

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

1. TRANSMITTAL NUMBER:

1 1 - 1 2

2. STATE
Missouri

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

4. PROPOSED EFFECTIVE DATE

July 1, 2011

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

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

7. FEDERAL BUDGET IMPACT:

a. FFY 2011 \$ 12,521

b. FFY 2012 \$ 50,214

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A, Pages 1, 2, 2aaaaaa, 3, 6a, 8, 8a, 9a, 12, 17a, 21a

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

Attachment 4.19-A, Pages 1, 2, 2aaaaaa, 3, 6a, 8,
8a, 9a, 12, 17a, 21a

10. SUBJECT OF AMENDMENT:

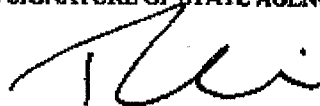
This amendment provides the State Fiscal Year (SFY) 2012 trend factor; clarifies new federal audit and record retention requirements in accordance with federally mandated DSH audit standards; references new payment methodologies relating to Disproportionate Share (DSH) and Upper Payment Limit (UPL) payments; and revises when Enhanced Graduate Medical Education (GME) payments are paid to hospitals.

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:



13. TYPE NAME: Brian Kinkade

14. TITLE: Interim Director

15. DATE SUBMITTED:

16. RETURN TO:

MO HealthNet Division
P.O. Box 6500
Jefferson City, MO 65102

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 23, 2011

18. DATE APPROVED:

MAY - 8 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL - 1 2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Penny Thompson

22. TITLE:

Deputy Director, CMCS

23. REMARKS: