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STATE/TERRIORITY NAME: Missouri

STATE PLAN AMENDMENT (SPA)#: 21-0036

This file contains the following documents in the order listed:

- 1) Approval Letter**
- 2) CMS 179 Form**
- 3) Approved SPA Pages**

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



February 9, 2022

Robert Knodell
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) 21-0036

Dear Mr. Knodell:

On November 18, 2021, the Centers for Medicare & Medicaid Services (CMS) received Missouri State Plan (SPA) No. 21-0036. This SPA was submitted to come into compliance with third party liability requirements to apply cost avoidance procedures to claims for prenatal services, to make payments to pediatric preventive services without regard to third party liability, and to make payment without regard to third party liability for up to 100 days for claims for child support enforcement to beneficiaries.

We are pleased to inform you that SPA 21-0036 was approved on February 9, 2022, with an effective date of December 31, 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.

Sincerely,



Digitally signed by James G.
Scott-5
Date: 2022.02.09 18:20:48 -06'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Todd Richardson, SMD, MHD
Becky McCarthy, MHD
Sophia Hinojosa, Program Branch Manager

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2 1 — 00 3 6	2. STATE MO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 12/31/2021	

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION 42 USC 1396a(a)(25)	7. FEDERAL BUDGET IMPACT a. FFY _____ \$ *0 b. FFY _____ \$
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 1-2 *Section 4.22, Page 69a Attachment 4.22B, Page 1-2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) 1 *Section 4.22, Page 69a Attachment 4.22B, Page 1-2

10. SUBJECT OF AMENDMENT

This State Plan Amendment will put MO HealthNet in compliance with third party liability requirements to apply cost avoidance procedures to claims for prenatal services, to make payments for pediatric preventive services without regard to third party liability, and to make payment without regard to third party liability for up to 100 days for claims related to child support enforcement beneficiaries.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT *31* OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL [Redacted]	16. RETURN TO MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102
13. TYPED NAME Robert J. Knodell	
14. TITLE Acting Director	
15. DATE SUBMITTED 11-15-2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 11/18/2021	18. DATE APPROVED 2/09/22
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 12/31/2021	20. SIGNATURE OF REGIONAL OFFICIAL [Redacted] Digitally signed by James G. Scott - State: 2022.02.09 18:29:34 -06'00'
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS

*pen and ink changes authorized by state via e-mail dated 1/25/2022

- (1) Missouri will make payment for pediatric preventative services including early and periodic screening, diagnosis, and treatment services, without regard to third party liability and seek reimbursement from any liable third party to the extent of such legal liability.
- (2) For services covered under the plan that are provided to an individual on whose behalf child support enforcement is being carried out by the State Title IV-D agency, the State will make payment for such services without regard to third party liability that is derived (through insurance or otherwise) from the parent whose obligation to pay support is being enforced by the State IV-D agency, and seek reimbursement from such liable third party to the extent of legal liability, under the following conditions:
 1. The provider first bills the third party for the services.
 2. Up to 100 days have elapsed since the date the provider initially billed the third party.
 3. The provider has not received payment for the services.
 4. An attestation form executed by the provider is attached to the claim certifying that conditions (a) through (c) have been met.
- (3) Missouri shall make payments without regard to third party liability for pediatric preventative services, unless a determination related to cost-effectiveness and access to care that warrants cost avoidance for up to 90 days has been made.
- (4) Missouri shall apply cost avoidance procedures to claim for prenatal services, including labor, delivery, and postpartum care services.
- (5) Health Insurance Related Recoveries: The **MMIS** system identifies Medicaid paid services potentially eligible for recovery from a health insurance plan. The system sorts the services by grouping and totaling all claims relating to one recipient for a single insurance resource and presenting those recipients with highest dollar first for recovery activity. The TPL Unit then determines whether the services have potential for recovery by reviewing insurance coverage available as compared to the Medicaid paid services. The Unit bills the insurance resource for those services

most likely to be covered by the insurance plan. The Unit initiates recovery activity by focusing on high dollar first then working their way down. Each financial cycle, the **MMIS** system adds new services that have come through the payment system and resorts those available to be worked. Using this methodology, the TPL Unit can continuously be assured of working those more cost effective for recovery thereby using the staffing resources available to the state to the best advantage and maximizing the amount recovered. Services unlikely to be recovered from an insurance plan or those services that accumulate to less than \$200 per recipient are periodically deleted from the recovery system.

- (6) Casualty/Tort Liens Casualty/tort liens require a high level of staff interactions with the potential liable party and many cases require a State attorney to successfully complete recovery thereby increasing the costs associated with pursuing these types of recovery activities. The state will not normally pursue recovery if the recipient's Medicaid paid services in a six month period or at the time of settlement total less than \$250.00 to account for the increased interactions and attorney assistance inherent in this type of activity.

State/Territory: Missouricitation42 CFR 433.139 (b) (3)
(ii) (A)

The State will make payment for pediatric preventative services, including early and periodic screening, diagnosis, and treatment services without regard to third party liability and the SMA will seek reimbursement from any liable third party to the extent of such legal liability.

4 ~~2~~ CFR 433.139 (b) (3) (ii) (C)

Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.

42 CFR 433.139 (f) (2)

(a) ATTACHMENT 4.22-B specifies the following:

(1) The method used in determining a provider's compliance with the third party billing requirements at §433.139 (b) (3) (ii) (C).

42 CFR 433.139 (f) (3)

(2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.

(3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.

42 CFR 447.20

(e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.