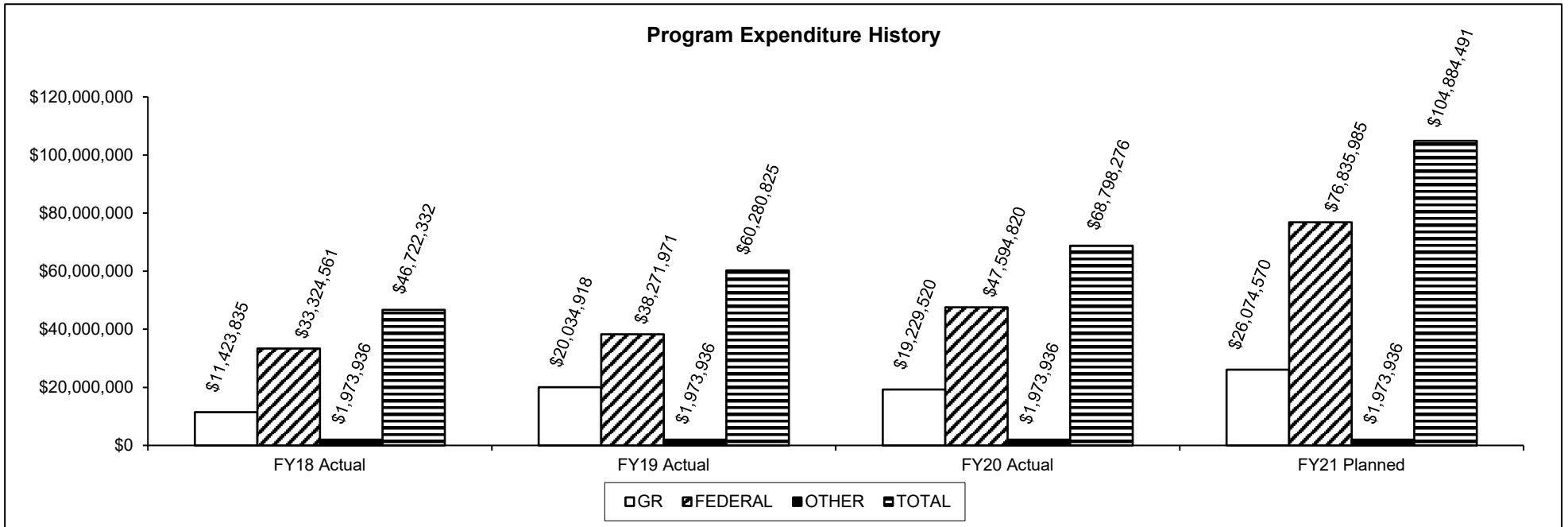
Efficiency Measure: Promptly process "clean" claims in less than one day.

PROGRAM DESCRIPTION

Department: Social Services
Program Name: Information Systems
Program is found in the following core budget(s): Information Systems

HB Section(s): 11.620

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of restricted, reverted and reserves.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.620

Program Name: Information Systems

Program is found in the following core budget(s): Information Systems

4. What are the sources of the "Other " funds?

Health Initiatives Fund (0275)

Uncompensated Care Fund (0108)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.166 and 208.201, RSMo. Federal law: Social Security Act Section 1902(a)(4), 1903(a)(3) and 1915(b). Federal Regulation: 42 CFR 433(C) and 438; Children's Health Insurance Program State Plan Amendment.

6. Are there federal matching requirements? If yes, please explain.

Expenditures for MMIS operations have three different federal financial participation (FFP) rates. The majority of MMIS expenditures earn 75% FFP and require 25% state share. Functions earning 75% include MMIS base operations and call center operations. Approved system enhancements earn 90% FFP and require 10% state share. Enrollment broker services, postage and general Medicaid administrative expenditures earn 50% FFP and requires 50% state share.

7. Is this a federally mandated program? If yes, please explain.

Yes. Section 1902(a)(4) of the Social Security Act requires such methods of administration as necessary for the proper and efficient administration of the Medicaid State Plan.

NDI - MMIS - CMSP Operational Costs

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: CMSP Operational Costs

DI# 1886014

Budget Unit: 90522C
 HB Section: 11.620

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

This NDI is needed to fund the increased costs related to the contract extensions for Infocrossing, for services related to Missouri Medicaid Management Information System (MMIS), and for Conduent, for services related to the State of Missouri Clinical Management Services and Pharmacy Claims and Prior Authorization (CMSP) system component of the MMIS.

	FTE	GR	Fed	Other	Total	Match Rate
Increased cost of CMSP Conduent contract renewal included in original bid	0	73,714	221,142	0	294,856	75/25
Increased cost of Wipro contract renewal included in original bid	0	411,369	763,970		1,175,339	65/35
TOTAL	0	485,083	985,112	0	1,470,195	

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	485,083		985,112		0		1,470,195		0
Total PSD	0		0		0		0		0
Grand Total	485,083	0.0	985,112	0.0	0	0.0	1,470,195	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: CMSP Operational Costs

DI# 1886014

Budget Unit: 90522C
HB Section: 11.620

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

See the Information Systems Program Description for measures.

6b. Provide a measure of the program's quality.

See the Information Systems Program Description for measures.

6c. Provide a measure of the program's impact.

See the Information Systems Program Description for measures.

6d. Provide a measure of the program's efficiency

See the Information Systems Program Description for measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
INFORMATION SYSTEMS								
CMSP Operational - 1886014								
PROFESSIONAL SERVICES	0	0.00	0	0.00	1,470,195	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	1,470,195	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,470,195	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$485,083	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$985,112	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

NDI - MMIS - Health Information Exchange

NEW DECISION ITEM

Department: Social Services

Division: MO HealthNet

DI Name: MMIS Health Information Exchange (HIE)

Budget Unit: 90522C

DI# 1886016

HB Section: 11.620

1. AMOUNT OF REQUEST

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	2,860,624	2,860,624	0	5,721,248
PSD	0	0	0	0
TRF	0	0	0	0
Total	2,860,624	2,860,624	0	5,721,248

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Continuation of program	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Multiple Health Information Networks (HINs) have been established in Missouri to facilitate the exchange of health information between healthcare organizations. MO HealthNet has released a Request for Proposal to contract with the Missouri HINs to support the bi-directional exchange of healthcare data for MO HealthNet participants. Part of this NDI is for funding the HIN subscription fees and development and maintenance of interfaces between the MMIS and the HINs. The American Reinvestment and Recovery Act of 2009 (ARRA) included a provision entitled the Health Information Technology for Economic and Clinical Health Act (HITECH). HITECH is administered by the Office of the National Coordinator for Health Information Technology (ONC).

As part of 45 CFR Part 156, CMS issued the final Interoperability and Patient Access Rule requiring MO HealthNet to develop and implement automated interfaces allowing participants to electronically access claims, provider, and pharmacy data using third-party personal health record solutions on personal devices (e.g. smart phones, tablets). Part of this NDI is funding for development, implementation, and operation of the automated interfaces and participant education efforts.

NEW DECISION ITEM

Department: Social Services

Budget Unit: 90522C

Division: MO HealthNet

DI Name: MMIS Health Information Exchange (HII)

DI# 1886016

HB Section: 11.620

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The first project would fund Health Information Exchange Services through the Missouri Medicaid Management Information System (MMIS). This will be a new contract for Health Information Network Services, which will include multiple vendors for information exchanges. The American Reinvestment and Recovery Act of 2009 (ARRA) included a provision entitled the Health Information Technology for Economic and Clinical Health Act (HITECH). HITECH is administered by the Office of the National Coordinator for Health Information Technology (ONC). HITECH supports activities to facilitate and expand the electronic movement and use of health information among organizations according to nationally recognized standards through activities that include promoting participation in the statewide and nationwide exchange of health information and promoting the use of electronic health records by healthcare service providers for quality improvement.

Multiple Health Information Networks (HINs) have been established in Missouri to facilitate the exchange of health information between healthcare organizations. MO HealthNet has released a Request for Proposal to contract with the Missouri HINs to support the bi-directional exchange of healthcare data for MO HealthNet participants. This NDI is for funding to pay HIN subscription fees established in the contracts and to develop and maintain interfaces between the MMIS and the HINs utilizing the existing MO HealthNet Health Information Exchange platform.

The second project would fund development, implementation, and operation of automated interfaces allowing participants to electronically access claims, provider, and pharmacy data using third-party personal health record solutions on personal devices. Implementation of the interfaces is mandated by the federal Interoperability and Patient Access rule and failure to share information with participants is a violation of the Information Blocking Rule established in Section 4004 of the 21st Century Cures Act. The functionality will be developed within the existing MO HealthNet health information exchange platform. MO HealthNet is working with the vendor that maintains the platform to define the project requirements and solution design.

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	2,860,624		2,860,624		0		5,721,248		0
Total PSD	0		0		0		0		0
Total TRF	0		0		0		0		0
Grand Total	2,860,624	0.0	2,860,624	0.0	0	0.0	5,721,248	0.0	0

NEW DECISION ITEM

Department: Social Services

Budget Unit: 90522C

Division: MO HealthNet

DI Name: MMIS Health Information Exchange (HIE)

DI# 1886016

HB Section: 11.620

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

As this is a new program, MHD will work to develop performance measures.

6b. Provide a measure of the program's quality.

As this is a new program, MHD will work to develop performance measures.

6c. Provide a measure of the program's impact.

As this is a new program, MHD will work to develop performance measures.

6d. Provide a measure of the program's efficiency

As this is a new program, MHD will work to develop performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
INFORMATION SYSTEMS								
MMIS - HIE - 1886016								
PROFESSIONAL SERVICES	0	0.00	0	0.00	5,721,248	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	5,721,248	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$5,721,248	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$2,860,624	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$2,860,624	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

NDI - MMIS - BIS - EDW

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: MMIS BIS-EDW

Budget Unit: 90522C

DI# 1886015

HB Section: 11.620

1. AMOUNT OF REQUEST

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	1,563,093	1,563,093	0	3,126,186
PSD	0	0	0	0
TRF	0	0	0	0
Total	1,563,093	1,563,093	0	3,126,186

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input checked="" type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other: _____	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

This NDI is needed to fund the operational costs related to the IBM contract for services related to the Business Intelligence Solution-Enterprise Data Warehouse (BIS-EDW) Solution which is one component of the overall Missouri Medicaid Management Information System (MMIS). This request is for transitioning to the operational phase and ongoing costs associated with the operational phase.

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: MMIS BIS-EDW

Budget Unit: 90522C

DI# 1886015

HB Section: 11.620

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The BIS-EDW Solution will produce accurate transaction data, reports, and program performance information that will contribute to program oversight, administration, evaluation, integrity, accountability, and transparency as well as continuous improvement in business operations. Upon full integration across the Enterprise, the BIS-EDW Solution will become a valuable tool in improving case management, care coordination, and clinical outcomes; improving the performance and management of all Missouri Medicaid Enterprise programs; assisting with program integrity, and fraud prevention and detection; and enhancing the process of policy and budget formulation. Upon successful CMS certification, the BIS-EDW will qualify for enhanced federal financial participation at a 75/25 split back to the date CMS determines the solution was fully functional.

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	1,563,093		1,563,093		0		3,126,186		0
Total PSD	0		0		0		0		0
Grand Total	1,563,093	0.0	1,563,093	0.0	0	0.0	3,126,186	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MMIS BIS-EDW

DI# 1886015

Budget Unit: 90522C
HB Section: 11.620

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

As this is a new program, MHD will work to develop performance measures.

6b. Provide a measure of the program's quality.

As this is a new program, MHD will work to develop performance measures.

6c. Provide a measure of the program's impact.

As this is a new program, MHD will work to develop performance measures.

6d. Provide a measure of the program's efficiency

As this is a new program, MHD will work to develop performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
INFORMATION SYSTEMS								
MMIS - BIS-EDW - 1886015								
PROFESSIONAL SERVICES	0	0.00	0	0.00	3,126,186	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	3,126,186	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$3,126,186	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,563,093	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,563,093	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

NDI - MMIS - Security Risk Assessment

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: MMIS Security Risk Assessments

Budget Unit: 90522C

DI# 1866018

HB Section: 11.620

1. AMOUNT OF REQUEST

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	842,500	842,500	0	1,685,000
PSD	0	0	0	0
TRF	0	0	0	0
Total	842,500	842,500	0	1,685,000

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/>	New Legislation	<input type="checkbox"/>	New Program	<input type="checkbox"/>	Fund Switch
<input checked="" type="checkbox"/>	Federal Mandate	<input checked="" type="checkbox"/>	Program Expansion	<input type="checkbox"/>	Cost to Continue
<input type="checkbox"/>	GR Pick-Up	<input type="checkbox"/>	Space Request	<input type="checkbox"/>	Equipment Replacement
<input type="checkbox"/>	Pay Plan	<input type="checkbox"/>	Other: _____		

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

This project will involve contracting for security risk assessments of the Medicaid Management Information System (MMIS), Clinical Management System for Pharmacy (CMSP) and the Business Intelligence Solution – Enterprise Data Warehouse (BIS-EDW). The MMIS and CMSP platforms were upgraded and migrated to new data centers and the BIS-EDW is a new install, which warrants a security risk assessment of these new environments. With the increasing attempts to compromise public systems and access personal information for use in identify theft or fraud and abuse, MO HealthNet considers it prudent to utilize independent contractors to conduct periodic security risk assessments on these systems. The risk assessments will identify security risks that the system vendors and the State will work to mitigate. Section 95.621(f) of the Social Security Act requires periodic reviews for state automated data processing solutions of the security plans and requirements consistent with recognized industry standards and requires security risk assessments of state systems when new systems are implemented or when significant system changes occur to existing systems.

Federal Authorization: Section 95.621(f) of the Social Security Act and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as defined through 45 CFR Park 160 and Part 164, Subparts A and C.

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: MMIS Security Risk Assessments

DI# 1866018

Budget Unit: 90522C
 HB Section: 11.620

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The risk assessments will be conducted in accordance with the National Institute of Standards and Technology (NIST) Special Publication 880-30 and the International Organization for Standardization (ISO)/International Electro technical Commission (IEC) Information Security Standard 27005.

Security risk assessments conducted on the MMIS and CMSP in the past resulted in the identification of security risks. Follow up efforts by the system vendors and the state resulted in the mitigation of many of those risks, thereby improving the protection of citizen personal health information. Failure to conduct periodic security risk assessments increases the risk of security vulnerabilities existing in the state systems that could expose citizen personal health information to theft or misuse.

The federal Office of Civil Rights (OCR) has the authority under HIPAA to assess significant penalties against the state for failing to adequately protect health information, and allow for inappropriate disclosure or theft. OCR has assessed damages in excess of a million dollars for security breaches at health organizations.

	FTE	GR	Fed	Other	Total	Match
MMIS Security Risk Assessment	0	842,500	842,500	0	1,685,000	50/50
TOTAL	0	842,500	842,500	0	1,685,000	

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept. Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total EE	842,500		842,500		0		1,685,000		0
Grand Total	842,500	0.0	842,500	0.0	0	0.0	1,685,000	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MMIS Security Risk Assessments

DI# 1866018

Budget Unit: 90522C
HB Section: 11.620

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

See Information Systems Program Description for measures.

6b. Provide a measure of the program's quality.

See Information Systems Program Description for measures.

6c. Provide a measure of the program's impact.

See Information Systems Program Description for measures.

6d. Provide a measure of the program's efficiency

See Information Systems Program Description for measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
INFORMATION SYSTEMS								
MMIS Security Risk Assessment - 1886018								
PROFESSIONAL SERVICES	0	0.00	0	0.00	1,685,000	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	1,685,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,685,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$842,500	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$842,500	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

NDI - MMIS - Pharmacy Solutions

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: MMIS Pharmacy Solutions

Budget Unit: 90522C

DI# 1866019

HB Section: 11.620

1. AMOUNT OF REQUEST

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	2,750,000	8,250,000	0	11,000,000
PSD	0	0	0	0
TRF	0	0	0	0
Total	2,750,000	8,250,000	0	11,000,000

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Improve participant experience and modernize technology	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

This NDI supports the replacement of the MO HealthNet pharmacy system and support services. This project will modernize and bring under one contact the pharmacy adjudication, rebate, and call center systems to allow the MHD to take advantage of new technologies and reimbursement methodologies to improve services to MO HealthNet participants in the future and capture additional pharmaceutical manufacturer rebates.

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: MMIS Pharmacy Solutions

DI# 1866019

Budget Unit: 90522C
 HB Section: 11.620

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

This NDI supports the replacement of the MO HealthNet pharmacy system and support services. This project will modernize and bring under one contact the pharmacy adjudication, rebate, and call center systems to allow the MHD to take advantage of new technologies and reimbursement methodologies to improve services to MO HealthNet participants in the future and capture additional pharmaceutical manufacturer rebates.

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0		0		0		0		0
Total EE	2,750,000		8,250,000		0		11,000,000		0
Total PSD	0		0		0		0		0
Grand Total	2,750,000	0.0	8,250,000	0.0	0	0.0	11,000,000	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MMIS Pharmacy Solutions

DI# 1866019

Budget Unit: 90522C
HB Section: 11.620

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

As this is a new program, MHD will work to develop performance measures.

6b. Provide a measure of the program's quality.

As this is a new program, MHD will work to develop performance measures.

6c. Provide a measure of the program's impact.

As this is a new program, MHD will work to develop performance measures.

6d. Provide a measure of the program's efficiency

As this is a new program, MHD will work to develop performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
INFORMATION SYSTEMS								
MMIS - Pharmacy Solutions - 1886019								
PROFESSIONAL SERVICES	0	0.00	0	0.00	11,000,000	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	11,000,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$11,000,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$2,750,000	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$8,250,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

NDI - MMIS - Premium Collections

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: MMIS Premium Collections

Budget Unit: 90522C

DI# 1866020

HB Section: 11.620

1. AMOUNT OF REQUEST

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	250,000	1,050,000	0	1,300,000
PSD	0	0	0	0
TRF	0	0	0	0
Total	250,000	1,050,000	0	1,300,000

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Replacement of Premium Collection Solution	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Funding is needed to implement a Premium Collections solution as part of the Enrollment Broker project. The current solution for Premium Collections for CHIP, Ticket-to-Work, and Spend down involves seven state systems to generate and mail paper invoices, track payments, and make refunds. Outsourcing the premium collections function will allow the members to pay their premiums online, and receive their invoices electronically.

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: MMIS Premium Collections

DI# 1866020

Budget Unit: 90522C
 HB Section: 11.620

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Funding is needed to implement a Premium Collections solution as part of the Enrollment Broker project. The funding request is \$1 million at 90/10 match for Design, Development, and Implementation (DDI). An additional \$300,000 is being requested for Maintenance and Operations (M&O), which is at a 50/50 match. The current solution for Premium Collections for CHIP, Ticket-to-Work, and Spend down involves seven state systems to generate and mail paper invoices, track payments, and make refunds. Outsourcing the premium collections function will allow the members to pay their premiums online and receive their invoices electronically.

	FTE	GR	Fed	Other	Total	Match Rate
Premium Collections Solution, DDI	0	100,000	900,000	0	1,000,000	90/10
Premium Collections Solution, M&O	0	150,000	150,000	0	300,000	50/50
TOTAL	0	250,000	1,050,000	0	1,300,000	

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total EE	250,000		1,050,000		0		1,300,000		0
Grand Total	250,000	0.0	1,050,000	0.0	0	0.0	1,300,000	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MMIS Premium Collections

DI# 1866020

Budget Unit: 90522C
HB Section: 11.620

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

See the Information Systems Program Description for measures.

6b. Provide a measure of the program's quality.

See the Information Systems Program Description for measures.

6c. Provide a measure of the program's impact.

See the Information Systems Program Description for measures.

6d. Provide a measure of the program's efficiency

See the Information Systems Program Description for measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
INFORMATION SYSTEMS								
MMIS Premium Collections - 1886020								
PROFESSIONAL SERVICES	0	0.00	0	0.00	1,300,000	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	1,300,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,300,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$250,000	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,050,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

NDI - MMIS - MC

Contract Management

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: MMIS MC Contract Management Tool

Budget Unit: 90522C

DI# 1866021

HB Section: 11.620

1. AMOUNT OF REQUEST

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	700,000	6,300,000		7,000,000
PSD	0	0	0	0
TRF	0	0	0	0
Total	700,000	6,300,000	0	7,000,000

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/>	New Legislation	<input checked="" type="checkbox"/>	New Program	<input type="checkbox"/>	Fund Switch
<input checked="" type="checkbox"/>	Federal Mandate	<input type="checkbox"/>	Program Expansion	<input type="checkbox"/>	Cost to Continue
<input type="checkbox"/>	GR Pick-Up	<input type="checkbox"/>	Space Request	<input type="checkbox"/>	Equipment Replacement
<input type="checkbox"/>	Pay Plan	<input type="checkbox"/>	Other: _____		

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

This NDI offers an opportunity for MO HealthNet to purchase and develop a compliance tool to operationalize the quality data reporting which is contractually required of the Managed Care Organizations (MCOs). This project will allow MO HealthNet to systematically receive quality reports, provide electronic evaluations, provide MCOs feedback, and establish a quality rating score. MO HealthNet will be required to develop a quality rating system which meets federal requirements (42 CFR 438.334) in the future. This compliance tool will act as a one-stop-shop for all quality data reporting for the MCOs. This project will also provide better analytics to MO HealthNet to make more informed quality decisions to address areas of concern and drive quality and cost containment.

NEW DECISION ITEM

Department: Social Services

Budget Unit: 90522C

Division: MO HealthNet

DI Name: MMIS MC Contract Management Tool

DI# 1866021

HB Section: 11.620

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

This NDI offers an opportunity for MO HealthNet to purchase and develop a compliance tool to operationalize the quality data reporting which is contractually required of the Managed Care Organizations (MCOs). This project will allow MO HealthNet to systematically receive quality reports, provide electronic evaluations, provide MCOs feedback, and establish a quality rating score. MO HealthNet will be required to develop a quality rating system which meets federal requirements (42 CFR 438.334) in the future. This compliance tool will act as a one-stop-shop for all quality data reporting for the MCOs. This project will also provide better analytics to MO HealthNet to make more informed quality decisions to address areas of concern and drive quality and cost containment.

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	700,000		6,300,000		0		7,000,000		0
Total PSD	0		0		0		0		0
Grand Total	700,000	0.0	6,300,000	0.0	0	0.0	7,000,000	0.0	0

NEW DECISION ITEM

Department: Social Services

Budget Unit: 90522C

Division: MO HealthNet

DI Name: MMIS MC Contract Management Tool

DI# 1866021

HB Section: 11.620

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

As this is a new program, MHD will work to develop performance measures.

6b. Provide a measure of the program's quality.

As this is a new program, MHD will work to develop performance measures.

6c. Provide a measure of the program's impact.

As this is a new program, MHD will work to develop performance measures.

6d. Provide a measure of the program's efficiency

As this is a new program, MHD will work to develop performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
INFORMATION SYSTEMS								
MMIS - MC Contract Mgmt Tool - 1886021								
PROFESSIONAL SERVICES	0	0.00	0	0.00	7,000,000	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	7,000,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$7,000,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$700,000	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$6,300,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Core - Electronic Health Records Incentives

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Electronic Health Records Incentives

Budget Unit: 90523C
 HB Section: 11.625

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	1,509,200	0	1,509,200
PSD	0	26,490,800	0	26,490,800
TRF	0	0	0	0
Total	0	28,000,000	0	28,000,000

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

	FY 2022 Governor's Recommendation			
	GR	Fed	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. CORE DESCRIPTION

This core request is for funding of the MO HealthNet Electronic Health Record (EHR) Incentive Program, which provides incentive payments to eligible professionals and eligible hospitals that adopt, implement, upgrade, and meaningfully use certified EHR technology.

3. PROGRAM LISTING (list programs included in this core funding)

Electronic Health Records Incentives

CORE DECISION ITEM

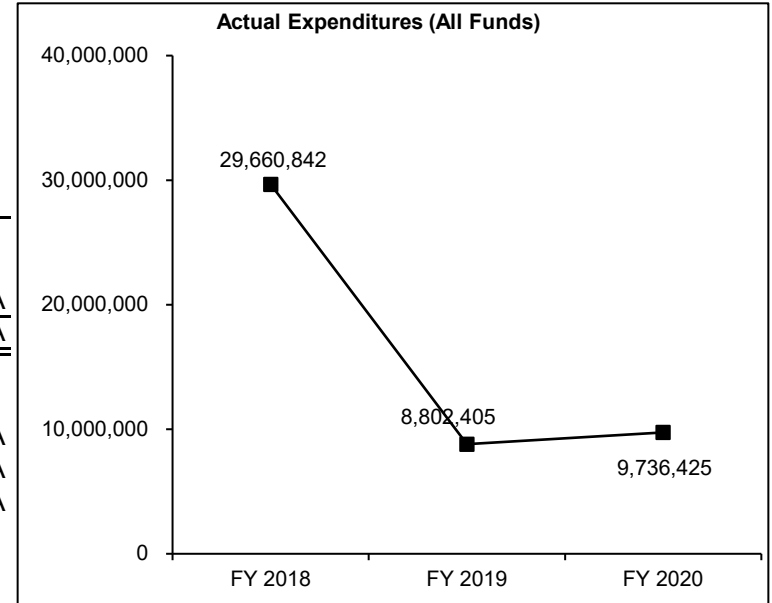
Department: Social Services
Division: MO HealthNet
Core: Electronic Health Records Incentives

Budget Unit: 90523C

HB Section: 11.625

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	35,000,000	28,000,000	28,000,000	28,000,000
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	35,000,000	28,000,000	28,000,000	28,000,000
Actual Expenditures (All Funds)	29,660,842	8,802,405	9,736,425	N/A
Unexpended (All Funds)	5,339,158	19,197,595	18,263,575	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	5,339,158	19,197,595	18,263,575	N/A
Other	0	0	0	N/A
	(1)	(2)		



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY18 - Reduction due to excess federal authority.

(2) FY19 - Reduction due to excess federal authority.

CORE RECONCILIATION DETAIL

STATE
ELECTRONIC HLTH RECORDS INCNTV

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	EE	0.00	0	1,509,200	0	1,509,200	
	PD	0.00	0	26,490,800	0	26,490,800	
	Total	0.00	0	28,000,000	0	28,000,000	
DEPARTMENT CORE REQUEST							
	EE	0.00	0	1,509,200	0	1,509,200	
	PD	0.00	0	26,490,800	0	26,490,800	
	Total	0.00	0	28,000,000	0	28,000,000	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	0	1,509,200	0	1,509,200	
	PD	0.00	0	26,490,800	0	26,490,800	
	Total	0.00	0	28,000,000	0	28,000,000	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
ELECTRONIC HLTH RECORDS INCNTV									
CORE									
EXPENSE & EQUIPMENT									
FEDERAL STIMULUS-DSS	1,459,747	0.00	1,509,200	0.00	1,509,200	0.00	0	0.00	
TOTAL - EE	1,459,747	0.00	1,509,200	0.00	1,509,200	0.00	0	0.00	
PROGRAM-SPECIFIC									
FEDERAL STIMULUS-DSS	8,276,678	0.00	26,490,800	0.00	26,490,800	0.00	0	0.00	
TOTAL - PD	8,276,678	0.00	26,490,800	0.00	26,490,800	0.00	0	0.00	
TOTAL	9,736,425	0.00	28,000,000	0.00	28,000,000	0.00	0	0.00	
GRAND TOTAL	\$9,736,425	0.00	\$28,000,000	0.00	\$28,000,000	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
ELECTRONIC HLTH RECORDS INCNTV								
CORE								
TRAVEL, IN-STATE	0	0.00	2,000	0.00	2,000	0.00	0	0.00
TRAVEL, OUT-OF-STATE	1,175	0.00	7,000	0.00	7,000	0.00	0	0.00
PROFESSIONAL DEVELOPMENT	0	0.00	200	0.00	200	0.00	0	0.00
PROFESSIONAL SERVICES	1,458,572	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00
TOTAL - EE	1,459,747	0.00	1,509,200	0.00	1,509,200	0.00	0	0.00
PROGRAM DISTRIBUTIONS	8,276,678	0.00	26,490,800	0.00	26,490,800	0.00	0	0.00
TOTAL - PD	8,276,678	0.00	26,490,800	0.00	26,490,800	0.00	0	0.00
GRAND TOTAL	\$9,736,425	0.00	\$28,000,000	0.00	\$28,000,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$9,736,425	0.00	\$28,000,000	0.00	\$28,000,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.625

Program Name: Electronic Health Records (EHR) Incentives

Program is found in the following core budget(s): Electronic Health Records Incentives

1a. What strategic priority does this program address?

Encourage provider use of Electronic Health Records (EHR) to transform Medicaid.

1b. What does this program do?

This program provides incentives to certain Medicaid providers for the purchase and use of certified EHR systems to promote interoperability and facilitate the exchange of electronic health information. Incentive payments are intended to offset the cost of implementing EHR systems.

Payments are spread over three years for hospitals and six years for professionals, including physicians, dentists, nurse practitioners, certified nurse midwives, and physician assistants. On average, hospitals that participate all three years receive \$1.5 million total, distributed in three payments with 50% paid in the first year, 35% in the second and 15% in the third. Professionals can receive up to \$63,750 total, if they participate for six years, which is the maximum number of years allowed. In order to receive each additional payment, providers are required to demonstrate meaningful use (MU) of the systems by reporting on specific measures. Examples of MU include submitting data to public health registries, providing patients with electronic access to their records and secure electronic messaging, and sending a summary of care record for patients that transition to another setting.

PROGRAM DESCRIPTION

Department: Social Services

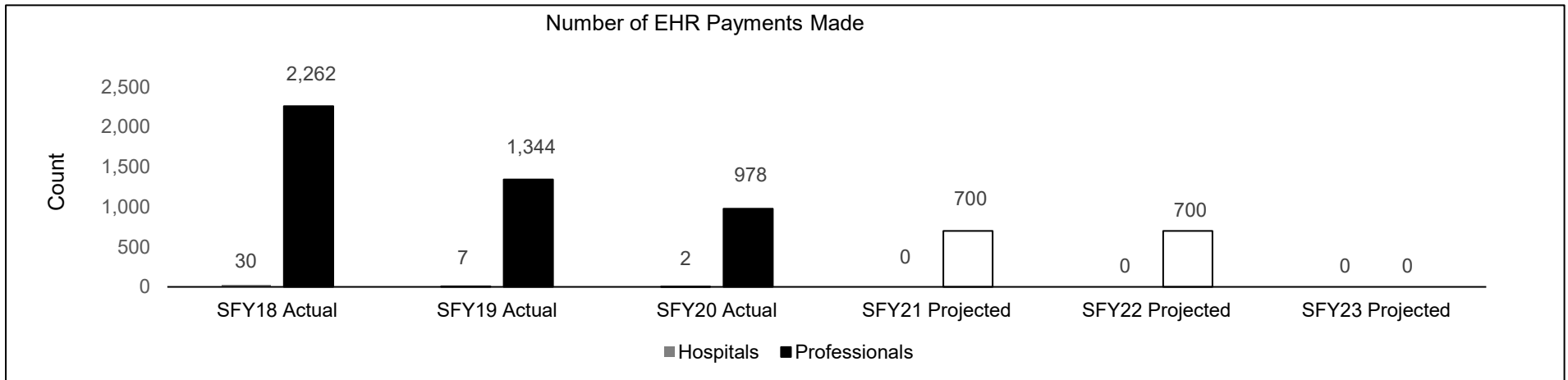
HB Section(s): 11.625

Program Name: Electronic Health Records (EHR) Incentives

Program is found in the following core budget(s): Electronic Health Records Incentives

2a. Provide an activity measure for the program.

In SFY20, two incentive payments were made to hospitals in the amount of \$166,150 and 978 incentive payments were made to professionals in the amount of \$8.28 million. All of Missouri's hospitals that participated in the EHR Incentive Program received all of the payments they were eligible for in SFY20. Program Year 2019 is being evaluated and payments are underway. All providers must meet Stage 3 Meaningful Use requirements for the first time in Program Year 2019. This, in combination with the pressures on healthcare providers related to COVID-19, has led to very low participation in the program. It is anticipated that no more than 700 providers will successfully complete program requirements in SFY21 as well as SFY22, when the program ends.



Note: Participation in the program has and will continue to decline due to the program winding down in September 2021, increased difficulty of requirements, and pressures on healthcare staff and resources due to COVID-19. MHD allowed four extra months but participation was still low. No SFY23 projections provided as program ends September 2021.

PROGRAM DESCRIPTION

Department: Social Services

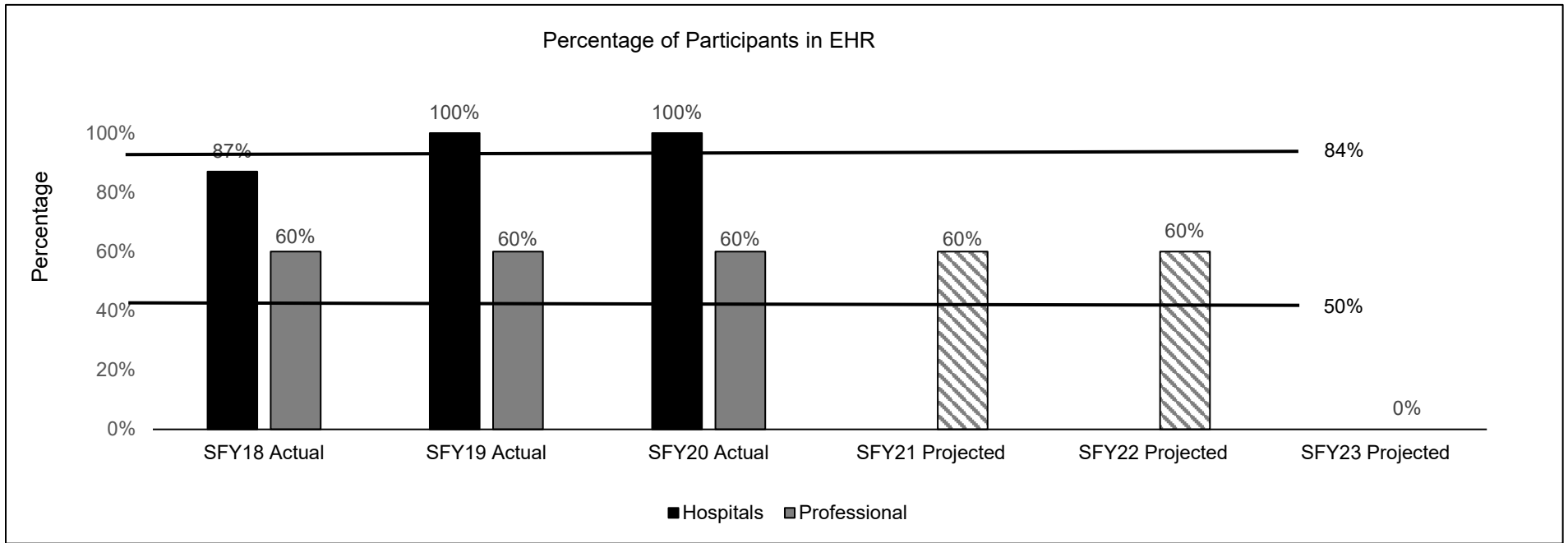
HB Section(s): 11.625

Program Name: Electronic Health Records (EHR) Incentives

Program is found in the following core budget(s): Electronic Health Records Incentives

2b. Provide a measure of the program's quality.

Among participants in the program in SFY20, 60% of eligible professionals and 100% of eligible hospitals that participated in the program have met meaningful use (MU) requirements. The national average for professionals is 50%, the national average for hospitals is 84%. Note: SFY19 and SFY20 had low participation among hospitals so the percentages shown represent small numbers.



No SFY23 projections provided as program ends September 2021.

PROGRAM DESCRIPTION

Department: Social Services

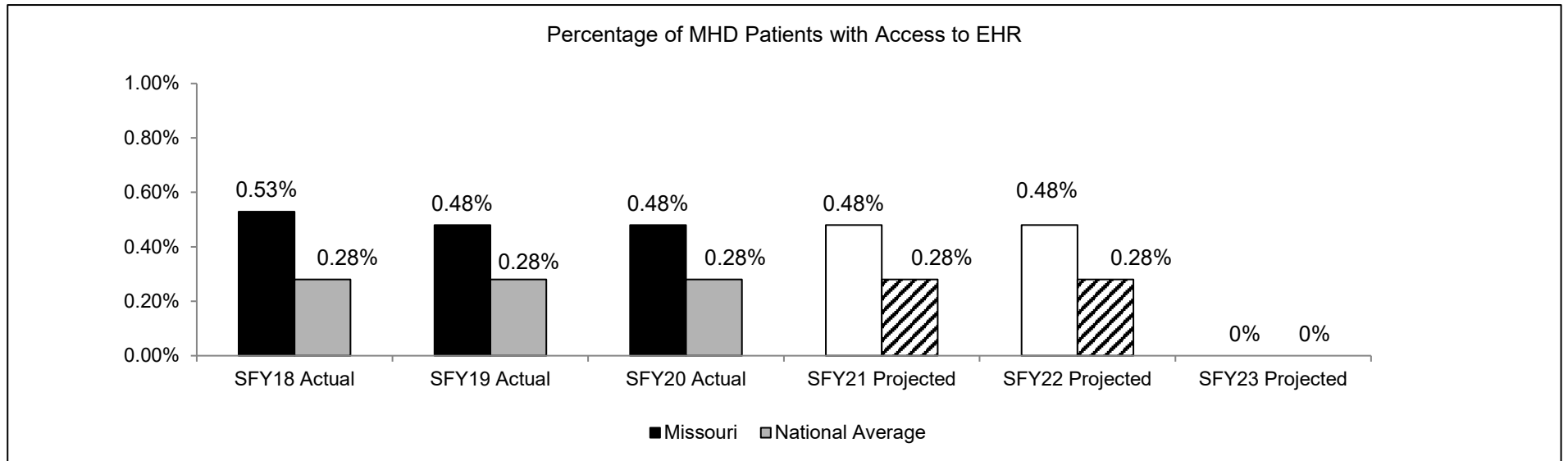
HB Section(s): 11.625

Program Name: Electronic Health Records (EHR) Incentives

Program is found in the following core budget(s): Electronic Health Records Incentives

2c. Provide a measure of the program's impact.

Compared to other states, a recent analysis prepared by the Centers for Medicare and Medicaid Services (CMS) shows that Missouri has a lower ratio of beneficiaries to HITECH participants (the Health Information Technology for Economic and Clinical Health Act (HITECH), Title XIII and Title IV of Section 4201 of the American Recovery and Reinvestment Act of 2009 (ARRA)), which translates to greater access to practices using EHR systems. On average, in Missouri, each practice that uses certified EHRs to improve care is available to 0.48% of Missouri Medicaid patients, compared to the national average of only 0.28% of patients per practice with an EHR system.



No SFY23 projections provided as program ends September 2021.

PROGRAM DESCRIPTION

Department: Social Services

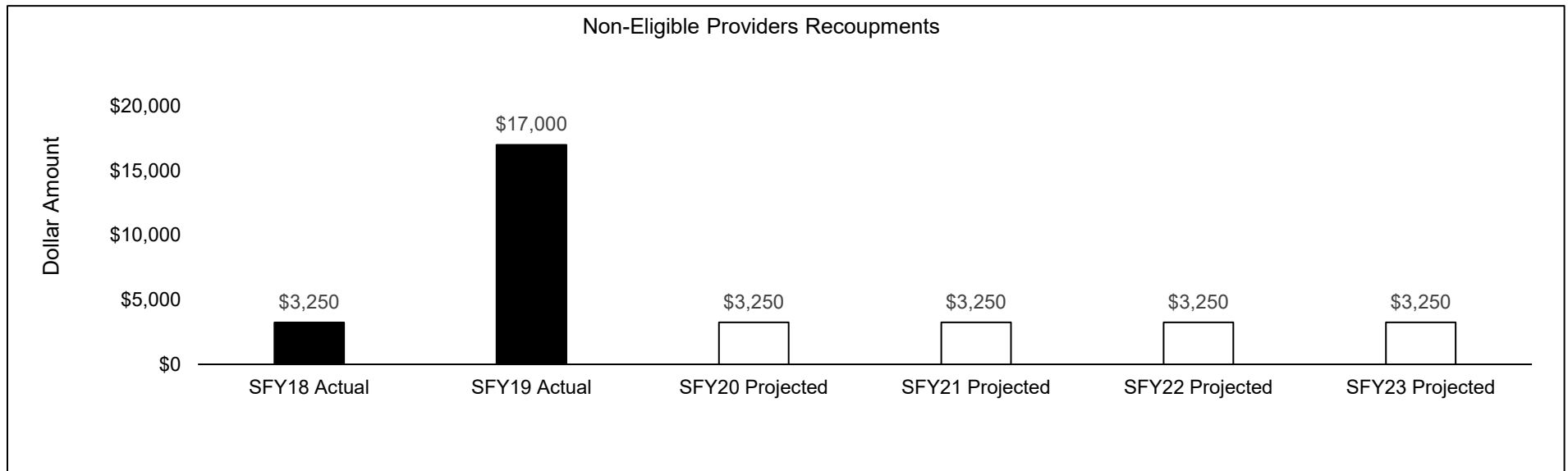
HB Section(s): 11.625

Program Name: Electronic Health Records (EHR) Incentives

Program is found in the following core budget(s): Electronic Health Records Incentives

2d. Provide a measure of the program's efficiency.

On average, for the first six program years, post payment audits have identified two professionals per year that did not qualify for the program (actual counts ranged from 1 – 6). This demonstrates that pre-payment validation processes are effective and payments to providers not eligible occur in less than 1% of applications. To date, payments for all providers identified as ineligible were subsequently recouped. Post payment reviews often lag behind program year payments by 2-3 years, and recoupments collected in a particular year are associated with prior years. Post-payment audits are conducted by an external auditor and approved by MHD and MMAC leaders. In SFY19, two recoupments totalling \$17,000 were recommended and approved.



Due to lower participation in the EHR Incentive Program in its latter years, lower recoupments are predicted. SFY23 projections are possible for this item since post-payment audits will continue into SFY23.

SFY20 Actual will not be available until January 2021.

PROGRAM DESCRIPTION

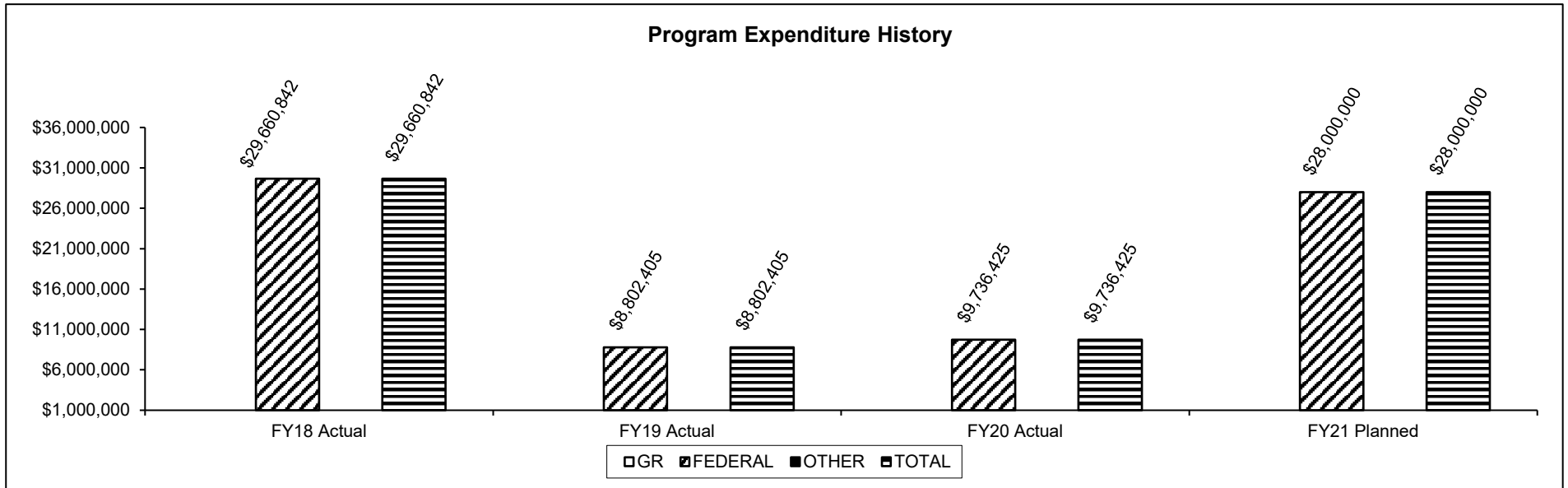
Department: Social Services

HB Section(s): 11.625

Program Name: Electronic Health Records (EHR) Incentives

Program is found in the following core budget(s): Electronic Health Records Incentives

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY 2021 expenditures are net of reverted and reserves.

4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal law: ARRA Section 4201. Federal Regulation: 42 CFR Parts 412, 413, 422 and 495.

6. Are there federal matching requirements? If yes, please explain.

Administrative costs earn 90% federal match and require a 10% state match.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - Hospital information Technology (HIT)

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Hospital Information Technology (HIT)

Budget Unit: 90521C

HB Section: 11.630

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	9,000,000	1,000,000	10,000,000
TRF	0	0	0	0
Total	0	9,000,000	1,000,000	10,000,000

FTE **0.00** **0.00** **0.00** **0.00**

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE **0.00** **0.00** **0.00** **0.00**

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Federal Reimbursement Allowance (0142) - \$1,000,000

Other Funds:

2. CORE DESCRIPTION

This program reimburses the allowable costs of health information technology investments of hospitals and their affiliated information networks, or health information technology providers that have been authorized under a CMS-approved implementation advance planning document amendment submitted by the MO HealthNet Division.

3. PROGRAM LISTING (list programs included in this core funding)

Hospital Information Technology (HIT)

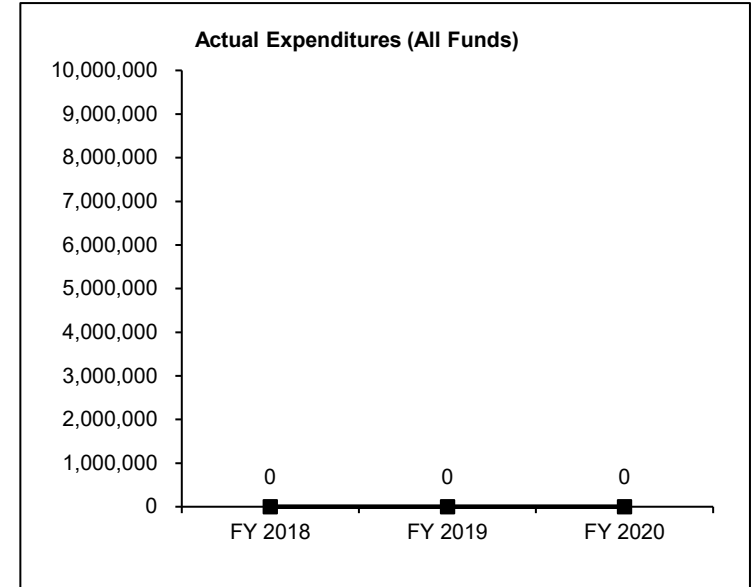
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Hospital Information Technology (HIT)

Budget Unit: 90521C
HB Section: 11.630

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	0	0	10,000,000	10,000,000
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	0	0	10,000,000	10,000,000
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	0	0	10,000,000	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	9,000,000	N/A
Other	0	0	1,000,000	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

STATE
HOSPITAL HIT

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	9,000,000	1,000,000	10,000,000	
	Total	0.00	0	9,000,000	1,000,000	10,000,000	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	9,000,000	1,000,000	10,000,000	
	Total	0.00	0	9,000,000	1,000,000	10,000,000	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	9,000,000	1,000,000	10,000,000	
	Total	0.00	0	9,000,000	1,000,000	10,000,000	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOSPITAL HIT								
CORE								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	9,000,000	0.00	9,000,000	0.00	0	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	1,000,000	0.00	1,000,000	0.00	0	0.00
TOTAL - PD	0	0.00	10,000,000	0.00	10,000,000	0.00	0	0.00
TOTAL	0	0.00	10,000,000	0.00	10,000,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$10,000,000	0.00	\$10,000,000	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOSPITAL HIT								
CORE								
PROGRAM DISTRIBUTIONS	0	0.00	10,000,000	0.00	10,000,000	0.00	0	0.00
TOTAL - PD	0	0.00	10,000,000	0.00	10,000,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$10,000,000	0.00	\$10,000,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$9,000,000	0.00	\$9,000,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$1,000,000	0.00	\$1,000,000	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.630

Program Name: Hospital Information Technology (HIT)

Program is found in the following core budget(s): Hospital Information Technology (HIT)

1a. What strategic priority does this program address?

Reimbursement for Health Information Technology Investments

1b. What does this program do?

This program reimburses the allowable costs of health information technology investments of hospitals and their affiliated information networks, or health information technology providers that have been authorized under a CMS-approved implementation advance planning document amendment submitted by the MO HealthNet Division.

2a. Provide an activity measure(s) for the program.

MHA will measure and report project measures of Admission Discharge Transfer (ADT) Connectivity, Message Volume and Patient Watchlist Activity as follows:

- Connectivity measures will include the number of ADT connected hospitals and new syndromic connections in production (connected, tested and routinely submitting ADT data), testing (connected and undergoing ADT stream testing/validation) and targeted for onboarding in the next 30 days (not yet connected).
- Message Volume measures will include total and average daily volume of messages processed by the submitting hospital or system
- Patient Watchlist Activity measures will include total active patient watchlists as well as number of patient watchlists added, updated and deleted in the last 30 days by the submitting hospital or system

2b. Provide a measure(s) of the program's quality.

Project quality measures will include the total and percentage of system availability, excluding planned maintenance during the last 30 days, as well as the volume of system support incidents, both overall and by type (inbound message processing, notification timeliness, portal outage, etc.)

2c. Provide a measure(s) of the program's impact.

MHA will tabulate and report the number of unique patients identified across active patient watchlists, and 30-day ADT alert volumes associated with active patient watchlists. Additionally, MHA will work with system users to define, measure and evaluate the impact on select patient outcome measures (i.e Emergency Department (ED) utilization volumes, 30-day readmissions) for select patient cohorts of interest.

2d. Provide a measure(s) of the program's efficiency.

MHA will track and report the minimum, median and maximum time in minutes, from inbound ADT message receipt to ADT notification content transmission to the Hospital Industry Data Institute (HIDI) Notification Portal during the past 30 days.

PROGRAM DESCRIPTION

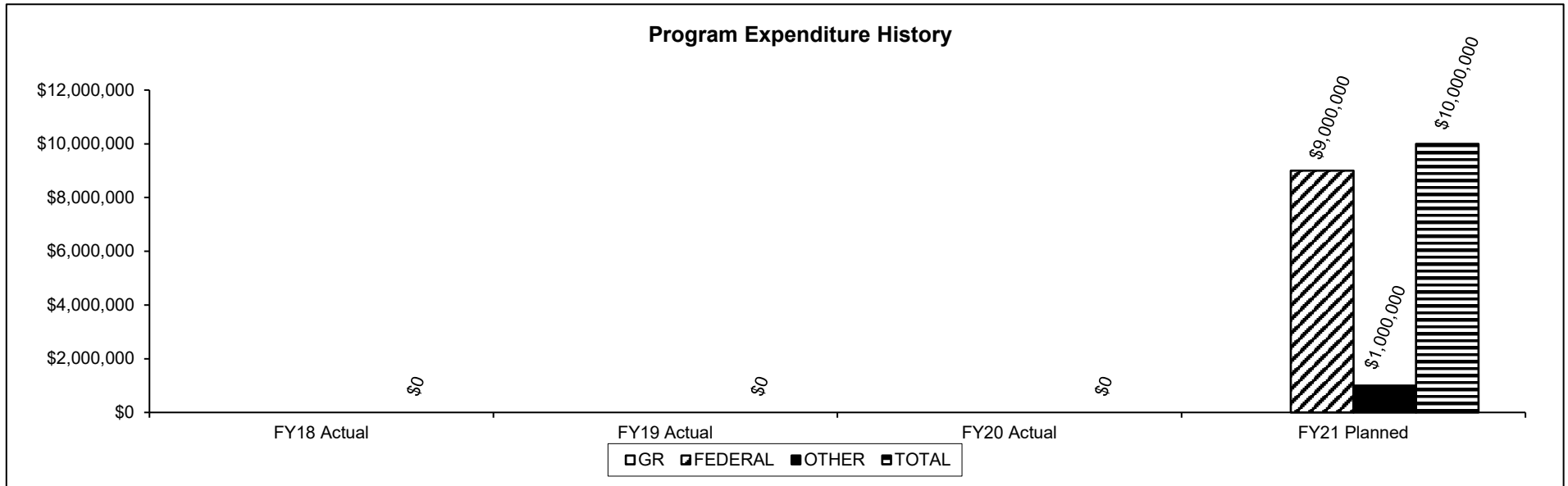
Department: Social Services

HB Section(s): 11.630

Program Name: Hospital Information Technology (HIT)

Program is found in the following core budget(s): Hospital Information Technology (HIT)

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY 2021 expenditures are net of reverted and reserves.

4. What are the sources of the "Other " funds?

Federal Reimbursement Allowance Fund (0142)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

N/A

6. Are there federal matching requirements? If yes, please explain.

Expenditures earn a 90% federal and require a 10% state match.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - HITECH

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: HITECH

Budget Unit: 90530C
HB Section: 11.635

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	1,000,000	9,000,000	0	10,000,000
TRF	0	0	0	0
Total	1,000,000	9,000,000	0	10,000,000
FTE	0.00	0.00	0.00	0.00

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Other Funds:

2. CORE DESCRIPTION

The Health Information Technology for Economic and Clinical Health Act (HITECH) is for expenditures related to connecting eligible medicaid providers under the Medicaid Electronic Health Record (EHR) Incentive Program to other MO HealthNet providers through a health information exchange (HIE) or other interoperable system, or the costs of other activities that promote providers' use of EHR or HIE. Housebill 11 language also requires that no single vendor can be awarded an exclusive contract to provide said services.

3. PROGRAM LISTING (list programs included in this core funding)

Health Information Technology for Economic and Clinical Health Act (HITECH)

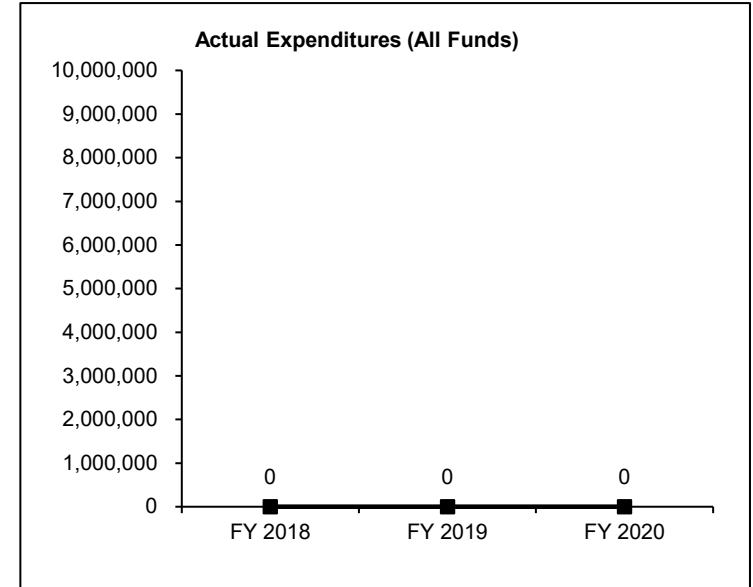
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: HITECH

Budget Unit: 90530C
HB Section: 11.635

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	0	0	10,000,000	10,000,000
Less Reverted (All Funds)	0	0	(30,000)	(30,000)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	0	0	9,970,000	9,970,000
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	0	0	9,970,000	N/A
Unexpended, by Fund:				
General Revenue	0	0	970,000	N/A
Federal	0	0	9,000,000	N/A
Other	0	0	0	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

STATE
HITECH

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	1,000,000	9,000,000	0	10,000,000	
	Total	0.00	1,000,000	9,000,000	0	10,000,000	
DEPARTMENT CORE REQUEST							
	PD	0.00	1,000,000	9,000,000	0	10,000,000	
	Total	0.00	1,000,000	9,000,000	0	10,000,000	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	1,000,000	9,000,000	0	10,000,000	
	Total	0.00	1,000,000	9,000,000	0	10,000,000	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HITECH								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	1,000,000	0.00	1,000,000	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	9,000,000	0.00	9,000,000	0.00	0	0.00
TOTAL - PD	0	0.00	10,000,000	0.00	10,000,000	0.00	0	0.00
TOTAL	0	0.00	10,000,000	0.00	10,000,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$10,000,000	0.00	\$10,000,000	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HITECH								
CORE								
PROGRAM DISTRIBUTIONS	0	0.00	10,000,000	0.00	10,000,000	0.00	0	0.00
TOTAL - PD	0	0.00	10,000,000	0.00	10,000,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$10,000,000	0.00	\$10,000,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$1,000,000	0.00	\$1,000,000	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$9,000,000	0.00	\$9,000,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.635

Program Name: HITECH

Program is found in the following core budget(s): HITECH

1a. What strategic priority does this program address?

Connecting Electronic Health Record Providers

1b. What does this program do?

The Health Information Technology for Economic and Clinical Health Act (HITECH) is for expenditures related to connecting eligible medicaid providers under the Medicaid Electronic Health Record (EHR) Incentive Program to other MO HealthNet providers through a health information exchange (HIE) or other interoperable system or the costs of other activities that promote providers' use of EHR or HIE. Housebill 11 language also requires that no single vendor can be awarded an exclusive contract to provide said services.

2a. Provide an activity measure(s) for the program.

This is a new program and MHD will have updated measures once data is available. Outcome measures will include the number of eligible professionals and eligible hospitals connected through this program to a Health Information Network (HIN) and meeting stage 3 meaningful use criteria.

2b. Provide a measure(s) of the program's quality.

This is a new program and MHD will have updated measures once data is available. Outcome measures will include the number of physicians at the eligible professionals or eligible hospitals who are accessing health information through the HINs to improve the care and treatment provided to patients.

2c. Provide a measure(s) of the program's impact.

This is a new program and MHD will have updated measures once data is available. Outcome measures will include the number of users receiving care management alerts through the HINs to support case management and coordination of care.

2d. Provide a measure(s) of the program's efficiency.

This is a new program and MHD will have updated measures once data is available. Outcome measures will include the number of physicians at the eligible professionals or eligible hospitals who are accessing health information through the HINs.

PROGRAM DESCRIPTION

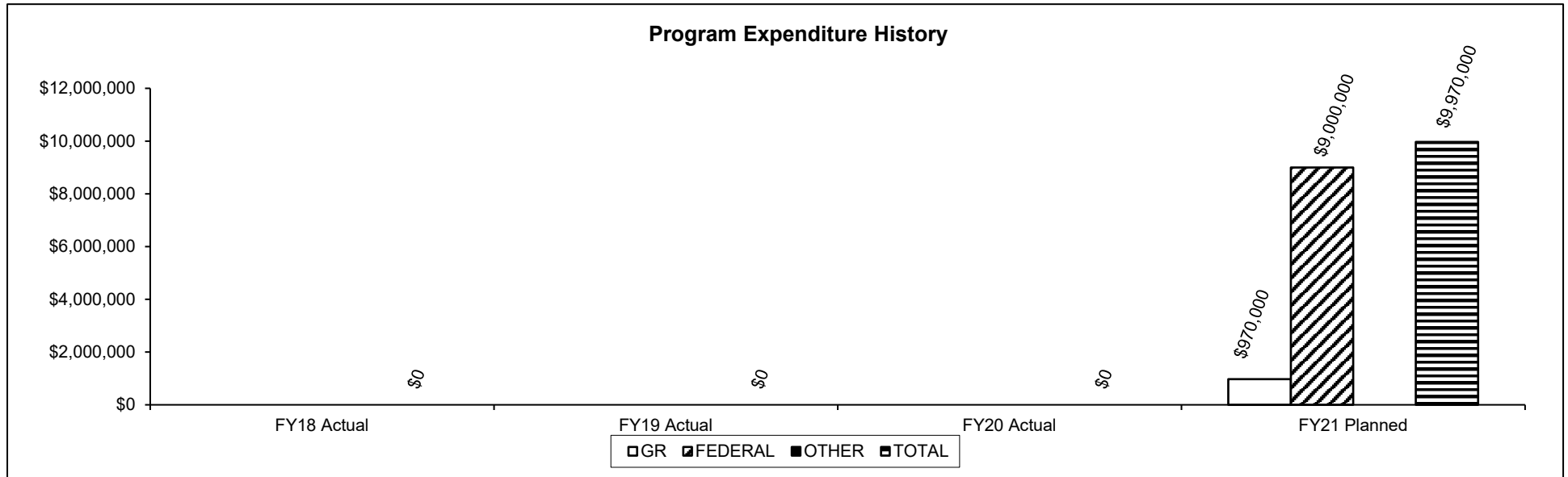
Department: Social Services

HB Section(s): 11.635

Program Name: HITECH

Program is found in the following core budget(s): HITECH

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of reverted and reserves.

4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

N/A

6. Are there federal matching requirements? If yes, please explain.

Expenditures earn a 90% federal and require a 10% federal match.

7. Is this a federally mandated program? If yes, please explain.

No.

**Core - Money Follows
the Person**

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Money Follows the Person

Budget Unit: 90524C

HB Section: 11.640

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	392,549	0	392,549
PSD	0	140,000	0	140,000
TRF	0	0	0	0
Total	0	532,549	0	532,549

FTE 0.00 0.00 0.00 0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE 0.00 0.00 0.00 0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. CORE DESCRIPTION

This budget item funds administration of the Money Follows the Person Demonstration (MFP) program which transitions individuals who are elderly, disabled, or who have developmental disabilities from nursing facilities or state-owned habilitation centers to Home and Community Based Services.

3. PROGRAM LISTING (list programs included in this core funding)

Money Follows the Person

CORE DECISION ITEM

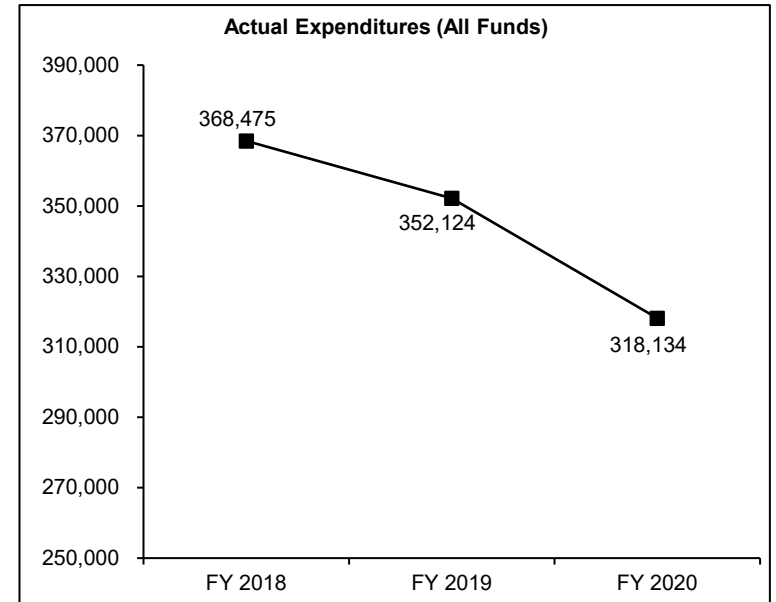
Department: Social Services
Division: MO HealthNet
Core: Money Follows the Person

Budget Unit: 90524C

HB Section: 11.640

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	532,549	532,549	532,549	532,549
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	<u>532,549</u>	<u>532,549</u>	<u>532,549</u>	<u>532,549</u>
Actual Expenditures (All Funds)	<u>368,475</u>	<u>352,124</u>	<u>318,134</u>	N/A
Unexpended (All Funds)	<u><u>164,074</u></u>	<u><u>180,425</u></u>	<u><u>214,415</u></u>	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	164,074	180,425	214,415	N/A
Other	0	0	0	N/A



Reverted includes statutory reserve amounts (when applicable).
 Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**STATE
MONEY FOLLOWS THE PERSON GRANT**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES										
				EE	0.00	0	507,549	0	507,549	
				PD	0.00	0	25,000	0	25,000	
				Total	0.00	0	532,549	0	532,549	
DEPARTMENT CORE ADJUSTMENTS										
Core Reallocation	320	8398		EE	0.00	0	(115,000)	0	(115,000)	Reallocations for Money Follows the Person.
Core Reallocation	320	8398		PD	0.00	0	115,000	0	115,000	Reallocations for Money Follows the Person.
				NET DEPARTMENT CHANGES	0.00	0	0	0	0	
DEPARTMENT CORE REQUEST										
				EE	0.00	0	392,549	0	392,549	
				PD	0.00	0	140,000	0	140,000	
				Total	0.00	0	532,549	0	532,549	
GOVERNOR'S RECOMMENDED CORE										
				EE	0.00	0	392,549	0	392,549	
				PD	0.00	0	140,000	0	140,000	
				Total	0.00	0	532,549	0	532,549	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
MONEY FOLLOWS THE PERSON GRANT									
CORE									
EXPENSE & EQUIPMENT									
DEPT OF SOC SERV FEDERAL & OTH	180,554	0.00	507,549	0.00	392,549	0.00	0	0.00	
TOTAL - EE	180,554	0.00	507,549	0.00	392,549	0.00	0	0.00	
PROGRAM-SPECIFIC									
DEPT OF SOC SERV FEDERAL & OTH	137,580	0.00	25,000	0.00	140,000	0.00	0	0.00	
TOTAL - PD	137,580	0.00	25,000	0.00	140,000	0.00	0	0.00	
TOTAL	318,134	0.00	532,549	0.00	532,549	0.00	0	0.00	
GRAND TOTAL	\$318,134	0.00	\$532,549	0.00	\$532,549	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MONEY FOLLOWS THE PERSON GRANT								
CORE								
TRAVEL, IN-STATE	0	0.00	1,000	0.00	1	0.00	0	0.00
TRAVEL, OUT-OF-STATE	258	0.00	1,086	0.00	1	0.00	0	0.00
SUPPLIES	807	0.00	675	0.00	1,000	0.00	0	0.00
PROFESSIONAL DEVELOPMENT	0	0.00	1,250	0.00	1	0.00	0	0.00
PROFESSIONAL SERVICES	179,489	0.00	502,738	0.00	391,544	0.00	0	0.00
BUILDING LEASE PAYMENTS	0	0.00	150	0.00	1	0.00	0	0.00
MISCELLANEOUS EXPENSES	0	0.00	650	0.00	1	0.00	0	0.00
TOTAL - EE	180,554	0.00	507,549	0.00	392,549	0.00	0	0.00
PROGRAM DISTRIBUTIONS	137,580	0.00	25,000	0.00	140,000	0.00	0	0.00
TOTAL - PD	137,580	0.00	25,000	0.00	140,000	0.00	0	0.00
GRAND TOTAL	\$318,134	0.00	\$532,549	0.00	\$532,549	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$318,134	0.00	\$532,549	0.00	\$532,549	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.640

Program Name: Money Follows the Person

Program is found in the following core budget(s): Money Follows the Person

1a. What strategic priority does this program address?

Transition from institutional care to home

1b. What does this program do?

This budget item funds administration of the Money Follows the Person Demonstration (MFP) program which transitions Medicaid eligible individuals who are elderly, disabled, or who have developmental disabilities from nursing facilities or state owned habilitation centers to Home and Community Based Services

Since the first transition in October 2007 through December 31, 2018, the MFP program has successfully transitioned 1,891 Medicaid eligible individuals from institutional settings to the community. MFP received a temporary extension to transition participants in CY20 and plans to assist in the transition of an additional 140 individuals by December 31, 2020.

Once enrolled, participants reside in the MFP program for 365 community days after which they seamlessly transition to the regular HCBS programs. Eligible individuals who transition from institutionalized settings to HCBS are eligible for enhanced federal match for community services for the first year after transition. After one year, community services provided to MFP participants earn the standard FMAP rate. The federal grant also provides up to \$2,400 for demonstration transition services to participants transitioning from a nursing facility, as a one-time assistance for transition costs to set up a home in the community.

The MFP grant was due to expire in September of 2020, with the last transition occurring on December 31, 2018. MFP received a temporary extension to transition participants in CY2019, and will continue to follow the participants transitioned for 365 days (including the last transition) through December 31, 2020. Congress continues to give MFP temporary extensions to keep the grant going while considering a permanent extension. The current extension funds MFP transitions through CY20. Although CMS has assured states that funding will be available for CY21.

PROGRAM DESCRIPTION

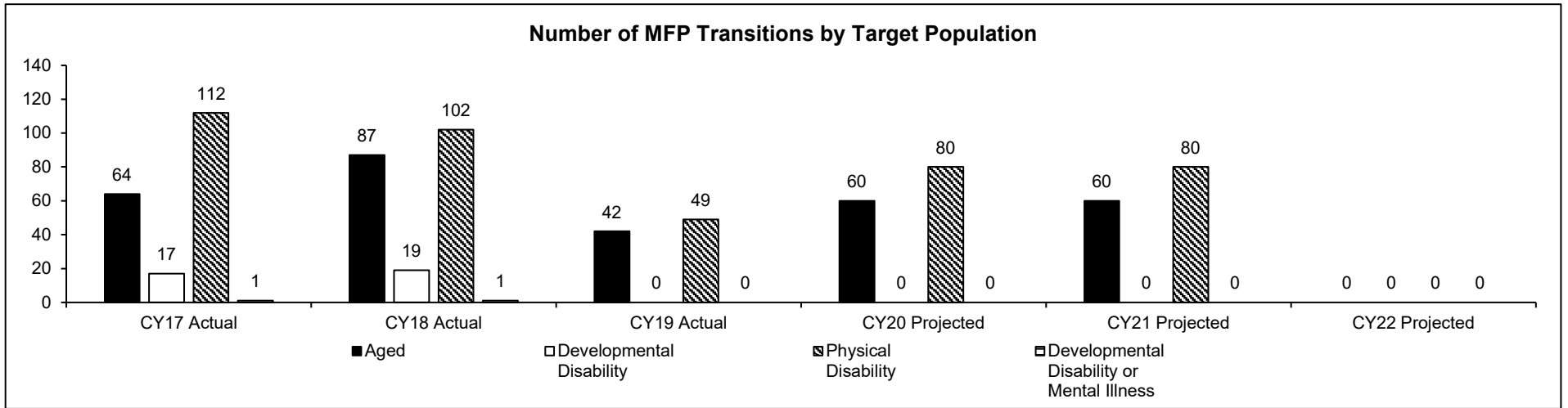
Department: Social Services

HB Section(s): 11.640

Program Name: Money Follows the Person

Program is found in the following core budget(s): Money Follows the Person

2a. Provide an activity measure(s) for the program.



The MFP grant was due to expire in September of 2020 with the last transition occurring on December 31, 2018. MFP received a temporary federal extension in CY19, but the late notice of the extension took time to begin transitions as reflected in the total number for CY19. MFP received another temporary extension for FY20, but the Covid-19 has slowed down the process of projected transitions. However, even with the slowdown MFP projects more transition in CY20 than had in FY19. Future projections are contingent on funding, CMS has assured states that funding will be available for CY21, but no assurance past that date.

PROGRAM DESCRIPTION

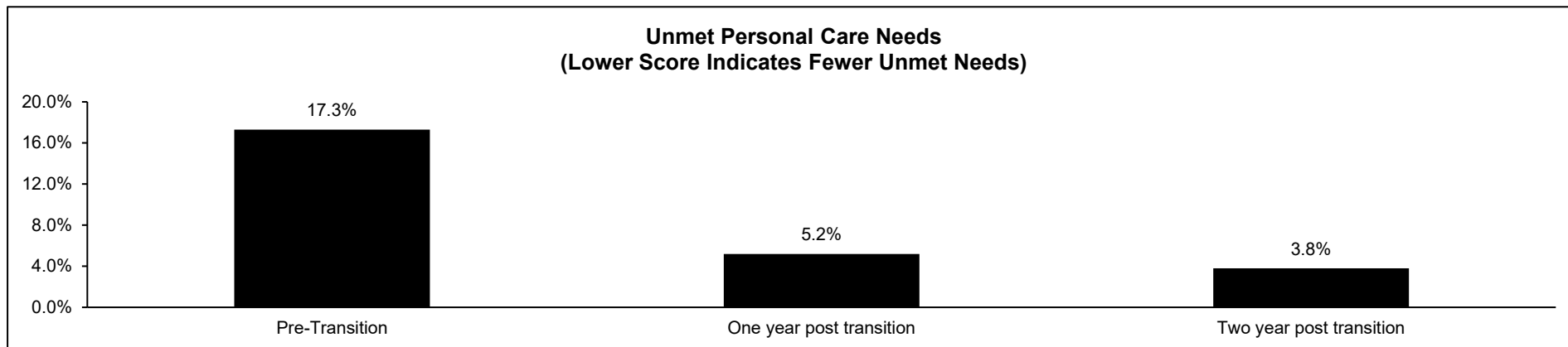
Department: Social Services

HB Section(s): 11.640

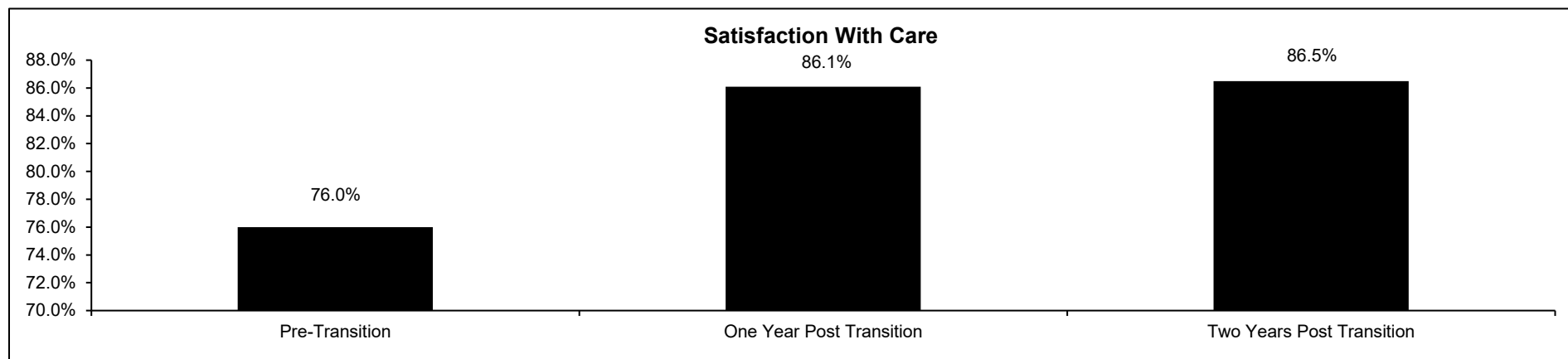
Program Name: Money Follows the Person

Program is found in the following core budget(s): Money Follows the Person

2b. Provide a measure(s) of the program's quality.



Between CY16 and CY19, MFP participants were surveyed on their unmet personal care needs and overall satisfaction with care. Overall, 17.3 percent of participants in the sample reported having unmet personal care needs (defined as one or more unmet needs related to eating, bathing, toileting, and medication administration) while in institutional care; this declined to 5.2 and 3.8 percent one and two years later, respectively.



The aspect of care showing the largest improvement was treatment with respect and dignity by providers. Pre-transition, 76 percent of participants reported being treated with respect and dignity; this increased to 86.1 percent one year after transition, and 86.5 percent after two years in the community.

PROGRAM DESCRIPTION

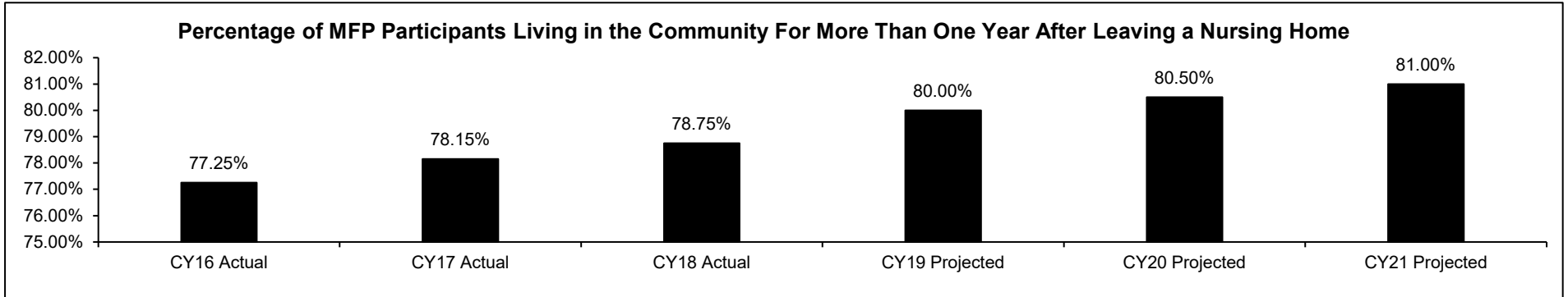
Department: Social Services

HB Section(s): 11.640

Program Name: Money Follows the Person

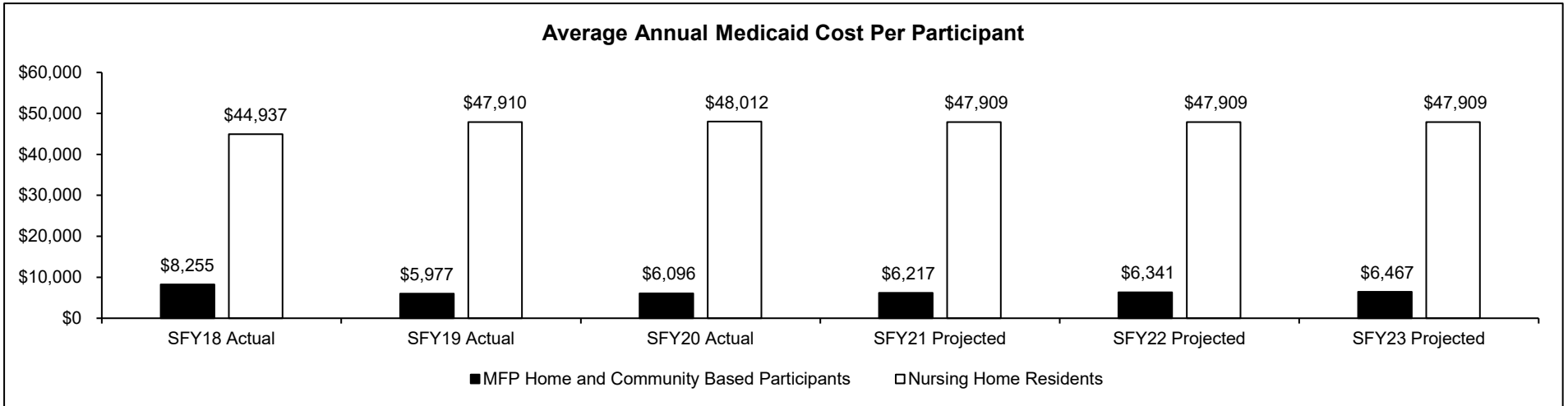
Program is found in the following core budget(s): Money Follows the Person

2c. Provide a measure(s) of the program's impact.



CY19 data will be available in CY21. By CY21, the MFP transitions that occurred in CY19 will have had the opportunity to be in the community for 365 days.

2d. Provide a measure(s) of the program's efficiency.



*The Nursing Home Resident cost excludes the portion of costs that are the responsibility of the participant (Patient surplus).

**MFP Home and Community Based Participants are unduplicated Aged and Disabled participants.

PROGRAM DESCRIPTION

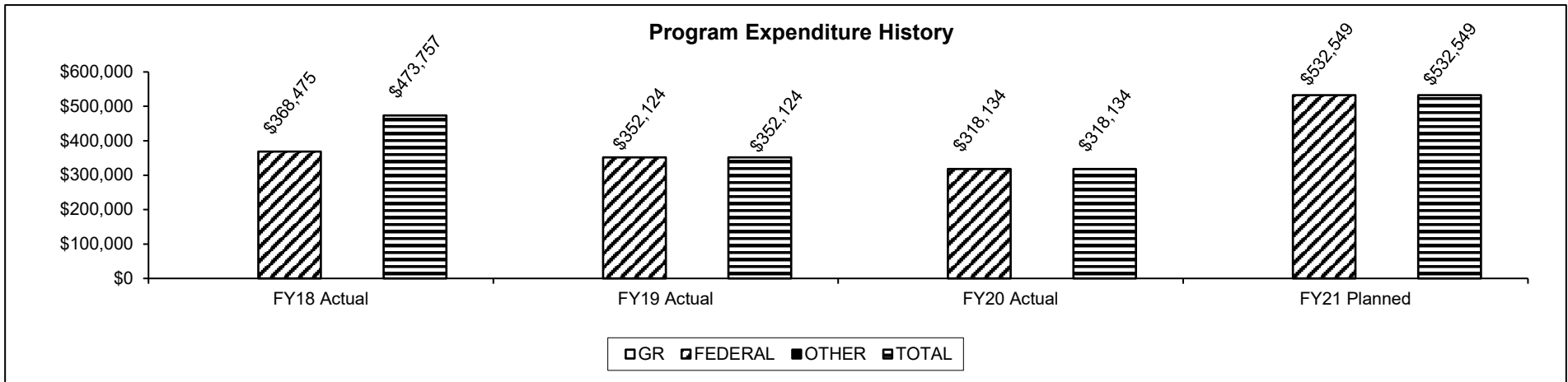
Department: Social Services

HB Section(s): 11.640

Program Name: Money Follows the Person

Program is found in the following core budget(s): Money Follows the Person

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of reverted and reserves.

4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Section 6071 of the Federal Deficit Reduction Act of 2005; PL 109-171, and amended by the Affordable Care Act, Section 2403.

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - Pharmacy

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Pharmacy

Budget Unit: 90541C

HB Section: 11.700

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	146,441,080	810,989,376	292,387,828	1,249,818,284
TRF	0	0	0	0
Total	146,441,080	810,989,376	292,387,828	1,249,818,284
FTE	0.00	0.00	0.00	0.00

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Pharmacy Rebates Fund (0114) - \$256,176,681
 Third Party Liability Collections Fund (TPL) (0120) - \$4,217,574
 Pharmacy Reimbursement Allowance Fund (0144) - \$24,650,223
 Health Initiatives Fund (HIF) (0275) - \$3,543,350
 Premium Fund (0885) - \$3,800,000

Other Funds:

2. CORE DESCRIPTION

This item funds the pharmacy program which is necessary to maintain pharmacy reimbursement at a sufficient level to ensure quality health care and provider participation. Funding provides pharmacy services for both managed care and fee-for-service populations. Beginning on October 1, 2009, pharmacy services were carved-out of the managed care capitation rates and the state began administering the pharmacy benefit for participants enrolled in managed care as well as participants enrolled in fee-for-service.

3. PROGRAM LISTING (list programs included in this core funding)

Pharmacy

CORE DECISION ITEM

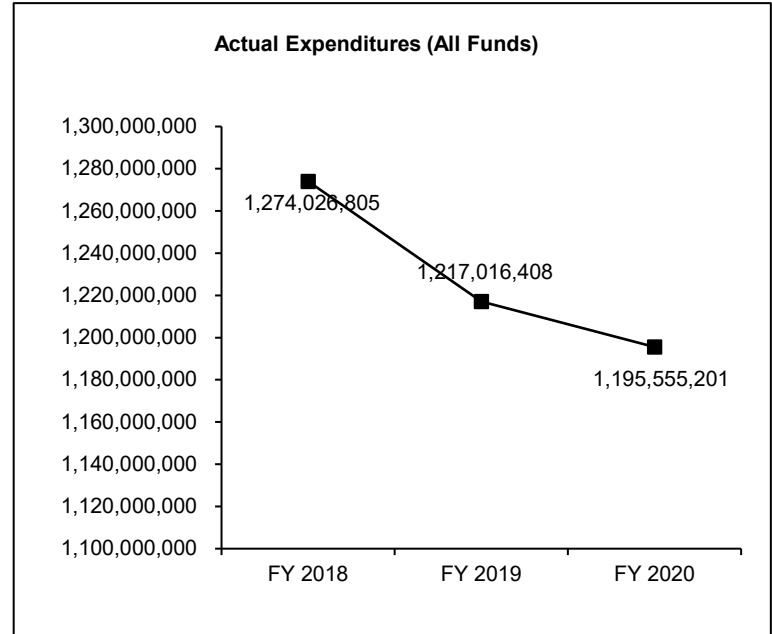
Department: Social Services
Division: MO HealthNet
Core: Pharmacy

Budget Unit: 90541C

HB Section: 11.700

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	1,274,309,513	1,224,115,083	1,279,345,815	1,255,394,392
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	(79,693,026)
Budget Authority (All Funds)	1,274,309,513	1,224,115,083	1,279,345,815	1,175,701,366
Actual Expenditures (All Funds)	1,274,026,805	1,217,016,408	1,195,555,201	N/A
Unexpended (All Funds)	282,708	7,098,675	83,790,614	N/A
Unexpended, by Fund:				
General Revenue	1,195	1	6,429,087	N/A
Federal	188,761	4,332,534	73,537,503	N/A
Other	92,752	2,766,140	3,824,024	N/A
	(1)	(2)	(3)	



*Current Year restricted amount is as of September 1, 2020.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY18 - \$16,408,000 GR and \$13,221,000 Fed was used as flex to cover other program expenditures.

