

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

1. TRANSMITTAL NUMBER:
11-005-UT

2. STATE:
Utah

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

4. PROPOSED EFFECTIVE DATE
April 15, 2011, and October 1, 2011

TO: REGIONAL ADMINISTRATOR
HEALTHCARE 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 455.304

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 \$0
b. FFY 2012 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Pages 10, 10.1, 11, 11a, 11a(a), 11a(1), and 11a(2) of Attachment 4.19-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Pages 10, 10.1, 11, 11a, 11a(1), and 11a(2) of Attachment 4.19-A

10. SUBJECT OF AMENDMENT:
Disproportionate Share Hospital Payments

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
W. David Patton, PhD.

14. TITLE:
Executive Director, Utah Department of Health

15. DATE SUBMITTED:
June 30, 2011

16. RETURN TO:

Craig Devashrayee, Manager
Technical Writing Unit
Utah Department of Health
PO Box 143102
Salt Lake City, UT 84114-3102

17. DATE RECEIVED:

18. DATE APPROVED:
MAR - 2 2012

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:
APR 15 2011 OCT - 1 2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Penny Thompson

22. TITLE:
Deputy Director, CMCS

PLAN APPROVED - ONE COPY ATTACHED