

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

1. TRANSMITTAL NUMBER:
13-004-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 440.50

7. FEDERAL BUDGET IMPACT:
a. FFY 2013 \$0
b. FFY 2014 \$0
B2B 1/1/13

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Page 4c of Attachment 4.19-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

10. SUBJECT OF AMENDMENT: Reimbursement for Physician Services

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

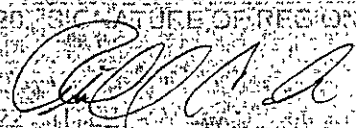
15. DATE SUBMITTED: January 31, 2013

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: *1/31/13*

18. DATE APPROVED: *2/13/13*

19. EFFECTIVE DATE OF APPROVED MATERIAL: *1/1/13*

20. SIGNATURE OF REGIONAL OFFICIAL:


21. TYPED NAME: RICHARD C. ALLEN

22. PLAN APPROVED - ONE COPY ATTACHED

23. COMMENTS