

June 20, 2013

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

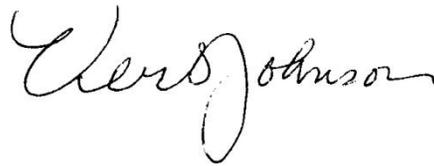
Dear Ms. Backstrom:

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

Transmittal #12-004 - Provider Screening and Enrollment  
--Effective Date: July 1, 2012

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](mailto:Courtenay.Savage@cms.hhs.gov).

Sincerely,



Verlon Johnson  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

cc: Ann Berg, MDHS  
Sean Barrett, MDHS

Enclosure