

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR HEALTH CARE FINANCING ADMINISTRATION	1 TRANSMITTAL NUMBER 10-010	2 STATE WYOMING
	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 6/1/12
--	-------------------------------------

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(a)(42)(B)(i) of the Social Security Act	7 FEDERAL BUDGET IMPACT a FFY 2011 \$0 00 b FFY 2012 \$0 00
--	---

8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 4 5b	9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) NEW
---	---


10 SUBJECT OF AMENDMENT Medicaid Recovery Audit Contractor program exception request

11 GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

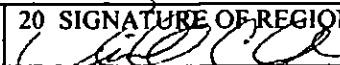
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12 SIGNATURE OF STATE AGENCY OFFICIAL 	16 RETURN TO TERI GREEN STATE MEDICAID AGENT OFFICE OF HEALTH CARE FINANCING 6101 YELLOWSTONE ROAD, SUITE 210 CHEYENNE, WY 82002
13 TYPED NAME TERI GREEN	CC TAMMY ARNOLD, MANAGEMENT ASSISTANT (SAME ADDRESS)
14 TITLE STATE MEDICAID AGENT	
15 DATE SUBMITTED 11/11/11	

FOR REGIONAL OFFICE USE ONLY

17 DATE RECEIVED 11/11/11	18 DATE APPROVED 12/22/11
--------------------------------	--------------------------------

PLAN APPROVED - ONE COPY ATTACHED

19 EFFECTIVE DATE OF APPROVED MATERIAL 6/1/12	20 SIGNATURE OF REGIONAL OFFICIAL 
21 TYPED NAME RICHARD C. ALLEN	22 TITLE AEA, DMCHO

23 REMARKS