MISSISSIPPI LEGISLATURE REGULAR SESSION 2018

By: Representative Brown To: Medicaid

HOUSE BILL NO. 1227

AN ACT TO BE KNOWN AS THE MEDICAID REFORM WAIVER ACT OF 2018; TO DIRECT THE EXECUTIVE DIRECTOR OF THE DIVISION OF MEDICAID TO APPLY FOR A FEDERAL WAIVER THAT WOULD ALLOW THE STATE TO TAKE CERTAIN ACTIONS REGARDING THE MEDICAID PROGRAM; TO REQUIRE THE EXECUTIVE DIRECTOR TO APPLY EACH YEAR FOR FEDERAL WAIVERS OR AMENDMENTS TO ANY PREVIOUS WAIVER APPLICATION, USING AS A BASELINE THE GUIDANCE IN THIS ACT; TO REQUIRE THE EXECUTIVE DIRECTOR TO CONFIRM EACH YEAR THE SUBMISSION OF THE SECTION 1115 WAIVER REQUESTS REQUIRED UNDER THIS ACT BY SENDING A LETTER TO CERTAIN OFFICIALS; TO REQUIRE THE EXECUTIVE DIRECTOR TO ADOPT A TARGET OF REDUCING TOTAL ANNUAL EXPENDITURES FOR THE MEDICAID PROGRAM THROUGH THE WAIVER PROCESS; AND FOR RELATED PURPOSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

SECTION 1. This act shall be known as the Medicaid Reform Waiver Act of 2018.

SECTION 2. Within ninety (90) days after the effective date of this act, the Executive Director of the Division of Medicaid shall apply to the Centers for Medicare and Medicaid Services (CMS) for a Section 1115 waiver that would allow the state to take any or all of the following actions:

(a) Require on a monthly basis a full redetermination of eligibility, including, but not limited to:

(i) Personal income and family income;

(ii) Residency;

(iii) Assets;

(iv) Employment and wages;

(v) Other government benefits;

(vi) Retirement and pension benefits;

(vii) Criminal records; and

(viii) Any other earnings and income.

(b) Require point-of-service eligibility verification;

(c) Ban retroactive eligibility;

(d) Implement enrollment freezes and caps, in particular for optional services and populations;

(e) Implement lifetime limits on services;

(f) Impose lockout periods;

(g) Implement a ban on enrollment, ranging from one (1) year to being permanent, for the failure to report a change in family income or for making a false statement regarding eligibility compliance;

(h) Require a meaningful asset test, at a minimum using federal guidelines employed before the implementation of the federal Patient Protection and Affordable Care Act;

(i) Require monthly cost-sharing, at least Twenty-five Dollars ($25.00) a month or five percent (5%) of income per month, whichever is higher;

(j) Implement balance billing;

(k) Reduce transitional Medicaid assistance to six (6) months, or the federal minimum;

(l) Incorporate direct primary care and direct surgical care arrangements;

(m) More extensively incorporate and encourage telemedicine options;

(n) Experiment with flexible polices aimed at reducing costs for mandated benefits, in particular for transportation benefits;

(o) As necessary, impose work requirements on able-bodied, working-age adults;

(p) Develop and impose meaningful copayments, above federal limits, to deter the nonemergency use of emergency departments and to deter the use of ambulance services for nonemergency transportation;

(q) Impose meaningful copayments for missed appointments;

(r) Implement health savings accounts that encourage and reward eligible persons for choosing high-value providers;

(s) Transition pregnant women and children onto private insurance by using existing Medicaid funding to offer a tax credit or limited subsidy that covers part of the premium cost;

(t) Blend funding streams for multiple programs; and

(u) Obtain a federal block grant or global budget cap in which the federal government provides the state with a defined

annual lump sum, calculated on the basis of past and existing Medicaid funding levels, adjusted annually for health care inflation.

SECTION 3. (1) On or before February 1 of each year, beginning in 2019, the Executive Director of the Division of Medicaid shall apply to the Centers for Medicare and Medicaid Services for waivers or amendments to any previous Section 1115 waiver application, using as a baseline the guidance in Section 1 of this act. The division shall consult with the chairmen of the House and Senate Medicaid Committees at least sixty (60) days before submitting the waiver. Any waiver or amendment that is currently in effect does not need to be part of this application.

(2) On or before March 1 of each year, beginning in 2019, the executive director shall confirm submission of the Section 1115 waiver requests required under this act by sending a letter to the Governor, Lieutenant Governor, Speaker of the House and Chairmen of the House and Senate Medicaid Committees.

(3) The executive director shall adopt a target of reducing total annual expenditures for the Medicaid program through the waiver process.

SECTION 4. This act shall take effect and be in force from and after its passage.