DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED OMB NO. 0938-0193

HEALTH CARE FRANCING ADMINISTRATION	T .	OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	10-30	Minnesota
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE	
FOR, HEADTH CARE FRANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDICAID)	
TO PROJONIAL ADMINISTRAÇÃO	A BRODOGED PERFORME DAME	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	December 31, 2010	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN X AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: (in	
1902(a)(42)(B)	FFY '11: \$0	and districtly
	FFY '12: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		EDED DI AN SECTIONI
Pre-print Section 4.5, p.p. 36c, 36 36b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
11 to print beetion 4.5, p.p. 50c, 524	OR ATTACHMENT (If Applicable): N/A	
	IVA	
10. SUBJECT OF AMENDMENT:		
Recovery audit contractors program		
,		
11 CONTRIVIONS PRIMARY (CL. 1.0.)		
11. GOVERNOR'S REVIEW (Check One):		
	X GOVERNOR'S OFFICE REPORTED NO COMMENT	
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
☐ NO REPLY/RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
	16. RETURN TO:	
☐ NO REPLY/RECEIVED WITHIN 45 DAYS OF SUBMITTAL	16. RETURN TO:	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Lisa Knazan	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME	Lisa Knazan	ces
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STAPE AGENCY OFFICIAL: 13. TYPED NAME Brian Osberg	Lisa Knazan Minnesota Department of Human Servi	ces
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME Brian Osberg 14. TITLE:	Lisa Knazan Minnesota Department of Human Servi Federal Relations Unit	ces
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME Brian Osberg 14. TITLE: Medicaid Director	Lisa Knazan Minnesota Department of Human Servi- Federal Relations Unit PO Box 64983	ces
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME Brian Osberg 14. TITLE: Medicaid Director 15. DATE SUBMITTED:	Lisa Knazan Minnesota Department of Human Servi Federal Relations Unit	ces
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME Brian Osberg 14. TITLE: Medicaid Director 15. DATE SUBMITTED: December 21, 2010	Lisa Knazan Minnesota Department of Human Servi- Federal Relations Unit PO Box 64983 St. Paul, MN 55164-0983	ces
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NO REPLYRECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME Brian Osberg 14. TITLE: Medicaid Director 15. DATE SUBMITTED: December 2-1, 2-010 FOR REGIONAL OF 17. DATE RECEIVED: 12-21-10 PLAN APPROVED - ONI	Lisa Knazan Minnesota Department of Human Servi- Federal Relations Unit PO Box 64983 St. Paul, MN 55164-0983 FICE USE ONLY 18. DATE APPROVED:	AR 1.7 2011
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In the property of the propert	Lisa Knazan Minnesota Department of Human Servi- Federal Relations Unit PO Box 64983 St. Paul, MN 55164-0983 FICE USE ONLY 18. DATE APPROVED: 3 COPY ATTACHED 20 SIGNATURE OF REGIONAL OF	IR 1 7 2011 FICIAL:
In No reply received within 45 days of submittal 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME Brian Osberg 14. TITLE: Medicaid Director 15. DATE SUBMITTED: December 21, 2010 FOR REGIONAL OF 17. DATE RECEIVED: 12-21-10 PLAN APPROVED - ONI 19. EFFECTIVE DATE OF APPROVED MATERIAL: 12-31-10	Lisa Knazan Minnesota Department of Human Servi- Federal Relations Unit PO Box 64983 St. Paul, MN 55164-0983 FICE USE ONLY 18. DATE APPROVED: 3 COPY ATTACHED 20 SIGNATURE OF REGIONAL OF	IR 1 7 2011 FICIAL:
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