

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



Center for Medicaid and State Operations, CMSO

Ms. Rosanne Mahaney
Acting Director, Div. of Medicaid and Medical Asst.
Designee for Rita M. Landgraf, Sec.
Delaware Health and Social Services
P.O. Box 906
New Castle, DE 19720-0906

JAN 27 2010

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CMS - DIMCHO

RE: State Plan Amendment 09-006

Dear Ms. Mahaney:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 09-006. This amendment specifies the qualifying criteria and payment methodology Delaware uses to determine payments to high cost outliers for inpatient hospital services.

We conducted our review of this amendment according to the statutory requirements at sections 1902(a)(3), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the regulations at 42 CFR 447 Subpart C. I am pleased to inform you that Medicaid State plan amendment 09-006 is approved effective October 1, 2009. I have enclosed the approved HCFA-179 and amended state plan pages.

If you have any questions, please call Keith Leuschner on (717) 782-4967.

Sincerely,

Cindy Mann

Director

Center for Medicaid and State Operations (CMSO)