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State/Territory Name: MISSOURI

State Plan Amendment (SPA) MO: 24-0016

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

October 29, 2024

Todd Richardson
Director, MO HealthNet
Missouri Department of Social Services
Broadway State Office Building
PO Box 1527
Jefferson City, MO 65102

RE: TN MO-24-0016

Dear Director Richardson:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Missouri state plan amendment (SPA) to Attachment 4.19-B MO-24-0016, which was submitted to CMS on August 26th, 2024. This plan amendment increases certain rates for physician, dental, podiatry, x-ray, lab, family planning, EPSDT, emergency ambulance, and home health services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Robert Bromwell at (410)-786-5914 or via email at Robert.Bromwell@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 4 — 0 0 1 6

2. STATE
MO

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447 and 1902(a)(4), 1902(a)(2), and 1903 of the Social Security Act

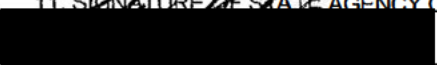
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 24 \$ 3,922,664
b. FFY 25 \$ 15,690,655

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Section 4.19B Pages 1, 2a, 2b, 3

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Section 4.19B Pages 1, 2a, 2b, 3

9. SUBJECT OF AMENDMENT
This State Plan Amendment proposes to update the fee schedule for certain MO HealthNet State Plan services due to an reimbursement rate increase appropriated by the State Legislature.

10. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT JAF OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Robert J. Knodell

13. TITLE
Director

14. DATE SUBMITTED
08-20-2024

15. RETURN TO
MO HealthNet Division
P.O. Box 6500
Jefferson City, MO 65102


FOR CMS USE ONLY

16. DATE RECEIVED
August 26, 2024

17. DATE APPROVED
October 29, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

The definition and determination of reasonable charge as administered by the MO HealthNet Division in establishing rates of payment for medical services will be that charge which most nearly reflects the provider's usual and customary charge to the general public for the service, as qualified by application of available prevailing charge resources and the upper and lower limitations of payment stipulated or optionally provided in Federal regulation.

If the funds at the disposal or which may be obtained by the MO HealthNet Division for the payment of medical assistance benefits on behalf of any person under one or more of the following specific medical services reimbursement methods, shall at any time become insufficient to pay the full amount thereof, then, pursuant to state law, the amount of any payment on behalf of each of such persons shall be reduced to pro rata in proportion to such deficiency in the total amount available or to become available for such purpose. In accordance with requirements of Title 42, Code of Federal Regulations, 447.204, the agency's payments will not be reduced beyond the point at which they become insufficient to enlist enough providers so services under the plan are available to recipients at least to the extent that those services are available to the general population.

PHYSICIAN, DENTAL AND PODIATRY SERVICES

Physician Services (includes doctors of medicine, osteopathy, podiatry, dentistry).

The state agency will establish fee schedules based on the reasonable charge for the services as defined and determined by the MO HealthNet Division. Reimbursement is the lesser of charges or the published fee schedule amount. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of physician, dental and podiatry services. The agency's fee schedule rate was set as of July 1, 2024 and is effective for services provided on or after that date. The Medicaid fee schedule is published on the MO HealthNet website at <https://mydss.mo.gov/mhd/fee-schedules-rate-lists>. To navigate the site, users must agree to the licensure terms and conditions, select "Download" or "Full Search," and select "Medical Services" or "Dental Services." The determination and reimbursement of reasonable charge will be in conformance with the standards and methods as expressed in 42 CFR 447 Subpart F. Agency payment will be the lower of:

- (1) The provider's actual charge for the service; or
- (2) The allowable fee based on reasonable charge as above determined.

Payment for physician services for those organ and bone marrow transplant services covered as defined in Attachment 3.1-E will be made on the basis of a reasonable charge determination resulting from medical review by the Medical Consultant.

X-RAY SERVICES (INDEPENDENT)

The state agency will establish rates for reimbursement which are defined and determined as reasonable by the MO HealthNet Division. Payment will be based on the lower of:

1. The provider's actual billed charge, or;
2. The reasonable rate as determined above.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of x-ray services. The agency's fee schedule rate was set as of July 1, 2022 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>.

LAB SERVICES (INDEPENDENT)

The state agency will establish rates for reimbursement which are defined and determined as reasonable by the MO HealthNet Division. The Medicaid fee schedule rates are based on ninety percent (90%) of the current Medicare Clinical Lab Fee Schedule rate using Missouri Locality 01. Payment will be based on the lower of:

1. The provider's actual billed charge, or;
2. The reasonable rate as determined above.

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Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of lab services. The agency's fee schedule rate was set as of July 1, 2024 and is effective for services provided on or after that date. All rates are published at: <https://mydss.mo.gov/mhd/fee-schedules-rate-lists>.

FAMILY PLANNING

The state agency will pay for medical services which are identified as qualified Family Planning services. The payment will be in accordance with the standards and methods herein described as apply to the provider type represented.

The state payment for each service will be made on the lower of:

- (1) The provider's actual charge for the service, or;
- (2) The maximum allowable fee or rate as determined by the state agency.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Family Planning services. The agency's fee schedule rate was set as of July 1, 2022 and is effective for services provided on or after that date. All rates are published at <https://mydss.mo.gov/mhd/fee-schedules-rate-lists>.

EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (E.P.S.D.T.)

Reimbursement for EPSDT services provided in accordance with the provisions of section 6403 of PL. 101-239 and federal regulations as promulgated thereunder shall be made on the basis of reasonable allowance fee schedules or per-diem rates, if applicable, as determined by the, state agency, and in accordance with the standards and methods herein described as applicable to the service and provider type represented. The state payment for each service will be made on the lower of:

- (3) The provider's actual charge for the service, or;
- (4) The maximum allowable fee or rate as determined by the state agency.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of EPSDT services. The agency's fee schedule rate was set as of July 1, 2024, and is effective for services provided on or after that date. All rates are published at <https://mydss.mo.gov/mhd/fee-schedules-rate-lists>.

Reimbursement Methodology for Licensed Behavior Analysts and Licensed Psychologists:

- (A) MO HealthNet shall provide reimbursement to enrolled Licensed Behavior Analysts (LBAs) and Licensed Psychologists (LPs), who are currently licensed and in good standing with the state, for services provided within their scope of practice. Payment for services rendered by Licensed Assistant Behavior Analysts (LABAs) shall be made to the LBA supervising and employing these personnel. Payment for services rendered by technicians shall be made to the LBA or LP supervising and employing these personnel. If the LBA or LP operates through an agency or corporate entity, payment may be made to that agency or entity. Reimbursement for services shall not be made to or for services rendered by a parent, a legal guardian, or other legally responsible person.
- (B) 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. Payment for covered services is the lower of the provider's actual billed charge (should be the provider's usual and customary charge to the general public for the service), or the maximum allowable amount per unit of service. Reimbursement shall only be made for services authorized by MO HealthNet or its designee.
- (C) Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of ABA services. The agency's fee schedule was set as of July 1, 2024 and is effective for services provided on or after that date. All rates are published at <https://mydss.mo.gov/mhd/fee-schedules-rate-lists>.

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 July 1, 2024, and is effective for services provided on or after that date. All rates are published at: <https://mydss.mo.gov/mhd/fee-schedules-rate-lists>. 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, 2024, and is effective for services provided on or after that date. All rates are published at: <https://mydss.mo.gov/mhd/fee-schedules-rate-lists>. 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# 24-0016
Supersedes TN# 22-0027

Effective Date July 1, 2024
Approval Date October 29, 2024