



MO HealthNet Division
Appropriation Summaries

August 15, 2008

MO HealthNet Administration

What does this appropriation support?

This appropriation funds administrative staffing, expense and equipment and contractor resources for the MO HealthNet program.

What is the authorization for this program?

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

Is this a federally mandated program?

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.

Are there federal matching requirements?

Administrative expenditures earn a 50% federal match.

How many staff are budgeted for this program?

Budgeted Staff	
FY-2006	247
FY-2007	263
FY-2008	263
FY-2009	263

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Planned
GR	\$3,770,846	\$3,715,453	\$4,320,678	\$4,520,303
FEDERAL	\$8,269,288	\$7,938,056	\$9,211,024	\$9,174,400
OTHER	\$1,221,065	\$1,884,935	\$1,853,476	\$2,102,133
TOTAL	\$13,261,199	\$13,538,444	\$15,385,178	\$15,796,836

What are the sources of other funds?

Pharmacy Rebates Fund, Third Party Liability Collections Fund, Nursing Facility Quality of Care Fund, Health Initiatives Fund, Pharmacy Reimbursement Allowance Fund and Missouri Rx Plan Fund

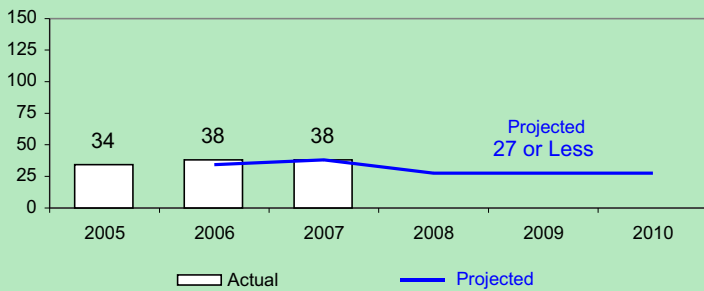
How many people have been served?

SFY	MO HealthNet Participants*	
	Actual	Projected
2005	992,622	1,005,981
2006	894,220	913,506
2007	825,899	828,004
2008		830,028
2009		834,179
2010		838,350

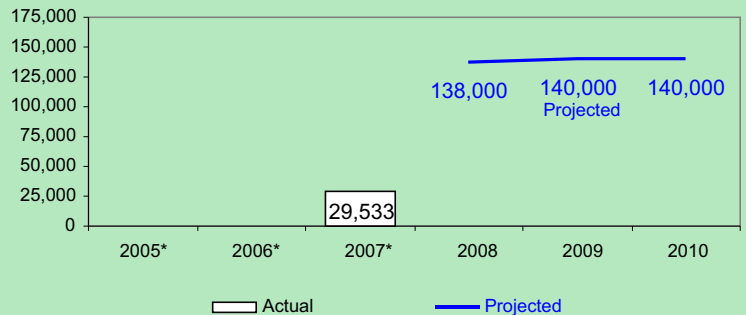
*830,795 MO HealthNet participants as of December 1, 2007

Efficiency and Effectiveness Measures:

Maintain MO HealthNet Provider Enrollment Application Backlog (in Days)



Increase MO HealthNet Participants in a Chronic Care Improvement Program



*The Chronic Care Improvement Program (CCIP) began in mid Fiscal Year 2007. Information as of June 30. Over 109,000 enrollees as of December 31, 2007.

Health Care Technology

What does this appropriation support?

This program uses technology to improve the delivery of care, reduce administrative burdens, and reduce waste, fraud and abuse.

What is the authorization for this program?

HB 11.405

Is this a federally mandated program? No.

Are there federal matching requirements?

Expenditures for Health Care Technology that are associated with MO HealthNet projects earn 50% FFP and require 50% state share. Some MO HealthNet projects could be eligible for enhanced federal matching of 75% and some projects could even qualify for 90% enhanced federal matching funds. Non-MO HealthNet related projects do not earn federal match.

What are the expenditures?

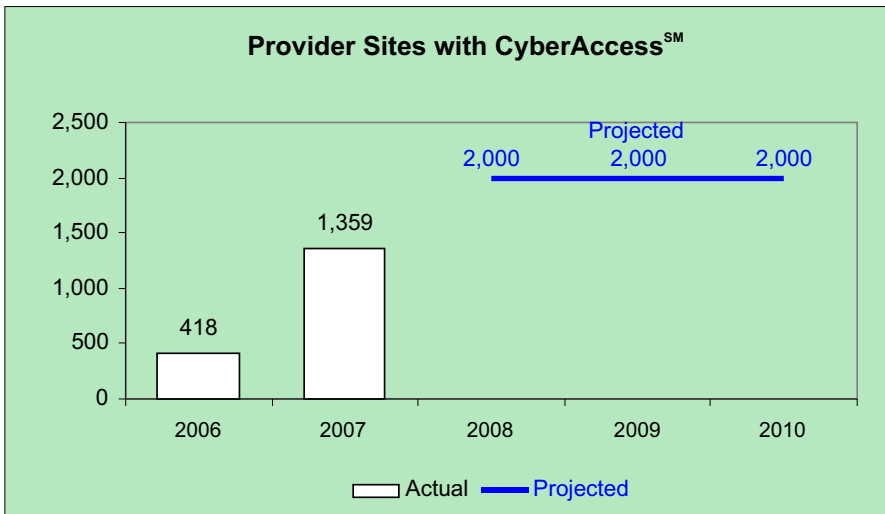
	FY 2006 Actual	FY 2007* Actual	FY 2008 Actual	FY 2009 Planned
GR	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$1,886,274	\$2,085,000	\$2,500,000
OTHER	\$0	\$2,098,549	\$2,825,000	\$5,500,000
TOTAL	\$0	\$3,984,823	\$4,910,000	\$8,000,000

*Health Care Technology Program began in FY 2007

What are the sources of other funds?

Health Care Technology Fund

Efficiency and Effectiveness Measure:



Clinical Services Program Management

What does this appropriation support?

Major initiatives include:

- Psychology and Medical Help Desk Staffing
- SmartPA for DME, including Dental and Optometry
- Major Medical PA, including Imaging
- Medical Evidence - Oregon Contract

What is the authorization for this program?

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

Is this a federally mandated program?

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.

Are there federal matching requirements?

MO HealthNet administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn \$0.50 in federal funding.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009*** Planned
GR	\$2,232,089	\$2,232,089	\$2,203,901	\$2,232,089
FEDERAL	\$3,522,788	\$3,538,643	\$3,319,161	\$7,897,292
OTHER	\$610,021	\$1,326,368	\$1,881,899	\$7,573,305
TOTAL	\$6,364,898	\$7,097,100	\$7,404,961	\$17,702,686

***Transfer of funding to support CyberAccessSM, Business Clinical and Intelligence tool from Health Care Technology section

What are the sources of other funds?

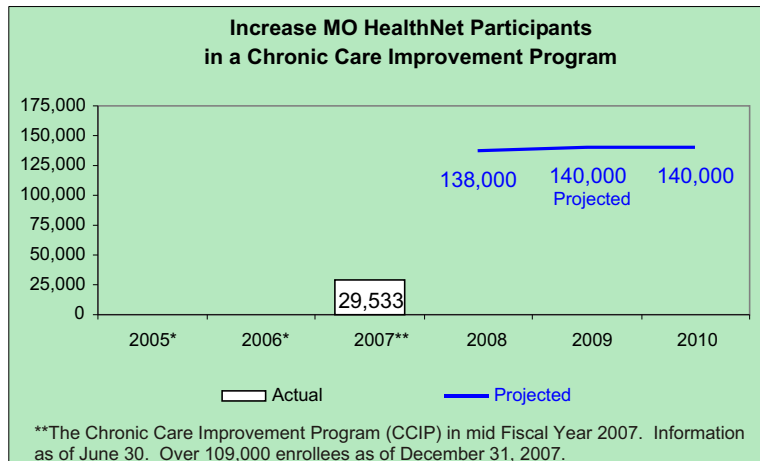
Third Party Liability Collections Fund, Missouri Rx Plan Fund, Health Care Technology Fund

How many pharmacy claims are there?

SFY	Actual	Projected
2005	19.1 mil	18.8 mil
2006*	15.3 mil	16.2 mil
2007*	9.6 mil	10.4 mil
2008		11.4 mil
2009		12.4 mil
2010		13.4 mil

*Reduction in FY 2007 due to the Medicare Modernization Act (MMA)

Efficiency and Effectiveness Measure:



Women and Minority Health Care Outreach

What does this appropriation support?

This appropriation provides client outreach and education about the MO HealthNet program with a goal to reduce disparities in health care access for women and minority populations.

The current contractor is Missouri Primary Care Association. The contractor is paid for allowable costs related to establishing and implementing outreach programs not to exceed the appropriation cap. Outreach programs are found in St. Louis, Columbia, Jefferson City, Springfield, the Bootheel and Kansas City.

What is the authorization for this program?

State statute: RSMo 208.152, 208.201
 Federal law: Social Security Act Section 1903(a)
 Federal regulations: 42 CFR, Part 433.15

Is this a federally mandated program? No.

Are there federal matching requirements?

Administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn \$0.50 in federal funding.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Planned
GR	\$546,125	\$514,783	\$529,741	\$529,741
FEDERAL	\$568,625	\$544,699	\$568,625	\$568,625
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$1,114,750	\$1,059,482	\$1,098,366	\$1,098,366

What are the sources of other funds?

Not applicable

Who is eligible?

Services are directed toward low-income women and minorities who are uninsured or eligible for MO HealthNet.

How many people have been served?

Prenatal Care Users Who Delivered During the Year		
SFY	Actual	Projected
2005	2,867	
2006	3,329	
2007	3,151	
2008		4,064
2009		4,064
2010		4,064

Number of Normal Births		
SFY	Actual	Projected
2005	2,809	
2006	2,926	
2007	2,914	
2008		3,981
2009		3,981
2010		3,981

Revenue Maximization Unit

What does this appropriation support?

These staff identify ways to earn additional federal funds and research ways to avoid costs.

What is the authorization for this program?

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

Is this a federally mandated program?

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

Are there federal matching requirements?

Administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn \$0.50 in federal funding.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Planned
GR	\$0	\$0	\$0	\$0
FEDERAL	\$64,830	\$59,871	\$73,551	\$100,133
OTHER	\$63,089	\$58,586	\$73,551	\$100,133
TOTAL	\$127,919	\$118,457	\$147,102	\$200,266

What are the sources of other funds?

Federal Reimbursement Allowance Fund

How many staff are budgeted for this program?

Budgeted Staff	
FY-2006	4
FY-2007	4
FY-2008	4
FY-2009	4

Efficiency and Effectiveness Measure:

FRA as a Funding Source in the Various Appropriations				
	2005	2006	2007	2008
Managed Care	\$116,112,906	\$109,064,837	\$109,065,009	\$109,065,009
Hospital	\$89,438,465	\$129,642,328	\$129,642,328	\$115,267,390
Women's Health Services (1115-Adult)	\$423,516	\$167,756	\$167,756	\$167,756
S-CHIP (1115 Waiver-Children)	\$8,191,223	\$7,719,204	\$7,719,204	\$7,719,204
Revenue Max Admin	\$89,286	\$89,286	\$94,850	\$97,453

Third Party Liability (TPL) Contracts

What does this appropriation support?

It provides payments for contracted TPL recovery activities and cost avoidance of MO HealthNet expenditures. TPL functions are performed by agency staff in the TPL Unit and by a contractor. The current contractor is Health Management Systems. They are paid for services through a 6.75% contingency contract rate for cash recoveries. The third-party recovery program accounted for more than \$175.3 million in savings for the state MO HealthNet program in FY 2007 through TPL recoveries and avoiding claims. Health plans in the MO HealthNet Managed Care program are responsible for the collection of TPL from commercial health insurance for plan enrollees.

What is the authorization for this program?

State statute: RSMo 208.153, 208.215
 Federal law: Social Security Act, Section 1902, 1903, 1906, 1912, 1917
 Federal regulation: 42 CFR 433 Subpart D

Is this a federally mandated program?

Yes, if cost effective. In order to not pursue a TPL claim, the agency must obtain a waiver from Centers for Medicare & Medicaid Services by proving that a cost recovery effort is not cost effective.

Efficiency and Effectiveness Measures:

Third Party Liability Recoveries as a Percentage of Total Fee for Service Expenditures		
SFY	Actual	Projected
2005	2.7%	
2006	2.8%	3.0%
2007	3.8%	3.0%
2008		3.9%
2009		3.9%
2010		3.9%

Cash Recoveries by MHD Staff		
SFY	Actual	Projected
2005	\$24.6 mil	\$21.0 mil
2006	\$31.0 mil	\$23.6 mil
2007	\$29.2 mil	\$28.0 mil
2008		\$32.0 mil
2009		\$32.0 mil
2010		\$32.0 mil

Cash Recoveries by Contractor		
SFY	Actual	Projected
2005	\$13.7 mil	\$46.0 mil
2006	\$26.0 mil	\$25.0 mil
2007	\$18.3 mil	\$21.9 mil
2008		\$16.5 mil
2009		\$16.5 mil
2010		\$16.5 mil

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Planned
GR	\$0	\$0	\$0	\$0
FEDERAL	\$958,176	\$644,438	\$884,659	\$1,000,000
OTHER	\$957,404	\$644,438	\$884,659	\$1,000,000
TOTAL	\$1,915,580	\$1,288,876	\$1,769,318	\$2,000,000

What are the sources of other funds?

Third Party Liability Collections Fund

Are there federal matching requirements?

Administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn \$0.50 in federal funding.

Information Systems

What does this appropriation support?

It supports processing fee for service claims and managed care encounter data through a contractor for the Medicaid Management Information System (MMIS). It also provides for operation of the Medicaid Fraud and Abuse Detection System and the Program Enrollment Unit.

The primary function of Information Systems (IS) is to provide the tools and data needed to support administrative and financial decisions and to process fee-for-service claims and MO HealthNet managed care encounter data. IS focuses on the gathering, maintenance, analysis and output of information and data related to claims and a multitude of claims-related interfaces. It is additionally responsible for providing the software and hardware support needed to measure, analyze, assess and manipulate this information in the process of decision making and formulating and testing new systems.

The Fraud and Abuse Detection System (FADS) was implemented in October 2004. This system is designed to maximize the return on investment in fraud and abuse programs.

The Provider Enrollment Unit is responsible for maintaining the records for all providers enrolled in MO HealthNet.

What is the authorization for this program?

State statute: RSMo 208.201
 Federal law: Social Security Act Section 1902(a)(4) and 1903(a)(3)
 Federal Regulation 42 CFR Part 433 Subpart C

How many claims have been processed?

Payment Claims and Encounter Claims Processed		
SFY	Actual	Projected
2005	82.0 mil	84.3 mil
2006	81.1 mil	86.1 mil
2007	75.6 mil	85.2 mil
2008		85.2 mil
2009		89.4 mil
2010		93.9 mil

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Planned
GR	\$5,395,629	\$5,472,921	\$5,526,494	\$5,526,494
FEDERAL	\$18,542,731	\$18,075,560	\$23,120,441	\$51,521,637
OTHER	\$0	\$161,000	\$363,267	\$5,296,733
TOTAL	\$23,938,360	\$23,709,481	\$29,010,202	\$62,344,864

What are the sources of other funds?

Healthcare Technology Fund

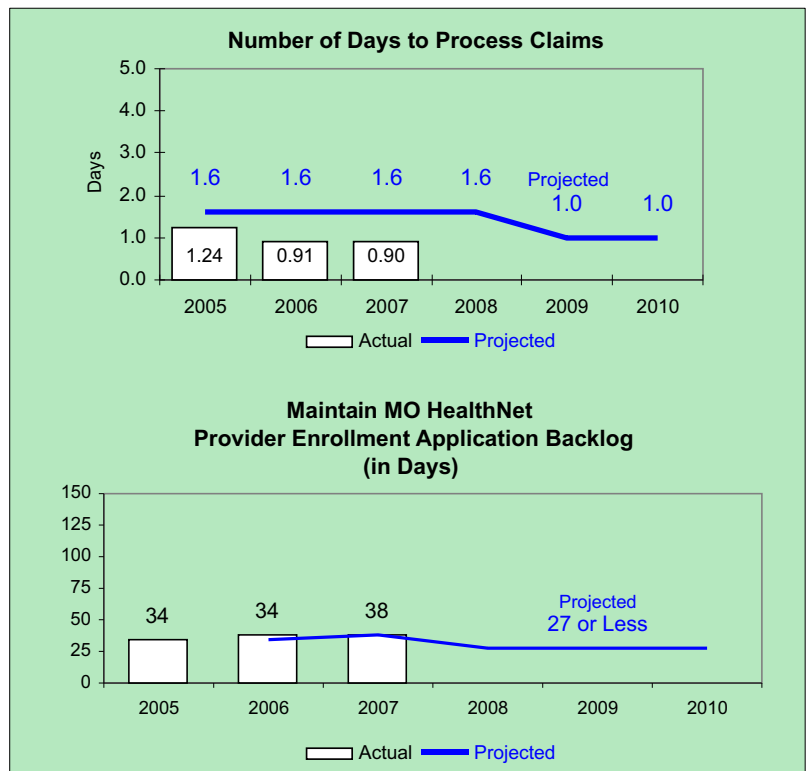
Are there federal matching requirements?

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. Approved system enhancements earn 90% FFP and require 10% state share. Postage earns 50% FFP and requires 50% state share.

Is this a federally mandated program?

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.

Efficiency and Effectiveness Measures:



MO HealthNet Managed Care Enrollment

What does this appropriation support?

It provides payment for the Health Benefit Manager Contract. The contractor provides all enrollment services for the MO HealthNet Managed Care program.

The current contractor is Policy Studies, Inc. As of July 1, 2008, enrollment broker activities will be assumed by Infocrossing, Inc. The current contractor is paid a firm, fixed price per member, per month. Infocrossing, Inc., will be paid a flat rate for enrollment services.

Efficiency and Effectiveness Measure:

Percent of Enrollees Who Chose Their Own Plan		
SFY	Actual	Projected
2005	94.18%	
2006	92.48%	
2007	93.00%	
2008		95.00%
2009		95.00%
2010		95.00%

What is the authorization for this program?

State statutes: RSMo 208.166
 Federal law: Social Security Act Section 1915(b), 1115 Waiver
 Federal regulation: 42 CFR 438

Is this a federally mandated program? No.

