

September 17, 2013

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 #13-004

--Outpatient Hospital Rates and Methods --Effective February 1, 2013

If you have any additional questions, please have a member of your staff contact Charles Friedrich at (608) 442-9125 or <u>Charles.Friedrich@cms.hhs.gov</u>.

Sincerely,

Clers Johnson

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

Enclosure

cc: Al Matano, Wisconsin Department of Health Services