



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 2 -- 0 8</u>	2. STATE Missouri
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE January 1, 2012		
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: Patient Protection and Affordable Care Act (PPACA), P.L. 111-148, section 2301	7. FEDERAL BUDGET IMPACT: a. FFY <u>2012</u> \$ <u>0</u> b. FFY <u>2013</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, new page 9a(1) Attachment 3.1-A, new page 21 Attachment 4.19-B, new page 4c	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): n/a	

10. SUBJECT OF AMENDMENT:

 Adds coverage for Freestanding Birth Center facility services as required by Section 2301 of the Patient Protection and Affordable Care Act.

11. GOVERNOR'S REVIEW (Check One) <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT SW <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input checked="" type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	16: RETURN TO: MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	
13. TYPE NAME: Brian Kinkade	
14. TITLE: Interim Director	
15. DATE SUBMITTED: March 29, 2012	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <u>March 29, 2012</u>	18. DATE APPROVED: <u>October 4, 2012</u>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>January 1, 2012</u>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <u>James G. Scott</u>	22. TITLE: <u>Associate Regional Administrator for Medicaid and Children's Health operations</u>
23. REMARKS:	