

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 and State Operations (CMSO)

June 4, 2009

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

RE: Wisconsin 08-023

Dear Mr. Helgerson:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 08-023. Effective for services on or after July 1, 2008, this amendment proposes to add language to the inpatient hospital rate methodology that addresses hospital acquired conditions (“never events”).

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 are pleased to inform you that Medicaid State plan amendment TN 08-023 is approved effective July 1, 2008. The HCFA-179 and the amended plan pages are attached.

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

Sincerely,

/s/

Jackie Garner
Acting Director
Center for Medicaid and State Operations