

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

1. TRANSMITTAL NUMBER:

1 0 - 1 1

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

October 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:
42 CFR 447 Subpart C and 1902(n) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2011 \$ 0

b. FFY 2012 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement 1 to Attachment 4.19-B Pages 1, 1a, 3, 3a, 6, and 7

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

Supplement 1 to Attachment 4.19-B
~~Pending~~ Pages 1 and 3

10. SUBJECT OF AMENDMENT:
This amendment provides for a change in MO HealthNet reimbursement of Medicare Part B and Medicare Advantage/Part C outpatient hospital crossover claims, except claims submitted from public hospitals operated by the Department of Mental Health, effective for payment dates beginning October 1, 2010, with dates of service on or after January 1, 2010.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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:

December 20, 2010

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 21, 2010

18. DATE APPROVED: August 15, 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 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:

pen and ink changes per State's request dated 7.22.11 and 8.4.11.