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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 22-0030

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 6, 2023

Mr. Todd Richardson
Director
MO HealthNet Division
Missouri Department of Social Services
P.O. Box 6500
Jefferson City, MO 65102-6500

Re: Missouri State Plan Amendment (SPA) 22-0030

Dear Mr. Richardson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0030. This amendment clarifies the methods and standards for establishing payment rates for Medicaid recipients who are not Qualified Medicare Beneficiaries.

We conducted our review of your submittal according to statutory requirements in Sections 1905(p) and 1902(n) of the Social Security Act. This letter is to inform you that Missouri's Medicaid SPA 22-0030 was approved on February 6, 2023, with an effective date of October 1, 2022.

If you have any questions, please contact Michala Walker at 816-426-6503 or via email at michala.walker@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures


cc: Marissa Crump
Glenda Kremer
Tony Brite

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 2 — 0 0 3 0</u>	2. STATE <u>MO</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">October 1, 2022</p>	
5. FEDERAL STATUTE/REGULATION CITATION State Plan Under Title XIX of the Social Security Act Sections 1905(P) and 1902(n)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY _____ \$ _____ b. FFY _____ \$ _____	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1 to Attachment 4.19-B Page 3	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <p style="text-align: center;">Supplement 1 to Attachment 4.19-B page 3</p>	

9. SUBJECT OF AMENDMENT
This State Plan Amendment is requesting a language change on Page 3 of Supplement 1 to Attachment 4.19-B, in order to clarify the methods and standards for establishing payment rates for other Medicaid recipients.

10. GOVERNOR'S REVIEW (Check One) SLV

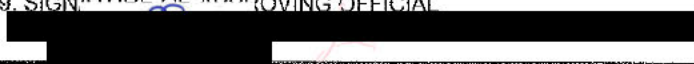
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO
12. TYPED NAME <u>Robert J. Knodell</u>	
13. TITLE <u>Acting Director</u>	
14. DATE SUBMITTED <u>11-07-2022</u> 11/9/2022	

FOR CMS USE ONLY

16. DATE RECEIVED <p style="text-align: center;">November 9, 2022</p>	17. DATE APPROVED <p style="text-align: center;">February 6, 2023</p>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <p style="text-align: center;">October 1, 2022</p>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <p style="text-align: center;">James G. Scott</p>	21. TITLE OF APPROVING OFFICIAL <p style="text-align: center;">Director, Division of Program Operations</p>

22. REMARKS

Boxes 5 and 8: State authorized pen and ink changes on 02/01/2023.
Box 14: State authorized pen and ink change on 2/6/23.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Missouri

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES OF CARE**

**Payment of Medicare Part A and Part B Deductible/Coinsurance
and Medicare Part C Deductible/Coinsurance/Co-payment**

1. Specified Low-Income Medicare Beneficiaries Plus (SLMBs Plus) and Full Benefit Dual Eligibles (FBDEs): The Medicaid agency uses Medicare payment rates for specific Medicare services which are not otherwise covered by this State Plan, except for services provided by practitioners not otherwise covered by this state plan. The Medicaid agency will not pay for services of practitioners not otherwise covered by this State plan.
2. QMBs and Dual Eligibles (QMB Plus): For Medicare Advantage Part A type claims, the hospital payments are limited to the lower of the Medicare Advantage deductible and coinsurance amounts or the amount the Medicaid applicable payment schedule amount exceeds the Medicare Advantage payments. For Medicare Advantage inpatient skilled nursing facility benefit claims, nursing facility payments are limited to the fee-for-service amount that would have been paid by MHD for those services. This methodology is set out on Pages 4 and 5 of this attachment. For Medicare Advantage Part B type claims, the hospital payments, except payments made to public hospitals operated by the Department of Mental Health, from all sources will not be less than the Medicaid established rate of payment. Payments made to public hospitals operated by the Department of Mental Health will continue to be paid the Medicare deductible and coinsurance amounts. This methodology is set out on Pages 6 and 7 of this attachment. For all other Medicare Advantage Part A type claims and Medicare Advantage Part B type claims, except as described in the previous seven sentences, the deductible and coinsurance/co-payment amounts are paid up to the full amount of the Medicare Advantage rate.

State Plan TN# 22-0030
Supersedes TN# 10-11

Effective Date: October 1, 2022
Approval Date: February 6, 2023