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State/Territory Name: Missouri

State Plan Amendment (SPA) MO: 24-0024

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

November 13, 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-24-0024

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-24-0024, which was submitted to CMS on September 12th, 2024. This plan amendment reimburses ophthalmologists eighty-five (85%) percent of the 2024 Missouri Locality 01 Medicare Rates.

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 page.

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 2 4	2. STATE MO
	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 July 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION 1902(a) of the Act 1902(a)(5) of the Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2025 \$ 225,374 b. FFY 2026 \$ 225,374	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19 B Page 1-1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) New	

9. SUBJECT OF AMENDMENT
This state plan amendment adds language to reimburse ophthalmologists eighty-five percent (85%) of the 2024 Missouri Medicare Locality 01 Rates.

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 	15. RETURN TO MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102
12. TYPED NAME Robert J. Knodell	
13. TITLE Director	
14. DATE SUBMITTED 9-11-24	

FOR CMS USE ONLY

16. DATE RECEIVED September 12, 2024	17. DATE APPROVED November 13, 2024
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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

Pen and ink change to block 5 authorized on 11/5/2024 from 1902(a) of the Act to 1902(a)(5) of the Act.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Ophthalmologist

Effective July 1, 2024, the state agency will reimburse ophthalmologists eighty-five (85%) percent of the 2024 Missouri Locality 01 Medicare Rates found at: <https://med.wpsgha.com/guides-resources/view/1124>.

State Plan TN# 24-0024

Supersedes TN# New

Effective Date: July 1, 2024

Approval Date: November 13, 2024