

SEP 29 2009

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

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

1. TRANSMITTAL NUMBER:

0 9 - 0 7

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, 2009 - Pages 6, 17, 19bbb-1 and 19bbbb.
January 1, 2010 - Page 16f

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 CFR 412

7. FEDERAL BUDGET IMPACT: (in thousands)

a. FFY 2009 \$ 12,551

b. FFY 2010 \$ ~~38,950~~ 41,795

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4-19A
Page 6, 16f, ~~17~~, 19bbb-1, and 19bbbb. 16g
17a,

9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4-19A
Page 6, 16f, ~~17~~, and 19bbbb. 16g
17a,

10. SUBJECT OF AMENDMENT:

revises

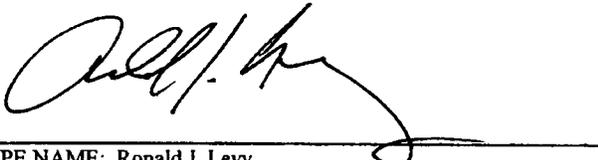
This amendment provides for trend factors, ~~eliminates~~ the utilization adjustment for all hospitals except for safety net hospitals and children's hospitals, clarifies disproportionate share hospital (DSH) calculation to allow for payment up to 100% of DSH allotment, and defines the DSH cap.

GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT *EL*
 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: 9/29/09

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

6-17-10

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JUL - 1 2009

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME: William Lasowski

22. TITLE: Deputy Director, CMCS

23. REMARKS: