

CENTERS for MEDICARE & MEDICAID SERVICES

MAR 0 3 2010

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

Dear Mr. Osberg:

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

Transmittal #09-031

Pay for Performance payments to Qualified Providers

-- Effective Date: October 1, 2009

If you have any additional questions, please have a member of your staff contact Charles Friedrich at (608) 442-9125 or by e-mail at Charles.Friedrich@cms.hhs.gov.

Sincerely,

Verlon Johnson

Associate Regional Administrator

Division of Medicaid and Children's Health Operations

cc: Lisa Knazan, MDHS

Enclosure