

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

1. TRANSMITTAL NUMBER:
13-009-UT

2. STATE:
Utah

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
July 1, 2013

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 440.50 and 440.60

7. FEDERAL BUDGET IMPACT:

a. SFY 2014 \$0 *\$513 4/5/13*
b. SFY 2015 \$0

PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Pages 4 and 5 of ATTACHMENT 4.19-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Pages 4 and 5 of ATTACHMENT 4.19-B

0. SUBJECT OF AMENDMENT: Reimbursement for Physician and Anesthesia Services

1. 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:

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: April 15, 2013

16. RETURN TO:

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

6. DATE RECEIVED: *4/15/13* 18. DATE APPROVED: *5/16/13*

FOR REGIONAL USE ONLY

9. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/13

20. SIGNATURE OF REGIONAL OFFICIAL:

11. TYPED NAME:

RICHARD C. ALLEN

22. TITLE:

ARA, DMCHO

13. REMARKS:

PLAN APPROVED - ONE COPY ATTACHED