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State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: 19-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
233 N. Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



Regional Operations Group

May 17, 2019

Jim Jones, Medicaid Director
Division of Medicaid Services
Wisconsin Department of Health Services
1 West Wilson Street, Room 350
Madison, WI 53702

ATTN: Karl Hauth, SPA Coordinator

RE: Transmittal Number (TN) 19-0005

Dear Mr. Jones:

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

SPA TN 19-0005: Durable Medical Equipment Reimbursement Rate Changes for
21st Century Cures Act

Effective Date: January 1, 2019

Approval date: May 17, 2019

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

Sincerely,

/s/

Ruth A. Hughes
Deputy Director
Center for Medicaid and CHIP Services
Regional Operations Group

Enclosures

cc: Karl Hauth, DHS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER 19-0005	2. STATE Wisconsin
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: Title XIX Of The Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 01/01/2019	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447 Subpart F		7. FEDERAL BUDGET IMPACT a. FFY 2019 \$ (1,200K) b. FFY 2020 \$ (1,200K)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B (Non-Institutional), page 6		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Same	
10. SUBJECT OF AMENDMENT Durable medical equipment reimbursement rate changes for 21st Century Cures Act			
11. GOVERNOR'S REVIEW (<i>Check One</i>) <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO Jim Jones State Medicaid Director Department of Health Services 1 W. Wilson St. P.O. Box 309 Madison, WI 53701-0309	
13. TYPED NAME Jim Jones			
14. TITLE State Medicaid Director			
15. DATE SUBMITTED 03/22/2019			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 22, 2019		18. DATE APPROVED: May 17, 2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2019		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Ruth A. Hughes		22. TITLE: Deputy Director	
23. REMARKS:			

4. Vision Materials

Materials not covered under the Vision Care Volume Purchase Contract will be reimbursed at no more than the average wholesale costs of the materials.

5. Medical Supplies and Equipment

For HCPCS codes subject to Section 1903(i)(27) of the Social Security Act, reimbursement is set at the lowest corresponding Medicare max fee in Wisconsin as of January 1 each year, and updated on an annual basis as need, excluding oxygen systems, oxygen concentrators and continuous positive airway pressure devices.

Effective January 1, 2019, oxygen system, oxygen concentrator and continuous positive airway pressure device rates will be reduced 25 percent the difference between the current Wisconsin Medicaid max fee and the lowest corresponding Medicare max fee in Wisconsin as of January. These rates will be updated on an annual basis over the next four years. The final adjustment, January 1, 2023, will equal the lowest corresponding Medicare max fee in Wisconsin.

For HCPCS codes not subject to Section 1903(i)(27) of the Social Security Act or codes for which Medicare does not have an assigned rate, reimbursement is set at the following:

1. The Wisconsin Medicaid Fee Schedule amount;
2. Competitive bid contracted rate;
3. 80% of the Manufacturer Suggested Retail Price (MSRP); or
4. Acquisition cost plus 20%.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers.