

June 20, 2012

David Godfrey, State Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

Dear Mr. Godfrey:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #11-019 - Rate reductions for outpatient hospital facility services, ambulance services, professional services, and miscellaneous services and materials.

--Effective Date: September 1, 2011

If you have any additional questions, please have a member of your staff contact Courtenay Savage at (312) 353-3721 or via e-mail at Courtenay.Savage@cms.hhs.gov.

Sincerely,



Alan Freund
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: Ann Berg, MDHS
Patricia Callaghan, MDHS

Enclosure