

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

1. TRANSMITTAL NUMBER: 13-019-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

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:
Section 1902(a)(13)(A) of the Social Security Act

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Pages 1 through 4 of Section 927 of ATTACHMENT 4.19-D
Section 1195 of ATTACHMENT 4.19-D

7. FEDERAL BUDGET IMPACT: *hmk 5/1/13*


a. FFY 2014	\$+523,048
b. FFY 2015	\$+523,048

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Pages 1 through 3 of Section 927 of ATTACHMENT 4.19-D
Section 1195 of ATTACHMENT 4.19-D

10. SUBJECT OF AMENDMENT: Quality Improvement Incentive

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

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: May 15, 2013

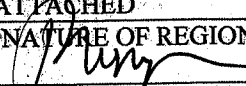
16. RETURN TO:

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: NOV 07 2013

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2013 20. SIGNATURE OF REGIONAL OFFICIAL: 

21. TYPED NAME: Penny Thompson 22. TITLE: Deputy Director, Policy + Financial Mgt. CRCS

23. REMARKS: