

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11-19	2. STATE Minnesota
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE September 1, 2011	
TO: REGIONAL ADMINISTRATOR HEALTH CARE 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 447.321	7. FEDERAL BUDGET IMPACT: a. FFY '11: \$ (603,000) b. FFY '12: \$ (12,314,000)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 4.19-B pp. 3a,6a,8,10k,13,14,15,17,20b,23b,23.1,27,27a,30,30a,31c,33,34,35,39, 40, 54, 68d, 76. Att. 4.19-B, Supplement 2, pp. 10, 11	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att. 4.19-B pp. 3a,6a,8,10k,13,14,15,17,20b,23b,23.1,27,27a,30,30a,31c,33,34,35, 39,40,54,68d, 76. Att. 4.19-B, Supplement 2, p. 10,

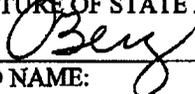
10. SUBJECT OF AMENDMENT:

Implements a new RBRVS physician payment methodology, re-organizes items related to physician payment rates and includes non-physician practitioners in the calculation of the supplemental payment for physician services delivered at two safety net hospitals.

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: 	16. RETURN TO: Lisa Knazan Minnesota Department of Human Services Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983
13. TYPED NAME: Ann Berg	
14. TITLE: Deputy Medicaid Director	
15. DATE SUBMITTED: September 30, 2011 ^{CES} 6/20/12	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 30, 2011	18. DATE APPROVED: JUN 20 2012
--	--------------------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2011	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Alan Freund	22. TITLE: Associate Regional Administrator

23. REMARKS: