	1 TRANSMITTAL NUMBER	2. STATE.
TRANSMITTAL AND NOTICE OF APPROVAL OF	44.044	COLORADO
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	11-041 3. PROGRAM IDENTIFICATION	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	SECURITY ACT (MEDICAID)	
TO REGIONAL ADMINISTRATOR	4 PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One):	L	*** (
NEW STATE PLAN AMENDMENT TO BE CONSID	ERED AS A NEW PLAN	X AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate transmittal for e	each amendment)
6. FEDERAL STATUTE/REGULATION CITATION	7 FEDERAL BUDGET IMPACT	
CFR 42 Section 447.272	a. FFY 2010-11 \$0 b. FFY 2011-12 \$17,905,657	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF TH	
	SECTION OR ATTACH	
Pages 3, 4, 5, and 6 of Attachment 4.19B	Pages 3, 4, 5, and 6 of Attachment 4.19B	
10. SUBJECT OF AMENDMENT	AND A CALL STREET, MANUAL COMPANY OF THE STREET, STREE	A-CESSOPERSON-INSULATE WHICE A SPESSION ARTHUR PROGRAMMENT AND ARTHUR AND ARTHUR AND ARTHUR A
Revisions to supplemental Medicaid payments for outpation	ent hospital sérvicés.	
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GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTE 12. SIGNATURE OF STATE AGENCY OFFICIAL Machine Machine 13. TYPED NAME	Governor's letter dated 16. RETURN TO Colorado Department of Health 1570 Grant Street	11 February 2011
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