

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 2 - 1 4</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 July 1, 2012	

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 <i>CF</i>	7. FEDERAL BUDGET IMPACT: a. FFY <u>2012</u> \$ <u>2,123</u> b. FFY <u>2013</u> \$ <u>6,162</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, pages 1bb and 1bbb	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, page 1bb

10. SUBJECT OF AMENDMENT:
Due to the change in reimbursement of radiology procedures that continues in SFY 2013, federally-designated and state-designated critical access hospitals (CAHs) were disproportionately impacted by the change of moving the radiology services to a fee schedule. The MO HealthNet Division determined the disproportionate effect on federally-designated and state-designated CAHs could result in radiology services no longer being available to MO HealthNet participants and uninsured individuals in the rural areas served by the federally-designated and state-designated CAHs. In order to ensure access to radiology services provided by federally-designated and state-designated CAHs, the MO HealthNet Division determined an increase to the prospective outpatient percentage rate for non-radiology services is necessary to lessen the impact of the decreased reimbursement resulting from the radiology fee schedule. Therefore, this amendment provides for a five percent (5%) increase in the prospective outpatient percentage rate for federally-designated CAHs and a three percent (3%) increase in the prospective outpatient percentage rate for state-designated CAH for dates of service July 1, 2012 through June 30, 2013.

11. GOVERNOR'S REVIEW (Check One)

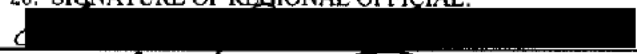
GOVERNOR'S OFFICE REPORTED NO COMMENT *SW* OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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: July 9, 2012	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <u>July 10, 2012</u>	18. DATE APPROVED: <u>September 25, 2012</u>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>July 1, 2012</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:
Pen and ink change per States request dated 9.5.12