

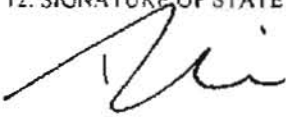
<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 1 - 0 6</u>	2 STATE Missouri
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE  October 1, 2011	

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 <u>CF</u>	7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ (36,624) b. FFY 2013 \$ (36,887)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-B, page 1bb	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, page 1bb

10. SUBJECT OF AMENDMENT:  
 This amendment provides a change in MO HealthNet reimbursement of outpatient radiology procedures to be reimbursed from a Medicaid fee schedule effective for service dates beginning October 1, 2011 for all MO HealthNet enrolled hospitals. The Medicaid fee schedule will be based on 125% of the technical component rate determined in the Medicare Physician Fee Schedule. This amendment also provides a 5% increase to the prospective outpatient rate for federally-designated Critical Access Hospitals (CAH) for service dates October 1, 2011 through June 30, 2012. This change is necessary to lessen the adverse impact of the decreased reimbursement resulting from the radiology fee schedule to ensure continue access to services until MHD has time to evaluate the impact of adjusting the prospective outpatient payment percentage rates to exclude the procedures paid on a fee schedule.

11. GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT *el*     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: Brian Kinkade	
14. TITLE: Interim Director	
15. DATE SUBMITTED: <u>11-04-11</u>	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: <u>November 7, 2011</u>	18. DATE APPROVED: <u>July 27, 2012</u>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>October 1, 2011</u>	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: <u>Leticia Barraza</u>	22. TITLE: <u>Acting Associate Regional Administrator for Medicaid and Children's Health Operations</u>
23. REMARKS: <u>Pen and ink change per email from State dtd 7.24.12</u>	