(2) FY19 - \$6,303,804 GR and \$10,580,045 Fed was used as flex to cover other program expenditures. \$2,717,574 was held in Agency Reserve in the Third Party Liability Fund (0120). \$10,018,346 was held in Agency Reserve in the Pharmacy FRA fund (0144).

(3) FY20 - \$10,800,000 was flexed in to cover program expenditures. \$20,584,238 was held in Agency Reserve in the Pharmacy FRA fund (0144).

CORE RECONCILIATION DETAIL

STATE
PHARMACY

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	146,441,080	810,989,376	297,963,936	1,255,394,392	
	Total	0.00	146,441,080	810,989,376	297,963,936	1,255,394,392	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	682 3051 PD	0.00	0	0	(5,576,108)	(5,576,108)	Core reduction of Tobacco Settlement funds.
	NET DEPARTMENT CHANGES	0.00	0	0	(5,576,108)	(5,576,108)	
DEPARTMENT CORE REQUEST							
	PD	0.00	146,441,080	810,989,376	292,387,828	1,249,818,284	
	Total	0.00	146,441,080	810,989,376	292,387,828	1,249,818,284	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	146,441,080	810,989,376	292,387,828	1,249,818,284	
	Total	0.00	146,441,080	810,989,376	292,387,828	1,249,818,284	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
PHARMACY									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	142,788,841	0.00	146,441,080	0.00	146,441,080	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	786,707,440	0.00	810,989,376	0.00	810,989,376	0.00	0	0.00	
PHARMACY REBATES	245,098,368	0.00	256,176,681	0.00	256,176,681	0.00	0	0.00	
THIRD PARTY LIABILITY COLLECT	4,217,574	0.00	4,217,574	0.00	4,217,574	0.00	0	0.00	
PHARMACY REIMBURSEMENT ALLOWAN	3,823,520	0.00	24,650,223	0.00	24,650,223	0.00	0	0.00	
HEALTH INITIATIVES	3,543,350	0.00	3,543,350	0.00	3,543,350	0.00	0	0.00	
LIFE SCIENCES RESEARCH TRUST	5,576,108	0.00	5,576,108	0.00	0	0.00	0	0.00	
PREMIUM	3,800,000	0.00	3,800,000	0.00	3,800,000	0.00	0	0.00	
TOTAL - PD	1,195,555,201	0.00	1,255,394,392	0.00	1,249,818,284	0.00	0	0.00	
TOTAL	1,195,555,201	0.00	1,255,394,392	0.00	1,249,818,284	0.00	0	0.00	
MHD CTC - 1886002									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	47,801,449	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	84,685,049	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	132,486,498	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	132,486,498	0.00	0	0.00	
GR pickup for Tobacco Shortfal - 1886005									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	5,576,108	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	5,576,108	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	5,576,108	0.00	0	0.00	
Pharmacy Specialty PMPM - 1886011									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	23,980,914	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	44,592,030	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	68,572,944	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	68,572,944	0.00	0	0.00	

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
PHARMACY									
Pharmacy Non-Specialty PMPM In - 1886012									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	1,614,169	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	3,024,275	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	4,638,444	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	4,638,444	0.00	0	0.00	
Asset Limit CTC - 1886004									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	866,764	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,606,878	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	2,473,642	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	2,473,642	0.00	0	0.00	
GRAND TOTAL	\$1,195,555,201	0.00	\$1,255,394,392	0.00	\$1,463,565,920	0.00	\$0	0.00	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90541C BUDGET UNIT NAME: Pharmacy HOUSE BILL SECTION: 11.700	DEPARTMENT: Social Services DIVISION: MO HealthNet
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

DEPARTMENT REQUEST

Total \$1,463,565,920	% Flex 0.25%	Flex Amount \$3,658,915	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.
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2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	HB11 language allows up to .25% flexibility between 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.	.25% flexibility is being requested for FY22

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90541C BUDGET UNIT NAME: Pharmacy HOUSE BILL SECTION: 11.700	DEPARTMENT: Social Services DIVISION: MO HealthNet
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

DEPARTMENT REQUEST

Total	% Flex	Flex Amount	
\$1,463,565,920	10%	\$146,356,592	Not more than ten percent (10%) flexibility is requested between sections 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$9,700,000	HB11 language allows up to 10% flexibility between 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.	10% flexibility is being requested for FY22

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
To allow for program payments in Pharmacy, Physician, Nursing Facilities, Rehab and Specialty, NEMT, Complex Rehab, Health Homes, Hospital, CHIP and Show Me Healthy Babies.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY								
CORE								
PROGRAM DISTRIBUTIONS	1,195,555,201	0.00	1,255,394,392	0.00	1,249,818,284	0.00	0	0.00
TOTAL - PD	1,195,555,201	0.00	1,255,394,392	0.00	1,249,818,284	0.00	0	0.00
GRAND TOTAL	\$1,195,555,201	0.00	\$1,255,394,392	0.00	\$1,249,818,284	0.00	\$0	0.00
GENERAL REVENUE	\$142,788,841	0.00	\$146,441,080	0.00	\$146,441,080	0.00		0.00
FEDERAL FUNDS	\$786,707,440	0.00	\$810,989,376	0.00	\$810,989,376	0.00		0.00
OTHER FUNDS	\$266,058,920	0.00	\$297,963,936	0.00	\$292,387,828	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.700

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

1a. What strategic priority does this program address?

Access safe and cost effective medications for MO HealthNet (MHD) participants

1b. What does this program do?

The MO HealthNet Pharmacy Program reimburses outpatient prescription drugs for managed care and fee-for-service eligible participants. The Omnibus Budget Reconciliation Act of 1990 (OBRA-90) significantly expanded the coverage of pharmacy provisions to include reimbursements for all drug products of manufacturers that have entered into a rebate agreement with the Federal Department of Health and Human Services (HHS). States have the authority to manage state specific drug purchasing and formulary decisions through Drug Utilization Review boards. MHD has a robust Drug Utilization Review process to ensure medications are clinically and fiscally appropriate. This process is ongoing as new pharmaceutical agents are approved frequently. In addition, OBRA-90 included provisions requiring both a prospective and retrospective drug use review program.

The Centers for Medicare and Medicaid Services (CMS) published a final rule on January 1, 2016, pertaining to Medicaid reimbursement for covered outpatient drugs. The purpose of the final rule is to implement changes to the prescription drug reimbursement structure as enacted by the Affordable Care Act (ACA). States are required to establish actual acquisition cost (AAC) as the basis of ingredient cost reimbursement to providers, as well as evaluate the professional dispensing fee reimbursement. With the final rule, states must also establish a payment methodology for 340B entities and 340B contract pharmacies.

Entities that are 340B covered are eligible to purchase discounted drugs through the Public Health Service Act's 340B Drug Discount program. Examples of 340B entities include federally qualified health centers, hemophilia treatment centers, disproportionate share hospitals, sole community hospitals, AIDS drug assistance programs, and family planning clinics. MHD is working collaboratively with stakeholders to encourage 340B participation by covered entities. By working with covered entities, savings from 340B pricing for MHD participants' prescriptions are shared with the Medicaid program.

Effective December 16, 2018, MHD drug reimbursement will be made by applying the following hierarchy methodology:

- National Average Drug Acquisition Cost (NADAC), plus professional dispensing fee, if there is no NADAC
- Missouri Maximum Allowed Cost (MAC), plus professional dispensing fee if no NADAC or MAC
- Wholesale Acquisition Cost (WAC), plus professional dispensing fee
- The usual and customary (U&C) charge submitted by the provider IF it is lower than the chosen price (NADAC, MAC, or WAC)
- 340B providers will be reimbursed at WAC minus 25%

CMS approval is pending for the above reimbursement methodology.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.700

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

WAC is the manufacturer's published catalog or list price for a drug product to wholesalers; NADAC is based on CMS's monthly surveys of retail pharmacies to determine average acquisition cost for covered outpatient drugs; and MAC is the maximum reimbursement for drugs set at a state level. MHD uses its electronic tools incorporating clinical and fiscal criteria derived from best practices and evidence-based medical information to adjudicate claims through clinical and fiscal edits, preferred drug list edits, and prior authorization.

Pharmacies doing business in Missouri are also assessed a provider tax. Funds from this tax are used to provide dispensing fee payments and to support MHD pharmacy payments. See the Pharmacy Reimbursement Allowance tab for more detail.

Rebate Program

The U.S. Congress created the Medicaid outpatient prescription drug rebate program when it enacted the Omnibus Budget Reconciliation Act (OBRA) '90. The goal of the program is to reduce the cost of outpatient prescription drugs by requiring drug manufacturers to pay a rebate directly to state Medicaid programs. The purpose of the program is to reduce the cost of prescription drugs without placing an undue burden on pharmacies. The intent of this rebate is to allow state and federal governments to receive price reductions similar to those received by other high volume purchasers of drugs.

OBRA '90 requires all drug manufacturers to enter into a drug rebate agreement with CMS before their product lines will be eligible for coverage by Medicaid. Currently, approximately 700 manufacturers have signed agreements with Centers for Medicare and Medicaid Services (CMS) and participate in the Drug Rebate Program. For MHD participants, approximately 570 manufacturers have products dispensed and invoiced quarterly. Once the drug manufacturer has entered into the agreement, the state Medicaid programs are required to provide coverage of the manufacturers' drug products. However, the state has the option of excluding certain categories of the manufacturer's products or requiring prior authorization for reimbursement of products. Manufacturers are required to calculate and make rebate payments to the state Medicaid agency for the manufacturers' covered outpatient drugs reimbursed by the state during each quarter. Manufacturers are to be invoiced no later than 60 days after the end of each calendar quarter and are required to make payment for the calculated drug rebate directly to the state Medicaid program within 38 days of invoicing.

The Affordable Care Act of 2010 provided enhancements to the Federal Drug Rebate requirements. Rebates are as follows:

- 23.1% of the Average Manufacturer Price (AMP) for single-source brand-name drugs
- 13% of AMP for multi-source generic drugs
- 17% of AMP for single-source generic drugs

The manufacturer may also be required to pay an additional rebate amount, based on a calculation related to the Consumer Price Index and price increases for a drug. Approximately 35% of the total rebates collected are used as a state share funding source rather than using General Revenue funds. Based on the FMAP rate, approximately 65% of the rebates collected are returned to the federal government.

In addition to the Federal Drug Rebate Program, MO HealthNet may negotiate additional discounts in the form of Supplemental Drug Rebates. Drug manufacturers may contract to pay National Drug Code (NDC)-specific Supplemental Drug Rebates as a condition for placement on the state's Preferred Drug List (PDL). MHD invoices and collects these rebates from manufacturers, along with the federal rebates, and submits the federal portion of the rebates to CMS while retaining the state share.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.700

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

Benefit Management and Cost Savings Tools

Clinical Management Services and System for Pharmacy Claims and Prior Authorization (CMSP)

Through a contract with Conduent (formerly Xerox), MHD operates an innovative electronic web-based clinical editing process for its point-of-sale pharmacy and medical claims, medical and drug prior authorization, and Drug Utilization Review (DUR) processes. The current CMSP claim processing system allows each claim to be referenced against the participant's claims history including pharmacy, medical, and procedural data (ICD-9/10 and CPT codes), providing real time data to participating MHD providers. For patients that meet approval criteria, the claim will be paid automatically. In instances when a phone call is necessary, the hotline call center is available seven days a week, which allows providers prompt access to a paid claim for the requested product or service. In addition to receiving messages regarding the outcome of the processing of claims and the amount to be reimbursed, pharmacy providers receive prospective drug use review alert messages at the time prescriptions are dispensed.

The contract with Conduent utilizes their CyberAccessSM tool to create integrated patient profiles containing prescription information, as well as patient diagnoses and procedure codes for a running 24 months of history. CyberAccessSM provides:

- Daily updated participant claims history profiles
- Identification of all drugs, procedures, related diagnoses and ordering providers from claims paid by MHD for a rolling 36 month period
- 3 years of Point of Service (POS) pharmacy claims refreshed every 10 minutes

Fiscal and Clinical Edits

Fiscal and Clinical Edits optimize the use of program funds and enhance patient care through improved use of pharmaceuticals. Since the implementation of the OBRA '90, education on the use of pharmaceuticals has been accomplished primarily through DUR. However, the prospective DUR alerts currently generated by the fiscal agent have been largely ignored by pharmacy providers as they are more general in nature and few are tied to claim reimbursement. Other third party payers have successfully utilized more extensive evidence based claims screening edits in an effort to control costs. These edits apply within MHD to achieve similar cost controls.

Point-of-Service Pharmacy

Claims are routed through Conduent's automated system to apply edits specifically designed to assure effective utilization of pharmaceuticals. The edits are founded on evidence-based clinical and nationally recognized expert consensus criteria. Claims will continue to be processed by Wipro, MHD's fiscal agent, for all other edits and final adjudication. After processing by Conduent and Wipro, the claim is sent back to the provider with a total processing time of approximately 10 seconds. Claims which are denied by the system edits will require an override from the existing help desk. Providers seeking an override must contact the help desk for approval, which will be granted if medically necessary.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.700

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

Preferred Drug List (PDL) Edits

The PDL utilizes information from various clinical sources, including the UMKC Drug Information Center (DIC), the Oregon Evidence-Based Drug Research Consortium, MHD clinical contractors, and MHD's clinical research team. Clinical information is paired with fiscal evaluation to develop a therapeutic class recommendation. The resulting PDL process incorporates clinical edits including step therapies into the prescription drug program. Clinical edits are designed to enhance patient care and optimize the use of program funds through therapeutically prudent use of pharmaceuticals. Pharmacy claims are routed through an automated computer system to apply edits specifically designed to ensure effective and appropriate drug utilization. The goal is to encourage cost effective therapy within the selected drug class.

Prior Authorization

Any covered outpatient drug can be subject to Prior Authorization (PA). Effective August 1, 1992, a PA process was implemented for certain specific drugs under the pharmacy program. In conjunction with MHD Advisory groups (see below), approval criteria are established with the minimum being approved FDA clinical indication. MHD may establish additional clinical and/or fiscal criteria for approval or denial. Drug PA requests are received via telephone, fax or mail. All requests for a drug PA must be initiated by a physician or authorized prescriber (advanced practice nurse) with prescribing authority for the drug category for which a PA is being requested. As specified in OBRA '90, drug PA programs must provide a response by telephone or other telecommunication device within 24 hours of receipt. All requests must include all required information. Requests received with insufficient information for review or received from someone other than a physician or authorized prescriber will not initiate a PA review nor the 24-hour response period. Drug PA requests received via telephone are keyed on-line and notification of approval will be given at the time of the call or by return fax or phone call. MHD technicians who staff this hotline work through algorithms developed by the Drug Prior Authorization Committee with the assistance of UMKC-DIC School of Pharmacy. These algorithms are sets of questions used to make a determination to approve or deny the request. Making the prior authorization determination on-line allows the PA file to be updated immediately. For approvals, the requestor will be given an authorization period. Pharmacies may record this information for this purpose as well.

Drug Utilization Review

This process is currently provided by Conduent and will be an extension of the current process with some enhancements. Under the new contract, this initiative will utilize the same database/computer system as the previously described components. This system uses a relational database capable of interfacing MHD paid claims history with flexible, high quality clinical evaluation criteria. The process is designed to identify high-risk drug use patterns among physicians, pharmacists, and beneficiaries, and to educate providers (prescribers and dispensers) in appropriate and cost-effective drug use. This process is capable of identifying providers prescribing and dispensing practices which deviate from defined standards, as well as generating provider profiles and ad hoc reports for specified provider and participant populations. The goal of the program is to maximize drug therapy and outcomes and optimize expenditures for health care.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.700

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

Board and Committee Support and Oversight

MHD operates both prospective and retrospective Drug Utilization Review (DUR) as required by federal and state law. The DUR program is focused on educating health care providers in the appropriate use of medications and informing them of potential drug therapy problems found in the review of drug and diagnostic information obtained from MHD claims history. The DUR Board is central to all DUR program activities, and its duties and membership requirements are specified in state and federal law. DUR Board members are appointed by the Governor with advice and consent of the Senate, and its 13 members include six physicians, six pharmacists, and one quality assurance nurse. In an ongoing process, the DUR Board reviews and makes changes to the clinical therapeutic criteria used to generate prospective and retrospective DUR interventions. The DUR Board also advises the division on other issues related to appropriate drug therapy and produces a quarterly newsletter for providers on selected drug topics. In addition to the Board, a Regional DUR Committee, comprised of physicians and pharmacists, evaluates individual participants' retrospective drug regimens and advises their providers on appropriate drug use or potentially problematic drug therapies. The MHD Drug Prior Authorization (PA) Committee is established in state regulation. This advisory committee is charged with reviewing drugs and recommending those drugs which are appropriate for reimbursement as a regular benefit versus those which should be placed on prior authorization status. All such recommendations made by the Drug PA Committee are referred to the DUR Board, as they are the statutorily-appointed advisory group for final recommendation to the division.

The Advisory Council on Rare Diseases and Personalized Medicine is established in state regulation. This board will serve as an expert advisory committee to the DUR board in regards to beneficiary access to drugs or biological products for rare diseases. The Advisory Council on Rare Diseases and Personalized Medicine members are appointed by the Director of the Department of Social Services, and members include 5 physicians, 2 medical researchers, 1 registered nurse, 1 pharmacist, 1 professor, 1 individual representing the rare disease community, 1 member of the rare disease foundation and 1 representative from a rare disease center within a comprehensive pediatric hospital. The DUR board shall request and consider information from the Advisory Council on Rare Diseases and Personalized Medicine when making recommendations or determinations regarding prior authorization and reauthorization criteria for rare disease drugs and other topics related to rare diseases.

Cost Containment Initiatives

As a result of new drugs, rapidly changing prescribing patterns and increased expenditures in the MHD fee-for-service pharmacy program, MHD continues to implement a number of administrative measures to ensure the economic and efficient provision of the MHD pharmacy benefit. These strategies have been developed through recommendations from a number of sources, including affected state agencies, provider groups, and the pharmaceutical industry. The intent of these initiatives is to ensure that MHD participants get the correct drug to meet their needs, in the correct amount, and for the correct period of time. Examples of some of the cost containment initiatives, processed through clinical management, include:

- Edits - Dose Optimization: Effective for dates of service on or after April 16, 2002, claims submitted to the MO HealthNet Pharmacy Program are subject to edits to identify claims for pharmacy services that fall outside expected patterns of use for certain products. Overrides to these edit denials can be processed through the Pharmacy hotline. Justification for utilization outside expected patterns, such as Food and Drug Administration (FDA) approved labeling, is required for approval of such an override.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.700

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

- Preferred Drug List (PDL): As a tool for containing costs, the PDL provides access to the most cost-effective drug therapy for specific drug categories. Preferred status on the PDL provides the state with Supplemental Rebates for selected name-brand and/or single-source drugs and lowers the net cost. See above for PDL details. MO HealthNet began the PDL in 2003.
- Diabetic Testing Supplies and Syringes: In December 2003, the MHD moved diabetic testing supplies and syringes from the Durable Medical Equipment (DME) program to the pharmacy program, and initiated a single source diabetic testing supply initiative, continuing to encourage patient blood glucose testing while minimizing state expenditures. In April 2005, the pharmacy program moved to a multi-source diabetic testing supplies initiative. Diabetic testing supply products and syringes are now available in preferred status from multiple manufacturers, providing greater participant choice and generating supplemental rebates to the state.
- Generic Incentives: Effective for dates of service January 1, 2010 and beyond, the MO HealthNet Pharmacy Program began paying pharmacy providers a generic product preferred incentive fee. MHD is having discussions with CMS regarding the level of generic incentive allowed under the January 1, 2016 final rule.
- Expanded Missouri Maximum Allowable Cost (MAC) list: The list of drugs for which the state agency has established a generic reimbursement limit will be monitored and expanded on a regular basis. A mechanism is in place to review existing MACs as well as identify new generic drugs for addition to this list as they become available. This optimizes generic utilization in the MHD program. Effective in June of 2009, MHD updated the MAC list to include specific specialty medications.
- Active Pharmaceutical Ingredients (API) and Excipients: An API is defined by 21 C.F.R. § 207.3(a)(4) as a bulk drug substance that “is represented for use in a drug and that, when used in the manufacturing, processing, or packaging of a drug, becomes an active ingredient or a finished dosage form of the drug.” An excipient is an inactive substance that forms a vehicle for the active ingredient in compounding. Effective September 1, 2017 MHD requires prior authorization (PA) on all compounded medications including an API and excipients. Requests for PA are reviewed on an individual patient basis and evaluated for medical necessity. Participant are required to use commercially available products if there are any available that are similar to the compounds being requested.
- Refill-Too-Soon: On February 21, 2018, the refill-too-soon (RTS) edit criteria went from 75% utilization to 85% utilization.
- Morphine-Milligram-Equivalent (MME): Effective May 1, 2018 the MO HealthNet Pharmacy Program implemented a MME Accumulation Clinical Edit. The edit will more accurately calculate the total MME daily dose from all concurrent opioid prescriptions for individual patients.
- New Drugs Review : Prior authorization is required for all new drug entities and new dosage forms, through existing drug entities that have been newly approved by the FDA and become available on the prescription drug market. First Data Bank is the publisher of proprietary pharmaceutical information and provides weekly updates to MHD covered medications, which are reviewed for medical and clinical criteria along with pharmaco-economic impact to the pharmacy program. Program staff recommend ongoing management (i.e. continue PA, PDL addition, clinical edit, or open access) of each new drug, which goes to the MO HealthNet advisory groups for approval and implementation. The new drug review process was updated in September of 2018.
- NADAC: On December 16, 2018 MHD changed drug reimbursement to the National Average Drug Acquisition Cost (NADAC) model. The NADAC files represent a national pricing methodology based upon a simple average of retail pharmacy acquisition costs for most covered outpatient drugs.
- Non-Traditional Pain Management: In FY19 MHD implemented a non-traditional pain management program which will use alternative treatments such as chiropractic services, physical therapy and acupuncture in lieu of prescribing opioids for pain.
- Enhanced Retrospective Drug Utilization: Enhanced retrospective drug utilization involves retroactively reviewing population-based patterns of drug use, to compare those patterns to approved therapeutic guidelines in order to determine the appropriateness of care, length of treatment, drug interaction, and other clinical issues.
- Provider Audits: Daily provider audits are performed by MHD/Wipro staff for the identification and resolution of potential recoupments.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.700

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

2a. Provide an activity measure for the program.

Top 10 Products Ranked By Paid Amount of FFS Claims						
Drug	4th Qtr (April, May, June) 2020			4th Qtr (April, May, June) 2019		
	Rank	Claims	Paid	Rank	Claims	Paid
PALIPERIDONE PALMITATE (Antipsychotic)	1	6,440	\$ 12,301,543	1	5,808	\$ 10,789,510
LURASIDONE HCL (Antipsychotic)	2	10,894	\$ 9,760,517	2	10,788	\$ 9,184,792
ADALIMUMAB (Immunosuppressive) (Humira)	3	1,600	\$ 9,749,863	3	1,518	\$ 8,497,161
METHYLPHENIDATE HCL (Stimulant)(Ritalin)	4	27,793	\$ 7,640,061	8	31,474	\$ 5,338,739
INSULIN GLARGINE,HUMAN RECOMBINANT ANALOG (Diabetes)	5	20,095	\$ 6,791,262	7	18,884	\$ 6,061,972
INSULIN ASPART (Diabetes)	6	13,503	\$ 6,741,216	9	12,082	\$ 5,052,385
SOMATROPIN (Growth Hormone)	7	1,447	\$ 6,654,002	5	1,368	\$ 6,321,669
ALBUTEROL SULFATE (Bronchodilator, Asthma)	8	96,120	\$ 5,921,652	6	103,879	\$ 6,213,828
TRIKAFTA (Cystic Fibrosis)	9	272	\$ 5,581,999			
BUDESONIDE/FORMOTEROL FUMARATE(Asthma/COPD)	10	21,654	\$ 5,476,605			
SOFOSBUVIR/VELPATASVIR (Hepatitis C) (Epclusa)				4	305	\$ 6,829,547
LISDEXAMFETAMINE DIMESYLATE (ADHD)				10	17,633	\$ 5,012,966
TOTAL			\$ 76,618,720			\$ 69,302,569

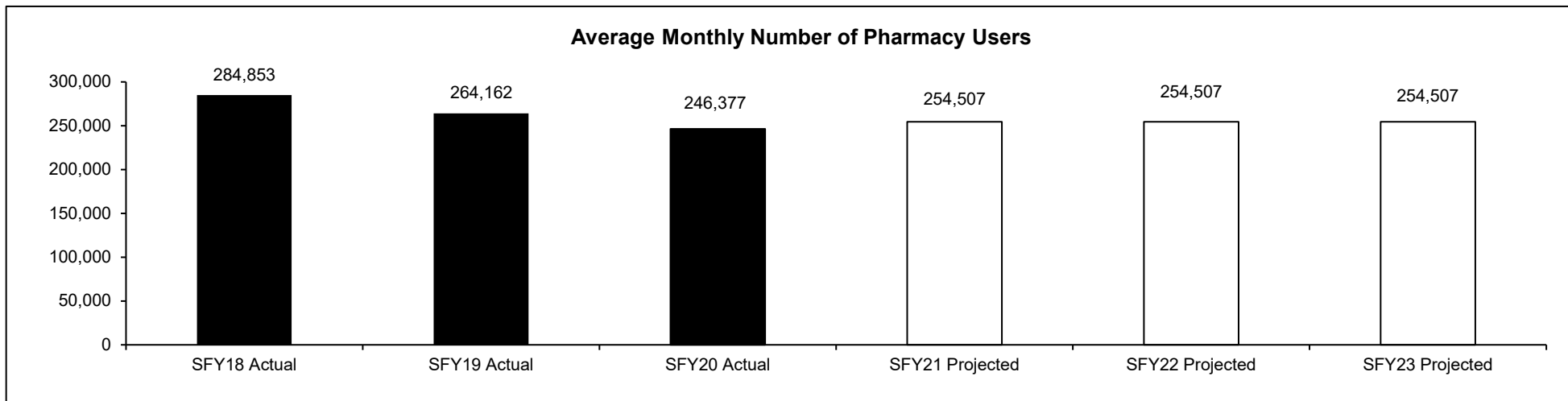
PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.700

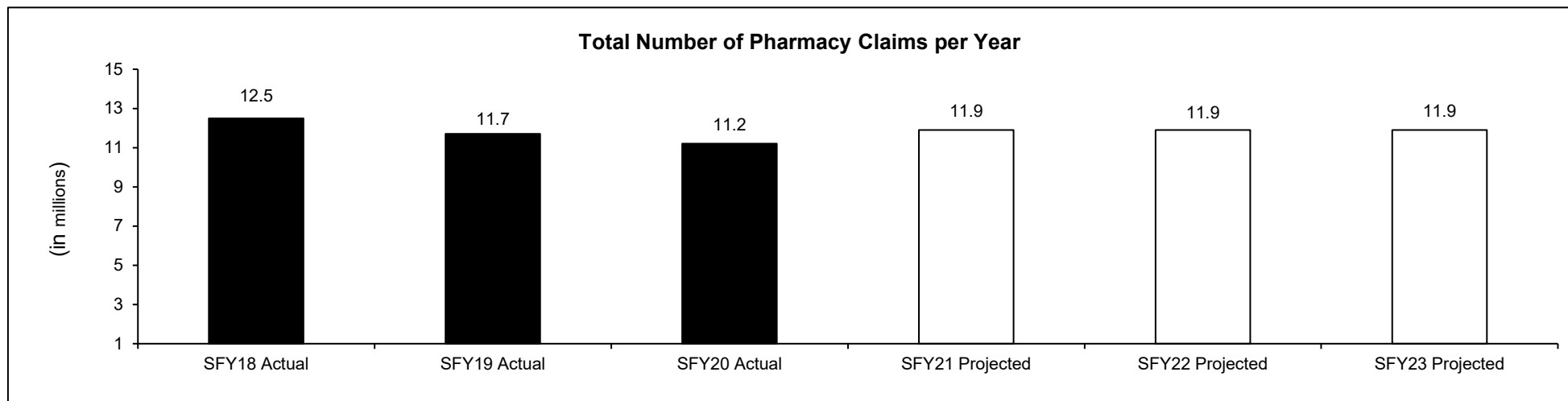
Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy



*FY20 number of Pharmacy users was lower due to COVID-19

Future projections are based on eligibility requirements as of 7/1/20.



Future projections are based on eligibility requirements as of 7/1/20.

PROGRAM DESCRIPTION

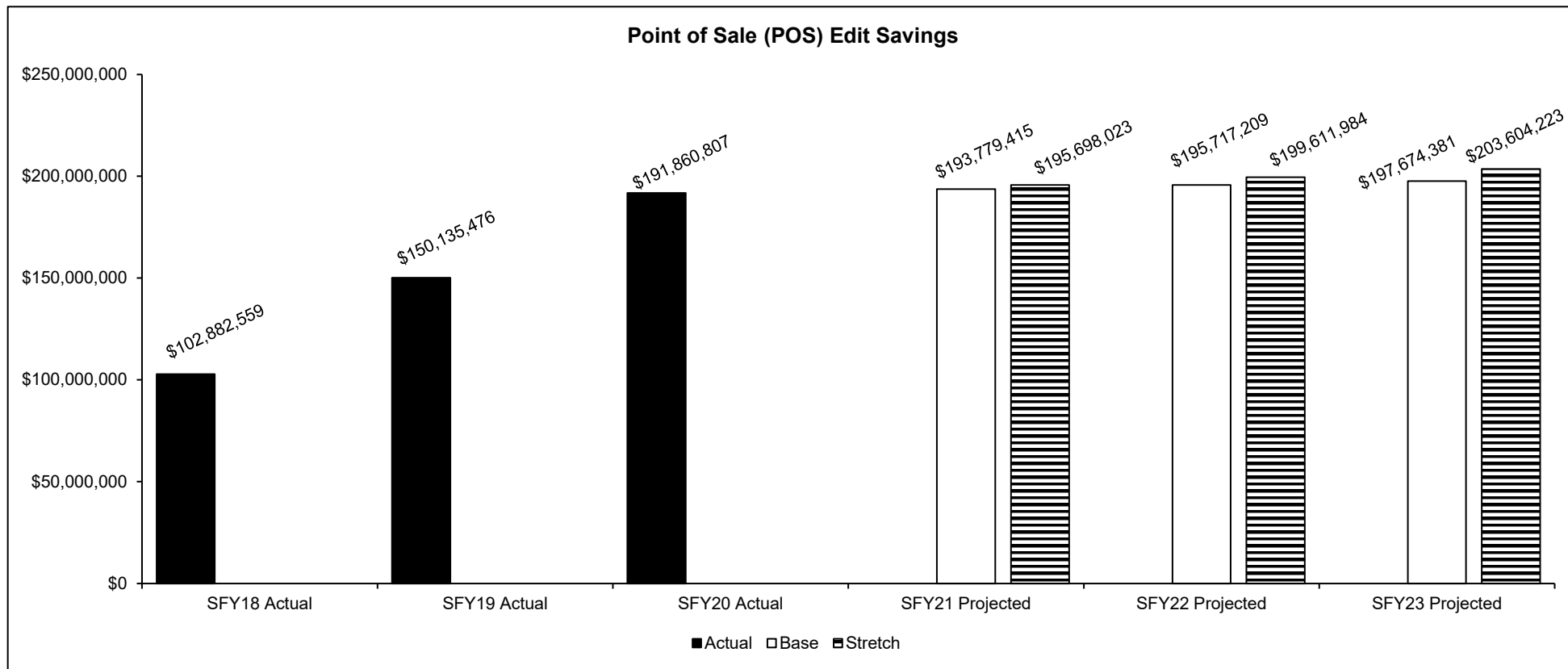
Department: Social Services

HB Section(s): 11.700

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

2b. Provide a measure of the program's quality.



Savings from denied pharmacy claims as a result of SmartPA edits.

PROGRAM DESCRIPTION

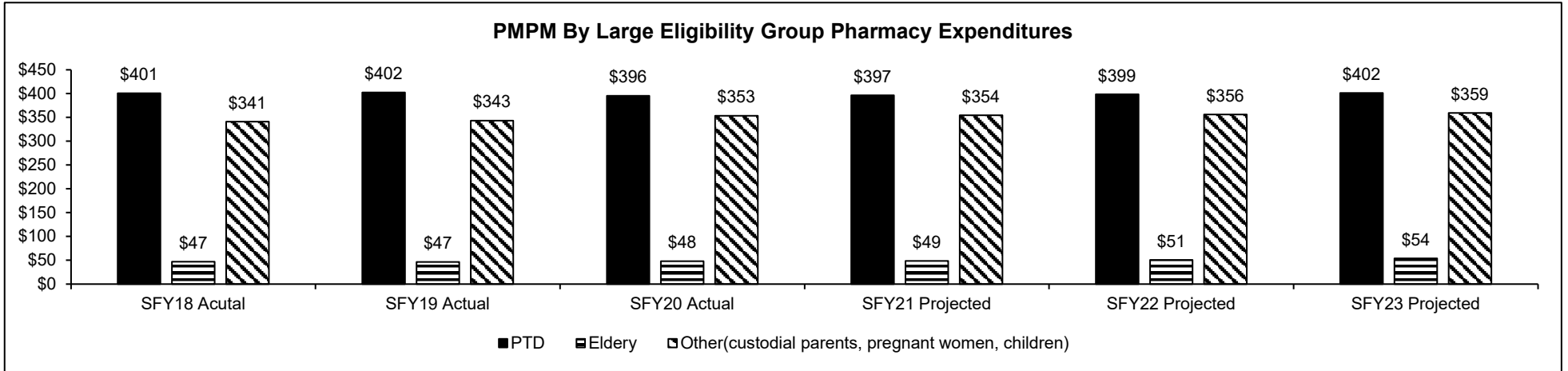
Department: Social Services

HB Section(s): 11.700

Program Name: Pharmacy

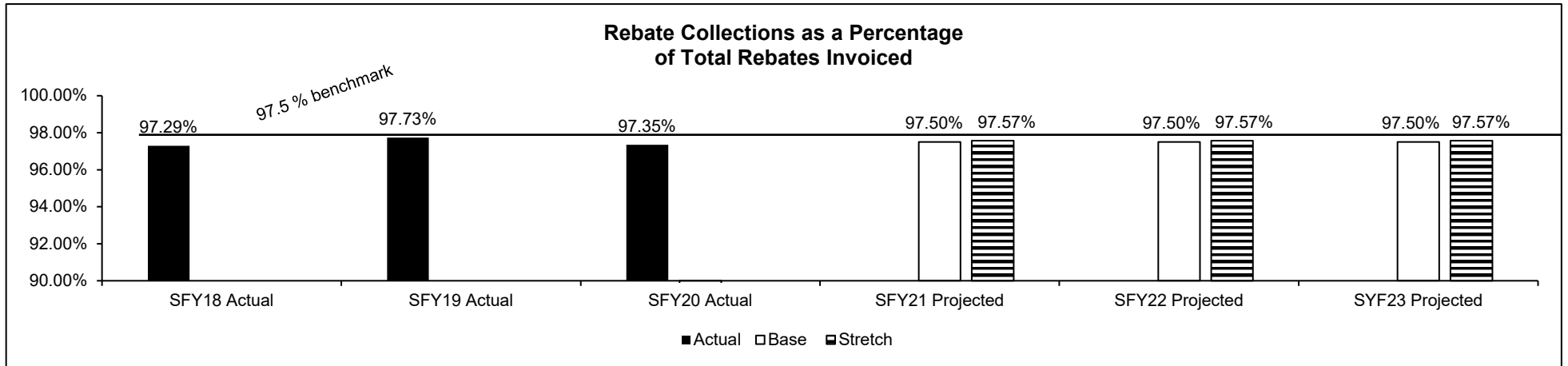
Program is found in the following core budget(s): Pharmacy

2c. Provide a measure of the program's impact.



Future projections are based on eligibility requirements as of 7/1/20.

2d. Provide a measure of the program's efficiency.



As measured June 1 of each fiscal year. The benchmark is set at 97.5%, and is the average of SFY19 and SFY20.

PROGRAM DESCRIPTION

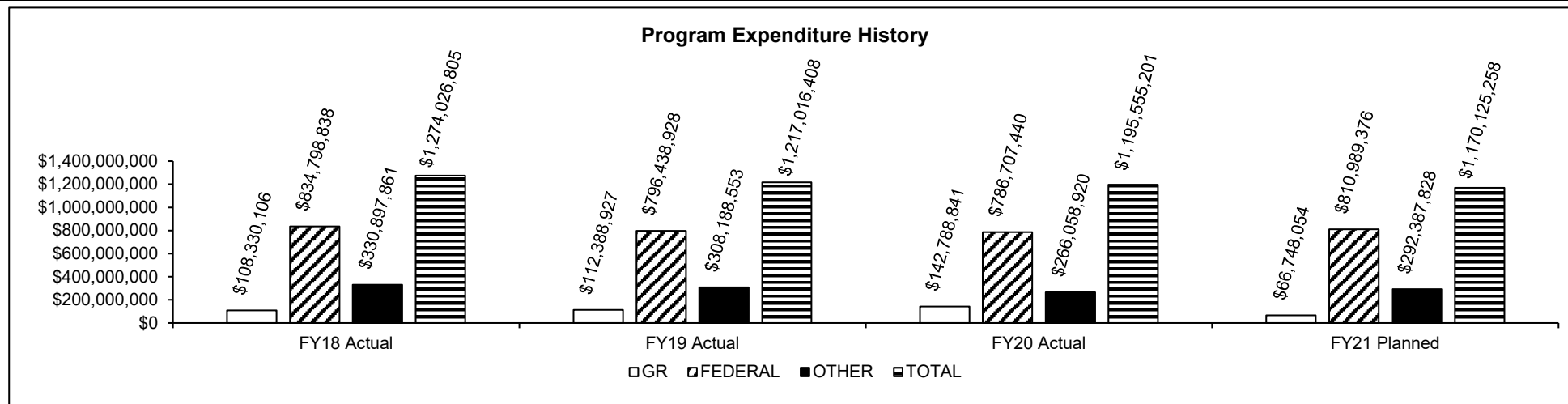
Department: Social Services

HB Section(s): 11.700

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of restricted, reverted and reserves.

4. What are the sources of the "Other " funds?

Pharmacy Reimbursement Allowance Fund (0144), Pharmacy Rebates Fund (0114), Health Initiatives Fund (0275), Third Party Liability Fund (0120), Premium Fund (0885), and Life Sciences Research Trust Fund (0763).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Missouri Statute: Sections 208.152 and 208.166, RSMo. Federal law: Social Security Act Section 1902(a)(12). State regulation: 13 CSR 70-20. Federal regulation: 42 CFR 440.120.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes, pharmacy services are mandatory for children if identified as medically necessary health services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. This program is not federally mandated for adults.

**NDI - Pharmacy PMPM
Increase Specialty**

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: Pharmacy Specialty PMPM

Budget Unit: 90541C

DI# 1886011

HB Section: 11.700

1. AMOUNT OF REQUEST

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	23,980,914	44,592,030	0	68,572,944
TRF	0	0	0	0
Total	23,980,914	44,592,030	0	68,572,944

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/>	New Legislation	<input type="checkbox"/>	New Program	<input type="checkbox"/>	Fund Switch
<input type="checkbox"/>	Federal Mandate	<input type="checkbox"/>	Program Expansion	<input type="checkbox"/>	Cost to Continue
<input type="checkbox"/>	GR Pick-Up	<input type="checkbox"/>	Space Request	<input type="checkbox"/>	Equipment Replacement
<input type="checkbox"/>	Pay Plan	<input checked="" type="checkbox"/>	Other: Inflation/Utilization		

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Funds are needed to address the anticipated increases in the pharmacy program due to new drugs, therapies, and inflation.

This decision item requests funding for the ongoing inflation of pharmaceuticals and the anticipated increase in pharmacy expenditures attributed to specialty drugs. Specialty drugs account for the majority of the projected increase in pharmacy expenditures.

State statute: Section 208.201, RSMo. Federal Law: Social Security Act Section 1902(a)(4). Federal Regulations: 42 CFR, Part 432.

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Pharmacy Specialty PMPM

DI# 1886011

Budget Unit: 90541C

HB Section: 11.700

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

MHD utilized the Mercer Trend Report in support of the decision item.

Specialty drugs, which account for the majority of the projected increase in pharmacy expenditures, treat complex chronic and/or life threatening conditions. Drugs are considered specialty drugs within MHD if the prescription cost is \$600 or more. Specialty drugs are often the first effective treatment of a condition. Many specialty products face little market competition and target a small patient population, which results in a high cost per unit. Most specialty products are complex “biologics” and are not easily copied; making introduction of generics a long, slow process. Typically, specialty drugs require special storage, handling, and administration. They may also require detailed patient instructions and adherence monitoring by qualified healthcare providers. Additionally, there is generally pent up demand for a new specialty drug, making the first few years of use very expensive.

Gene therapies in the pipeline with estimated approval dates between 2020 and early 2022, each with a potential price tag of millions of dollars per treatment.

Highlights for Gene Therapies are:

Zynteglo - gene therapy for transfusion-dependent beta thalassemia to reduce the need for blood transfusions.

Spinal Muscular Atrophy (SMA) - to prevent further muscular degradation.

Hemophilia - to reduce or eliminate the need for blood factor replacement.

Duchenne Muscular Dystrophy (DMD) - to prevent muscular cell deterioration.

Mercer indicates that overall annual spending on drugs is forecasted to increase 4% to 6% between CY 2019 and CY 2020 and increase 5.0% to 7.0% between CY 2020 and CY 2021. MHD expended 55.4% of all pharmacy costs on specialty drugs in FY18, 59.0% in FY19, 61.0% in FY20 but is expected to grow to in FY21. The difference in the specialty rates between MHD and the commercial market is due to the MHD caseload mix.

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Pharmacy Specialty PMPM

Budget Unit: 90541C

DI# 1886011

HB Section: 11.700

Specialty Drugs	
FY21 Trend	3.959%
FY22 Trend	8.882%

	<u>OAA</u> <u>Specialty</u>	<u>PTD</u> <u>Specialty</u>	<u>Others</u> <u>Specialty</u>	<u>Total</u>
FY20 PMPM	\$295.00	\$652.77	\$65.37	
Specialty Rate	61.00%	61.00%	61.00%	
Subtotal	\$179.95	\$398.19	\$39.88	
FY21 PMPM Trend Rate	3.959%	3.959%	3.959%	
Increase in PMPM	\$7.12	\$15.77	\$1.58	
FY21 Estimate	\$187.07	\$413.96	\$41.46	
FY22 PMPM Trend Rate	8.882%	8.882%	8.882%	
FY22 Estimate	\$16.62	\$36.77	\$3.68	
Members	12,545	86,638	630,504	
Monthly Cost	\$208,492	\$3,185,665	\$2,320,255	
12 Months	12	12	12	
Yearly Cost	\$2,501,904	\$38,227,980	\$27,843,060	\$68,572,944

Pharmacy expenditures by program:

	<u>FMAP</u>	<u>Total</u>	<u>GR</u>	<u>FF</u>
State Medical		\$153,308	\$153,308	\$0
1115 Waiver-Child	75.47%	\$1,395,188	\$342,240	\$1,052,948
Pharmacy	64.96%	\$66,950,634	\$23,459,502	\$43,491,132
SMHB		\$73,814	\$25,864	\$47,950
		\$68,572,944	\$23,980,914	\$44,592,030

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: Pharmacy Specialty PMPM

DI# 1886011

Budget Unit: 90541C

HB Section: 11.700

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PSD	<u>23,980,914</u>		<u>44,592,030</u>		<u>0</u>		<u>68,572,944</u>		<u>0</u>
Grand Total	23,980,914	0.0	44,592,030	0.0	0	0.0	68,572,944	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Pharmacy Specialty PMPM

DI# 1886011

Budget Unit: 90541C
HB Section: 11.700

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

Please see the Pharmacy core section for performance measures.

6b. Provide a measure of the program's quality.

Please see the Pharmacy core section for performance measures.

6c. Provide a measure of the program's impact.

Please see the Pharmacy core section for performance measures.

6d. Provide a measure of the program's efficiency

Please see the Pharmacy core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY								
Pharmacy Specialty PMPM - 1886011								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	68,572,944	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	68,572,944	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$68,572,944	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$23,980,914	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$44,592,030	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

**NDI - Pharmacy PMPM
Increase Non-Specialty**

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: Pharmacy PMPM Increase-Non-Specialty

DI# 1886012

Budget Unit 90541C
 HB Section 11.700

1. AMOUNT OF REQUEST

	FY 2021 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	1,614,169	3,024,275	0	4,638,444
TRF	0	0	0	0
Total	1,614,169	3,024,275	0	4,638,444
FTE	0.00	0.00	0.00	0.00

	FY 2021 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Inflation/Utilization	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Funds are needed to address the anticipated increases in the pharmacy program due to new drugs, therapies, and inflation.

This decision item requests funding for the ongoing inflation of pharmaceuticals and the anticipated increase in pharmacy expenditures attributed to non-specialty drugs.

State statute: Section 208.201, RSMo; Federal Law: Social Security Act Section 1902(a)(4); Federal Regulations: 42 CFR, Part 432

NEW DECISION ITEM

Department: Social Services

Budget Unit 90541C, 90554C, 90556C, 90573C

Division: MO HealthNet

DI Name: Pharmacy PMPM Increase-Non-Specialty **DI# 1886012**

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

MHD utilized the Mercer Trend Report in support of the decision item.

Non-specialty drugs are generally drugs that are not used to treat complex, chronic conditions; do not require special administration, handling, or distribution; do not require monitoring of therapy to determine effectiveness and/or side effects; or have per-member-per-month (PMPM) costs below \$600.

Non-specialty drugs are expected to have modest increases over the next few years. Diabetes is a significant driver of increases in both utilization and cost.

Mercer indicates that overall annual spending on the non-specialty trend is forecasted to increase 1.0% to 2.0% between CY20 and CY21. The percent of Non-specialty in the MHD expenditure has been 44.6% for FY18, 41.0% in FY19, and 39.0% in FY20. Based on the industry source, MHD assumes no non-specialty trend in FY20, 3.96% in FY21 and 1.00% in FY22.

NEW DECISION ITEM

Department: Social Services

Budget Unit 90541C, 90554C, 90556C, 90573C

Division: MO HealthNet

DI Name: Pharmacy PMPM Increase-Non-Specialty **DI# 1886012**

Non-Specialty Drugs	
FY20 Trend	0.000%
FY21 Trend	3.960%
FY22 Trend	1.000%

	<u>OAA</u> <u>Non Specialty</u>	<u>PTD</u> <u>Non Specialty</u>	<u>Others</u> <u>Non Specialty</u>	<u>Total</u>
FY20 PMPM	\$295.00	\$652.77	\$65.37	
Non Specialty Rate	36.58%	36.58%	36.58%	
Subtotal	\$107.91	\$238.78	\$23.91	
FY21 PMPM Trend	3.96%	3.96%	3.96%	
Increase in PMPM	\$4.27	\$9.45	\$0.95	
FY21 Estimate	\$112.18	\$248.23	\$24.86	
FY22 PMPM Trend	1.00%	1.00%	1.00%	
FY22 Estimate	\$1.12	\$2.48	\$0.25	
Members	12,545	86,638	630,504	
Monthly Cost	\$14,050	\$214,861	\$157,626	
12 Months	12	12	12	
Yearly Cost	\$168,600	\$2,578,332	\$1,891,512	\$4,638,444

Pharmacy expenditures by program:

	<u>FMAPs</u>	<u>Total</u>	<u>GR</u>	<u>FF</u>
Blind Pension Medical	0%	\$10,370	\$10,370	\$0
CHIP	75.593%	\$94,374	\$23,034	\$71,340
Pharmacy	65.133%	\$4,533,700	\$1,580,765	\$2,952,935
		\$4,638,444	\$1,614,169	\$3,024,275

NEW DECISION ITEM

Department: Social Services

Budget Unit 90541C, 90554C, 90556C, 90573C

Division: MO HealthNet

DI Name: Pharmacy PMPM Increase-Non-Specialty **DI# 1886012**

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.										
Budget Object Class/Job Class	Dept Req	GR	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req
	DOLLARS		FTE	FED	FTE	OTHER	OTHER	TOTAL	TOTAL	One-Time
				DOLLARS		DOLLARS	FTE	DOLLARS	FTE	DOLLARS
Program Distributions	1,614,169			3,024,275				4,638,444		
Total PSD	1,614,169			3,024,275		0		4,638,444		0
Grand Total	1,614,169		0.0	3,024,275		0.0		4,638,444	0.0	0

NEW DECISION ITEM

Department: Social Services

90541C

Division: MO HealthNet

DI Name: Pharmacy PMPM Increase-Non-Specialty

DI# 1886012

11.7

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

Please see the Pharmacy core section for performance measures.

6b. Provide a measure of the program's quality.

Please see the Pharmacy core section for performance measures.

6c. Provide a measure of the program's impact.

Please see the Pharmacy core section for performance measures.

6d. Provide a measure of the program's efficiency

Please see the Pharmacy core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY								
Pharmacy Non-Specialty PMPM In - 1886012								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	4,638,444	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	4,638,444	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$4,638,444	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,614,169	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$3,024,275	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

**Core - Pharmacy -
Medicare
Part D Clawback**

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Pharmacy Clawback

Budget Unit: 90543C

HB Section: 11.700

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	230,978,651	0	0	230,978,651
TRF	0	0	0	0
Total	230,978,651	0	0	230,978,651

FTE **0.00** **0.00** **0.00** **0.00**

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other funds: N/A

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE **0.00** **0.00** **0.00** **0.00**

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other funds:

2. CORE DESCRIPTION

This core request is for the continued funding of the Medicare Part D Clawback. Clawback refers to that portion of the Medicare Prescription Drug Act which requires states to pay Medicare a portion of the cost of Part D drugs attributable to what would have been paid for by the state absent the Part D drug benefit.

3. PROGRAM LISTING (list programs included in this core funding)

Pharmacy Clawback

CORE DECISION ITEM

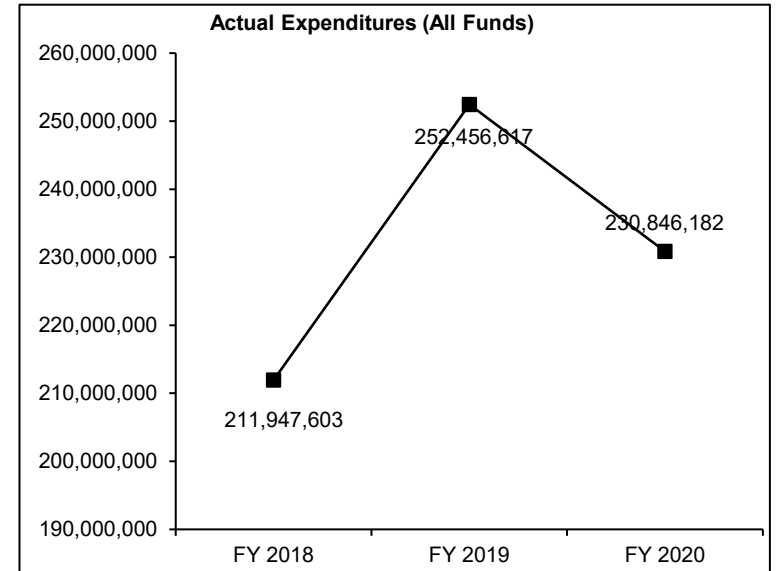
Department: Social Services
Division: MO HealthNet
Core: Pharmacy Clawback

Budget Unit: 90543C

HB Section: 11.700

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	211,947,603	252,456,617	330,978,651	230,978,651
Less Reverted (All Funds)	0	0	0	0
Budget Authority (All Funds)	211,947,603	252,456,617	330,978,651	230,978,651
Actual Expenditures (All Funds)	211,947,603	252,456,617	230,846,182	N/A
Unexpended (All Funds)	0	0	100,132,469	N/A
Unexpended, by Fund:				
General Revenue	0	0	74,253,639	N/A
Federal	0	0	25,608,830	N/A
Other	0	0	0	N/A
	(1)	(2)		



Reverted includes the statutory three-percent reserve amount (when applicable).

Restricted includes any Governor's Expenditure Restrictions which remained at the end of the fiscal year (when applicable).

NOTES:

(1) FY18 - \$16,428,728 was used as flex to cover other program expenditures.

(2) FY19 - \$6,778,796 was brought in as flex

CORE RECONCILIATION DETAIL

STATE
PHARMACY-MED PART D-CLAWBACK

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	230,978,651	0	0	230,978,651	
	Total	0.00	230,978,651	0	0	230,978,651	
DEPARTMENT CORE REQUEST							
	PD	0.00	230,978,651	0	0	230,978,651	
	Total	0.00	230,978,651	0	0	230,978,651	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	230,978,651	0	0	230,978,651	
	Total	0.00	230,978,651	0	0	230,978,651	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
PHARMACY-MED PART D-CLAWBACK									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	156,455,012	0.00	230,978,651	0.00	230,978,651	0.00	0	0.00	
FMAP ENHANCEMENT FUND	74,391,170	0.00	0	0.00	0	0.00	0	0.00	
TOTAL - PD	230,846,182	0.00	230,978,651	0.00	230,978,651	0.00	0	0.00	
TOTAL	230,846,182	0.00	230,978,651	0.00	230,978,651	0.00	0	0.00	
GRAND TOTAL	\$230,846,182	0.00	\$230,978,651	0.00	\$230,978,651	0.00	\$0	0.00	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90543C BUDGET UNIT NAME: Medicare Part D "Clawback" HOUSE BILL SECTION: 11.700	DEPARTMENT: Social Services DIVISION: MO HealthNet
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

DEPARTMENT REQUEST

Total \$230,978,651	% Flex 0.25%	Flex Amount \$577,447	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.
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2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	HB11 language allows up to .25% flexibility between 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.	.25% flexibility is being requested for FY22

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90543C BUDGET UNIT NAME: Medicare Part D "Clawback" HOUSE BILL SECTION: 11.700	DEPARTMENT: Social Services DIVISION: MO HealthNet
---	---

1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

DEPARTMENT REQUEST

Total \$230,978,651	% Flex 10%	Flex Amount \$23,097,865	Not more than ten percent (10%) flexibility is requested between sections 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.
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2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	HB11 language allows up to 10% flexibility between 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.	10% flexibility is being requested for FY22

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY-MED PART D-CLAWBACK								
CORE								
PROGRAM DISTRIBUTIONS	230,846,182	0.00	230,978,651	0.00	230,978,651	0.00	0	0.00
TOTAL - PD	230,846,182	0.00	230,978,651	0.00	230,978,651	0.00	0	0.00
GRAND TOTAL	\$230,846,182	0.00	\$230,978,651	0.00	\$230,978,651	0.00	\$0	0.00
GENERAL REVENUE	\$156,455,012	0.00	\$230,978,651	0.00	\$230,978,651	0.00		0.00
FEDERAL FUNDS	\$74,391,170	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.700

Program Name: Pharmacy Clawback

Program is found in the following core budget(s): Pharmacy Clawback

1a. What strategic priority does this program address?

Access to safe and effective medications

1b. What does this program do?

The Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 required that all individuals who are eligible for both Medicare and Medicaid, also known as dual eligibles, receive their prescription drugs through the Medicare Part D program. This change resulted in a significant shift in benefits for elderly and disabled dual eligible participants because they receive their drugs through a prescription drug plan (PDP) rather than through the state's MO HealthNet program. States are required to make a monthly payment to the federal government in lieu of the money that the states would have spent on providing prescription drugs to participants in the MO HealthNet program.

The federal government refers to this payment as the Phased-Down State Contribution, also referred to as Clawback. This Clawback payment is a funding source for the Medicare Part D program.

PAYMENT METHODOLOGY

The Clawback consists of a monthly calculation based on the combination of (a) the state's per capita spending on prescription drugs in 2003, (b) the state's federal Medicaid match rate, (c) the number of dual eligibles residing in the state, and (d) a Phase-Down percentage of state savings to be returned to the federal government, which began with 90% in CY 2006 and phased down to the current floor of 75% in CY 2015. The Clawback rate for each state, as identified by the Centers for Medicare and Medicaid Services (CMS), is multiplied by the number of dual eligibles in each state in order to determine the monthly payment due. The Clawback assessment is paid one month in arrears.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.700

Program Name: Pharmacy Clawback

Program is found in the following core budget(s): Pharmacy Clawback

Rate History

Below is a chart showing the historical rates MO HealthNet paid to the federal government. Rates are adjusted each January by CMS, and adjusted again in October to account for changes in Missouri Federal Medical Assistance Percentages (FMAP) rates. In October CMS announces rates for the following January through September time period, and announces the FMAP-adjusted rates once FMAP rates are finalized.

