

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

- | | |
|--|-------------------|
| 1. TRANSMITTAL NUMBER:
13-002-UT | 2. STATE:
Utah |
| 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| 4. PROPOSED EFFECTIVE DATE
January 1, 2013 | |

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 447.405

7. FEDERAL BUDGET IMPACT:
a. FFY 2013 \$+176,026
b. FFY 2014 \$+234,700 *Rb*


8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Pages 4d, 4e, 4f, and 4g of ATTACHMENT 4.19-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

10. SUBJECT OF AMENDMENT: Primary Care Physician Enhancement Payments

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: March 22, 2013

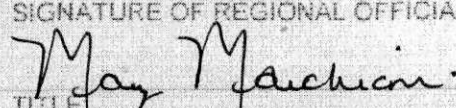
16. RETURN TO:
Craig Devashrayee, Manager
Technical Writing Unit
Utah Department of Health
PO Box 143102
Salt Lake City, UT 84114-3102

17. DATE RECEIVED:
3/22/13

18. DATE APPROVED:
6/17/13

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:
1/1/13
21. TYPED NAME:
Mary Marchioni

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE:
Acting AEA, DMCHO

23. REMARKS

PLAN APPROVED - ONE COPY ATTACHED