

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 12-014	2. STATE Wisconsin
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE 07/01/2012
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

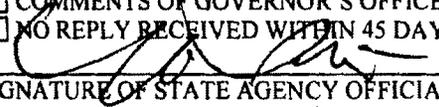
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.250	7. FEDERAL BUDGET IMPACT: a. FFY 2013 ..... <del>-\$113,170</del> <sup>SOK</sup> b. FFY 2014 ..... <del>-\$113,170</del> <sup>SOK</sup>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-B pages 4 and 5. ....	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Same

10. SUBJECT OF AMENDMENT:  
  
Outpatient hospital rates and methodologies - access payments.

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: Brett Davis State Medicaid Director Division of Health Care Access and Accountability 1 W. Wilson St. P.O. Box 309 Madison, WI 53701-0309
13. TYPED NAME: Brett Davis	
14. TITLE: State Medicaid Director	
15. DATE SUBMITTED: September 27, 2012	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 27, 2012	18. DATE APPROVED: June 13, 2013
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2012	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Alan Freund	22. TITLE: Acting Associate Regional Administrator
23. REMARKS:	