

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-015	2. STATE Wisconsin
--	----------------------------------	-----------------------

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 10/01/2010 12/31/10 (CG)
---	---

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 1915 (a)(42) of the Social Security Act 1902 (CG)	7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$ 0 K ^{CG} b. FFY 2012 \$ 0 K ^{CG}
--	---

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Text pages 79za and 79zb.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): New
---	--

10. SUBJECT OF AMENDMENT:

Recovery Audit Contractors

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:
Michelle Baugh

13. TYPED NAME:
Jason A. Helgerson

14. TITLE:
State Medicaid Director

15. DATE SUBMITTED:
December 23, 2010

16. RETURN TO:
Jason A. Helgerson
State Medicaid Director
Division of Health Care Access and Accountability
1 W. Wilson St.
P.O. Box 309
Madison, WI 53701-0309

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12-23-10	18. DATE APPROVED: MAR 14 2011
--------------------------------	-----------------------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 12-31-10	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Verlon Johnson</i>
--	--

21. TYPED NAME: Verlon Johnson	22. TITLE: Associated Regional Administrator
-----------------------------------	---

23. REMARKS: