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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 20-0019

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

June 7, 2021

Jennifer Tidball
Acting Director
Missouri Department of Social Services
Broadway State Office Building
PO Box 1527
Jefferson City, MO 65102

RE: TN 20-0019

Dear Ms. Tidball:

We have reviewed the proposed Missouri State Plan Amendment (SPA) to Attachment 4.19-B, MO-20-0019, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 08, 2020. This plan amendment increases the fee schedule rate for Ground Ambulance services.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Blake Holt at (303) 844-6218 or blake.holt@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 20-0019	2. STATE MO
	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 07-01-2020	

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 447	7. FEDERAL BUDGET IMPACT: a. FFY20 \$640,172 b. FFY21 \$2,560,690
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19 B Page 3	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19 B Page 3
10. SUBJECT OF AMENDMENT: This amendment is to show that the state developed fee schedule rates for both governmental and private providers of Ambulance services. The agency's fee schedule rate was set as of July 1, 2020 and is effective for services provided on or after that date.	

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF SUBMITTER: [Signature]	16. RETURN TO: MO HealthNet Division Post Office Box 6500 Jefferson City, MO 65102-6500
13. TYPE NAME: Commissioner	
14. TITLE: Acting Director	
15. DATE SUBMITTED: 10-07-20	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 10/8/2020	18. DATE APPROVED: 6/7/2021
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/2020	20. SIGNATURE OF REGIONAL OFFICIAL: [Signature]
21. TYPED NAME: Todd McMillion	22. TITLE: Director, Division of Reimbursement Review

23. REMARKS:

04/29/21 pen and ink concurrence from the state: Box 4 from "07-01-2020" to "10-01-2020"

05/20/21 pen and ink concurrence from the state: Box 10 from "as of July 1, 2020" to "as of October 1, 2020"

06/03/21 pen and ink concurrence from the state: Box 7: From "FY20: \$640,172; FFY21: \$2,560,690" to "FY 21: \$1,833,515; FY 22 \$1,833,515."

State Missouri

EMERGENCY AMBULANCE SERVICES

Reimbursement for services is made on a fee-for-service basis. The maximum allowable fee for a unit of service has been determined by MO HealthNet to be a reasonable fee, consistent with efficiency, economy, and quality of care. The state payment for each service will be the lower of:

1. The provider's actual charge for the services, or;
2. The Medicaid maximum allowable amount per unit of service.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Ambulance services. The agency's fee schedule rate was set as of October 1, 2020 and is effective for services provided on or after that date. All rates are published at: <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>. To navigate the site, users must agree to the licensure terms and conditions, select "Download" or "Full Search", and select "Ambulance".

HOME HEALTH SERVICES

Reimbursement for services is made on a fee-for-service basis. The maximum allowable fee for a unit of service has been determined by MO HealthNet to be a reasonable fee, consistent with efficiency, economy, and quality of care. The state payment for each service will be the lower of:

1. The provider's actual charge for the services; or
2. The Medicaid maximum allowable amount per unit of service.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of home health program services (intermittent or part-time nursing services, home health aide services, therapy services, and medical supplies). The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at: <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>. To navigate the site, users must agree to the licensure terms and conditions, select "Download" or "Full Search", and select "Other Services".

DRUG SERVICES

The state agency will utilize the definitions, standards and methods described in 42 CFR 447.502 and 447.512 and 447.518 in establishing payment rates for prescribed drugs.

1. For prescribed drugs, devices and supplies, including specific MO HealthNet covered non-legend and legend products that are prescribed by an authorized prescriber, MO HealthNet will reimburse using the following hierarchy methodology. National Average Drug Acquisition Cost (NADAC); if no NADAC
2. Missouri Maximum Allowable Cost (MAC) (MO HealthNet's MAC includes all types of medications, including specialty and hemophilia products); if no NADAC or MAC

State Plan TN# 20-0019
Supersedes TN # 18-0020

Effective Date October 1, 2020
Approval Date June 7, 2021