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State/Territory Name: Missouri

State Plan Amendment (SPA) MO: 24-0011

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

July 25, 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-24-0011

Dear Director Richardson:

We have reviewed the proposed Missouri State Plan Amendment (SPA) to Attachment 4.19-B MO-24-0011, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 17th, 2024. This state plan amendment updates the MO Healthnet fee schedule to add reimbursement for manual and electric breast pumps.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 27, 2024. 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,

A solid black rectangular box redacting the signature of Todd McMillion.

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 <u>2 4 - 0 0 1 1</u>	2. STATE <u>MO</u>
	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 April 27, 2024	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440 subpart A <u>42 CFR Part 414 Subpart D</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>171,397</u> b. FFY <u>2025</u> \$ <u>338,850</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B Page 4	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-B Page 4</u>	

9. SUBJECT OF AMENDMENT
This State Plan Amendment is regarding a change to MO HealthNet's Durable Medical Equipment Program, allowing reimbursement for manual and electric breast pumps, reflected in Attachment 4.19-B under Medical Equipment Services.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT SLV 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 <u>MO HealthNet Division</u> <u>P.O. Box 6500</u> <u>Jefferson City MO 65102</u>
12. TYPED NAME Robert J. Knodell	
13. TITLE Director	
14. DATE SUBMITTED <u>6/14/24</u>	

FOR CMS USE ONLY

16. DATE RECEIVED <u>6/17/2024</u>	17. DATE APPROVED <u>July 25, 2024</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>April 27, 2024</u>	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL <u>Todd McMillion</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Reimbursement Review</u>

22. REMARKS

Pen and ink change requested on 6/27/2024 to block 5 from 42 CFR 440 subpart A to 42 CFR Part 414 Subpart D.

State MissouriMedical 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 April 27, 2024, 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>.