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**State/Territory Name: Missouri**

**State Plan Amendment (SPA) #: 21-0011**

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 East 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106-2898



**Medicaid & CHIP Operations Group**

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September 1, 2021

Jennifer Tidball  
Acting Director  
Missouri Department of Social Services  
Broadway State Office Building  
P.O. Box 1527  
Jefferson City, Missouri 65102

Re: Missouri State Plan Amendment (SPA) 21-0011

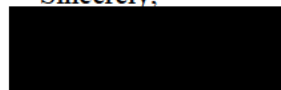
Dear Ms. Tidball:

On June 28, 2021, the Centers for Medicare & Medicaid Services (CMS) received Missouri State Plan (SPA) No. 21-0011. This SPA was submitted to remove all cost sharing, co-payments and deductibles from the Medicaid state plan.

We are pleased to inform you that SPA 21-0011 was approved on September 1, 2021, with an effective date of July 1, 2021, as requested by the state. Enclosed is a copy of the CMS 179 summary form, as well as the approved pages for incorporation into the Missouri State Plan.

If you have any questions regarding this matter you may contact Deborah Read (816) 426-5925 or by e-mail at [Deborah.read@cms.hhs.gov](mailto:Deborah.read@cms.hhs.gov).

Sincerely,



Digitally signed by James G.  
Scott -S  
Date: 2021.09.01 16:27:45  
-05'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Kirk Matthews, Acting SMD, MHD  
Glenda Kremer, MHD  
Sophia Hinojosa, Program Branch Manager

**Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)****State/Territory name:** Missouri**Transmittal Number:***Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

21-0011

**Proposed Effective Date**

07/01/2021 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

42 CFR 447.50-447.57 (excluding 447.55)

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2021	\$ 0.00
Second Year	2022	\$ 0.00

**Subject of Amendment**

This State Plan Amendment eliminates cost sharing requirement for all MO HealthNet participants.

**Governor's Office Review** Governor's office reported no comment Comments of Governor's office received

Describe:

 No reply received within 45 days of submittal Other, as specified

Describe:

**Signature of State Agency Official****Submitted By:**

Glenda Kremer

**Last Revision Date:**

Jul 28, 2021

**Submit Date:**

Jun 28, 2021



# Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: MO - 21 - 0011

<b>Cost Sharing Requirements</b>	<b>G1</b>
1916 1916A 42 CFR 447.50 through 447.57 (excluding 447.55)	
The state charges cost sharing (deductibles, co-insurance or co-payments) to individuals covered under Medicaid.	<input type="text" value="No"/>

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 09381148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C42605, Baltimore, Maryland 212441850.

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