Are there federal matching requirements?

Administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn \$0.50 in federal funding.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 actual	FY 2009 Planned
GR	\$0	\$0	\$0	\$152,775
FEDERAL	\$1,587,162	\$1,174,174	\$1,894,732	\$2,067,613
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$1,587,162	\$1,174,174	\$1,894,732	\$2,220,388

What are the sources of other funds?

Not applicable

How many people have been served?

Managed Care Enrollees		
SFY	Actual	Enrollees
2005	426,873	
2006	379,795	439,679
2007	349,391	371,895
2008		401,097
2009		402,071
2010		402,071

Health Care Home Enrollment

What does this appropriation support?

It provides payment for a contract with an enrollment broker to help MO HealthNet participants select a health care home and a health care home coordinator.

What is the authorization for this program?

State statutes: RSMo 208.950

Is this a federally mandated program? No.

Are there federal matching requirements?

Administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn \$0.50 in federal funding.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008* Actual	FY 2009* Planned
GR	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$0	\$0	\$0	\$0

*New appropriation section for FY 2008; FY 2009 funding transferred to MO HealthNet Participant Case Management

What are the sources of other funds?

Not applicable

How many people have been served?

SFY	MO HealthNet Participants*	
	Actual	Projected
2005	992,622	1,005,981
2006	894,220	913,506
2007	825,899	828,004
2008		830,028
2009		834,179
2010		838,350

*830,795 MO HealthNet participants as of December 1, 2007

MO HealthNet Participant Case Management

What does this appropriation support?

It provides payment for the enrollment broker to help MO HealthNet participants select a health care home and health care home coordinator and to provide payment for an annual health risk assessment.

What is the authorization for this program?

State statutes: RSMo 208.950

Is this a federally mandated program? No.

Are there federal matching requirements?

Administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn \$0.50 in federal funding. States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY 2009 is a blended 63% federal match. The state matching requirement is 37%.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Planned
GR	\$0	\$0	\$0	\$13,117,035
FEDERAL	\$0	\$0	\$0	\$13,117,035
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$0	\$0	\$0	\$26,234,070

*New for FY 2009 - Funding transferred from Health Care Home Enrollment, Physicians, Women's Health Services and SCHIP

What are the sources of other funds?

Not applicable

How many people have been served?

SFY	MO HealthNet Participants**	
	Actual	Projected
2005	992,622	1,005,981
2006	894,220	913,506
2007	825,899	828,004
2008		830,028
2009		834,179
2010		838,350

**830,795 MO HealthNet participants as of December 1, 2007

Pharmacy

What does this appropriation support?

It provides funding for prescription drugs produced by manufacturers with a rebate agreement with the federal Department of Health and Human Services (HHS), and dispensed by qualified providers to fee-for-service enrollees.

Since January 1, 1991, the MO HealthNet program has provided reimbursement for all outpatient drugs (except for those which are specifically excluded or for which prior authorization is necessary) for which there is a manufacturer's rebate agreement. While over-the-counter preparations do not require a prescription for sale to the general public, a prescription for those selected types of over-the-counter products that qualify for MO HealthNet coverage is required for the product to be reimbursable. In general terms, MO HealthNet drug reimbursement is made at the lower of: the Wholesale Acquisition Cost (WAC) plus 10%; the Federal Upper Limit (FUL); the Missouri Maximum Acquisition Cost (MAC); or the billed charge.

What is the authorization for this program?

State statutes: RSMo 208.152, 208.166
 Federal law: Social Security Act Section 1902(a)(12) Federal regulation: 42 CFR 440.120

Is this a federally mandated program?

Yes for children. No for adults.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY 2009 is a blended 63% federal match. The state matching requirement is 37%.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Planned
GR	\$204,737,780	\$127,912,672	\$97,921,680	\$150,526,710
FEDERAL	\$560,010,979	\$329,734,279	\$365,236,061	\$495,949,949
OTHER	\$136,484,679	\$85,619,088	\$138,232,429	\$109,900,054
TOTAL	\$901,233,438	\$543,266,039	\$601,390,170	\$756,376,713

What are the sources of other funds?

Pharmacy Reimbursement Allowance Fund, Pharmacy Rebates Fund, Health Initiatives Fund, Healthy Families Trust Fund-Health Care Account in FY 2006 and FY 2007; Third Party Liability Fund; Healthy Families Trust Fund in FY 2008 and FY 2009; Premium in FY 2007 through 2009; Life Science Research Trust Fund available in FY 2007 through FY 2009

Who is eligible?

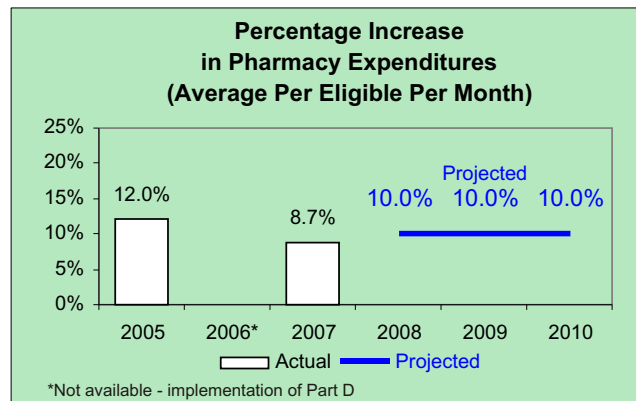
Pharmacy services are available to all MO HealthNet participants. Where MC+ managed care has been implemented, enrollees have pharmacy services available through managed care health plans.

How many people have been served?

Number of Pharmacy Claims			Average Monthly Pharmacy Users		
SFY	Actual	Projected	SFY	Actual	Projected
2005	19.1 mil	18.8 mil	2005	291,081	
2006*	15.3 mil	16.2 mil	2006*	243,447	
2007*	9.6 mil	10.4 mil	2007*	198,540	188,900
2008		11.4 mil	2008		214,400
2009		12.4 mil	2009		239,900
2010		13.4 mil	2010		265,400

*Reduction in FY 2007 due to the Medicare Modernization Act (MMA)

Efficiency and Effectiveness Measure:



Pharmacy - Medicare Part D Clawback

What does this appropriation support?

The Medicare Prescription Drug, Improvement and Modernization Act (MMA) of 2003 requires that all individuals who are eligible for both Medicare and MO HealthNet begin receiving their prescription drugs through the Medicare Part D program. This change resulted in a significant shift in benefits for elderly and disabled dual eligible beneficiaries because they receive their drugs through a prescription drug plan (PDP) rather than through the state MO HealthNet program.

Beginning in January 2006, states were required to make a monthly payment to the federal government to, in effect, re-direct the money that the states would have spent on providing prescription drugs to beneficiaries in MO HealthNet. 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 MO HealthNet matching 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, beginning with 90% in 2006 and phasing down to 75% in 2015.

The federal government refers to this payment as the "phased-down state contribution", whereas the states refer to the payment as the "clawback". This clawback payment is, in effect, a funding source for the Medicare Part D program. In theory, it uses the General Revenue that the state would have paid for the MO HealthNet pharmacy benefit for funding the Part D program.

What is the authorization for this program?

Medicare Prescription Drug, Improvement and Modernization Act (MMA) of 2003

Is this a federally mandated program?

Yes, the states 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.

Are there federal matching requirements? No.

What are the expenditures?

	FY 2006*	FY 2007	FY 2008	FY 2009
	Actual	Actual	Actual	Planned
GR	\$87,628,920	\$174,536,233	\$169,014,558	\$175,000,000
FEDERAL	\$0	\$0	\$0	\$1
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$87,628,920	\$174,536,233	\$169,014,558	\$175,000,001

*Program began in FY 2006

What are the sources of other funds?

Not applicable

Who is eligible?

MO HealthNet dual eligibles (Medicare/Medicaid)

How many people have been served?

SFY	Dual Eligibles	
	Actual	Projected
2006	130,000	
2007	128,000	
2008		129,000
2009		133,200
2010		133,200

Missouri Rx Plan

What does this appropriation support?

It is a pharmacy benefit program for MO HealthNet dual eligibles (Medicare/Medicaid) and certain seniors and persons with disabilities below 200% of the federal poverty level (FPL). The program provides a wraparound benefit for those enrolled in Medicare's (Part D) prescription drug program.

SB 539 (2005) established a state pharmaceutical assistance program known as the Missouri Rx Plan. The purpose of this program is to coordinate pharmaceutical benefits between the Missouri Rx plan and the federal Medicare Part D drug program for MO HealthNet dual eligibles (Medicare/Medicaid) and other seniors and disabled Missourians below 200% of FPL. The Missouri Rx plan pays for 50% of members' out of pocket costs remaining after their Medicare Prescription Drug Plan pays. Missouri Rx pays for 50% of the deductible, 50% of the co-pays before the coverage gap, 50% of the coverage gap and 50% of the co-pays in the catastrophic coverage.

What is the authorization for this program?

State: RSMo 208.780 through 208.798
 Federal law: Medicare Prescription Drug Improvement and Modernization Act of 2003, PL108-173.

Is this a federally mandated program?

No. This program is funded with 100% state sources.

Are there federal matching requirements? No.

What are the expenditures?

	FY 2006*	FY 2007	FY 2008	FY 2009
	Actual	Actual	Actual	Planned
GR	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$2,405,654	\$7,009,253	\$13,228,334	\$19,602,166
TOTAL	\$2,405,654	\$7,009,253	\$13,228,334	\$19,602,166

*New program in January 2006 (FY 2006)

What are the sources of other funds?

Missouri Rx Plan Fund, Healthy Families Trust Fund available in FY 2008 and FY 2009

Who is eligible?

In FY 2007, the Missouri Rx program was expanded to include individuals enrolled in a Medicare Part D Prescription Drug Program who are below 200% of Federal Poverty Level (FPL), including full and partial duals. Approximately 200 non-duals and 1,000 partial and full duals are added to the program each month.

How many people have been served?

Average Monthly MoRx Users		
SFY	Actual	Projected
2005*	n/a	
2006	155,000	
2007	172,000	
2008		186,400
2009		200,800
2010		215,200
Number of MoRx Claims		
SFY	Actual	Projected
2005*	n/a	
2006	1.54 mil*	
2007	4.40 mil	
2008		6.35 mil
2009		6.83 mil
2010		7.32 mil

*New program in January 2006 (FY 2006)

Physicians

What does this appropriation support?

It supports payment for services provided to fee-for-service MO HealthNet participants for physicians, psychologists, clinics, lab and x-ray, nurse midwife, podiatry, certified registered nurse anesthetist, anesthesiologist assistant, independent diagnostic testing facility, rural health clinic, nurse practitioner and federally qualified health centers.

What is the authorization for this program?

State statutes: RSMo 208.153, 208.166
 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

Is this a federally mandated program?

Yes, if the state elects to have a Medicaid program. (Some services are optional: podiatry, clinics, nurse practitioners and certified nurse anesthetist.)

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY 2009 is a blended 63% federal match. The state matching requirement is 37%.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Planned
GR	\$136,366,909	\$150,961,564	\$163,365,384	\$169,168,874
FEDERAL	\$238,506,307	\$264,529,689	\$296,703,636	\$315,391,448
OTHER	\$4,022,128	\$4,157,259	\$4,194,685	\$4,157,259
TOTAL	\$378,895,344	\$419,648,512	\$464,263,705	\$488,717,581

What are the sources of other funds?

Third Party Liability Collections Fund, Health Initiatives Fund; Healthy Families Trust Fund-Health Care Account in FY 2007 and Healthy Families Trust Fund available in FY 2008 and FY 2009

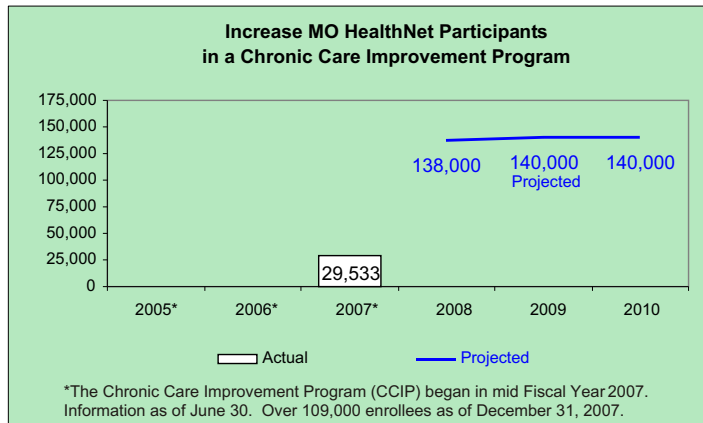
Who is eligible?

Physician services are available to fee for service MO HealthNet participants. In the regions of the state where managed care has been implemented, enrollees have physician services available through the MO HealthNet managed care health plan.

How many people have been served?

	Average Monthly Physician Users	
	Actual	Projected
2005	232,693	228,424
2006	219,015	233,020
2007	207,071	229,966
2008		223,599
2009		229,053
2010		229,092

Efficiency and Effectiveness Measure:



Dental

What does this appropriation support?

It provides payment for dental services for MO HealthNet participants. Dental services are typically those diagnostic, preventative and corrective procedures provided by a licensed dentist or dental hygienist performing within his/her scope of practice. The dentist must be enrolled in the MO HealthNet program. Generally, dental services include: 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 general oral health of a participant.

What is the authorization for this program?

State statutes: RSMo 208.152, 208.166
 Federal law: Social Security Act Section 1905(a)(10)
 Federal regulation: 42 CFR 440.100

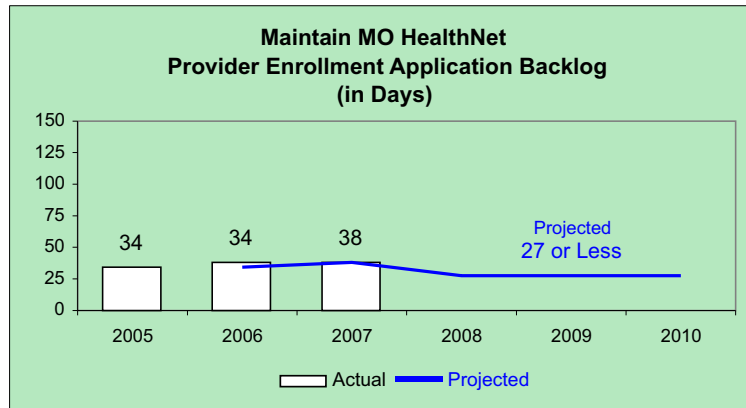
Is this a federally mandated program?

No for adults. Yes for children.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY 2009 is a blended 63% federal match. The state matching requirement is 37%.

Efficiency and Effectiveness Measure:



What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Planned
GR	\$2,934,135	\$2,581,993	\$2,891,464	\$3,949,391
FEDERAL	\$6,355,215	\$5,664,920	\$6,351,983	\$8,332,660
OTHER	\$917,800	\$917,800	\$919,935	\$917,800
TOTAL	\$10,207,150	\$9,164,713	\$10,163,382	\$13,199,851

What are the sources of other funds?

Health Initiatives Fund; Healthy Families Trust Fund-Health Care Account in FY 2006 through FY 2007; Healthy Families Trust Fund in FY 2008 and FY 2009

Who is eligible?

Effective September 1, 2005 dental services were available only to MO HealthNet participants who are children, pregnant women, the blind and nursing facility residents. Dental services were available to other adults if the dental care was related to trauma or a disease/medical condition. Qualified Medicare Beneficiaries (QMBs) are not eligible for dental services. In the regions of the state where managed care has been implemented, children and pregnant women have dental services available through the managed care health plans.

Dental services for adults have been reinstated with SB 577 during the 94th General Assembly; however, no appropriations were allocated for these services.

How many people have been served?

Users of Dental Services Average/Month		
	Actual	Projected
2005	16,039	15,624
2006	9,286	7,293
2007	5,959	11,605
2008	-	7,082
2009	-	8,416
2010	-	10,002
Average Monthly Units of Service Per User		
	Actual	Projected
2005	4.07	4.50
2006	4.18	4.15
2007	4.26	4.29
2008	-	4.34
2009	-	4.42
2010	-	4.50

Premium Payments

What does this appropriation support?

It pays for health insurance premiums for eligible participants. Payments include premiums for Medicare Part A, Medicare Part B and group health insurance premiums provided under the Health Insurance Premium Payment (HIPP) program. Payment of these premiums transfers medical costs from MO HealthNet to Medicare and other payers.

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Planned
GR	\$47,321,576	\$51,109,185	\$52,929,561	\$53,660,706
FEDERAL	\$73,353,870	\$85,114,287	\$91,139,798	\$94,501,846
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$120,675,446	\$136,223,472	\$144,069,359	\$148,162,552

What are the expenditures?

What are the sources of other funds?

Not applicable

What is the authorization for this program?

State statute: RSMo 208.153
 Federal law: Social Security Act Section 1905(p)(1), 1902(a)(10) and 1906
 Federal regulation: 42 CFR 406.26 and 431.625

Who is eligible?

- Part A (Hospital) premium payment can be made for:
 - Qualified Medicare Beneficiaries (QMBs)
 - Qualified Disabled Working Individuals
- Part B (Medical) premium payment can be made for:
 - Individuals that meet certain income standards
 - Qualified Medicare Beneficiaries (QMBs)
 - Specified Low-Income Medicare Beneficiaries (SLMBs)
- HIPP:
 - Provisions of OBRA 90 require states to purchase group health insurance for a MO HealthNet participant when it is more cost effective to buy health insurance to cover medical care than to pay for an equivalent set of services with MO HealthNet funds.

Is this a federally mandated program?

Yes, if the state elects to have a Medicaid program.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY 2009 is a blended 63% federal match. The state matching requirement is 37%.

How many people have been served?

Participants Receiving Premium Payment						
FY	Part A		Part B		HIPP	
	Actual	Projected	Actual	Projected	Actual	Projected
2005	792	766	106,394	105,480	7,953	not available
2006	859	855	110,181	111,714	8,640	8,351
2007	989	921	113,821	114,724	10,092	9,387
2008		987		119,454		10,197
2009		1,058		124,376		11,079
2010		1,134		129,500		12,037

Efficiency and Effectiveness Measure:

HIPP Cost Avoidance		
FY	Actual	Projected
2005	\$2.6 Mil	not available
2006	\$2.3 Mil	\$2.5 Mil
2007	\$3.4 Mil	\$2.5 Mil
2008		\$3.3 Mil
2009		\$3.3 Mil
2010		\$3.3 Mil

Nursing Facilities

What does this appropriation support?

It provides payment for long term nursing care for MO HealthNet Participants.

What is the authorization for this program?

State statutes: RSMo 208.152, 208.153

Federal law: Social Security Act Section 1905(a)(4)

Federal regulations: 42 CFR 440.40 and 440.210

Is this a federally mandated program?

Yes, for people over age 21.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY 2009 is a blended 63% federal match. The state matching requirement is 37%.

What is the average per diem?

Average Per Diem Rate	
SFY	Actual
2005	\$108.95
2006	\$107.95
2007	\$111.12
2008	\$120.12
2009	
2010	

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Planned
GR	\$102,585,653	\$127,882,900	\$141,336,243	\$163,427,935
FEDERAL	\$270,226,830	\$293,416,833	\$333,690,534	\$382,526,756
OTHER	\$61,899,676	\$53,966,410	\$61,109,459	\$61,127,432
TOTAL	\$434,712,159	\$475,266,143	\$536,136,236	\$607,082,123

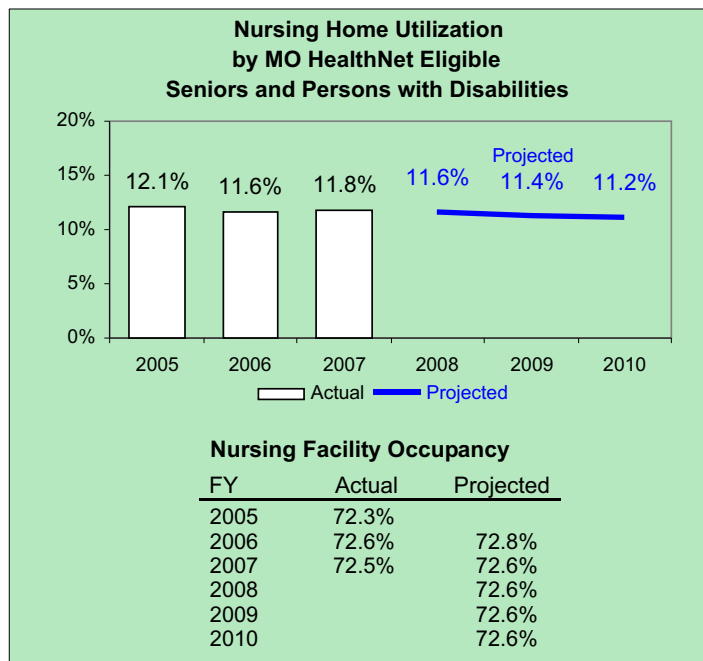
What are the sources of other funds?

Uncompensated Care Fund, Nursing Facility Federal Reimbursement Allowance, Healthy Families Trust Fund-Health Care Account available in FY 2006 and FY 2007; Third Party Liability Collections Fund and Healthy Families Trust Fund in FY 2008 and FY 2009

How many people have been served?

Average Monthly MO HealthNet Nursing Facility Users			MO HealthNet Paid Patient Days		
FY	Actual	Projected	FY	Actual	Projected
2005	25,677	24,500	2005	8.9 mil	9.1 mil
2006	24,842	26,447	2006	8.8 mil	9.0 mil
2007	24,395	25,000	2007	8.5 mil	8.8 mil
2008		25,000	2008		8.7 mil
2009		25,000	2009		8.7 mil
2010		25,000	2010		8.8 mil

Efficiency and Effectiveness Measures:



Home Health & PACE

What does this appropriation support?

It funds Home Health services and Program for All Inclusive Care for the Elderly (PACE). These programs help MO HealthNet participants remain in their homes instead of seeking institutional care.

Home Health - Home health services provide primarily medically oriented treatment or supervision, on an intermittent basis, to homebound individuals with an acute illness which can be therapeutically managed at home. The care follows a written plan of treatment established and reviewed every 62 days by a physician. Services included in the Home Health benefit are skilled nursing; home health aide; physical, occupational and speech therapies; and supplies.

Home health services are reimbursed on a per visit basis which is a personal contact for a period of time, not to exceed 3 hours in a client's home. Payment for the visit is the lower of the provider's actual billed charge or the MO HealthNet agency established capped amount.

The current MO HealthNet cap is \$63.27. The cap was increased by \$0.48 (from \$62.79) in FY 2008.

PACE (Program of All-Inclusive Care for the Elderly)- PACE maximizes each participant's potential and continued residence in the home and community by providing preventive primary care and supports to the individual while in their home and community. In other words, PACE helps the participant stay as independent as possible. The PACE organization is the individual's sole source provider, guaranteeing access to services but not to a specific provider. It provides a full range of preventive, primary, acute, and long-term care services 24 hours per day, 7 days per week, in an adult day health center setting. All medical services the individual requires while enrolled in PACE are the financial responsibility of the PACE provider.

PACE combines adult day settings, home care, interdisciplinary teams, transportation systems, and capitated payment systems so that providers can respond to the unique needs of each frail, elderly individual served.

What is the authorization for this program?

State statute: RSMo 208.152, 208.168
 Federal law: Social Security Act Sections 1894, 1905(a), 1905(a)(24), 1905(a)(7), 1915(c), 1934
 Federal Regulations: 42 CFR 440.170(f), 440.210, 440.130, 440.180 and 460

Is this a federally mandated program?

Home health is mandatory and PACE is optional.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY 2009 is a blended 63% federal match. The state matching requirement is 37%.

What are the expenditures?

	FY 2006*	FY 2007*	FY 2008	FY 2009
	Actual	Actual	Actual	Planned
GR	\$0	\$4,495,374	\$3,943,759	\$4,416,384
FEDERAL	\$0	\$6,689,407	\$6,675,500	\$7,761,339
OTHER	\$0	\$0	\$69,563	\$154,526
TOTAL	\$0	\$11,184,781	\$10,688,822	\$12,332,249

*In FY 2006 Home Health and PACE were transferred to Department of Health and Senior Services. In FY 2007 they were transferred back to Department of Social Services.

What are the sources of other funds?

Health Initiatives Fund

Who is eligible for these services and how many people have been served?

Home Health services are available to all MO HealthNet participants, however, certain criteria (medical need or age requirement) must be met before participants can receive services.

PACE participants include dual eligibles, MO HealthNet participants and Medicare only eligibles.

Average Monthly Users of Home Health Services		
SFY	Actual	Projected
2005	1,030	
2006	840	
2007	909	
2008		840
2009		840
2010		840

PACE Recipients		
SFY	Actual	Projected
2005	164	
2006	162	
2007	162	
2008		187
2009		197
2010		225

Nursing Facilities Electronic Pilot Project

What does this appropriation support?

This program funds an electronic pilot project in one or more skilled nursing facilities in Greene County to study the cost effectiveness of electronic health records in long term care and the financial benefit to MO HealthNet.

What is the authorization for this program?

State statutes: HB 11.472

Is this a federally mandated program? No

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY 2009 is a blended 63% federal match. The state matching requirement is 37%.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008* Actual	FY 2009 Planned
GR	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$0	\$0	\$0	\$450,000
TOTAL	\$0	\$0	\$0	\$450,000

*FY 2008 - New section

What are the sources of other funds?

Nursing Facility Quality of Care Fund

Rehab and Specialty Services

What does this appropriation support?

It provides payment for audiology, optometrics, durable medical equipment, ambulance, rehabilitation services, hospice, comprehensive day rehabilitation, disease management and diabetes self-management training for MO HealthNet participants.

What is the authorization for this program?

State statute: RSMo 208.152
 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

Is this a federally mandated program?

No for adults. Yes for children.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY 2009 is a blended 63% federal match. The state matching requirement is 37%.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Planned
GR	\$40,668,735	\$49,400,657	\$55,458,606	\$76,686,657
FEDERAL	\$67,868,494	\$85,697,994	\$1,580,398	\$130,741,565
OTHER	\$1,020,780	\$1,020,780	\$98,115,623	\$1,020,780
TOTAL	\$109,558,009	\$136,119,431	\$155,154,627	\$208,449,002

What are the sources of other funds?

Health Initiatives Fund, Healthy Families Trust Fund-Health Care Account for FY 2006 and FY 2007; Healthy Families Trust Fund in FY 2008 and FY 2009

Who is eligible?

Rehab and specialty services are available to certain MO HealthNet participants who are under the age of 21, pregnant, blind or reside in a nursing home. In those regions of the state where managed care has been implemented, participants have rehab and specialty services available through the managed care health plans.

How many people have been served?

Average Monthly Users of Rehab and Specialty Services		
SFY	Actual	Projected
2005	51,178	53,524
2006	45,849	8,526
2007	45,547	45,391
2008		45,641
2009		45,641
2010		45,641

Average Monthly DME Users		
SFY	Actual	Projected
2005	25,327	28,534
2006	24,617	2,139
2007	23,410	23,031
2008		23,031
2009		23,031
2010		23,031

Average Monthly Hospice Users		
SFY	Actual	Projected
2005	1,317	1,038
2006	1,295	1,305
2007	1,518	1,305
2008		1,305
2009		1,305
2010		1,305

Non-Emergency Medical Transportation (NEMT)

What does this appropriation support?

It provides payments for NEMT for MO HealthNet participants who do not have access to free transportation to scheduled MO HealthNet covered services.

What is the authorization for this program?

State statute: RSMo 208.152
Federal regulation: 42 CFR 431.53 and 440.170

Is this a federally mandated program?

Yes, state Medicaid programs must assure availability of medically necessary transportation.

Are there federal matching requirements?

NEMT services receive a federal medical assistance percentage (FMAP) on program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY 2009 is a blended 63% federal match. The state matching requirement is 37%. Services provided through public entities use state and local general revenue to transport MO HealthNet participants. MO HealthNet provides payment of the federal share for these services. These expenditures earn a 50% federal match.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Planned
GR	\$10,967,225	\$10,339,683	\$11,267,058	\$12,671,608
FEDERAL	\$20,189,561	\$21,008,731	\$23,773,504	\$28,036,082
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$31,156,786	\$31,348,414	\$35,040,562	\$40,707,690

Who is eligible?

Non-emergency medical transportation is available to MO HealthNet participants who are eligible under a federal aid category. People participating under a state only funded category (except for children up to 150% of poverty) or under a Title XXI expansion category are not eligible for NEMT services. NEMT is included in MO HealthNet Managed Care health benefits. Prior to November 2005, payments were made only for services that were provided. Since then, capitated payments are made for all participants. The number of participants reported below is an average monthly number of people for whom capitated payments were made.

There were 314,809 NEMT public entity trips taken in FY 2007.

How many people have been served?

	Average Monthly NEMT Participants		
	SFY	Actual	Projected
2006		419,558	
2007		440,695	
2008			462,419
2009			425,302
2010			425,302

Efficiency and Effectiveness Measure:

Provider	Average Number of Trips (per Month)	
	SFY	Trips
MTM	2004	65,348
MTM	2005	60,022
MTM	2006*	60,842
Logisticare	2006**	85,852
Logisticare	2007***	77,331

*Four month average
**Eight month average
***Twelve month average
Logisticare trips are net authorized.

What are the sources of other funds?

Not applicable

Managed Care

What does this appropriation support?

It provides funding for capitation payments to managed care health plans on behalf of participants enrolled in MO HealthNet managed care.

The MO HealthNet Division (MHD) operates an HMO-style managed care program, MO HealthNet Managed Care. Health plans contract with the state and are paid a monthly capitation payment for providing services for each enrollee. Participation in managed care is mandatory for certain MO HealthNet eligibility groups within the regions in operation. The Managed Care program has operated in the Eastern Region since September 1, 1995; in the Central Region since March 1, 1996; and in the Western Region since January 1, 1997. Effective January 1, 2008, MC+ Managed Care is being introduced in 17 counties contiguous to the 3 existing regions. Other counties may be added in the future.

What is the authorization for this program?

State statute: RSMo 208.166
 Federal law: Social Security Act Sections 1902(a)(4), 1903(m), 1915(b), 1932
 Federal regulations: 42 CFR 438 and 412.106

Is this a federally mandated program?

Managed care covers most services available to fee for service eligibles. As such, both mandatory and non-mandatory services are included. Services not included in managed care are available fee for service.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY 2009 is a blended 63% federal match. The state matching requirement is 37%.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Planned
GR	\$162,418,851	\$173,972,073	\$209,065,144	\$243,623,969
FEDERAL	\$511,339,232	\$473,254,464	\$586,392,935	\$701,690,242
OTHER	\$164,370,753	\$123,468,916	\$154,479,826	\$167,238,172
TOTAL	\$838,128,836	\$770,695,453	\$949,937,905	\$1,112,552,383

What are the sources of other funds?

Federal Reimbursement Allowance Fund; Health Initiatives Fund; Healthy Families Trust Fund-Health Care Account in FY 2006 and FY 2007; Medicaid Managed Care Organization Reimbursement Allowance Fund and Healthy Families Trust in FY 2008 and FY 2009

Who is eligible?

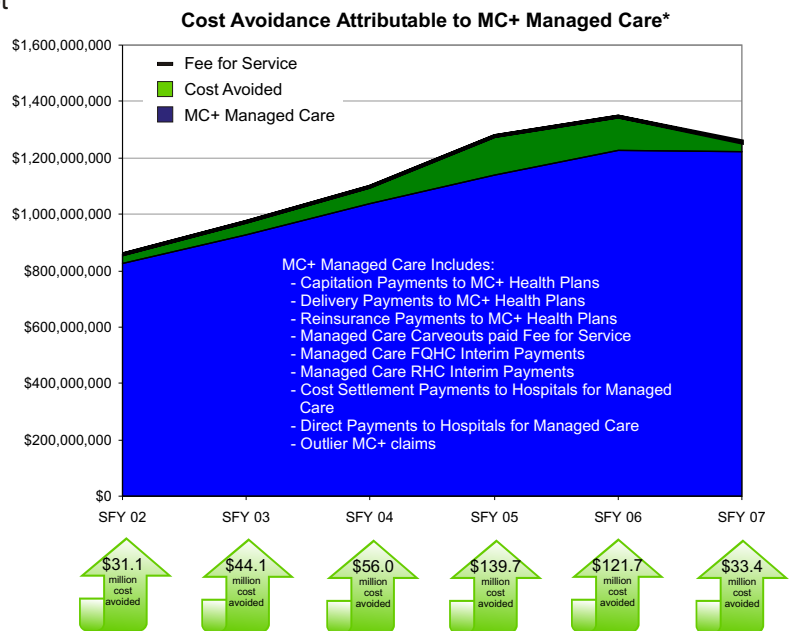
Participation in managed care for those areas of the state where it is available is mandatory for these eligibility categories:

- MO HealthNet for Families
- MO HealthNet for Kids
- MO HealthNet for Pregnant Women
- Refugees
- Children in State Care and Custody

How many people have been served?

Managed Care Enrollees (Excludes SCHIP)		
FY	Actual	Projected
2005	375,250	
2006	339,918	
2007	314,213	
2008		323,171
2009		316,449
2010		316,449

Efficiency and Effectiveness Measure:



*Note: Do not compare to prior versions. Methodology has changed.

Hospital Care

What does this appropriation support?

It provides payment for inpatient and outpatient hospital services for fee-for-service MO HealthNet participants.

What is the authorization for this program?

State statute: RSMo 208.152, 208.153
 Federal law: Social Security Act Sections 1905(a)(1) and (2), 1923(a)-(f)
 Federal regulations: 42 CFR 440.10 and 440.20

Is this a federally mandated program?

Yes, if the state elects to have a Medicaid program.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY 2009 is a blended 63% federal match. The state matching requirement is 37%.

Who is eligible?

Inpatient and outpatient services are available to all fee for service MO HealthNet participants. Where managed care has been implemented, participants have hospital services available through the managed care health plans.

How many people have been served?

Average Monthly Hospital Services Users		
FY	Actual	Projected
2005	102,883	
2006	101,917	104,941
2007	107,049	105,387
2008		111,215
2009		115,543
2010		120,040

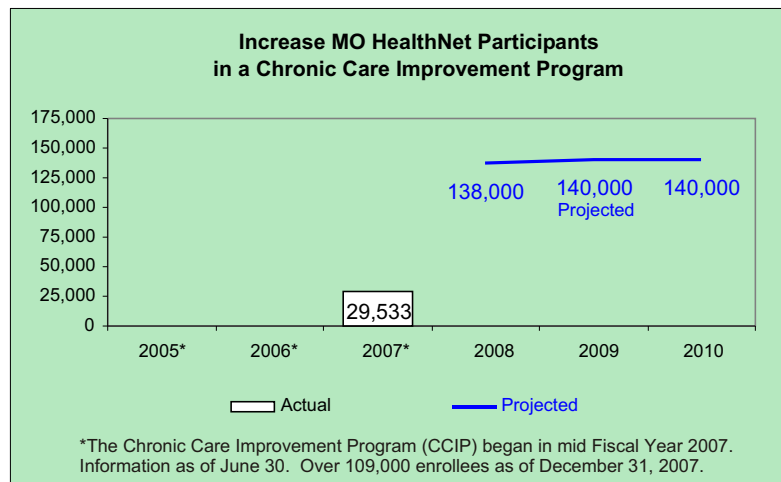
What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Planned
GR	\$20,288,779	\$35,199,607	\$46,804,796	\$29,483,608
FEDERAL	\$405,456,353	\$432,442,274	\$400,592,573	\$435,652,628
OTHER	\$228,777,632	\$232,484,125	\$214,755,678	\$232,573,342
TOTAL	\$654,522,764	\$700,126,006	\$662,153,047	\$697,709,578

What are the sources of other funds?

Uncompensated Care Fund, Federal Reimbursement Allowance Fund, Health Initiatives Fund; Healthy Families Trust-Health Care Account for FY 2006 and FY 2007; Third Party Liability Collections Fund and Healthy Families Trust Fund FY 2008 and FY 2009

Efficiency and Effectiveness Measure:



Number of Inpatient Days (Thousands)		
FY	Actual	Projected
2005	640.9	612.9
2006	458.4	698.6
2007	395.8	474.2
2008		399.8
2009		403.8
2010		407.8

Number of Outpatient Services (Thousands)		
FY	Actual	Projected
2005	6,943.2	7,064.0
2006	8,162.6	8,193.0
2007	9,754.7	9,662.1
2008		11,657.3
2009		13,931.1
2010		16,648.3

Tier 1 Safety Net Hospitals

What does this appropriation support?

