
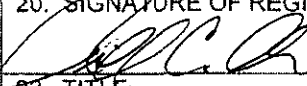


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1 TRANSMITTAL NUMBER: 11-041	2. STATE: COLORADO
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4 PROPOSED EFFECTIVE DATE July 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> 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 a. FFY 2010-11 \$0 b. FFY 2011-12 \$17,905,657	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Pages 3, 4, 5, and 6 of Attachment 4.19B		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Pages 3, 4, 5, and 6 of Attachment 4.19B	
10. SUBJECT OF AMENDMENT Revisions to supplemental Medicaid payments for outpatient hospital services.			
11 GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <p style="text-align: right;">Governor's letter dated 11 February 2011</p>			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO	
13. TYPED NAME John Bartholomew		Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
14. TITLE Director, Financial and Administrative Services Office		Attn: Barbara Prehmus	
15. DATE SUBMITTED 9-23-2011			
FOR REGIONAL OFFICE USE ONLY			
17 DATE RECEIVED 9/23/11		18. DATE APPROVED 1/7/13	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL		20. SIGNATURE OF REGIONAL OFFICIAL 	
21 TYPED NAME RICHARD C. ALLEN		22. TITLE ARA, DUCTO	
23. REMARKS			