

Department of Health

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Public Health Administrator

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April 12, 2006

Honorable Mayor and Members of the Common Council
City of Racine
Racine City Hall
730 Washington Avenue
Racine, WI 53403

Dear Mayor and Council Members:

I hereby request permission for the Mayor and City Clerk to sign a contract with Abri Health Plan, Inc. Abri Health Plan is an HMO provider for Medicaid recipients. The intent of the agreement is to arrange for the provision of designated healthcare services by the City of Racine Health Department to Abri Health Plan, Inc. and Medicaid/BadgerCare enrollees.

Respectfully submitted,


Janelle M. Grammer