

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid, CHIP, and Survey & Certification (CMCS)

Mr. Jason A. Helgerson
Administrator, Division of Health Care Access and Accountability
Wisconsin Department of Health Services
P.O. Box 309, Room 350
1 West Wilson Street
Madison, WI 53701-0309

DEC - 6 2010

RE: Wisconsin 10-007

Dear Mr. Helgerson:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 10-007. Effective for services on or after January 1, 2010, this amendment revises methodology for performance-based payments to acute care, children's, and rehabilitation hospitals.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act (the Act) and the regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment TN 10-007 is approved effective January 1, 2010. The HCFA-179 and the amended plan pages are attached.

If you have any questions, please call Todd McMillion at (608) 441-5344.

Sincerely,

A handwritten signature in black ink that reads "Bill Lasowick". The signature is written in a cursive style with a large, looped "B" and "L".

Cindy Mann
Director

Center for Medicaid, CHIP, and Survey & Certification