

**Attachment to Blocks 8 & 9 of CMS Form 179**

**Transmittal Number 12-015**

**Number of the  
Plan Section or Attachment**

Attachment 4.19-B  
N/A - delete page

**Number of the Superseded  
Plan Section or Attachment**

Attachment 4.19-B  
Page 1b.1 (TN11-049)