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State/Territory Name: WI

State Plan Amendment (SPA) #: 13-019

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) Approved SPA Pages



cc: Al Matano, Wisconsin Department of Health Services

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



March 21, 2014

Brett Davis, Administrator
Division of Health Care Access and Accountability
Department of Health Services
1 West Wilson St., Room 350
Madison, WI 53701-0309

RE: Companion Letter for Wisconsin State Plan Amendment (SPA) TN# 13-019

Dear Mr. Davis:

This letter is being sent as a companion to Centers for Medicare & Medicaid Services (CMS) approval of State Plan Amendment (SPA) Transmittal Number 13-019 for rate increase for preventive services, which was submitted to CMS on Dec. 23, 2013. Our review of this submission included a review of the corresponding 4.19-B pages for reimbursement methodology for preventive services. As such, we could not find reimbursement methodology for preventive services under Item 13 Other Diagnostic (a), Screening (b), preventive (c), rehabilitation service (d) that meets the regulatory requirements at 42 CFR 440.130.

We do realize that many states cover and reimburse for preventive services in other sections of their state plan (such as physician, OLP, clinic, etc.). For some states that did not want to submit a 4.19-B page, we gave these states the option to maintain the reimbursement under the other sections of the state plan, provided that they indicate a statement pertaining to reimbursement in the 13.c Preventive services coverage pages of the state plan. We thus recommend that Wisconsin, if it decides it does not want to submit a 4.19-B page, use this suggested language:

*Preventive services specified in section 4106 of the Affordable Care Act are all available under the state plan and covered under the *physician, clinics, other licensed practitioner service benefits and are reimbursed according to the methodologies provided in Attachment 4.19-B for such services.*

**Physicians, clinics and other licensed practitioners are used as an example. The state should indicate the 1905(a) service categories for their state plan where preventive services are provided and covered.*

Please respond to this letter within 90 days of its receipt with a corrective action plan describing how you will resolve the issues identified above. During the 90-day period, we are happy to provide any technical assistance that you need. State plans that are not in compliance with requirements at 42 CFR 430.10 and Section 1903(i) of the Social Security Act are grounds for initiating a formal compliance process.

If you have any questions, please contact Charles Friedrich, of my staff, at (608) 442-9125 or by e-mail at charles.friedrich@cms.hhs.gov.

Sincerely,

/s/

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

cc: Al Matano, WI DHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
13-019

2. STATE
Wisconsin

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
01/01/2014

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Affordable Care Act Section 4106

7. FEDERAL BUDGET IMPACT:

a. FFY 2014 \$845K

b. FFY 2015 \$1,125K

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A page 6.
Attachment 3.1-B page 5.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same
Same

10. SUBJECT OF AMENDMENT:

Increase in federal share for preventive services

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 15 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Brett Davis

14. TITLE:

State Medicaid Director

15. DATE SUBMITTED:

December 23, 2013

16. RETURN TO:

Brett Davis
State Medicaid Director
1 W. Wilson St.
P.O. Box 309
Madison, WI 53701-0309

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

December 23, 2013

18. DATE APPROVED:

3/21/14

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Verlon Johnson

22. TITLE:

Associate Regional Administrator

23. REMARKS:

State: Wisconsin

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services.

☒ Provided. ☒ No limitations ☐ With limitations *
☐ Not provided.

c. Preventive services.

☒ Provided. ☒ No limitations ☐ With limitations *
☐ Not provided.

- All USPSTF (United States Preventive Services Task Force) grade A and B preventive services and approved vaccines recommended by ACIP, and their administration, are covered (and reimbursed) without cost-sharing.
- The state has documentation available to support the claiming of federal match for such services.
- The state has a method to ensure that, as changes are made to USPSTF or ACIP (Advisory Committee on Immunization Practices) recommendations, the state will update coverage and billing codes to comply with those revisions.

d. Rehabilitative services.

☒ Provided. ☐ No limitations ☒ With limitations *
☐ Not provided.

14. Services for individuals age 65 or older in institutions for mental disease.

a. Inpatient hospital services.

☒ Provided. ☒ No limitations ☐ With limitations *
☐ Not provided.

b. Skilled nursing facility services.

☒ Provided. ☐ No limitations ☒ With limitations *
☐ Not provided.

c. Intermediate care facility services.

☒ Provided. ☐ No limitations ☒ With limitations *
☐ Not provided.

State: Wisconsin

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

- c. Prosthetic devices.
☒ Provided. ☐ No limitations ☒ With limitations *
- d. Eyeglasses.
☒ Provided. ☐ No limitations ☒ With limitations *
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e. other than those provided elsewhere in this plan.
- a. Diagnostic services.
☒ Provided. ☒ No limitations ☐ With limitations *
- b. Screening services.
☒ Provided. ☒ No limitations ☐ With limitations *
- c. Preventive services.
☒ Provided. ☒ No limitations ☐ With limitations *
- All USPSTF (United States Preventive Services Task Force) grade A and B preventive services and approved vaccines recommended by ACIP, and their administration, are covered (and reimbursed) without cost-sharing.
 - The state has documentation available to support the claiming of federal match for such services.
 - The state has a method to ensure that, as changes are made to USPSTF or ACIP (Advisory Committee on Immunization Practices) recommendations, the state will update coverage and billing codes to comply with those revisions.
- d. Rehabilitative services.
☒ Provided. ☐ No limitations ☒ With limitations *
14. Services for individuals age 65 or older in institutions for mental disease.
- a. Inpatient hospital services.
☒ Provided. ☒ No limitations ☐ With limitations *
- b. Skilled nursing facility services. Effective 7-1-88
☒ Provided. ☐ No limitations ☒ With limitations *

* Description provided on attachment.