

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 12-009-UT	2. STATE: Utah
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE July 1, 2012	

TO: REGIONAL ADMINISTRATOR
HEALTHCARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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)

FEDERAL STATUTE/REGULATION CITATION:

42 CFR 455.304

7. FEDERAL BUDGET IMPACT:
a. FFY 2012 \$0
b. FFY 2013 \$0

Bob

PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT.

Pages 11 and 11.1 of Attachment 4.19-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Pages 11 and 11.1 of Attachment 4.19-A

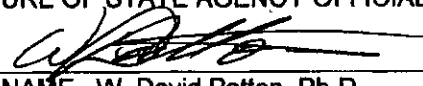
10. SUBJECT OF AMENDMENT: Disproportionate Share Hospital Payments

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

2. SIGNATURE OF STATE AGENCY OFFICIAL:


3. TYPED NAME. W David Patton, Ph.D.

4. TITLE. Executive Director, Utah Department of Health

5. DATE SUBMITTED. June 15, 2012

16. RETURN TO:

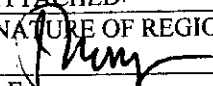
Craig Devashrayee, Manager
Technical Writing Unit
Utah Department of Health
PO Box 143102
Salt Lake City, UT 84114-3102

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 18. DATE APPROVED: **AUG 29 2012**

PLAN APPROVED - ONE COPY ATTACHED.

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JUL - 1 2012

20. SIGNATURE OF REGIONAL OFFICIAL:


21. TYPED NAME: **Penny Thompson**

22. TITLE: **Deputy Director, CMCS**

23. REMARKS: