

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 235
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

September 7, 2010

Refer to:
DMCH:
MO SPA 10-006

Ronald J. Levy, Director
Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, Missouri 65102

Dear Mr. Levy:

On June 17, 2010, the Centers for Medicare & Medicaid Services (CMS) received Missouri's state plan amendment (SPA), transmittal #10-006. This SPA provides a limitation on estate recovery for costs expended for Medicare cost sharing for persons eligible under the Medicare Savings Programs.

Based on the revisions we have received, we are pleased to inform you that SPA 10-006 was approved September 3, 2010 with an effective date of April 1, 2010. Enclosed is a copy of the CMS 179 form, as well as the approved pages for incorporation into the Missouri State plan. If you have any questions regarding this amendment, please call Barbara Cotterman at (816) 426-5925.

Sincerely,

James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations

Enclosure

cc: Ian McCaslin, M.D. M.P.H.
Sandra Nelson

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 0 -- 0 6</u>	2. STATE Missouri
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2010	

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN
 AMENDMENT TO BE CONSIDERED AS NEW PLAN
 AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 433.36(c), Section 1902(a)(18) and Section 1917(b)(1) of the Deficit Reduction Act of 2005,	7. FEDERAL BUDGET IMPACT: a. FFY <u>2010</u> \$ <u>484,000</u> b. FFY <u>2011</u> \$ <u>635,000</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4.17(b)(3)(i)(ii), page 53a-1	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): 4.17(b)(1)(2), page 53a

10. SUBJECT OF AMENDMENT:

This state plan amendment extends limitations on Estate Recovery, Medicare Cost Sharing. Medical assistance for Medicare cost sharing is protected from estate recovery for the categories of dual eligibles: QMB, SLMB, QI, QDWI, QMB+, SLMB+ and extends medical assistance for Part A and B premiums, deductibles, coinsurance, co-payments Medicare cost sharing benefits with dates of service on or after January 1, 2010.

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102
13. TYPE NAME: Ronald J. Levy	
14. TITLE: Director	
15. DATE SUBMITTED: June 17, 2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <u>June 17, 2010</u>	18. DATE APPROVED: <u>September 3, 2010</u>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>April 1, 2010</u>	20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>
21. TYPED NAME: <u>James G. Scott</u>	22. TITLE: <u>Associate Regional Administrator for Medicaid and Children's Health Operations</u>
23. REMARKS: <u>Pen and ink changes per letter dated Aug. 23, 2010 from State.</u>	

Revision: HCFA-PM-95-3 (MB)
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Missouri

4.17 (b) Adjustments or Recoveries

(3) (Continued)

Limitations on Estate Recovery - Medicare Cost Sharing:

(i) Medical assistance for Medicare cost sharing is protected from estate recovery for the following categories of dual eligibles: QMB, SLMB, QI, QDWI, QMB+, SLMB+. This protection extends to medical assistance for four Medicare cost sharing benefits: (Part A and B premiums, deductibles, coinsurance, co-payments) with dates of service on or after January 1, 2010. The date of service for deductibles, coinsurance, and co-payments is the date the request for payment is received by the State Medicaid Agency. The date of service for premiums is the date the State Medicaid Agency paid the premium.

(ii) In addition to being a qualified dual eligible the individual must also be age 55 or over. The above protection from estate recovery for Medicare cost sharing benefits (premiums, deductibles, coinsurance, co-payments) applies to approved mandatory (i.e., nursing facility, home and community-based services, and related prescription drugs and hospital services) as well as optional Medicaid services identified in the State plan, which are applicable to the categories of duals referenced above.

TN No.: 10-06
Supersedes TN No.: New Material

Approval Date: _____
Effective Date: April 1, 2010