

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

1 0 -- 0 5

2. STATE
Missouri

3. PROGRAM IDENTIFICATION:
TITLE XIX OF THE SOCIAL SECURITY ACT
(MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2010

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:
Section 6083 of the Deficit Reduction Act of 2005, Section
1902(a)(70) to the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2010 \$ 0
b. FFY 2011 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A, page 9-1, 9-2, 9-6, and 9-7

9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION
OR ATTACHMENT (If Applicable):
Attachment 3.1-A, page 9-1, 9-2, 9-6, and 9-7

10. SUBJECT OF AMENDMENT:
This state plan amendment changes recipients to participants, Division of Medical Services to MO HealthNet Division, ancillary services to reflect coverage contained in the contract, and removes actuarial soundness from the non-emergency medical transportation rate methodology. Changes did not impact the capitation payment; therefore, no costs are associated with this amendment.

11. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:
MO HealthNet Division
P.O. Box 6500
Jefferson City, MO 65102

13. TYPE NAME: Ronald J. Levy

14. TITLE: Director

15. DATE SUBMITTED: May 4, 2010

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: May 4, 2010

18. DATE APPROVED: July 30, 2010

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
James G. Scott

22. TITLE: Associate Regional Administrator
for Medicaid and Children's Health Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory Missouri

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

a 1. Transportation

No limitations

With limitations

a 2. Brokered Transportation

Provided under section 1902(a)(70)

The State seeks, on a state-wide basis, requests for competitive sealed bids for the provision of non-emergency medical transportation through the Office of Administration. Bids are reviewed and awarded through a competitive bidding process based on an objective analysis and subjective judgment in a comparative assessment of proposals in the evaluation of the broker's experience, performance, references, resources, qualifications, and costs.

The State will comply with the directives of the Centers for Medicare and Medicaid Services on the Medicaid non-emergency medical transportation broker program regarding prohibitions on broker self-referrals and conflict of interest for governmental and non-governmental brokers. The broker will be an independent entity and may not itself provide transportation under the contract with the state or refer or subcontract to a transportation provider with which it has a financial relationship, unless there are no other available qualified providers of transportation.

Services are provided as a benefit and administered under the provisions of a state awarded broker contract to those Medicaid participants eligible for NEMT services. Medicaid participants eligible for NEMT services are those who are eligible for Medicaid under a federal aid category on the date the transportation is provided and have a scheduled medical appointment to obtain a Medicaid covered service. The broker shall verify the individual's eligibility on the date of transport. The participant shall be notified if they are not eligible for NEMT services. The Medicaid state agency shall make eligibility information available to the broker. NEMT services require prior authorization by the NEMT broker.

The broker shall maintain sufficient staff to perform all functions necessary for the day to day activities.

TN No.: 10-05

Supersedes TN No.: 06-09

Effective Date July 1, 2010

Approval Date JUL 30 2010

The broker maintains a toll-free telephone line to accept NEMT requests from participants. Based on the information obtained on the call, the broker will assure all NEMT criteria is met and arrange the least expensive method of transportation that meets the needs of the client. The call center shall have sufficient staff to perform functions for a least nine (9) consecutive hours Monday through Friday. NEMT services shall be available 24 hours per day, seven (7) days per week, when medically necessary.

Interpreter services will be available, as necessary, to ensure participants are able to communicate with the broker. Customer service policies and procedures will be implemented to address call wait time, call abandonment, voice mail routing and response, telephone quality, call tracking and fax and written correspondence.

The broker shall authorize and arrange the least expensive and most appropriate ancillary services. For children under the age of 21, ancillary services may include an attendant and/or parent/guardian to accompany the child if the medical appointment requires an overnight stay.

The broker must maintain a provider network which consists of various modalities to support the transportation needs of participants state-wide. The broker shall ensure the safety of all participants while being transported. All vehicles shall be in compliance with federal motor vehicle safety standards. The State does not require a specific reimbursement methodology be used by the broker when subcontracting with transportation providers. The broker is responsible for tracking and reporting all trip information and provider adequacy to the Medicaid State Agency.

The broker shall have a system in place for participants to access the state agency's fair hearing system.

The broker shall implement internal controls, policies and procedures to prevent, detect, review and report to the Medicaid state agency instances of suspected fraud and abuse by providers, subcontractors and participants.

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- Individuals terminally ill if in a medical institution and will receive hospice care
- Individuals aged or disabled with income not above 100% FPL
- Individuals receiving only an optional State supplement in a 209(b) State
- Individuals working disabled who buy into Medicaid (BBA working disabled group)
- Employed medically improved individuals who buy into Medicaid under TWWIA Medical Improvement Group
- Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids)

(6) The State will pay the contracted broker by the following method:

- (i) risk capitation
- (ii) non-risk capitation
- (iii) other (e.g., brokerage fee and direct payment to providers)

Payments for NEMT services are provided through a state awarded broker contract. The state is divided into NEMT service regions. Each region is served by a statewide broker. The broker is a for-profit, not-for-profit, public, or private entity that is selected through a competitive bid process. The State of Missouri, Office of Administration issues a Request for Proposal (RFP) through which qualified bidders submit bids to provide NEMT assistance in the NEMT service regions. The successful bidder is selected for the entire state by the State of Missouri, Office of Administration through a bid evaluation process that is published as part of the RFP. Bidders include in their price components a capitation payment.

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The MO HealthNet Division pays the successful bidder in each region the rate included in the winning bid for the state. This rate is paid per participant per month regardless of the length of the transport, the type of vehicle required, or the number of transports.

On a monthly basis, the state makes payments to the broker for each fee-for-service participant eligible for NEMT based on the fixed per participant per month rate appropriate for the participant's eligibility category and county of residence. The rate is prorated based on the number of eligible days. The broker contract specifies that the capitation payments are the only payments to be made to the broker for all NEMT services and no other payment shall be made. The broker is also liable or "at risk" for the cost of NEMT services.

The State does not require a specific reimbursement methodology be used by the broker when subcontracting with transportation providers. The broker is responsible for tracking and reporting all trip information and provider adequacy to the Medicaid State Agency.

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