It provides payments for MO HealthNet clients and the uninsured through Tier 1 safety net hospitals. Safety net hospitals traditionally see a high volume of MO HealthNet/uninsured patients. This program was established to provide a funding mechanism to enhance payments to these hospitals.

What is the authorization for this program?

State statutes: RSMo 208.152, 208.153
Federal law: Social Security Act Sections 1905(a)(1) and (2), 1923(a)-(f)
Federal regulations: 42 CFR 440.10 and 440.20

Is this a federally mandated program? No.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY 2009 is a blended 63% federal match. The state matching requirement is 37%. For those public entities who use state and local general revenue to provide eligible services to MO HealthNet participants, MO HealthNet Division provides payment of the federal share for these eligible services.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Planned
GR	\$0	\$0	\$0	\$0
FEDERAL	\$5,123,586	\$5,132,381	\$3,948,066	\$8,000,000
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$5,123,586	\$5,132,381	\$3,948,066	\$8,000,000

What are the sources of other funds?

Not applicable

Federally Qualified Health Centers (FQHCs) Distribution

What does this appropriation support?

It allows Federally Qualified Health Centers to provide more services in their facilities and improve access to health care for the uninsured and under-insured. Grant funds are used for capital expansion, infrastructure redesigning and primary health care for the uninsured.

What is the authorization for this program?

State statutes: RSMo 208.153, 208.201, 660.026
 Federal law: Social Security Act Section 1905(a)(2)
 Federal regulation: 42 CFR 440.210, 440.500

Is this a federally mandated program? No.

Are there federal matching requirements? No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008* Actual	FY 2009 Planned
GR	\$7,760,000	\$8,730,000	\$8,730,000	\$9,069,500
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$0	\$0	\$1,950,773	\$3,049,227
TOTAL	\$7,760,000	\$8,730,000	\$10,680,773	\$12,118,727

*In FY 2008, FQHCs and the Missouri Primary Care Association will be working to enhance their systems and develop electronic medical records in cooperation with Clinical Services processes.

What are the sources of other funds?

Health Technology Fund

Who is eligible?

These are grants to FQHC sites.

How many people have been served?

FQHC Users by Service						
Calendar Year	Medical		Dental		Mental Health	
	Actual	Projected	Actual	Projected	Actual	Projected
2005	242,316	229,022	71,510	76,337	12,043	13,318
2006	241,584	255,855	74,991	84,349	12,928	15,547
2007		250,412		83,601		14,887
2008		259,240		92,211		16,846
2009		259,240		92,211		16,846
2010		259,240		92,211		16,846

Rural Health Clinics

What does this appropriation support?

Telehealth is the use of medical information exchanged from one site to another via electronic communications to improve the health status of a patient.

The purpose of this item is to enable connectivity between Rural Health Clinics (RHCs) and the Missouri Telehealth Network. Rural Health Clinics interested in telehealth will be connected on a pilot project basis, to enable participants receiving services at the RHC to access specialist services via the telehealth network.

What is the authorization for this program?

State statutes: RSMo 208.670

Is this a federally mandated program? No.

Are there federal matching requirements?

States can earn the Federal Medical Assistance Percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY 2009 is a blended 63% federal match. The state matching requirement is 37%.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008* Actual	FY 2009 Planned
GR	\$0	\$0	\$514,100	\$514,100
FEDERAL	\$0	\$0	\$801,730	\$872,859
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$0	\$0	\$1,315,830	\$1,386,959

*New section for FY 2008

What are the sources of other funds?

Not applicable

Federal Reimbursement Allowance (FRA)

What does this appropriation support?

The FRA program provides payments for hospital inpatient services, outpatient services, managed care capitated payments, SCHIP and Women's Health Services (using the FRA assessment as general revenue equivalent). The FRA program supplements payments for the cost of providing care to MO HealthNet participants under Title XIX of the Social Security Act and to the uninsured. Hospitals 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 MO HealthNet payments, earns federal dollars. These earnings fund the FRA program. Currently 143 hospitals participate in the FRA program. For the first half of FY 2008, the FRA assessment is 5.99% and for the second half 5.49%. The program generates funding that is used to fund Medicaid programs.

FRA as a Funding Source in the Various Appropriations				
	2005	2006	2007	2008
Managed Care	\$116,112,906	\$109,064,837	\$109,065,009	\$109,065,009
Hospital	\$89,438,465	\$129,642,328	\$129,642,328	\$115,267,390
Women's Health Services (1115-Adult)	\$423,516	\$167,756	\$167,756	\$167,756
SCHIP (1115 Waiver-Children)	\$8,191,223	\$7,719,204	\$7,719,204	\$7,719,204
Revenue Max Admin	\$89,286	\$89,286	\$94,850	\$97,453

What are the sources of other funds?

Federal Reimbursement Allowance Fund

Who is eligible?

FRA payments are made on behalf of MO HealthNet participants and the uninsured accessing hospital services.

Efficiency and Effectiveness Measures:

FRA Tax Assessments Revenues Obtained	
SFY	Revenues
2005	\$636.1 mil
2006	\$764.3 mil
2007	\$824.1 mil
2008	\$864.2 mil estimated
2009	\$864.2 mil estimated
2010	\$864.2 mil estimated

What is the authorization for this program?

State statute: RSMo 208.453
 Federal law: Social Security Act Section 1903(w)
 Federal regulation: 42 CFR 443 Subpart B

Is this a federally mandated program? No.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY 2009 is a blended 63% federal match. The state matching requirement is 37%. The hospital assessments serve as the general revenue equivalent to earn Medicaid federal reimbursement.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Planned
GR	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$688,604,798	\$792,136,327	\$863,482,805	\$752,000,000
TOTAL	\$688,604,798	\$792,136,327	\$863,482,805	\$752,000,000

Women's Health Services

What does this appropriation support?

Provides funding for health care services for uninsured women losing their MO HealthNet eligibility 60 days after the birth of their child. They are eligible for women's health services for one year. Women's health services include:

- Department of Health and Human Services approved methods of contraception;
- Sexually transmitted disease testing and treatment, including pap tests and pelvic exams;
- Family planning counseling/education on various methods of birth control; and,
- Drugs, supplies or devices related to women's health services described above when they are prescribed by a physician or advanced practice nurse (subject to the national drug rebate program requirements.)

What is the authorization for this program?

State statute: RSMo 208.040, 208.151
 Federal law: Social Security Act Sections 1115 and 1923(a)-(f)
 Federal regulations: 42 CFR 433 Subpart B and 412.106

Is this a federally mandated program? No.

Are there federal matching requirements?

Most of the Women's Health Services are eligible for an enhanced 90% federal match, requiring a state match of only 10%. The remaining services are matched at the federal medical assistance percentage (FMAP) calculated for Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Missouri's FMAP for FY 2009 for these remaining services is a blended 63% federal match. The state matching requirement is 37%.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Planned
GR	\$521,186	\$695,254	\$546,768	\$1,416,441
FEDERAL	\$1,407,234	\$1,692,128	\$1,950,963	\$11,512,178
OTHER	\$168,614	\$0	\$0	\$167,756
TOTAL	\$2,097,034	\$2,387,382	\$2,497,731	\$13,096,375

What are the sources of other funds?

Federal Reimbursement Allowance Fund, Pharmacy Reimbursement Allowance Fund

Who is eligible?

SB 577 (FY 2007) provided for an expansion of Women's Health Services to women 18 years and older with a net family income of 185% FPL or below, with assets less than \$250,000 and with no access to employer sponsored insurance. Approximately 82,571 additional women are expected to receive services due to this expansion, if additional funding is appropriated to cover this group (reflected in SFY-2009 projected clients below).

How many people have been served?

Women's Health Services		
SFY	Actual	Projected
2005	10,025	
2006	12,279	
2007	17,054	
2008		17,054
2009		98,842*
2010		98,842

*See "Who is eligible?"

State Children's Health Insurance Program (SCHIP)

What does this appropriation support?

Provides funding for health care services to MO HealthNet participants covered through SCHIP.

What is the authorization for this program?

State statute: RSMo 208.631 through 208.657
 Federal law: Social Security Act, Title XXI
 Federal regulations: 42 CFR 457

Is this a federally mandated program? No.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Missouri's enhanced SCHIP FMAP for FY 2009 is a blended 74.06% federal match. The state matching requirement for the SCHIP program is 25.94%.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Planned
GR	\$18,781,285	\$23,027,183	\$20,342,171	\$30,074,487
FEDERAL	\$83,969,410	\$81,265,600	\$80,819,617	\$136,877,562
OTHER	\$11,442,039	\$6,327,172	\$8,308,447	\$8,210,939
TOTAL	\$114,192,734	\$110,619,955	\$109,470,235	\$175,162,988

What are the sources of other funds?

Medicaid Managed Care Organization Reimbursement Allowance Fund, Pharmacy Rebates Fund, Federal Reimbursement Allowance Fund, Pharmacy Reimbursement Allowance Fund, Health Initiatives Fund and Premium Fund

Who is eligible?

