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State/Territory Name: MO

State Plan Amendment (SPA) #: 14-0025

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 601 East 12th Street, Suite 355 Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

January 27, 2015

Brian Kinkade, Director Missouri Department of Social Services Broadway State Office Building P.O. Box 1527 Jefferson City, Missouri 65102-1527

Dear Mr. Kinkade:

On October 6, 2014 the Centers for Medicare & Medicaid Services (CMS) received Missouri's State Plan Amendment (SPA) transmittal #14-0025, which allows physician assistants to become MO HealthNet providers. On December 16, 2014, the Regional Office (RO) sent a request for additional information (RAI). The state responded to the RAI on January 9, 2015.

This SPA was approved on January 23, 2015, with an effective date of October 1, 2014, as requested by the State. Enclosed is a copy of the CMS 179 form, as well as, the approved pages for incorporation into the Missouri State plan.

I appreciate the significant amount of work that your staff dedicated to getting this SPA approved and the cooperative way in which we achieved this much-desired outcome. If you have any questions concerning this SPA, please contact me at (816)426-5925 or have your staff contact Kevin Slaven at (816) 426-5925.

Sincerely,

//s//

James G. Scott Associate Regional Administrator for Medicaid and Children's Health Operations

Enclosure

cc: Dr. Joe Parks Debbie Meller

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION	FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER: 2. STATE
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1 4 2 5 Missouri
TOR. HEALTH CARL FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION:
	TITLE XIX OF THE SOCIAL SECURITY ACT
TO: REGIONAL ADMINISTRATOR	(MEDICAID) 4. PROPOSED EFFECTIVE DATE
HEALTH CARE FINANCING ADMINISTRATION	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	October 1, 2014
5. TYPE OF PLAN MATERIAL (Check One):	A CAMENANA AND A AMENDAMENT
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT TO BE CONSIDERED COMPLETE BLOCKS 6 THRU 10 IF THIS IS AND AMENDMENT TO BE	D AS NEW PLAN AMENDMENT MENDMENT (Separate Transmittal for each amendment)
	7. FEDERAL BUDGET IMPACT:
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 440	a. FFY 2015 \$ 0
42 OIRI all 440	b. FFY 2016 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION
A () 1 () 1 A D () 10	OR ATTACHMENT (If Applicable):
Attachment 3.1-A Page 12aa, 12aaa	New material not applicable
Attachment 4.19-B Page 9aa	
10. SUBJECT OF AMENDMENT:	Health Net marridges Courte Dill (CD) 716 massed by the
Adds language to allow physician assistants to become MO	
Missouri 97 th General Assembly allows physician assistants	
supervision agreement between a physician and physician as	SSIStant.
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	
	16: RETURN TO:
12. SIGNITIONE OF STATE AGENCY STATEMEN.	TOTAL TOTAL
	MO HealthNet Division
/ / //	P.O. Box 6500
13/TYPE NAME: Brian Kinkade	Jefferson City, MO 65102
14. TITLE: Director	
15. DATE SUBMITTED:	
FOR REGIONAL OI	FFICE USE ONLY
	18: DATE APPROVED: January 23, 2015
PLAN APPROVED - ON	
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2104	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
	//\$//
21. TYPED NAME:	22. TITLE: Associate Regional Administrator
21. TYPED NAME: James G. Scott	
21. TYPED NAME:	22. TITLE: Associate Regional Administrator
21. TYPED NAME: James G. Scott	22. TITLE: Associate Regional Administrator

State: Missouri

6.d. Other Practitioner's services

Physician Assistant

A physician assistant may enroll as a MO Health Net provider and provide services within their scope of practice referenced in Section 334.735 of the Missouri Revised Statutes.

A physician assistant is a person who:

- has graduated from a physician assistant program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation or by its successor agency,
- has passed the certifying examination administered by the National Commission on Certification of Physician Assistants,
- has active certification by the National Commission on Certification of Physician Assistants, and
- provides health care services delegated by a licensed physician.

A physician assistant shall only practice at a location where a physician routinely provides patient care, except existing patients of the supervising physician in the patient's home. The supervising physician must be immediately available in person or via telecommunication during the time the physician assistant is providing patient care. Appropriate supervision shall require the supervising physician to be working within the same facility as the physician assistant for at least four hours within one calendar day for every fourteen days on which the physician assistant provides patient care. The requirement of appropriate supervision shall be applied so that no more than thirteen calendar days in which a physician assistant provides patient care shall pass between the physician's four hours working within the same facility. A supervision agreement shall limit a physician assistant to practice only at locations where the supervising physician is no further than fifty miles by road using the most direct route available and where the location is not so situated as to create an impediment to effective intervention and supervision of patient care or adequate review of services.

Their scope of practice includes:

- Taking patient histories;
- Performing physical examinations of a patient;

State: Missouri

6.d. Other Practitioner's services

Physician Assistant

- Performing or assisting in the performance of routine office laboratory and patient screening procedures;
- Performing routine therapeutic procedures;
- Recording diagnostic impressions and evaluating situations calling for attention of a physician to institute treatment procedures;
- Instructing and counseling patients regarding mental and physical health using procedures reviewed and approved by a licensed physician;
- Assisting the supervising physician in institutional settings, including reviewing of treatment plans, ordering of tests and diagnostic laboratory and radiological services, and ordering of therapies, using procedures reviewed and approved by a licensed physician;
- Assisting in surgery;
- Performing such other tasks not prohibited by law under the supervision of a licensed physician as the physician's assistant has been trained and is proficient to perform; and
- Physician assistants shall not perform or prescribe abortions.

State: Missouri

PHYSICIAN ASSISTANT 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. 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.

For certain specified diagnostic laboratory services included under the Title XVIII Medicare fee schedule, and when provided in a physician assistant's place of service, Medicaid payment will not exceed the maximum allowable Medicare payment.

The state agency will reimburse providers of physician assistant services to the extent of the deductible and coinsurance as imposed under Title XVIII for those Medicaid eligible recipient-patients who also have Medicare Part B eligibility.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both public and private providers of physician assistant services. The agency's fee schedule rate was set as of July 14, 2014, and is effective for services provided on or after July 14, 2014. The fee schedule and any annual periodic adjustments to the fee schedule are published at: https://dssapp3.dss.mo.gov/FeeSchedules/fsmain.aspx.