Table of Contents

State/Territory Name: Missouri

State Plan Amendment (SPA) MO: 23-0008

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 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



Financial Management Group

August 28, 2023

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

RE: TN MO-23-0008

Dear Director Richardson:

We have reviewed the proposed Missouri State Plan Amendment (SPA) to Attachment 4.19-B MO-23-0008, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 5th, 2023. This state plan amendment adds language to reimburse ambulatory surgical centers (ASC) from a fee schedule based on Medicare's ASC Payment System.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2023. 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 Robert.Bromwell@cms.hhs.gov.

Sincerely,

Todd McMillion Director

Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH ANOHUM	AN SERVICES
CENTERS FOR MEDICARE & MEDICA	AID SERVICES

1 Only Apt Robbing Comp for 66 and 66

	1. TRANSMITTAL NUMBER 2 STATE	
TRANSMITTAL AND NOTICE OF APPROVAL OF	2 3 = 0 0 0 8 MO	
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL.	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	SECURITY ACT	
TO: CENTER DIRECTOR		
CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2023	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	Udiy 1, 202.0	
5. FEDERAL STATUTE/REGULATION CITATION	6 FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)	
42 CFR 440	a FFY 2024 2023 \$ 1.151.039 \$287.759 b FFY 2025 2024 \$ 1.185,570 \$1.190,254	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
Attachment 4.19-B, page 4	OR ATTACHMENT (If Applicable)	
	Attachment 4 19-B, page 4	
 SUBJECT OF AMENDMENT This state plan amendment adds language to reimburse ambulate 	Any purpled contare (ASC) from a fee adjustife history on	
Medicare's ASC Payment System. The state-developed fees for o	covered outpatient surgical procedures will be based on ninety	
percent (90%) of the Medicare ASC rates effective as of January		
10, GOVERNOR'S REVIEW (Check One)		
GOVERNOR'S OFFICE REPORTED NO COMMENT	(a) OTHER, AS SPECIFIED	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	- OTHER, ASSPECIFIED	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
11. SIGNAPURE OF STATE AGENCY OFFICIAL	15. RETURN TO	
THE BISTORE GISTAGE AGENCY OF TICIAL	13, RETORN TO	
12. TYPED NAME		
Robert J. Knodell	O HealthNet Division	
13. TITLE	.O. Box 6500 efferson City, MO 65102	
Director	beliefson City, MC 65 to2	
14. DATE SUBMITTED		
06/13 · 2023 FOR CMS	ISE ON! V	
16. DATE RECEIVED	17. DATE APPROVED	
July 5, 2023	August 28, 2023	
PLAN APPROVED - O		
	19. SIGNATURE OF APPROVING OF FICIAL	
July 1, 2023		
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL	
Todd McMillion	Director, Division of Reimbursement Reveiw	
22. REMARKS		
Pen and ink change authorized via email on 8/23/2023 to block	ck 6 from FFY 2024: \$1,151,039 to FFY 2023: \$287,759 and FFY	
2025: \$1,185,570 to FFY 2024: \$1,190,254.		
CONTONO (20 (a) (a)		
FORM CMS-179 (09/24) Instruction	ns on Back	

State	Missouri

Medical Equipment Services

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 public and private providers of Durable Medical Equipment, orthotic and prosthetic devices, rehabilitative training, hearing aids and audiology 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. The state payment for each service 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.

Ambulatory Surgical Center

Effective July 1, 2023, the state agency will reimburse ambulatory surgical care clinics from a fee schedule based on Medicare's Ambulatory Surgical Center (ASC) Payment System. The state-developed fees for covered outpatient surgical procedures will be based on ninety percent (90%) of the Medicare ASC rates reflected as of January 1 of each year.

Reimbursement for covered dental procedures in the ambulatory surgical care clinic setting will be based on thirty-eight and one half percent (38.5%) of the fiftieth percentile fee for Missouri reflected in the January 1, *National Dental Advisory Service (NDAS)* published each year.

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

- (1) The provider's actual charge for the service, or;
- (2) The Medicaid maximum allowable fee under the established state-developed fee schedule.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of ambulatory surgical care clinics.

The state agency will review and adjust the ASC Fee Schedule annually, effective July 1st based on the above methodology. The agency's fee schedule rate was set as of July 1, 2023 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.

Nurse-Midwife Services

The state agency will reimburse providers of nurse-midwife services the lower of the provider's usual and customary charge to the general public or the Medicaid maximum allowable amount. For those services reimbursable as nurse-midwife services, the maximum allowable amount will be the same as the physician fees applicable to comparable services.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of nurse midwife 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.