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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-01208 (09/2023) | | | **STATE OF WISCONSIN** | | | |
| **IRIS CONTRACTOR QUALITY MANAGEMENT PLAN ATTACHMENT COVER SHEET** | | | | | | |
| **INSTRUCTIONS:** | This document is required for IRIS fiscal employer agents and IRIS consultant agencies providing attachments to the Department in relation to their annual quality management plan. Contractors must provide the file names of each attachment in the table below, as well as identify on which worksheet and which row the file/attachment is/are relevant. | | | | | |
| **Contractor**: Contractor Name | | **Year**: Calendar Year | | | |
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| **Name of File/Attachment** | | | | **Worksheet** | **Row** |
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