

May 31, 2012

Brett Davis, Administrator and Medicaid Director Division of Health Care Access and Accountability Wisconsin Department of Health Services 1 West Wilson Street P. O. Box 309 Madison, Wisconsin 53701-0309

Dear Mr. Davis:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #12-001

--Provider Screening and Enrollment

-- Effective January 1, 2012

If you have any additional questions, please have a member of your staff contact Charles Friedrich at (312) 353-1583 or Charles.Friedrich@cms.hhs.gov.

Sincerely,

Alan Freund

Alan Freund

Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations

Enclosure

cc: Al Matano, Wisconsin Department of Health Services