

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
11-02

2. STATE
Minnesota

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2011

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447.321

7. FEDERAL BUDGET IMPACT:
a. FFY '11: \$ 268,368
b. FFY '12: \$ 357,824

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Pre-print page 65
Att. 4.19-B pp. 1, 1a, 1a.1, 1b, 1c, 1d, 1e, 3, 3a, 3b, 3c, 6, 6a, 8, 8.1, 8.2,
8a, 8c, 10, 10a, 10b, 10c, 10d, 10e, 10f, 10g, 10h, 10i, 10j, 10k, 10l, 16,
16a, 16b, 17, 17.1, 19, 19a, 20, 20a, 20b, 23, 23a, 23b, 23.1, 27, 28, 28a,
30, 30a, 39, 40, 45, 45a, 45b, 45c, 45c-2, 45c-3, 45d, 63.
Att. 4.19-B, Supplement 2, pp. 1-10

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Pre-print page 65
Att. 4.19-B pp. 1, 1a, 1a.1, 1b, 1c, 1d, 1e, 3, 3a, 6, 6a, 8, 8.1, 8.2,
8a, 8c, 10, 10a, 10b, 10c, 10d, 10e, 10f, 10g, 10h, 10i, 10j, 16,
16a, 17, 19, 20, 20a, 23, 23a, 23b, 23.1, 27, 28, 28a, 30, 30a, 39,
40, 45, 45a, 45b, 45c, 45c-2, 45c-3, 45d, 63.

10. SUBJECT OF AMENDMENT:

Implements a new RBRVS physician payment methodology, re-organizes items related to physician payment rates and includes non-physician practitioners in the calculation of the supplemental payment for physician services delivered at two safety net hospitals.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Ann Berg

14. TITLE:

Deputy Medicaid Director

15. DATE SUBMITTED:

March 31, 2011

16. RETURN TO:

Lisa Knazan
Minnesota Department of Human Services
Federal Relations Unit
P.O. Box 64983
St. Paul, MN 55164-0983

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: MAR 31 2011

18. DATE APPROVED: JAN 03 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JAN 01 2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Verlon Johnson

22. TITLE:

Associate Regional Administrator

23. REMARKS: