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State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: 16-0013

This file contains the following documents in the order listed:

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

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



March 13, 2017

Michael Heifetz, Medicaid Director
Division of Health Care Access and Accountability
Department of Health Services
1 West Wilson Street, Room 350
Madison, WI 53702

ATTN: Al Matano

Dear Mr. Heifetz:

Enclosed for your records is an approved copy of the following State Plan Amendment (SPA).

Transmittal #16-0013:

- Managed Care
- Effective Date: 10/1/16

If you have any questions, please have a member of your staff contact Mai Le-Yuen (312) 353- 2853 or by email at mai.le-yuen@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

**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:
16-0013

2. STATE
Wisconsin

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

4. PROPOSED EFFECTIVE DATE
10/01/2016

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:
Section 1932(a)(1)(A) of the Social Security Act and 42
CFR Sections 438.50(c)(6) and 447.362

7. FEDERAL BUDGET IMPACT:
a. FFY 2017 \$0K
b. FFY 2018 \$0K

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-F page 4.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Same.

10. SUBJECT OF AMENDMENT:

Medicaid services provided through managed care organizations - payments under nonrisk contracts.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Michael G. Heifetz

14. TITLE:
State Medicaid Director

15. DATE SUBMITTED:
December 23, 2016

16. RETURN TO:
Michael G. Heifetz
State Medicaid Director
Department of Health Services
1 W. Wilson St.
P.O. Box 309
Madison, WI 53701-0309

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
December 23, 2016

18. DATE APPROVED:
March 13, 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME:
Ruth A. Hughes

22. TITLE:
Associate Regional Administrator

23. REMARKS:

State: Wisconsin

1932(a)(1)(A)
42 CFR 447.362
42 CFR 438.50(c)(6)

7. X The state assures that all applicable requirements of 42 CFR 447.362 for payments under any nonrisk contracts will be met.

45 CFR 74.40

8. X The state assures that all applicable requirements of 45 CFR 92.36 for procurement of contracts will be met.

The state will certify all willing and qualified providers to participate in the program.

D. Eligible groups

1932(a)(1)(A)(i)

1. List all eligible groups that will be enrolled ~~on~~ a mandatory basis.

The SSI-Medicaid Managed Care Program is limited to the following target groups of recipients nineteen years and older who are determined disabled through:

Supplemental Security Income (SSI) and related eligibility criteria.

The BadgerCare Plus (Medicaid) Managed Care program is limited to the following target group of recipients:

Caretaker relatives eligible under section 1902(a)(10)(A)(ii).

2. Mandatory exempt groups identified in 1932(a)(1)(A)(i) and 42 CFR 438.50.

Use a check mark to affirm if there is voluntary enrollment of any of the following mandatory exempt groups.

1932(a)(2)(B)
42 CFR 438.50(d)(1)

i. ☒ Recipients who are also eligible for Medicare.

If enrollment is voluntary, describe the circumstances of enrollment.
(Example: Recipients who become Medicare eligible during mid-enrollment remain eligible for managed care and are not dis-enrolled into fee-for-service.)

Dual eligibles may enroll on a voluntary basis at any time. Recipients who become Medicare-eligible during enrollment remain eligible for managed care and are not disenrolled into fee-for-service unless they request it.

1932(a)(2)(C)

ii. ☒ Indians who are members of Federally recognized Tribes except when the