

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



**Center for Medicaid and CHIP Services (CMCS)**

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Mr. Michael T. Hales, Director  
Division of Health Care Financing  
Utah Department of Health  
P.O. Box 143101  
Salt Lake City, UT 84114-3101

**AUG - 1 2012**

Re: Utah 11-009

Dear Mr. Hales:

We have reviewed the proposed amendment to Attachment 4.19-A and Attachment 4.19-B of your Medicaid State plan submitted under transmittal number (TN) 11-009. Effective for services on or after July 1, 2011 and July 1, 2012, this amendment modifies the reimbursement methodology necessary to comply with CMS' regulations specific for provider preventable conditions.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act (the Act) and the regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 11-009 is approved effective July 1, 2011 for Attachment 4.19-A and July 1, 2012, for Attachment 4.19-B. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Christine Storey at (303) 844-7044.

Sincerely,

A handwritten signature in black ink that reads "Cindy Mann". The signature is written in a cursive, flowing style.

Cindy Mann  
Director, CMCS

cc: Craig Devashrayee, UT DOH