

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

1. TRANSMITTAL NUMBER: 10-018-UT	2. STATE: Utah
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE October 1, 2010	

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)(42)(B)(i) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2011	\$0	<i>BMW</i>
b. FFY 2012	\$0	

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Pages 36b and 36c of Section 4.5

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

10. SUBJECT OF AMENDMENT:
Medicaid Recovery Audit Contractor Program

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:
David N. Sundwall, MD

14. TITLE:
Executive Director, Utah Department of Health

15. DATE SUBMITTED:
December ²⁹~~27~~, 2010

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:
12/28/10

18. DATE APPROVED:
3/21/11

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:
10/1/2010

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Richard C. Allen

22. TITLE:
ARA, DMCHD

PLAN APPROVED - ONE COPY ATTACHED

23. REMARKS

