

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 10-09	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: Title XIX of the <i>Social Security Act</i> (Medicaid)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: December 31, 2010	

5. TYPE OF PLAN MATERIAL (Check One)

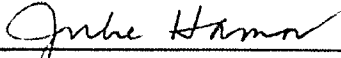
NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION: Section 1902 of the <i>Social Security Act</i>	7. FEDERAL BUDGET IMPACT a. FFY 2011 \$0.0 Million b. FFY 2012 \$0.0 Million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Pages 36, 36A & 36B	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 36

10. SUBJECT OF AMENDMENT:
Recovery Audit Contractors for Medicaid

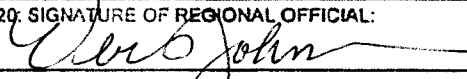
11. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED: Not submitted for review by prior approval.

12. SIGNATURE OF AGENCY OFFICIAL: 	16. RETURN TO: Department of Healthcare and Family Services Bureau of Program and Reimbursement Analysis Attn: Greg Wilson, Chief 201 South Grand Avenue East Springfield, IL 62763-0001
13. TYPED NAME: Julie Hamos	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED 12-30-10	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12-30-10 18. DATE APPROVED: MAR 08 2011

PLAN APPROVED—ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 12-31-10	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME Verlon Johnson	22. TITLE: Associate Regional Administrator

23. REMARKS: