

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

1. TRANSMITTAL NUMBER: 06-005-UT	2. STATE: Utah
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE July 21, 2006	

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 440.50

7. FEDERAL BUDGET IMPACT: *BBB*
a. FFY 2006 \$0
b. FFY 2007 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT.
Page 4 of Attachment 4 19-B


9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Page 4 of Attachment 4.19-B

10. SUBJECT OF AMENDMENT: Physician Fee Schedule


11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: W. David Patton, Ph.D.
14. TITLE: Executive Director, Utah Department of Health
15. DATE SUBMITTED: May 11, 2012

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: <i>Original 6/12/06 - Reused 5/11/12</i>	18. DATE APPROVED: <i>6/26/12</i>
FOR REGIONAL USE ONLY	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>7/21/06</i>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <i>RICHARD C. ALLEN</i>	22. TITLE: <i>AEA, DMCHO</i>
23. REMARKS: PLAN APPROVED - ONE COPY ATTACHED	