

CONSORTIUM RESPONSE TO THE STATE IM SECOND PARTY REVIEW FINDING

Complete and return this form with documentation of corrective action by email to DHSSPR@wisconsin.gov.

Review Number	CARES Case Number	Case Name
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We agree with the error finding.

If necessary, correct the case and submit documentation of your corrective action within 30 days of receipt of the Second Party Review error finding. Corrective action can include termination of current and future benefits, the calculation of overpayment amount and claims establishment, or restoration of benefits that were incorrectly under-issued, denied or terminated for all months affected by the error. If an overpayment occurred due to client error, establish a claim to initiate benefit recovery. To assist with error reduction initiatives, indicate what information from the client, agency or state would have helped prevent this error.

We disagree with the error finding.

Provide additional information and / or documentation to explain why you consider the case details / eligibility determination to be correct. Please respond within 10 days of receipt of the Second Party Review error finding.

If client error, was this case referred for further investigation? Yes No

Consortium/Tribe/Agency Representative	Date Completed
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Consortium/Tribe/Agency Name
