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State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: WI-24-0013

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

November 26, 2024

William Hanna
Medicaid Director
Wisconsin Department of Health Services
1 West Wilson Street, Room 350
PO Box 309 Madison,
WI 52701-0309

Dear Director William Hanna:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number WI-24-0013, submitted on September 27, 2024, has been approved. This SPA has an effective date of July 1, 2024.

Through this SPA, Wisconsin is aligning section 8.7 with companion SPA WI-24-0009 to confirm the state no longer disenrolls children from coverage due to non-payment of premiums during or at the end of a continuous eligibility period. The state also removes its premium lock-out period. The state implemented these policies effective May 1, 2024. The state's companion SPA WI-24-0009, which includes the state's revised CS21, is currently pending CMS approval.

Your Project Officer is Chanelle Parkar. Chanelle is available to answer your questions concerning this amendment and other CHIP-related matters. Her contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Telephone: (667) 290-9798
E-mail: chanelle.parkar@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Sarah deLone/

Sarah deLone
Director

OneMAC Changes – CHIP Premiums for Children

Section 1.4

Guidance: The effective date as specified below is defined as the date on which the State begins to incur costs to implement its State plan or amendment. (42 CFR 457.65) The implementation date is defined as the date the State begins to provide services; or the date on which the State puts into practice the new policy described in the State plan or amendment. For example, in a State that has increased eligibility, this is the date on which the State begins to provide coverage to enrollees (and not the date the State begins outreach or accepting applications).

- 1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65) A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

TN# WI-24-0013 -Amendment #21 Purpose of SPA: Non-Payment of Premiums Does Not Result In Loss of CHIP Eligibility

Proposed effective date: 07/01/2024

Proposed implementation date: 05/01/2024

Roster of SPAs superseding plan sections with MMDL forms

Transmittal Number	SPA Group	PDF#	Description	Superseded Plan Section(s)
NUMBER 24-0009 Date Submitted: 06/28/2024: Approval Date: TBD Effective Implementation Date: 01/01/2024	Non-Financial Eligibility	CS21	Non- Financial Eligibility – Non-Payment of Premiums	Supersedes WI- 13-032
	General Eligibility	CS27	General Eligibility – Continuous Eligibility	New submission.

Section 1.4-TC

- 1.4-TC Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

The Wisconsin Tribal Health Directors Association (WTHDA) held its bimonthly meeting on Friday, June 21, 2024. Several Wisconsin Department of Health Services (DHS) staff attended., Wisconsin DHS staff presented an overview of SPA 24-0009. The health directors did not have questions or concerns related to the SPA.

Section 8.7

Provide a description of the consequences for an enrollee or applicant who does not pay a charge. (42 CFR 457.570 and 457.505(c))

Guidance: Section 8.7.1 is based on Section 2101(a) of the Act which provides that the purpose of Title XXI is to provide funds to States to enable them to initiate and expand the provision of child health insurance to uninsured, low-income children in an effective and efficient manner that is coordinated with other sources of health benefits coverage for children.

See SPA WI-24-0009, Section CS21

Premiums

Each family is sent an invoice the month prior to the month in which the premium is due. Payment of a premium is not a condition of eligibility. If no payment is made by adverse action of the benefit month, there is no impact to the enrollee's eligibility. Enrollees will not be subject to a restrictive re-enrollment period, and they will not be penalized for non-payment of premiums at the end of a certification period.

Section 8.7.1

Provide an assurance that the following disenrollment protections are being applied:

Guidance: Provide a description below of the State's premium grace period process and how the State notifies families of their rights and responsibilities with respect to payment of premiums. (Section 2103(e)(3)(C))

This does not apply to Wisconsin. Enrollees are not disenrolled because of failure to pay a premium.

☐ 8.7.1.1. State has established a process that gives enrollees reasonable notice of and an opportunity to pay past due premiums, copayments, coinsurance, deductibles or similar fees prior to disenrollment. (42 CFR 457.570(a))

☐ 8.7.1.2. The disenrollment process affords the enrollee an opportunity to show that the enrollee's family income has declined prior to disenrollment for non payment of cost-sharing charges. (42 CFR 457.570(b))

☐ 8.7.1.3. In the instance mentioned above, that the state will facilitate enrolling the child in Medicaid or adjust the child's cost-sharing category as appropriate. (42 CFR 457.570(b))

☐ 8.7.1.4. The state provides the enrollee with an opportunity for an impartial review to address disenrollment from the program. (42 CFR 457.570(c))