Children above existing Title XIX Medicaid eligibility up to 300% of poverty.

How many people have been served?

Children Receiving Services by Percent of Federal Poverty Level		
SFY	101-150%	
	Actual	Projected
2005	42,075	
2006	41,396	
2007	42,227	
2008		42,227
2009		42,227
2010		42,227
SFY	151-185%*	
	Actual	Projected
2005	29,239	
2006	11,789	
2007	12,490	
2008		16,152
2009		18,297
2010		18,297
SFY	186-225%*	
	Actual	Projected
2005	19,062	
2006	6,603	
2007	6,615	
2008		7,195
2009		7,535
2010		7,535
SFY	226-300%*	
	Actual	Projected
2005	1,789	
2006	2,141	
2007	1,987	
2008		4,094
2009		5,329
2010		5,329

*Reflects only those paying a premium. As of September 2005 premiums are required from families with income from 151-300% FPL.

Insure Missouri

What does this appropriation support?

It provides health care coverage through private insurers for Missouri's low-income uninsured working population. The benefit package will include prescription drugs, emergency room, physician office services, inpatient hospital, outpatient services, diagnostic services, urgent care center, home health services, durable medical equipment, inpatient and outpatient mental health. The benefit package will not include vision, dental, maternity and non-emergency medical transportation.

What is the authorization for this program?

State statute: HB 11, Section 11.525

Is this a federally mandated program? No.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY 2009 is a blended 63% federal match. The state matching requirement is 37%.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008* Actual	FY 2009 Planned
GR	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$0	\$0	\$0	\$0

*Proposed program in FY 2008 which was not funded

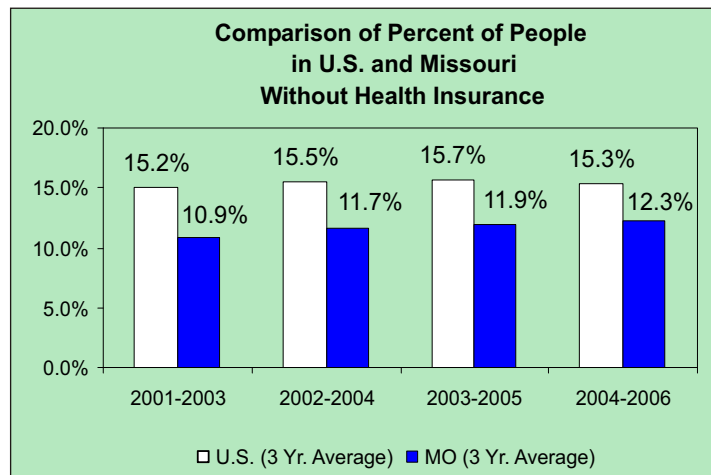
What are the sources of other funds?

Federal Reimbursement Allowance Fund - \$1 E

Who is eligible?

In state fiscal year 2008, custodial parents and caregivers with incomes less than 100% of the federal poverty level (FPL) will be the first to have the opportunity to enroll in the program. In FY 2009, enrollment of custodial parents and caregivers with incomes less than 120% FPL, childless adults with incomes less than 120% FPL and employees of small businesses (25 or less employees) are under consideration.

Efficiency and Effectiveness Measure:



Nursing Facility Federal Reimbursement Allowance (NFFRA)

Nursing Facility Federal Reimbursement Allowance (NFFRA)

What does this appropriation support?

The NFFRA program assesses nursing facilities in the state a fee for the privilege of doing business in the state. The funds collected by the state are used to fund the MO HealthNet Nursing Facility program and are used as state match for federal funding. In FY 2007, approximately 500 nursing facilities participated in the MO HealthNet program and received enhanced reimbursement. The current NFFRA fee is \$8.42 per patient occupancy day.

What is the authorization for this program?

State statute: RSMo 198.401
 Federal law: Social Security Act Section 1903(w)
 Federal regulation: 42 CFR 443, Subpart B

Is this a federally mandated program? No.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY 2009 is a blended 63% federal match. The state matching requirement is 37%. The NFFRA assessment serves as the general revenue equivalent to earn Medicaid federal reimbursement.

Who is eligible?

Nursing Facility Federal Reimbursement Allowance (NFFRA) payments are made on behalf of MO HealthNet participants for long-term care services.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Planned
GR	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$202,248,332	\$193,919,399	\$202,697,199	\$213,840,231
TOTAL	\$202,248,332	\$193,919,399	\$202,697,199	\$213,840,231

What are the sources of other funds?

Nursing Facility Federal Reimbursement Allowance Fund

Efficiency and Effectiveness Measures:

Nursing Facility Occupancy		
FY	Actual	Projected
2005	72.3%	
2006	72.6%	72.8%
2007	72.5%	72.6%
2008		72.6%
2009		72.6%
2010		72.6%

NFFRA Tax Assessments Revenues Obtained	
FY	Revenues
2005	\$140.5 mil
2006	\$127.7 mil
2007	\$127.9 mil estimated

How many people have been served?

Average Monthly MO HealthNet Nursing Facility Users		
FY	Actual	Projected
2005	25,677	24,500
2006	24,842	26,447
2007	24,935	25,000
2008		25,000
2009		25,000
2010		25,000

Department of Elementary and Secondary Education (DESE)

What does this appropriation support?

It provides funding for payments for school-based administrative services and school-based Early Periodic Screening, Diagnosis and Treatment (EPSDT) services.

The Department of Elementary and Secondary Education (DESE) core appropriation provides funding for payment for school-based administrative services and school-based EPSDT services consisting of medical/dental screenings, diagnosis and treatment to correct or improve defects and chronic conditions. An interagency agreement is in place between the MO HealthNet Division and the DESE so that cooperative efforts would be used to provide the most efficient administration of the EPSDT program. The provision of EPSDT services by DESE expands MO HealthNet EPSDT services and has been determined to be an effective method of coordinating services. The federal share of expenditures for these services provided by local school districts are being paid through this appropriation.

What is the authorization for this program?

The authority associated with the services is reflected above.

Is this a federally mandated program? No.

Are there federal matching requirements?

Administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn \$0.50 in federal funding. States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY 2009 is a blended 63% federal match. The state matching requirement is 37%.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Planned
GR	\$69,954	\$69,954	\$69,954	\$69,954
FEDERAL	\$35,905,642	\$31,227,709	\$23,651,507	\$33,299,954
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$35,975,596	\$31,297,663	\$23,721,461	\$33,369,908

What are the sources of other funds?

Not applicable

Who is eligible for these services?

Any school district in the state.

How many districts have been served?

Participating School Districts		
SFY	Actual	Projected
2005	358	
2006	375	
2007	385	380
2008		411
2009		431
2010		441

State Medical

What does this appropriation support?

It provides payment for services for State Medical eligibles. State Medical eligibles are individuals who do not meet categorical criteria for Title XIX.

What is the authorization for this program?

State statutes: RSMo 208.151, 208.152, 191.831

Is this a federally mandated program? No.

Are there federal matching requirements? No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Planned
GR	\$25,328,618	\$25,486,493	\$26,844,059	\$29,346,161
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$1,188,924	\$878,057	\$888,660	\$878,057
TOTAL	\$26,517,542	\$26,364,550	\$27,732,719	\$30,224,218

What are the sources of other funds?

Health Initiatives Fund and Pharmacy Reimbursement Allowance Fund

Who is eligible?

Eligibles include Child Welfare Services, Blind Pension, Presumptive Eligibility for Pregnant Women and Division of Youth Services General Revenue.

How many people have been served?

State Medical Recipients by Category								
SFY	Child Welfare Services		Blind Pension		Presumptive Eligibility For Pregnant Women		DYS - GR	
	Actual	Projected	Actual	Projected	Actual	Projected	Actual	Projected
2005	677	630	2,857	2,839	1,477	na	504	576
2006	610	745	2,898	3,143	1,758	1,580	383	510
2007	641	610	2,922	2,940	1,856	1,952	439	383
2008		641		2,940		1,952		439
2009		641		2,940		1,952		439
2010		641		2,940		1,952		439

MO HealthNet Supplemental Pool

What does this appropriation support?

It provides funding for the division to respond to unanticipated changes in the cost of providing health care to MO HealthNet participants.

What is the authorization for this program?

The legal authority for the supplemental pool is the authority associated with each MO HealthNet program. See each program description for the specific federal and state authority.

Is this a federally mandated program?

The MO HealthNet supplemental pool supports both mandated and non-mandated programs. See each program description for specifics.

Are there federal matching requirements?

The federal matching requirements for the MO HealthNet supplemental pool are the requirements associated with any of the MO HealthNet programs paid from the supplemental pool. See each program description for specific federal matching requirements.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Planned
GR	\$3,151,147	\$0	\$0	\$0
FEDERAL	\$83,523,140	\$23,396,239	\$23,903,655	\$24,107,486
OTHER	\$61,754,347	\$8,839,536	\$11,083,345	\$11,590,599
TOTAL	\$148,428,634	\$32,235,775	\$34,987,000	\$35,698,085

What are the sources of other funds?

Third Party Liability Collections Fund, Premium Fund, Nursing Facility Federal Reimbursement Allowance Fund, Uncompensated Care Fund, Pharmacy Rebates Fund, Federal Reimbursement Allowance Fund