	Clawback Rate	Change
Oct-Dec 21	\$152.69	(\$1.67)
Jan-Sept 21	\$154.36	\$4.27
Oct-Dec 20	\$150.09	\$29.51
Jan-Sept 20	\$120.58	(\$19.27)
Oct-Dec 19	\$139.85	(\$1.01)
Jan-Sept 19	\$140.86	\$2.68
Oct-Dec 18	\$138.18	(\$3.16)
Jan-Sept 18	\$141.34	\$1.71
Oct-Dec 17	\$139.63	(\$5.53)
Jan-Sept 17	\$145.16	\$15.47
Oct-Dec 16	\$129.69	\$0.25
Jan-Sept 16	\$129.44	\$13.47
Oct-Dec 15	\$115.97	\$0.54
Jan-Sept 15	\$115.43	\$1.58

The rate was adjusted at the federal level due to Covid-19.

This program is exempt from performance measures as it is a mandated payment to the federal government.

PROGRAM DESCRIPTION

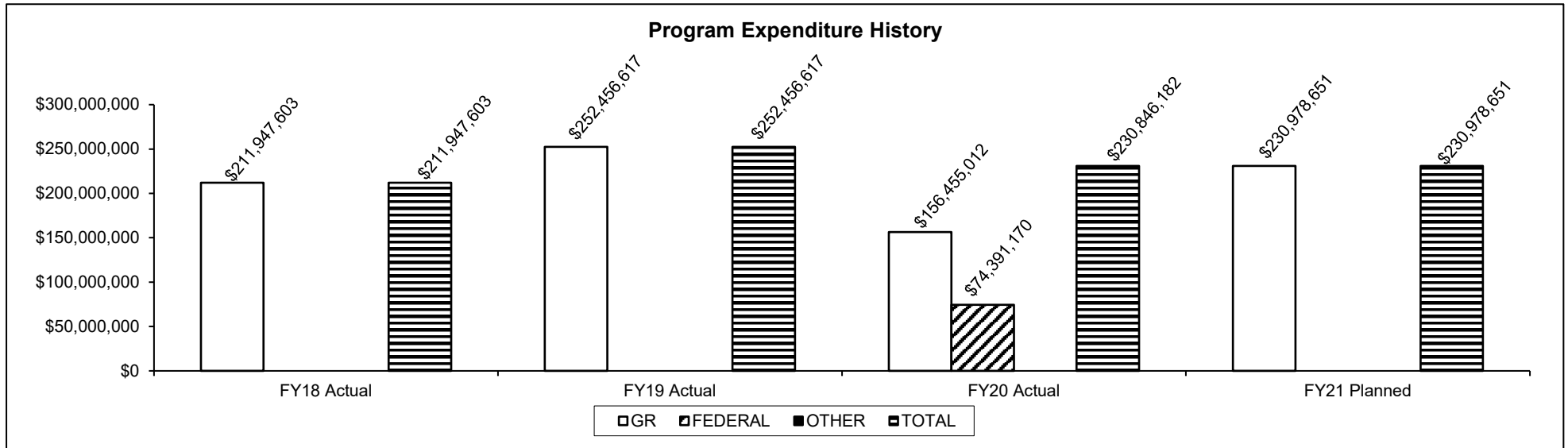
Department: Social Services

HB Section(s): 11.700

Program Name: Pharmacy Clawback

Program is found in the following core budget(s): Pharmacy Clawback

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of reverted and reserves.

4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal law: Medicare Prescription Drug Improvement and Modernization Act (MMA) of 2003, P.L. 108-173.

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

Yes. All States, including Missouri, are required to make a monthly payment to the federal government to re-direct the money that the states would have spent on providing prescription drugs to participants in MO HealthNet.

Core - Enhanced FMAP

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Enhanced FMAP

Budget Unit 90531C
 HB Section 11.702

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE **0.00 0.00 0.00 0.00**

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE **0.00 0.00 0.00 0.00**

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

Funds transferred out of the State Treasury to the Federal Budget Stabilization Fund and/or the General Revenue Fund.

3. PROGRAM LISTING (list programs included in this core funding)

N/A

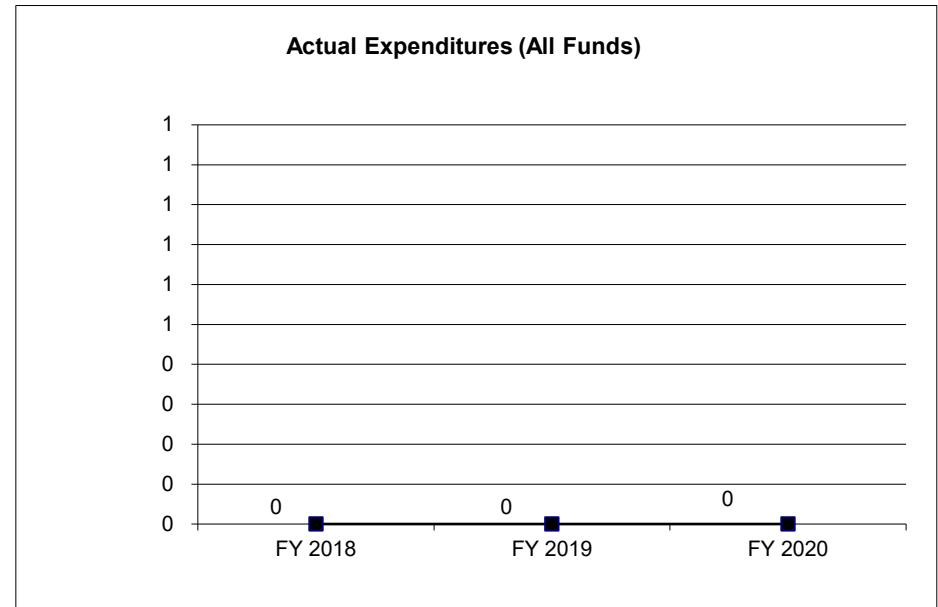
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Enhanced FMAP

Budget Unit 90531C
HB Section 11.702

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	0	0	0	158,000,000
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	0	0	0	158,000,000
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	0	0	0	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A
				(1)



Reverted includes the statutory three-percent reserve amount (when applicable).

Restricted includes any Governor's Expenditure Restrictions which remained at the end of the fiscal year (when applicable).

NOTES:

(1) - This one-time transfer was appropriated in FY2021.

CORE RECONCILIATION DETAIL

STATE
ENHANCED FMAP TRANSFER

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	158,000,000	0	158,000,000	
	Total	0.00	0	158,000,000	0	158,000,000	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	394 T515 TRF	0.00	0	(158,000,000)	0	(158,000,000)	Core reduction of one-time funding.
	NET DEPARTMENT CHANGES	0.00	0	(158,000,000)	0	(158,000,000)	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	0	0	
	Total	0.00	0	0	0	0	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	0	0	
	Total	0.00	0	0	0	0	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
ENHANCED FMAP TRANSFER								
CORE								
FUND TRANSFERS								
FMAP ENHANCEMENT FUND	0	0.00	158,000,000	0.00	0	0.00	0	0.00
TOTAL - TRF	0	0.00	158,000,000	0.00	0	0.00	0	0.00
TOTAL	0	0.00	158,000,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$158,000,000	0.00	\$0	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
ENHANCED FMAP TRANSFER								
CORE								
TRANSFERS OUT	0	0.00	158,000,000	0.00	0	0.00	0	0.00
TOTAL - TRF	0	0.00	158,000,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$158,000,000	0.00	\$0	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$158,000,000	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Core - Missouri RX Plan

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Missouri Rx Plan

Budget Unit: 90538C

HB Section: 11.705

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	3,054,059	0	2,788,774	5,842,833
TRF	0	0	0	0
Total	3,054,059	0	2,788,774	5,842,833
FTE	0.00	0.00	0.00	0.00

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Missouri Rx Plan Fund (0779) - \$2,788,774

Other Funds:

2. CORE DESCRIPTION

The Missouri Rx Plan (MORx) provides pharmaceutical assistance to Medicare/Medicaid dual eligibles. MORx facilitates coordination of benefits between the MORx plan and the federal Medicare Part D drug benefit program established by the Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA), P.L. 108-173, and enrolls individuals in the program.

3. PROGRAM LISTING (list programs included in this core funding)

Missouri Rx Plan

CORE DECISION ITEM

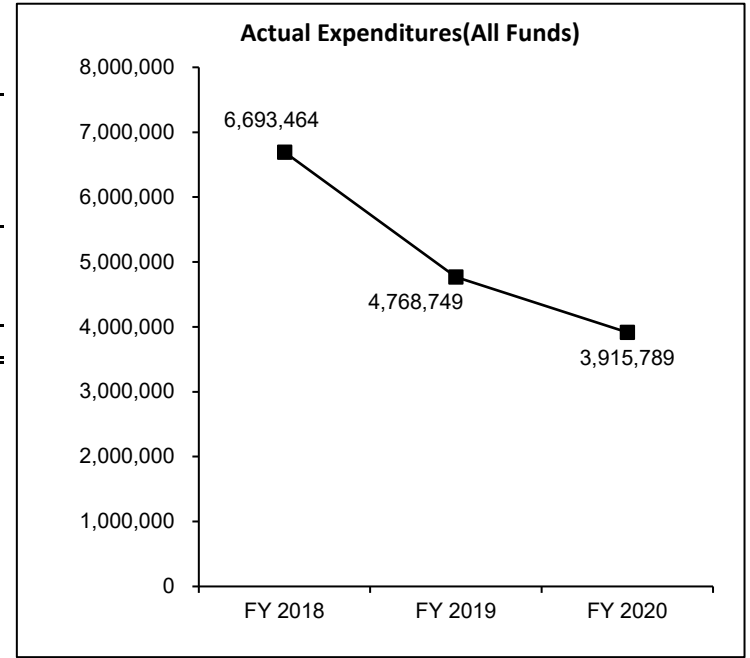
Department: Social Services
Division: MO HealthNet
Core: Missouri Rx Plan

Budget Unit: 90538C

HB Section: 11.705

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	11,562,803	11,370,890	5,860,516	5,842,833
Less Reverted (All Funds)	(207,224)	(201,467)	(91,183)	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	11,355,579	11,169,423	5,769,333	5,842,833
Actual Expenditures (All Funds)	6,693,464	4,768,749	3,915,789	N/A
Unexpended (All Funds)	4,662,115	6,400,674	1,853,544	N/A
Unexpended, by Fund:				
General Revenue	4,662,115	4,534,122	321,076	N/A
Federal	0	0	0	N/A
Other	0	1,866,552	1,532,468	N/A
	(1)	(2)	(3)	



Reverted includes the statutory three-percent reserve amount (when applicable).

Restricted includes any Governor's Expenditure Restrictions which remained at the end of the fiscal year (when applicable).

NOTES:

(1) FY18 - \$3,932,584 agency reserve in GR due to estimated lapse. There was change in eligibility in FY18 that limited MO Rx to individuals who were Medicaid and Medicare (dual) eligible only.

(2) FY19 - \$3,676,125 agency reserve in GR due to estimated lapse.

(3) FY20 - \$24,968 agency reserve in GR due to estimated lapse. \$1,407,581 agency reserve in MORx fund (0779) due to estimated lapse.

CORE RECONCILIATION DETAIL

STATE
MISSOURI RX PLAN

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	3,054,059	0	2,788,774	5,842,833	
	Total	0.00	3,054,059	0	2,788,774	5,842,833	
DEPARTMENT CORE REQUEST							
	PD	0.00	3,054,059	0	2,788,774	5,842,833	
	Total	0.00	3,054,059	0	2,788,774	5,842,833	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	3,054,059	0	2,788,774	5,842,833	
	Total	0.00	3,054,059	0	2,788,774	5,842,833	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
MISSOURI RX PLAN									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	2,659,483	0.00	3,054,059	0.00	3,054,059	0.00	0	0.00	
MISSOURI RX PLAN FUND	1,256,306	0.00	2,788,774	0.00	2,788,774	0.00	0	0.00	
TOTAL - PD	3,915,789	0.00	5,842,833	0.00	5,842,833	0.00	0	0.00	
TOTAL	3,915,789	0.00	5,842,833	0.00	5,842,833	0.00	0	0.00	
MHD CTC - 1886002									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	902,700	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	902,700	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	902,700	0.00	0	0.00	
GRAND TOTAL	\$3,915,789	0.00	\$5,842,833	0.00	\$6,745,533	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MISSOURI RX PLAN								
CORE								
PROGRAM DISTRIBUTIONS	3,915,789	0.00	5,842,833	0.00	5,842,833	0.00	0	0.00
TOTAL - PD	3,915,789	0.00	5,842,833	0.00	5,842,833	0.00	0	0.00
GRAND TOTAL	\$3,915,789	0.00	\$5,842,833	0.00	\$5,842,833	0.00	\$0	0.00
GENERAL REVENUE	\$2,659,483	0.00	\$3,054,059	0.00	\$3,054,059	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$1,256,306	0.00	\$2,788,774	0.00	\$2,788,774	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.705

Program Name: Missouri Rx Plan

Program is found in the following core budget(s): Missouri Rx Plan

1a. What strategic priority does this program address?

Access to safe and effective medications for MHD participants

1b. What does this program do?

The purpose of this program is to coordinate pharmaceutical benefits between the MORx plan and the federal Medicare Part D drug program for Medicare/Medicaid dual eligibles. SB 539 (2005) established a state pharmaceutical assistance program known as the Missouri Rx (MORx) plan. SB 139 (2017) limited the Missouri Rx program to individuals who are eligible for both MO HealthNet and Medicare. SB 514 (2019) removed the MO HealthNet dual eligibility requirement, while retaining the income limitations, subject to appropriations. The MORx program has been reauthorized by the General Assembly through August 28, 2022.

In FY21 it is estimated the program will save participants \$5.2 million in prescription drug costs. Without the assistance offered by MORx, participants who are eligible for both Medicaid and Medicare, also known as dually eligible, could be at a higher risk of medication non-compliance which potentially leads to higher costs to the Medicaid program for resulting medical treatment and worsening of existing health conditions.

Subject to appropriation, the MORx plan pays 50% of members' out of pocket costs which are remaining after their Medicare Prescription Drug Plan pays. MORx does not cover Medicare Part D premiums. MORx works with all Medicare Part D plans to provide members with drug coverage.

PROGRAM DESCRIPTION

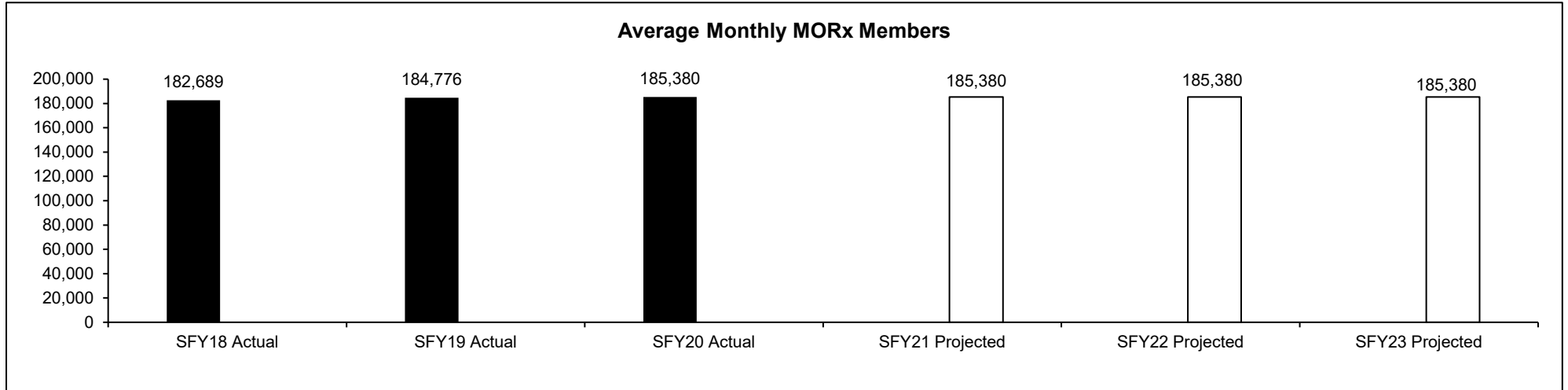
Department: Social Services

HB Section(s): 11.705

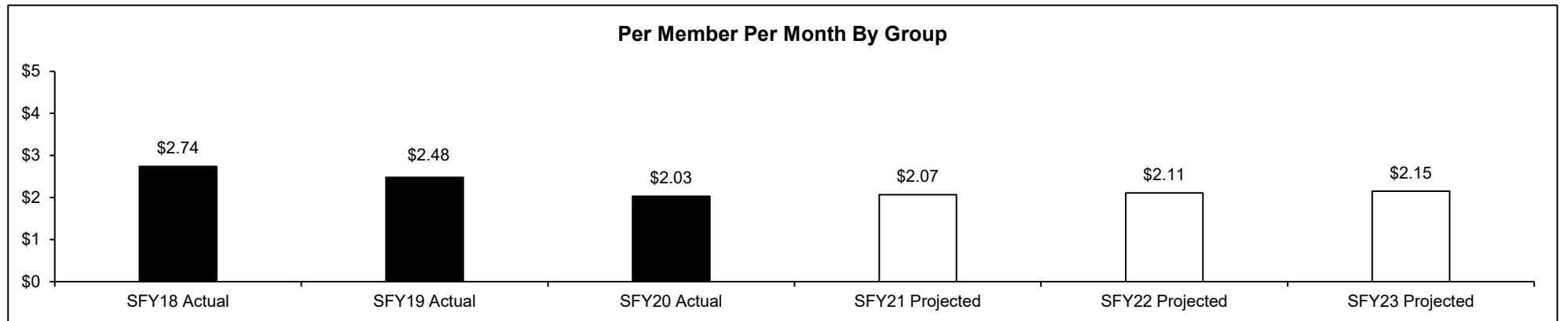
Program Name: Missouri Rx Plan

Program is found in the following core budget(s): Missouri Rx Plan

2a. Provide an activity measure for the program.



2b. Provide a measure of the program's quality.

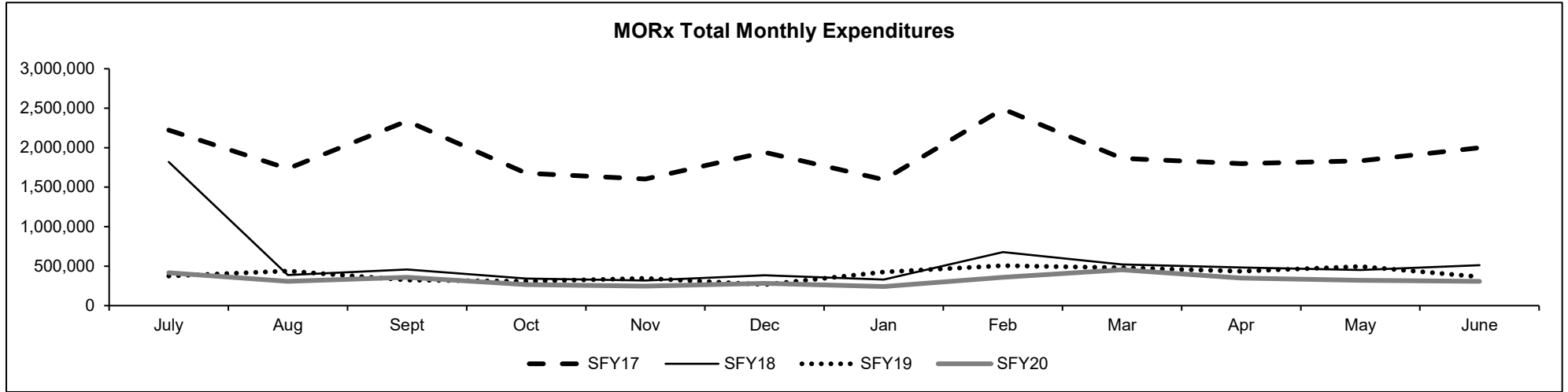


PROGRAM DESCRIPTION

Department: Social Services
 Program Name: Missouri Rx Plan
 Program is found in the following core budget(s): Missouri Rx Plan

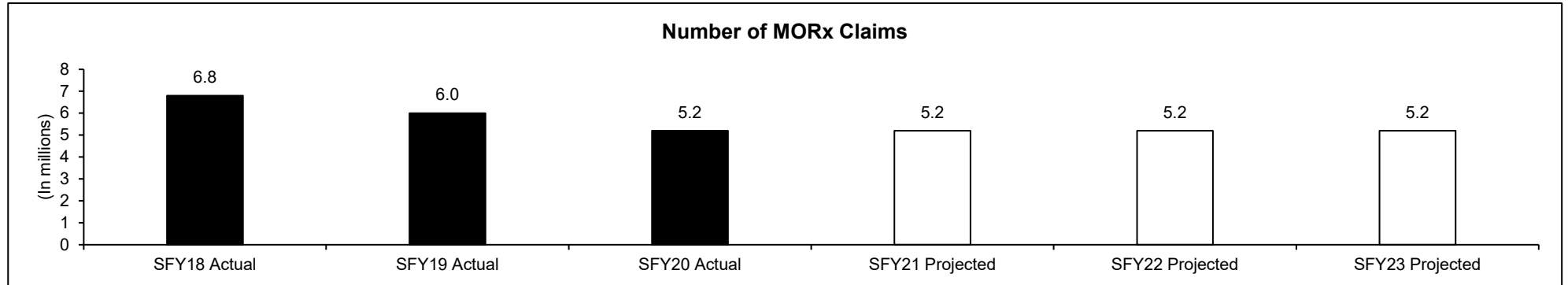
HB Section(s): 11.705

2c. Provide a measure of the program's impact.



FY18 reflects a change in the MORx program coverage to limit it to Dual eligibles.

2d. Provide a measure of the program's efficiency.



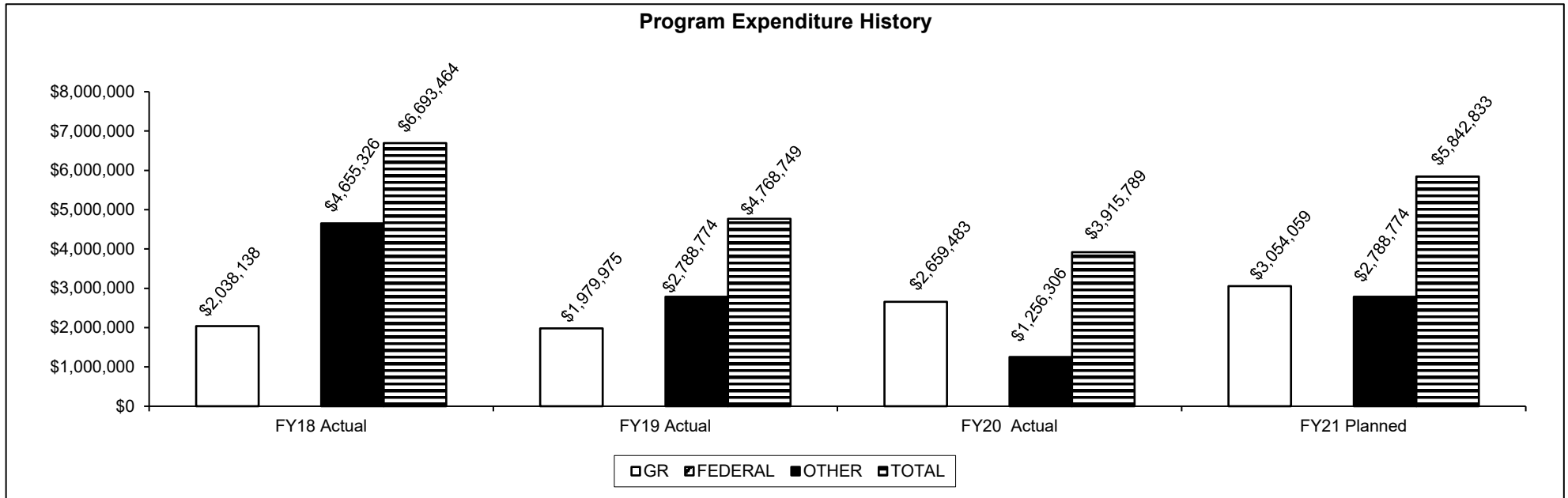
Effective July 01, 2017, the MORx program only covers Dual eligibles. The MORx program has been reauthorized by the General Assembly through August 28, 2022.

PROGRAM DESCRIPTION

Department: Social Services
 Program Name: Missouri Rx Plan
 Program is found in the following core budget(s): Missouri Rx Plan

HB Section(s): 11.705

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of reverted and reserves.

4. What are the sources of the "Other " funds?

Missouri Rx Plan Fund (0779)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.780 through 208.798, RSMo. Federal law: Medicare Prescription Drug Improvement and Modernization Act of 2003, P.L. 108-173.

6. Are there federal matching requirements? If yes, please explain.

No. This program is funded with 100% state sources.

7. Is this a federally mandated program? If yes, please explain.

No. The MORx program is subject to appropriations.

Core - Pharmacy FRA

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Pharmacy Reimbursement Allowance (PFRA) Payments

Budget Unit: 90542C
 HB Section: 11.710

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	65,000,000	65,000,000
TRF	0	0	0	0
Total	0	0	65,000,000	65,000,000

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Pharmacy Reimbursement Allowance Fund (0144) - \$65,000,000

Other Funds:

2. CORE DESCRIPTION

This item funds payments for pharmacy services provided to MO HealthNet participants. Funds from this core are used to provide enhanced dispensing fee payment rates using the Pharmacy Reimbursement Allowance under the Title XIX of the Social Security Act as a General Revenue equivalent.

3. PROGRAM LISTING (list programs included in this core funding)

Pharmacy Reimbursement Allowance (PFRA) Program

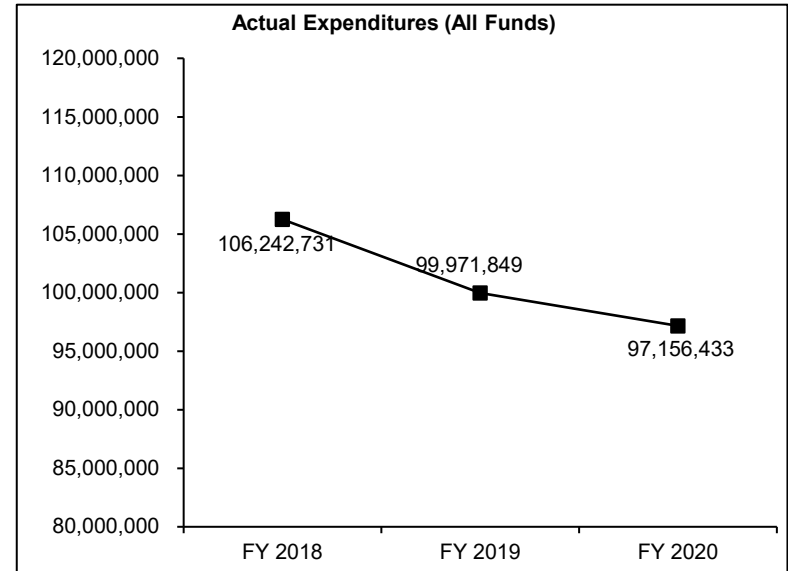
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Pharmacy Reimbursement Allowance (PFRA) Payments

Budget Unit: 90542C
HB Section: 11.710

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	108,308,926	108,308,926	108,308,926	65,000,000
Less Reverted (All Funds)	0	0	0	0
Budget Authority (All Funds)	108,308,926	108,308,926	108,308,926	65,000,000
Actual Expenditures (All Funds)	106,242,731	99,971,849	97,156,433	N/A
Unexpended (All Funds)	2,066,195	8,337,077	11,152,493	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	2,066,195	8,337,077	11,152,493	N/A



Reverted includes statutory reserve amounts (when applicable).
 Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

STATE
PHARMACY FRA

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	0	65,000,000	65,000,000	
	Total	0.00	0	0	65,000,000	65,000,000	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	0	65,000,000	65,000,000	
	Total	0.00	0	0	65,000,000	65,000,000	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	0	65,000,000	65,000,000	
	Total	0.00	0	0	65,000,000	65,000,000	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
PHARMACY FRA									
CORE									
PROGRAM-SPECIFIC									
PHARMACY REIMBURSEMENT ALLOWAN	97,156,433	0.00	65,000,000	0.00	65,000,000	0.00	0	0.00	
TOTAL - PD	97,156,433	0.00	65,000,000	0.00	65,000,000	0.00	0	0.00	
TOTAL	97,156,433	0.00	65,000,000	0.00	65,000,000	0.00	0	0.00	
PFRA Authority CTC - 1886006									
PROGRAM-SPECIFIC									
PHARMACY REIMBURSEMENT ALLOWAN	0	0.00	0	0.00	43,000,000	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	43,000,000	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	43,000,000	0.00	0	0.00	
GRAND TOTAL	\$97,156,433	0.00	\$65,000,000	0.00	\$108,000,000	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY FRA								
CORE								
PROGRAM DISTRIBUTIONS	97,156,433	0.00	65,000,000	0.00	65,000,000	0.00	0	0.00
TOTAL - PD	97,156,433	0.00	65,000,000	0.00	65,000,000	0.00	0	0.00
GRAND TOTAL	\$97,156,433	0.00	\$65,000,000	0.00	\$65,000,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$97,156,433	0.00	\$65,000,000	0.00	\$65,000,000	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.710

Program Name: Pharmacy Reimbursement Allowance (PFRA) Payments

Program is found in the following core budget(s): PFRA

1a. What strategic priority does this program address?

Access to safe and effective medications

1b. What does this program do?

Funds from this core are used to provide enhanced dispensing fee payment rates using the Pharmacy Reimbursement Allowance under the Title XIX of the Social Security Act as a General Revenue equivalent. Pharmacies are assessed a provider tax for the privilege of doing business in the state. The assessment is a general revenue equivalent, and when used to make valid Medicaid payments, can earn federal Medicaid matching funds. These earnings fund pharmacy expenditures in the MO HealthNet program.

The pharmacy tax was established in 2002. The tax is assessed on gross prescription receipts of all pharmacies in the state. In FY20, 1,295 pharmacy facilities were assessed, and 1,281 pharmacy facilities participated in the MO HealthNet program. The assessments in FY20 were \$32.2 million.

SFY20 Tax Rates	
Effective Date	PFRA Rate
07/01/2019- 06/30/2020	0.43%

The PFRA program has been reauthorized by the General Assembly through September 30, 2021

This program is exempt from performance measures as it is an accounting mechanism.

PROGRAM DESCRIPTION

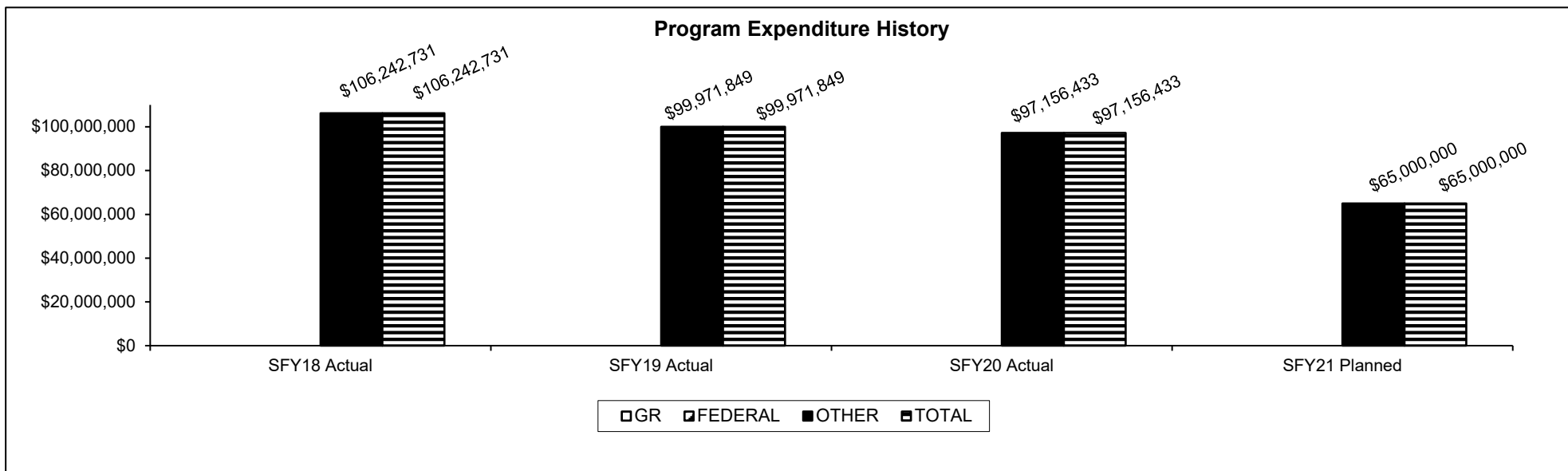
Department: Social Services

HB Section(s): 11.710

Program Name: Pharmacy Reimbursement Allowance (PFRA) Payments

Program is found in the following core budget(s): PFRA

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other" funds?

Pharmacy Reimbursement Allowance Fund (0144)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Missouri statute: Section 338.500, RSMo. Federal law: Social Security Act Section 1903(w). State Regulation: 13 CSR 70-20. Federal Regulation: 42 CFR 433 Subpart B.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

**NDI - PFRA Authority
Cost to Continue**

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: PFRA Authority CTC

DI# 1886006

Budget Unit: 90542C
 HB Section: 11.710

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The Pharmacy Federal Reimbursement Allowance (PFRA) tax rate has been increased for FY21 which allows additional state share to be drawn in to help offset need in the Pharmacy program. Authority is requested as a cost-to-continue for the supplemental for paying out at the higher dispensing fee amount.

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PSD	0		0		43,000,000		43,000,000		0
Grand Total	0	0.0	0	0.0	43,000,000	0.0	43,000,000	0.0	0

**NEW DECISION ITEM
OF**

**Department: Social Services
Division: MO HealthNet
DI Name: PFRA Authority CTC**

DI# 1886006

**Budget Unit: 90542C
HB Section: 11.710**

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

As this is a new program, MHD will work to develop performance measures.

6b. Provide a measure of the program's quality.

As this is a new program, MHD will work to develop performance measures.

6c. Provide a measure of the program's impact.

As this is a new program, MHD will work to develop performance measures.

6d. Provide a measure of the program's efficiency

As this is a new program, MHD will work to develop performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY FRA								
PFRA Authority CTC - 1886006								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	43,000,000	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	43,000,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$43,000,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$43,000,000	0.00		0.00

Core - Physician Related

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Physician

Budget Unit: 90544C, 90592C, 90842C

HB Section: 11.715

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	210,098,848	354,530,971	1,678,127	566,307,946
TRF	0	0	0	0
Total	210,098,848	354,530,971	1,678,127	566,307,946

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE 0.00 0.00 0.00 0.00

FTE 0.00 0.00 0.00 0.00

<i>Est. Fringe</i>	0	0	0	0
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<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Health Initiatives Fund (HIF) (0275) - \$1,427,081
 Pharmacy Reimbursement Allowance Fund (0144) - \$10,000
 Third Party Liability Collections Fund (0120) - \$241,046

Other Funds:

2. CORE DESCRIPTION

This item funds physician-related services provided to fee-for-service MO HealthNet participants.

3. PROGRAM LISTING (list programs included in this core funding)

Physician
 Neonatal Abstinence Syndrome
 Trauma Treatment for Kids

CORE DECISION ITEM

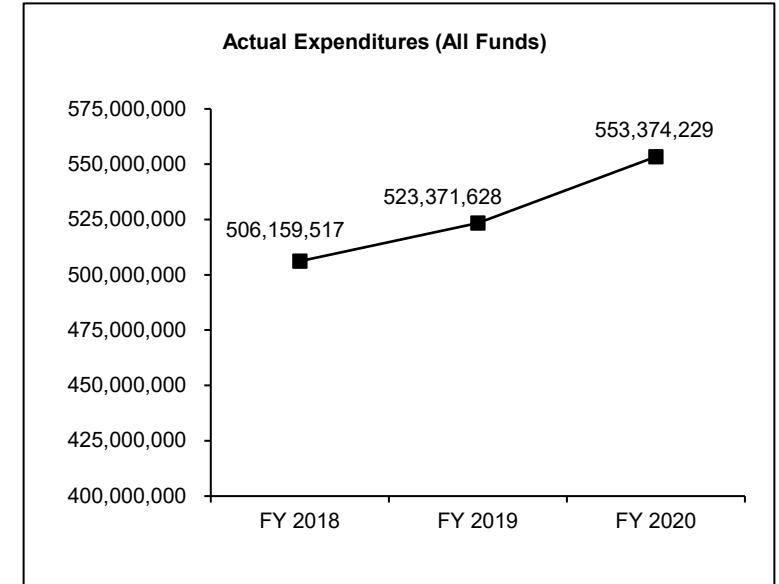
Department: Social Services
Division: MO HealthNet
Core: Physician

Budget Unit: 90544C, 90592C, 90842C

HB Section: 11.715

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr
Appropriation (All Funds)	509,233,562	526,726,843	575,732,483	570,283,027
Less Reverted (All Funds)	(15,000)	(29,604)	0	(12,905)
Less Restricted (All Funds)	0	0	0	(2,579,807)
Budget Authority (All Funds)	509,218,562	526,697,239	575,732,483	567,690,315
Actual Expenditures (All Funds)	506,159,517	523,371,628	553,374,229	N/A
Unexpended (All Funds)	3,059,045	3,325,611	22,358,254	N/A
Unexpended, by Fund:				
General Revenue	2,177,925	847,918	180,954	N/A
Federal	876,620	2,477,693	22,177,300	N/A
Other	4,500	0	0	N/A
	(1)	(2)	(3)	



*Current Year restricted amount is as of September 1, 2020.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY18 - Lapse of \$1,696,725 GR due to release of expenditure restriction in FY18. \$23,269,275 GR and \$20,725,656 Fed was flexed in to cover program expenditures.

(2) FY19 - \$20,988,953 GR and \$57,580,045 Fed was flexed in to cover program expenditures.

(3) FY20 - \$42,800,000 GR was flexed in to cover program expenditures.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PHYSICIAN RELATED PROF**

5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES									
			PD	0.00	210,996,986	352,799,915	3,837,133	567,634,034	
			Total	0.00	210,996,986	352,799,915	3,837,133	567,634,034	
DEPARTMENT CORE ADJUSTMENTS									
Core Reduction	683	3707	PD	0.00	0	0	(2,159,006)	(2,159,006)	Core reduction of Tobacco Settlement fund.
Core Reduction	938	8196	PD	0.00	(1,816,075)	0	0	(1,816,075)	Core reduction due to estimated lapse.
			NET DEPARTMENT CHANGES	0.00	(1,816,075)	0	(2,159,006)	(3,975,081)	
DEPARTMENT CORE REQUEST									
			PD	0.00	209,180,911	352,799,915	1,678,127	563,658,953	
			Total	0.00	209,180,911	352,799,915	1,678,127	563,658,953	
GOVERNOR'S RECOMMENDED CORE									
			PD	0.00	209,180,911	352,799,915	1,678,127	563,658,953	
			Total	0.00	209,180,911	352,799,915	1,678,127	563,658,953	

CORE RECONCILIATION DETAIL

STATE
TRAUMA TREAT

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	430,150	819,850	0	1,250,000	
	Total	0.00	430,150	819,850	0	1,250,000	
DEPARTMENT CORE REQUEST							
	PD	0.00	430,150	819,850	0	1,250,000	
	Total	0.00	430,150	819,850	0	1,250,000	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	430,150	819,850	0	1,250,000	
	Total	0.00	430,150	819,850	0	1,250,000	

CORE RECONCILIATION DETAIL

STATE
NEONATAL ABSTINENCE SYNDROME

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	487,787	911,206	0	1,398,993	
	Total	0.00	487,787	911,206	0	1,398,993	
DEPARTMENT CORE REQUEST							
	PD	0.00	487,787	911,206	0	1,398,993	
	Total	0.00	487,787	911,206	0	1,398,993	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	487,787	911,206	0	1,398,993	
	Total	0.00	487,787	911,206	0	1,398,993	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
PHYSICIAN RELATED PROF									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	187,177,426	0.00	210,996,986	0.00	209,180,911	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	360,717,349	0.00	352,799,915	0.00	352,799,915	0.00	0	0.00	
THIRD PARTY LIABILITY COLLECT	241,046	0.00	241,046	0.00	241,046	0.00	0	0.00	
PHARMACY REIMBURSEMENT ALLOWAN	10,000	0.00	10,000	0.00	10,000	0.00	0	0.00	
HEALTH INITIATIVES	2,927,081	0.00	1,427,081	0.00	1,427,081	0.00	0	0.00	
HEALTHY FAMILIES TRUST	2,159,006	0.00	2,159,006	0.00	0	0.00	0	0.00	
TOTAL - PD	553,231,908	0.00	567,634,034	0.00	563,658,953	0.00	0	0.00	
TOTAL	553,231,908	0.00	567,634,034	0.00	563,658,953	0.00	0	0.00	
MHD CTC - 1886002									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	38,527,245	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	38,527,245	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	38,527,245	0.00	0	0.00	
GR pickup for Tobacco Shortfal - 1886005									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	2,159,006	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	2,159,006	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	2,159,006	0.00	0	0.00	
Asset Limit CTC - 1886004									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	300,561	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	557,203	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	857,764	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	857,764	0.00	0	0.00	
GRAND TOTAL	\$553,231,908	0.00	\$567,634,034	0.00	\$605,202,968	0.00	\$0	0.00	

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
TRAUMA TREAT								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	38,320	0.00	430,150	0.00	430,150	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	819,850	0.00	819,850	0.00	0	0.00
TOTAL - PD	38,320	0.00	1,250,000	0.00	1,250,000	0.00	0	0.00
TOTAL	38,320	0.00	1,250,000	0.00	1,250,000	0.00	0	0.00
GRAND TOTAL	\$38,320	0.00	\$1,250,000	0.00	\$1,250,000	0.00	\$0	0.00

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NEONATAL ABSTINENCE SYNDROME								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	104,001	0.00	487,787	0.00	487,787	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	911,206	0.00	911,206	0.00	0	0.00
TOTAL - PD	104,001	0.00	1,398,993	0.00	1,398,993	0.00	0	0.00
TOTAL	104,001	0.00	1,398,993	0.00	1,398,993	0.00	0	0.00
GRAND TOTAL	\$104,001	0.00	\$1,398,993	0.00	\$1,398,993	0.00	\$0	0.00

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90544C BUDGET UNIT NAME: Physician HOUSE BILL SECTION: 11.715	DEPARTMENT: Social Services DIVISION: MO HealthNet
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

DEPARTMENT REQUEST

Total \$605,202,968	% Flex 0.25%	Flex Amount \$1,513,007	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.
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2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	HB11 language allows up to .25% flexibility between 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.	.25% flexibility is being requested for FY22

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90544C BUDGET UNIT NAME: Physician HOUSE BILL SECTION: 11.715	DEPARTMENT: Social Services DIVISION: MO HealthNet
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

DEPARTMENT REQUEST

Total \$605,202,968	% Flex 10%	Flex Amount \$60,520,297	Not more than ten percent (10%) flexibility is requested between sections 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.
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2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	HB11 language allows up to 10% flexibility between 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.	10% flexibility is being requested for FY22

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHYSICIAN RELATED PROF								
CORE								
PROGRAM DISTRIBUTIONS	553,231,908	0.00	567,634,034	0.00	563,658,953	0.00	0	0.00
TOTAL - PD	553,231,908	0.00	567,634,034	0.00	563,658,953	0.00	0	0.00
GRAND TOTAL	\$553,231,908	0.00	\$567,634,034	0.00	\$563,658,953	0.00	\$0	0.00
GENERAL REVENUE	\$187,177,426	0.00	\$210,996,986	0.00	\$209,180,911	0.00		0.00
FEDERAL FUNDS	\$360,717,349	0.00	\$352,799,915	0.00	\$352,799,915	0.00		0.00
OTHER FUNDS	\$5,337,133	0.00	\$3,837,133	0.00	\$1,678,127	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
TRAUMA TREAT								
CORE								
PROGRAM DISTRIBUTIONS	38,320	0.00	1,250,000	0.00	1,250,000	0.00	0	0.00
TOTAL - PD	38,320	0.00	1,250,000	0.00	1,250,000	0.00	0	0.00
GRAND TOTAL	\$38,320	0.00	\$1,250,000	0.00	\$1,250,000	0.00	\$0	0.00
GENERAL REVENUE	\$38,320	0.00	\$430,150	0.00	\$430,150	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$819,850	0.00	\$819,850	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NEONATAL ABSTINENCE SYNDROME								
CORE								
PROGRAM DISTRIBUTIONS	104,001	0.00	1,398,993	0.00	1,398,993	0.00	0	0.00
TOTAL - PD	104,001	0.00	1,398,993	0.00	1,398,993	0.00	0	0.00
GRAND TOTAL	\$104,001	0.00	\$1,398,993	0.00	\$1,398,993	0.00	\$0	0.00
GENERAL REVENUE	\$104,001	0.00	\$487,787	0.00	\$487,787	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$911,206	0.00	\$911,206	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.715

Program Name: Physician

Program is found in the following core budget(s): Physician

1a. What strategic priority does this program address?

Sustain healthy lives by increasing preventive services

1b. What does this program do?

This program funds physician-related services provided to fee-for-service MO HealthNet participants.

Services are provided by:

- Physicians
- Podiatrists
- Chiropractors
- Advanced Practitioners
 - Advanced Practice Registered Nurses (APRN) or Nurse Practitioners (NP)
 - Nurse Midwives
 - Physician Assistants (PA)
 - Assistant Physicians (AP) once licensed by the Board of Healing Arts
 - Certified Registered Nurse Anesthetists (CRNA) and Anesthesiologists Assistants (AA)
- Behavioral health providers
 - Psychiatrists
 - Psychologists, included provisional licensees
 - Licensed professional counselors (LPC), including provisional licensees
 - Licensed clinical social workers (LCSW), including provisional licensees
 - Licensed behavior analysts

Services may be billed by the providers listed above or on behalf of professional services provided at the following locations:

- Clinics
- Rural health clinics (RHC)
- Federally qualified health centers (FQHC)
- Ambulatory surgical centers (ASC)
- Lab and x-ray facilities
- Independent diagnostic testing facilities
- Participant's home
- Hospital (Inpatient and Outpatient settings)
- Nursing facilities
- Free Standing Birth Centers

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.715

Program Name: Physician

Program is found in the following core budget(s): Physician

Reimbursement Methodology

The majority of services provided by physician-related professionals are reimbursed on a fee schedule; whereby each procedure or claim is priced individually by a medical consultant based on the unique circumstances of the case. Certain procedures are only reimbursable with prior approval. A few services are reimbursed manually.

Services rendered by someone other than a physician or podiatrist, including appropriate supplies, are billable on behalf of the physician only where there is direct personal supervision by the physician. This applies to services rendered by auxiliary personnel employed by the physician and working under his/her on-site supervision. Auxiliary personnel include nurses, non-physician anesthetists (including Certified Registered Nurse Anesthetists and Anesthesiologist Assistants), technicians, and other aides.

The following advanced practitioners can bill MO HealthNet independently from a physician, but must still operate within the terms of their collaborative practice arrangement with the physician:

- Advanced Practice Registered Nurses (APRN) and Nurse Practitioners (NP),
- Nurse Midwives,
- Physician Assistants (PA), and
- Assistant Physicians (AP).

The services of physicians, podiatrists, advanced practitioners, chiropractors, and behavioral health providers may be administered in multiple settings including the physician's office, the participant's home (or other place of residence such as a nursing facility), the hospital (inpatient/outpatient) or settings such as a medical clinic or ambulatory surgical care facility. The services of a nurse midwife may also be administered in the home of the participant (delivery and newborn care only) or a birthing center.

MO HealthNet reimbursement may also be made directly to the facility which employs the health care professionals. Facilities which receive direct payment from the physician-related services program include clinics, laboratory and x-ray facilities, independent diagnostic testing facilities (IDTF), rural health clinics (RHC), federally qualified health centers (FQHC), free standing birth centers and hospitals (inpatient and outpatient). Each provider offering health care services through the facility (with the exception of RHCs), in addition to being employed by the participating clinic, must be a MO HealthNet provider. Ambulatory surgical centers are also reimbursed for a facility fee which does not include professional services of the performing practitioner.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.715

Program Name: Physician

Program is found in the following core budget(s): Physician

Obesity Program

The MO HealthNet Division implements an Obesity Program program that allows MO HealthNet to pay for the biopsychosocial treatment of obesity for youth and adult participants. The goal of this policy is to improve health outcomes for both the youth and adult population by managing obesity and associated co-morbidities.

Diabetes Prevention Program

The MO HealthNet Division implements a Diabetes Prevention Program (DPP) for adult participants at risk for developing type-2 diabetes. It is a structured lifestyle intervention following the Center for Disease Control's (CDC) curriculum that includes dietary coaching, lifestyle intervention, and moderate physical activity, all with the goal of preventing the onset of diabetes in individuals who are pre-diabetic.

CCBHO

Missouri participated in a Medicaid demonstration project under Section 223 of the Protecting Access to Medicare Act designed to demonstrate the cost effectiveness of converting Medicaid reimbursement for community behavioral health services from a fee-for-service reimbursement system to a prospective payment system (PPS) while improving the availability, accessibility, and quality of community behavioral healthcare. There were 15 Certified Community Behavioral Health Organizations (CCBHO) participating in the demonstration program. A prospective payment rate was developed for each of these organizations in accordance with the CMS guidelines. PPS payments are based on visits. A visit is a day in which there is at least one face-to-face encounter or one eligible telehealth encounter between a qualified practitioner and an eligible participant involving the provision of a CCBHO service. It does not matter how many or how few CCBHO services an individual receives in a given day, the CCBHO is paid the single PPS rate for that day. The demonstration program was scheduled to end on June 30, 2019. Missouri was approved to continue the CCBHO demonstration services through November 30th, 2020. The State is seeking a State Plan Amendment to continue the services following the end of the demonstration period.

PACE PROGRAM

The Programs of All-Inclusive Care for the Elderly (PACE), organizations would provide a full range of preventive, primary, acute, and long-term care services 24 hours per day, 7 days per week. The proposed PACE sites are located in the Kansas City and St. Louis Regions. The PACE Centers are typically open Monday through Friday, 8 AM to 5 PM, to offer services on-site in an adult day health center setting. The PACE organizations also provide in-home services as deemed necessary by the PACE Interdisciplinary Team (IDT). All medical services provided to the individual while enrolled in the PACE program, are the financial responsibility of the PACE provider. An actuarial study is currently underway to determine rates for the proposed PACE programs. Currently, the estimated cost of \$14,200,000 to run two new PACE sites, is based on historical budget requests for the PACE program in Missouri.

Rate History

7/1/19: 1.5% rate increase for all physician related services.

7/1/18: 1.5% rate increase for rate restoration for physician related services.

7/1/17: 3% rate decrease for all physician related services.

7/1/16: 2% rate increase for all physician related services.

7/1/16: 3.79% rate increase for Medicare parity for physician related services.

1/1/16: 1% rate increase for all physician related services.

PROGRAM DESCRIPTION

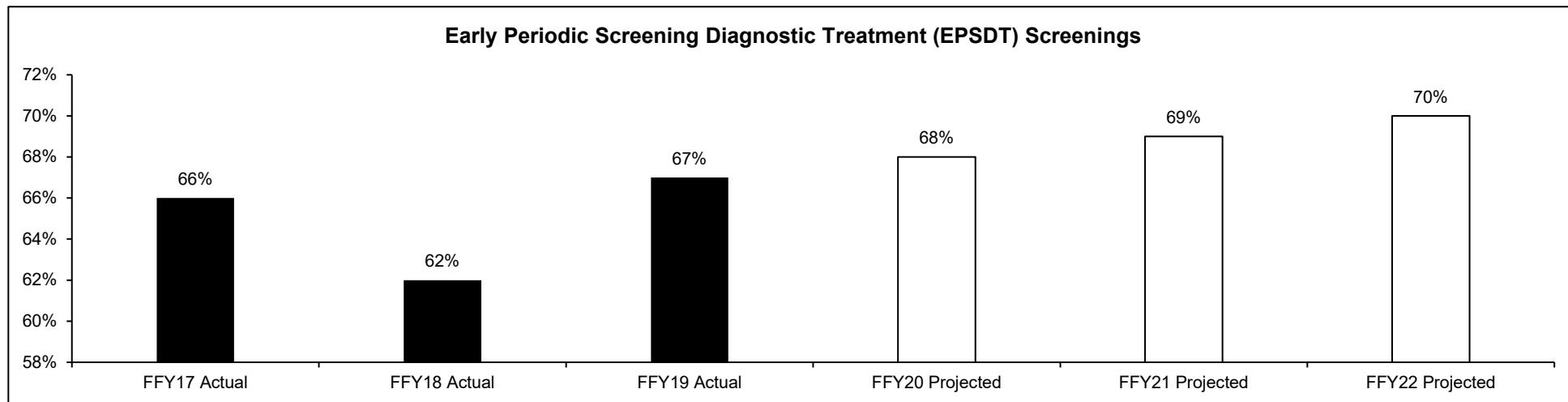
Department: Social Services

HB Section(s): 11.715

Program Name: Physician

Program is found in the following core budget(s): Physician

2a. Provide an activity measure for the program.



The Healthy Children and Youth (HCY) Program in Missouri, also known as Early Periodic Screening, Diagnosis and Treatment (EPSDT), is a comprehensive, primary and preventive health care program for MO HealthNet eligible children and youth under the age of 21 years. The HCY Program provides screenings and treatment to correct or ameliorate defects and chronic conditions found during the screening. The measure is based on the Federal Fiscal year in which the report was submitted to CMS.

*Future projections are based on eligibility requirements as of 7/1/20.

PROGRAM DESCRIPTION

Department: Social Services

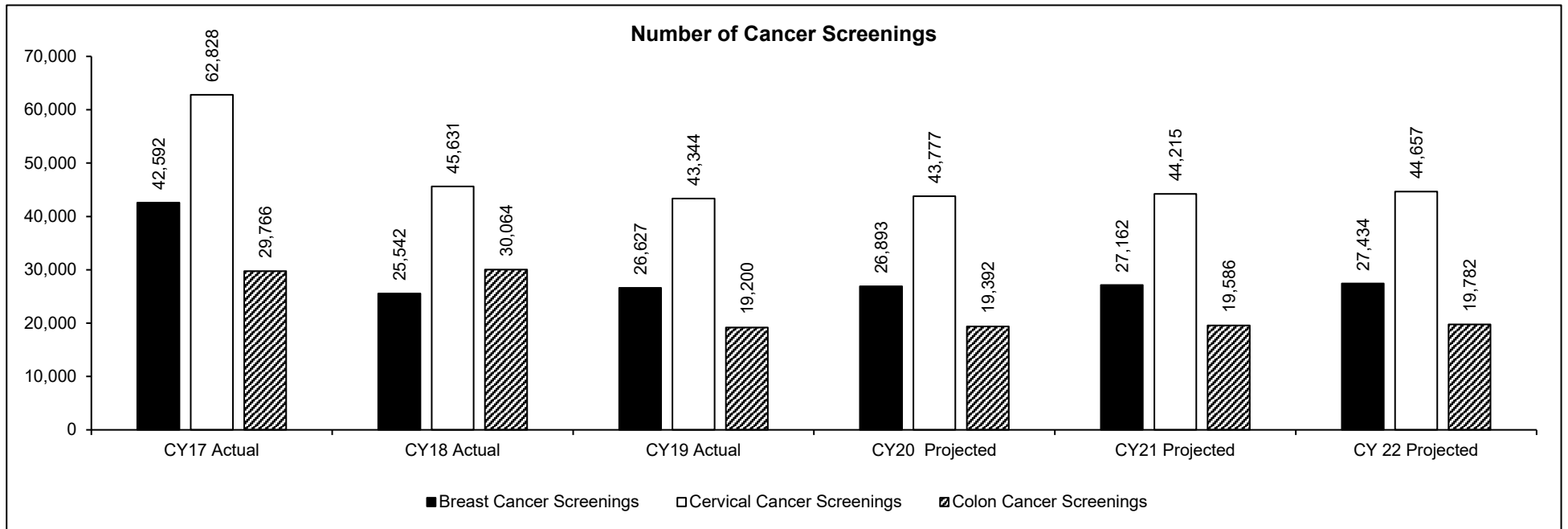
HB Section(s): 11.715

Program Name: Physician

Program is found in the following core budget(s): Physician

2b. Provide a measure of the program's quality.

Receiving preventive services such as breast, cervical, and colon cancer screenings are just a few examples of ways people can stay healthy. It is important to educate MO HealthNet participants of the importance of preventive care. An increase of 10% in breast, cervical and colon cancer screenings each year will show that the program is having a meaningful impact, by showing participants the importance of preventive screenings to catch cancers early, improve the treatment, and lessen the cost of the disease.



Notes:

The chart above includes Fee-for-Service (FFS) only, therefore the number of cancer screenings was expected to drop after FY 2017 due to statewide Managed Care.

The data for breast cancer screenings is on FFS women aged 40 years and older.

The data for cervical cancer screenings is on FFS women aged 18 and over.

The data for colon cancer screenings is on participants age 50 and over. The number of colon cancer screenings is lower than breast and cervical cancer screenings. This can be attributed to Medicare paying for services when participants are age 65 and older.

PROGRAM DESCRIPTION

Department: Social Services

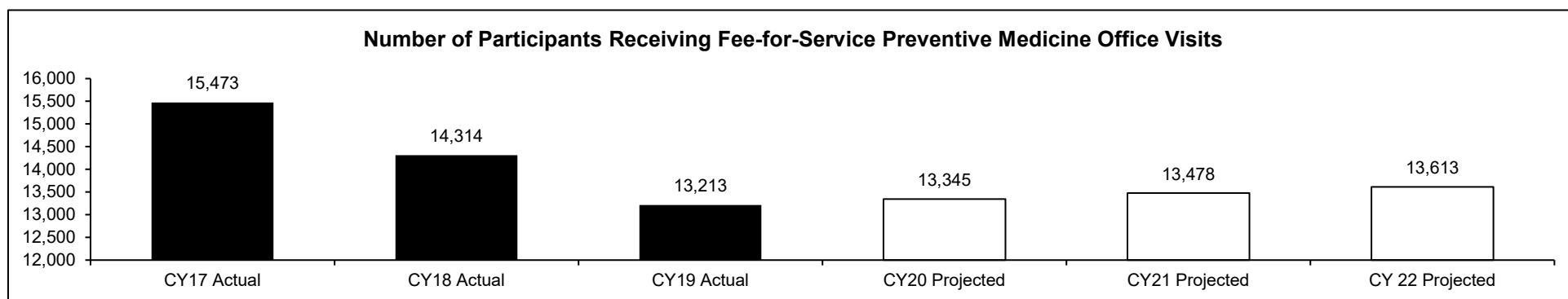
HB Section(s): 11.715

Program Name: Physician

Program is found in the following core budget(s): Physician

2c. Provide a measure of the program's impact.

Increase the number of adult preventive office visits. MO HealthNet pays for one preventive examination/physical per year. Preventive visits are important for maintenance of good health and a reduction in risk factors that could lead to more expensive health care costs.



An increase of 10% would show the program is having a meaningful impact by showing participants the importance of preventive screenings.

Note: The chart above includes FFS only, therefore the number of preventive office visits was expected to drop after FY 2017 due to statewide expansion of Managed Care.

PROGRAM DESCRIPTION

Department: Social Services

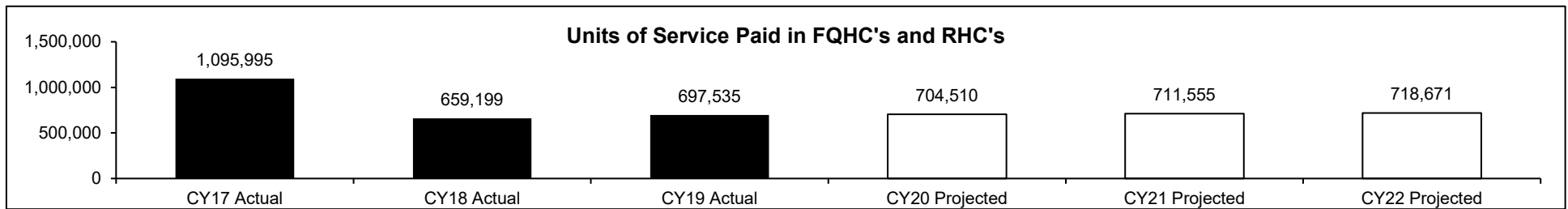
HB Section(s): 11.715

Program Name: Physician

Program is found in the following core budget(s): Physician

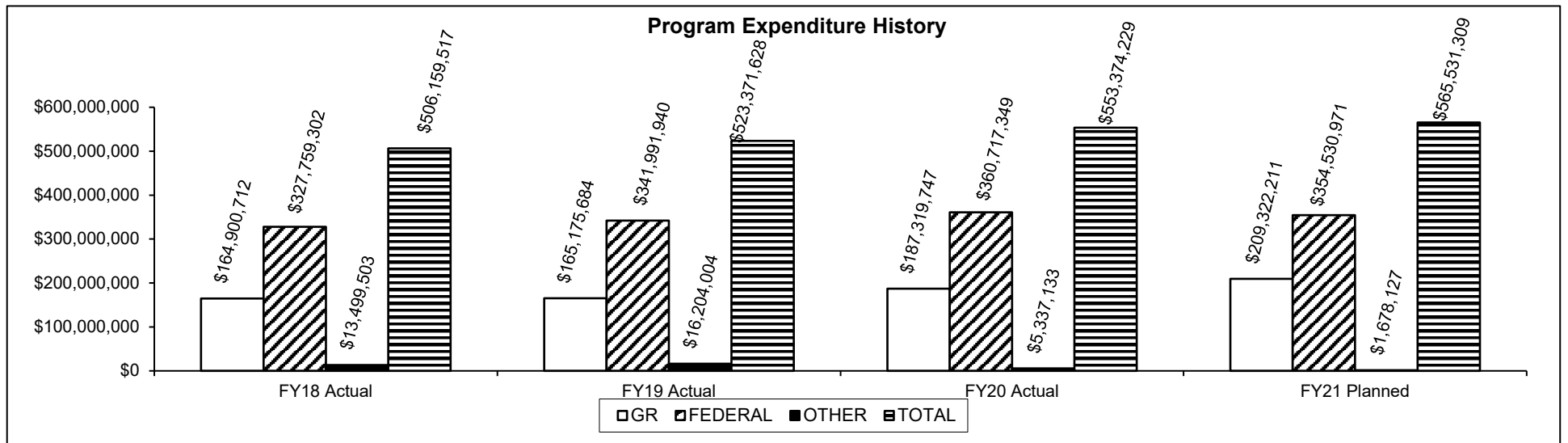
2d. Provide a measure of the program's efficiency.

Services in an FQHC and RHC provide primary care services to those in rural areas assuring that they receive preventive care which also lessens the cost of diseases.



Note: The chart above includes FFS only, therefore the number of encounters paid in an FQHC and RHCs was expected to drop after FY 2017 due to statewide Managed Care.

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe)



Planned FY2021 expenditures are net of restricted, reverted and reserves.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.715

Program Name: Physician

Program is found in the following core budget(s): Physician

4. What are the sources of the "Other " funds?

Health Initiatives Fund (HIF) (0275), Healthy Families Trust Fund (0625), Pharmacy Reimbursement Allowance Fund (0144), and Third Party Liability Collections Fund (0120).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.153 and 208.166 RSMo. Federal law: Social Security Act Sections 1905(a)(2), (3), (5), (6), (9), (17), (21); 1905(r) and 1915(d). Federal regulations: 42 CFR 440.210, 440.500, 412.113(c) and 441 Subpart B.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes, if the state elects to have a Medicaid program. Some services are optional: podiatry, clinics, nurse practitioners, CRNA, Psychologist, and LCSW.

Core - Dental

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Dental

Budget Unit: 90546C

HB Section: 11.720

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	1,772,622	3,480,505	71,162	5,324,289
TRF	0	0	0	0
Total	1,772,622	3,480,505	71,162	5,324,289
FTE	0.00	0.00	0.00	0.00

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Health Initiatives Fund (HIF) (0275) - \$71,162

Other Funds:

2. CORE DESCRIPTION

This budget item funds the dental fee-for-service program. Comprehensive dental services are available for children, pregnant women, the blind and nursing facility residents (including Independent Care Facilities for individuals with Intellectual Disabilities-ICF/ID). As of January 2016, MO HealthNet began offering limited dental services for adults ages 21 and over.

3. PROGRAM LISTING (list programs included in this core funding)

Dental Services

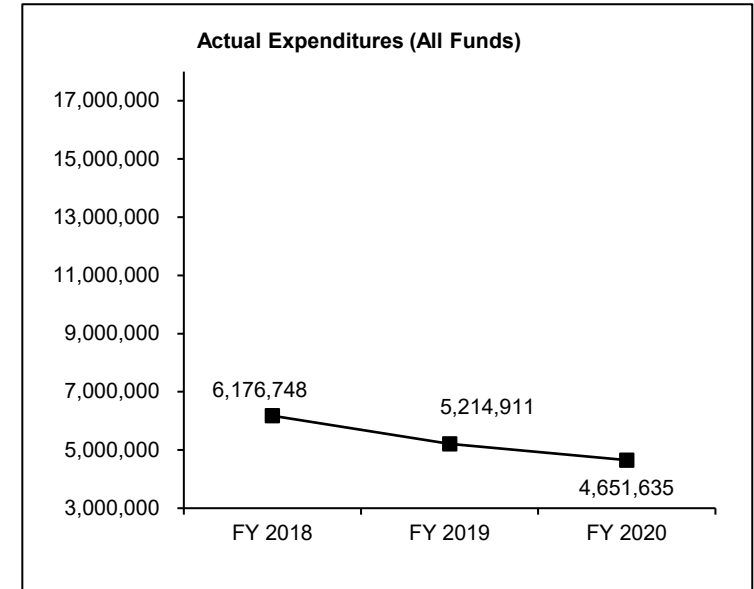
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Dental

Budget Unit: 90546C
HB Section: 11.720

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	6,584,075	6,130,771	5,627,777	5,413,546
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	6,584,075	6,130,771	5,627,777	5,413,546
Actual Expenditures (All Funds)	6,176,748	5,214,911	4,651,635	N/A
Unexpended (All Funds)	407,327	915,860	976,142	N/A
Unexpended, by Fund:				
General Revenue	207,335	0	282,077	N/A
Federal	199,517	351,989	694,065	N/A
Other	475	563,871	0	N/A
	(1)	(2)		



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY18 - Lapse of \$89,319 GR due to release of an expenditure restriction in FY18. \$118,015 GR was flexed out to cover other program expenditures. \$589,608 was flexed in to cover Dental expenditures.

(2) FY19 - \$704,183 GR was flexed in to cover program expenditures. \$563,781 was held in Agency Reserve in the Healthy Families Trust Fund (0625).

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
DENTAL**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	1,772,622	3,569,762	71,162	5,413,546	
	Total	0.00	1,772,622	3,569,762	71,162	5,413,546	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	939 8199 PD	0.00	0	(89,257)	0	(89,257)	Core reduction due to estimated lapse.
NET DEPARTMENT CHANGES		0.00	0	(89,257)	0	(89,257)	
DEPARTMENT CORE REQUEST							
	PD	0.00	1,772,622	3,480,505	71,162	5,324,289	
	Total	0.00	1,772,622	3,480,505	71,162	5,324,289	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	1,772,622	3,480,505	71,162	5,324,289	
	Total	0.00	1,772,622	3,480,505	71,162	5,324,289	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
DENTAL									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	1,580,395	0.00	1,772,622	0.00	1,772,622	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	3,000,078	0.00	3,569,762	0.00	3,480,505	0.00	0	0.00	
HEALTH INITIATIVES	71,162	0.00	71,162	0.00	71,162	0.00	0	0.00	
TOTAL - PD	4,651,635	0.00	5,413,546	0.00	5,324,289	0.00	0	0.00	
TOTAL	4,651,635	0.00	5,413,546	0.00	5,324,289	0.00	0	0.00	
MHD CTC - 1886002									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	19,663	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	19,663	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	19,663	0.00	0	0.00	
Asset Limit CTC - 1886004									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	1,308	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	2,424	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	3,732	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	3,732	0.00	0	0.00	
GRAND TOTAL	\$4,651,635	0.00	\$5,413,546	0.00	\$5,347,684	0.00	\$0	0.00	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90546C BUDGET UNIT NAME: Dental HOUSE BILL SECTION: 11.720	DEPARTMENT: Social Services DIVISION: MO HealthNet
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

DEPARTMENT REQUEST

Total \$5,347,684	% Flex 10%	Flex Amount \$534,768	Not more than ten percent (10%) flexibility is requested between sections 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.
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2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	HB11 language allows up to 10% flexibility between 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.	10% flexibility is being requested for FY22

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
DENTAL								
CORE								
PROGRAM DISTRIBUTIONS	4,651,635	0.00	5,413,546	0.00	5,324,289	0.00	0	0.00
TOTAL - PD	4,651,635	0.00	5,413,546	0.00	5,324,289	0.00	0	0.00
GRAND TOTAL	\$4,651,635	0.00	\$5,413,546	0.00	\$5,324,289	0.00	\$0	0.00
GENERAL REVENUE	\$1,580,395	0.00	\$1,772,622	0.00	\$1,772,622	0.00		0.00
FEDERAL FUNDS	\$3,000,078	0.00	\$3,569,762	0.00	\$3,480,505	0.00		0.00
OTHER FUNDS	\$71,162	0.00	\$71,162	0.00	\$71,162	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.720

Program Name: Dental Program

Program is found in the following core budget(s): Dental

1a. What strategic priority does this program address?

Provide quality dental care access to MO HealthNet participants

1b. What does this program do?

The MO HealthNet Division's (MHD) dental program reimburses for services that include diagnostic, preventive, and corrective procedures provided by a licensed dentist or dental hygienist. The dentist must be enrolled in the MO HealthNet program. Generally, dental services include the following:

- Treatment of the teeth and associated structure of the oral cavity;
- Preparation, fitting, and repair of dentures and associated appliances; and
- Treatment of disease, injury, or impairments that affect the general oral health of a participant.

MO HealthNet currently offers comprehensive dental services for children, pregnant women, the blind, and residents of a Nursing Facility or Intermediate Care Facility/Intellectual Disability (ICF/ID). Coverage for adults is more limited and includes dental services and care related to trauma of the mouth, jaw, teeth, or other contiguous sites. Services provided under tiers 1-6 are outlined below.

MHD attempts to improve the overall health of MO HealthNet participants by improving oral health through reimbursement for their diagnostic, preventative, and corrective dental services. Additionally, MHD attempts to ensure MO HealthNet eligible children have access to dental screenings and Early and Periodic Screening Diagnosis and Treatment (EPSDT) services, also known as the Healthy Children and Youth (HCY) program.

Reimbursement Methodology

Dental services are reimbursed in the fee-for-service and managed care settings. For managed care participants, dental services are reimbursed by MO HealthNet through the actuarially sound capitated rate paid to the Managed Care Organizations (MCO's). Dental rates are reimbursed for fee-for-service claims based on maximum allowable amounts identified on a fee schedule. Prior authorization is required in the fee-for-service program for certain services such as orthodontic treatment, composite resin crowns, metallic and porcelain/ceramic inlay restorations, and high noble metal crowns. The services of a dentist may be administered in a variety of settings including the provider's office, a hospital, nursing home, or clinic. If dental services are billed by a rural health clinic (RHC) or federally qualified health center (FQHC), the reimbursement methodology is different and would be paid out of the Physician-Related Services line (see Physician tab for more information). Services rendered by a dental hygienist are typically billed by the dentist. However, certain dental hygienists who have been licensed for at least three consecutive years and practicing in a public health setting may bill independently.

Services rendered by someone other than a dentist or dental hygienist, including appropriate supplies, are billable only where there is direct personal supervision by the dentist. This applies to services rendered by auxiliary personnel employed by the dentist and working under his/her on-site supervision and is restricted to non-physician anesthetists (including Certified Registered Nurse Anesthetists and Anesthesiologist Assistants), dental assistants, and certified dental assistants.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.720

Program Name: Dental Program

Program is found in the following core budget(s): Dental

Rate History

07/01/19: 1.5% rate increase on all covered services

07/01/18: 1.5% rate increase on all covered services

07/01/17: 3% rate decrease on all covered services

07/01/16: ~2% rate increase on all covered services

01/01/16: 1% rate increase on all covered services

Additional Details

For children under 21, pregnant women, the blind, and nursing facility residents (including ICF/ID), covered services under the dental program include, in part, the following: examinations; fillings; sealants; prophylaxis; fluoride treatments; extractions; anesthesia; crowns; injections; oral surgery; periodontal treatment (in limited cases); pulp treatment; restoration; root canal therapy; x-rays; and dentures (full or partial), denture adjustments or repairs, and denture duplication or relines. Orthodontic services, the field of dentistry associated with the correction of abnormally positioned or misaligned teeth, are available only to children under age 21 for the most severe malocclusions.

Coverage for adults for dental services in tiers 1-6 was added effective January 2016. Expanded coverage of dental services for adults in Missouri include preventive services, restorative services, periodontal treatment, oral surgery, extractions, radiographs, pain evaluation and relief, infection control and general anesthesia. Prior to January 2016, MO HealthNet only covered dental services for adults age 21 and over (except individuals noted above) if the dental care was related to trauma of the mouth, jaw, teeth or other contiguous sites as a result of injury, or for the treatment of a medical condition without which the health of the individual would be adversely affected. Treatment for such a medical condition would require a written referral from the participant's physician stating that the absence of dental treatment would adversely affect a stated pre-existing medical condition.

PROGRAM DESCRIPTION

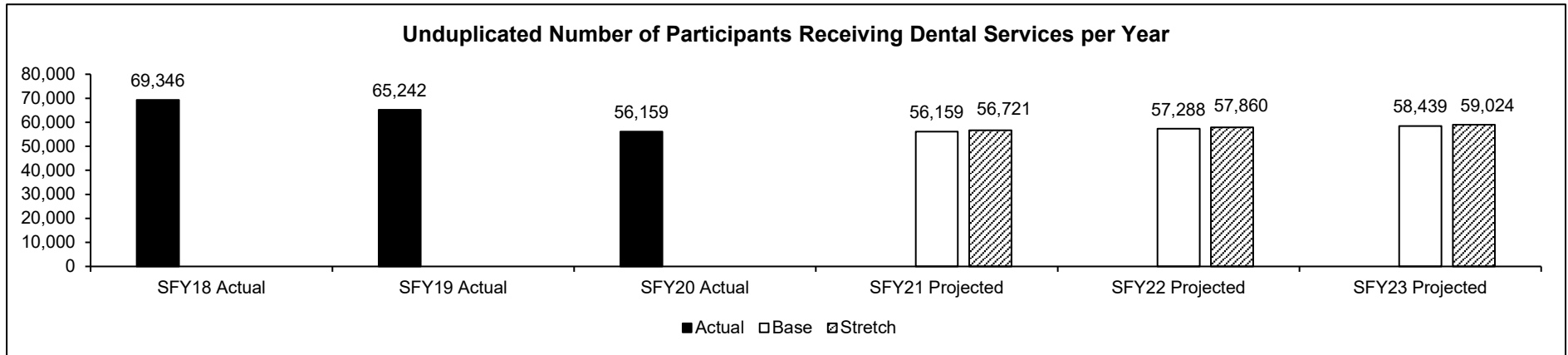
Department: Social Services

HB Section(s): 11.720

Program Name: Dental Program

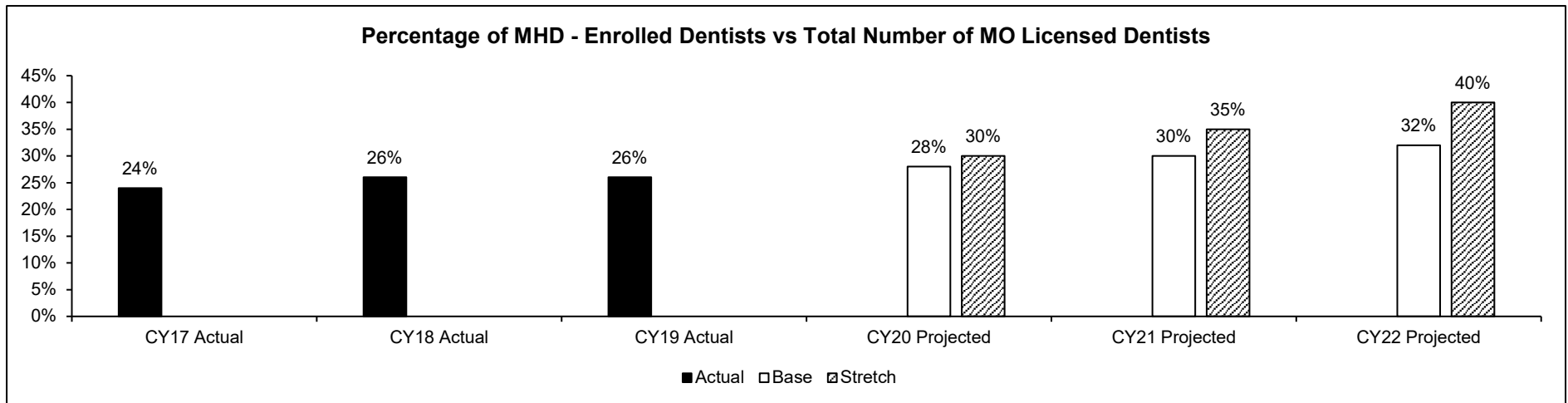
Program is found in the following core budget(s): Dental

2a. Provide an activity measure(s) for the program.



The SFY20 number is significantly lower due to COVID-19 and dental offices being closed for a period of time. Future projections are based on eligibility requirements as of 7/1/20.

2b. Provide a measure(s) of the program's quality.



PROGRAM DESCRIPTION

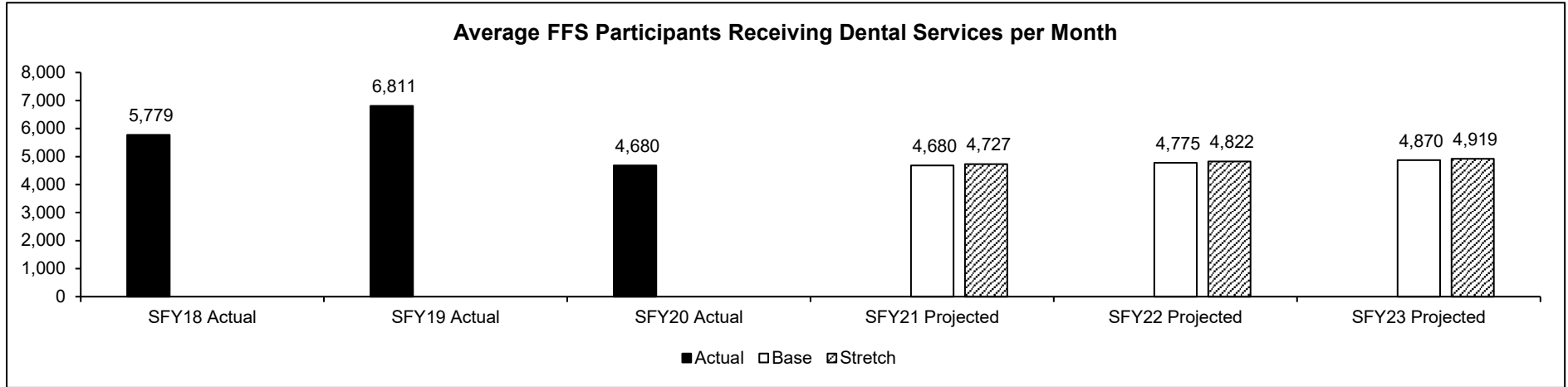
Department: Social Services

HB Section(s): 11.720

Program Name: Dental Program

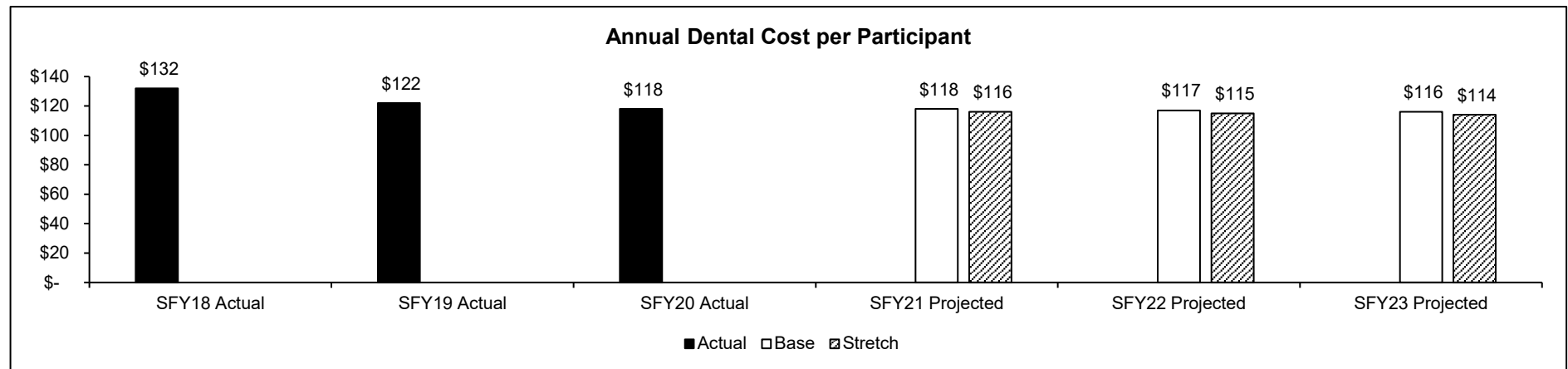
Program is found in the following core budget(s): Dental

2c. Provide a measure(s) of the program's impact.



The SFY20 number is significantly lower due to COVID-19 and dental offices being closed for a period of time. Future projections are based on eligibility requirements as of 7/1/20.

2d. Provide a measure(s) of the program's efficiency.

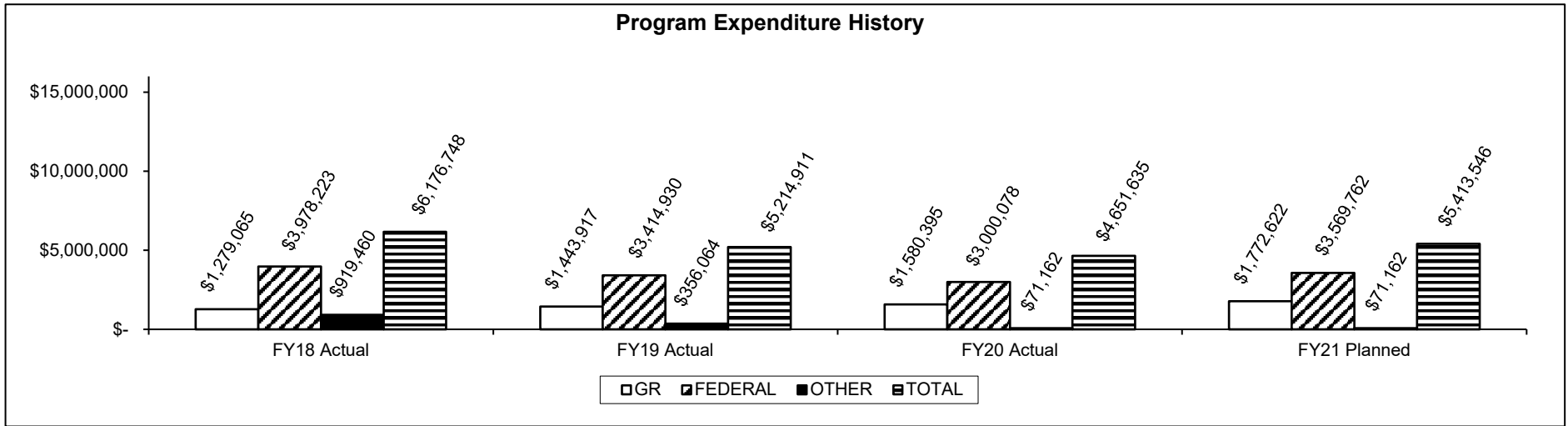


PROGRAM DESCRIPTION

Department: Social Services
 Program Name: Dental Program
 Program is found in the following core budget(s): Dental

HB Section(s): 11.720

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of reverted and reserves.

4. What are the sources of the "Other" funds?

Health Initiatives Fund (0275), Healthy Families Trust Fund (0625), Nursing Facility Reimbursement Allowance Fund (0196), Ambulance Service Reimbursement Allowance Fund (0958)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.152, RSMo. Federal law: Social Security Act Section 1905(a)(12) and (18), 1905(o). Federal regulation: 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

This program is not mandatory for adults but is mandatory for children.