

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



**Center for Medicaid and State Operations, CMSO**

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Mr. Michael T. Hales, Director  
Division of Health Care Financing  
Utah Department of Health  
P.O. Box 143101  
Salt Lake City, UT 84114-3101

Re: Utah 08-013

Dear Mr. Hales:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 08-013. Effective for services on or after October 1, 2008, this amendment updates the reimbursement methodology for Disproportionate Share Hospital (DSH) Program payments for rural government-owned hospitals.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act (the Act) and the regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 08-013 is approved effective October 1, 2008. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Christine Storey at (303) 844-7044.

Sincerely,

/S/

Cindy Mann  
Director  
Center for Medicaid and State Operations

cc: Craig Devashrayee, UT DOH

bcc: Christine Storey, NIRT  
Mark Cooley, CO  
Trudy Turner, Denver RO  
Lisa Carroll, CO (e-mail)  
Richard Allen, ARA Medicaid, Region VIII  
Oscar Fuller, UT Funding Specialist, Denver RO (e-mail)