

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER: <b>10-038</b>	2. STATE: <b>COLORADO</b>
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE July 1, 2010	

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

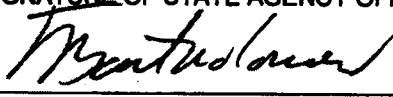
NEW STATE PLAN                      AMENDMENT TO BE CONSIDERED AS A NEW PLAN                      **X** AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION  CFR 42 Section 447.272	7. FEDERAL BUDGET IMPACT FFY 11-12    \$4,235,595
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.19A pages 56 through 59	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

10. SUBJECT OF AMENDMENT  
  
Inpatient Supplemental Medicaid Payment for High Volume Medicaid Hospital Providers

11. GOVERNOR'S REVIEW (Check One)  
  
GOVERNOR'S OFFICE REPORTED NO COMMENT                      **X** OTHER, AS SPECIFIED  
  
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Governor's letter dated September 1, 2011  
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL  



13. TYPED NAME  
**John Bartholomew**

14. TITLE  
**Director, Budget and Finance Office**

15. DATE SUBMITTED  
**December 2, 2011**

16. RETURN TO  
  
Colorado Department of Health Care Policy and Financing  
1570 Grant Street  
Denver, CO 80203-1818  
  
Attn: Barbara Prehmus

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED	18. DATE APPROVED <b>FEB -6 2012</b>
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>JUL - 1 2010</b>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME <b>Penny Thompson</b>	22. TITLE <b>Deputy Director, CMCS</b>

23. REMARKS