HEALTH CARE FINANCING ADMINISTRATION  TRANSMITTAL AND NOTICE OF APPROVAL		FORM APPROVED	
STATE DI ANIMATERIA	OF 1. TRANSMITTAL NUMBER:	OMB NO. 0938-019	
STATE PLAN MATERIAL	11-06	2. STATE	
ROP. HEALTH CAR		Minnesota	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION:	77/04	
	SOCIAL SECURITY ACT (MED	TITLE XIX OF THE	
TO: REGIONAL ADMINISTRATOR		ICAID)	
HEALTH CARE FINANCING ADMINISTRA	4. PROPOSED EFFECTIVE DATE	4. PROPOSED EFFECTIVE DATE	
	April 1, 2011	April 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One):			
NEW STATE PLAN			
COMPLETE BLOCKS & TUBL IA ID THE	BE CONSIDERED AS NEW PLAN	X AMENDMENT	
6. FEDERAL STATUTE/REGILLATION CUTTURES IS AN A	MENDMENT (Separate Transmittal for any	AMENDMENT	
42 CFR §447.201(b)		n amenament)	
	a. FFY '11: 0		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMEN	b. FFY '12: '0		
THE PLAN SECTION OR ATTACHMEN	7: 9. PAGE NUMBER OF THE SUPER:		
Att. 4.19-B, pp. 4b, 4c, 4d, 5b, 5c, 5d and 10	OR ATTACHMENT (If Applicable,	SEDED PLAN SECTION	
25, 26, 40, 30, 30, 3d and 10	(1) Applicable)	<i>)</i> ;	
	Att. 4.19-B, pp. 4b, 4d, 5b, 5c, 5d and	• •	
	5, pp. 40, 4d, 50, 5c, 5d and	I Oa	
Secretary residence in the secretary of			
10. SUBJECT OF AMENDMENT:			
Payments to RHCs and FQHCs and physicians.			
E. M. and interest.			
II GOVERNORIS DELLE			
11. GOVERNOR'S REVIEW (Check One):  X GOVERNOR'S OFFICE REPORTED NO COMMENT	The state of the s		
A COVERNOR'S OFFICE REPORTED NO COMMENTS			
DOOL OF THE PARTY	— amr.		
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NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA  2. SIGNATURE OF STATE AGENCY OFFICIAL:  3. TYPED NAME:  Ann Berg	L  16. RETURN TO:  Lisa Knazan Minnesota Department of Human Service		
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NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA  2. SIGNATURE OF STATE AGENCY OFFICIAL:  3. TYPED NAME:  Inn Berg 4. TITLE;  Peputy Medicaid Director 5. DATE SUBMITTED:	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit PO Box 64983		
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