

## **Table of Contents**

**State/Territory Name: Wisconsin**

**State Plan Amendment (SPA) #: 21-0003**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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June 16, 2021

Jim Jones  
Medicaid Director  
Division of Medicaid Services  
Wisconsin Department of Health Services  
1 W. Wilson Street  
Madison, WI 53701

Re: WI State Plan Amendment (SPA) 21-0003

Dear Mr. Jones:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0003. This amendment proposes to align Medicaid COVID-19 vaccine administration rates with Medicare rates and to allow other licensed practitioners such as pharmacists and pharmacy technicians to administer the COVID-19 vaccine.

We conducted our review of your submittal according to the statutory requirements outlined in section 1905(a)(13)(A) and (B) in title XIX of the Social Security Act. This letter is to inform you that Wisconsin Medicaid SPA Transmittal Number 21-0003 was approved on June 15, 2021 with an effective date of February 1, 2021.

If you have any questions, please contact Mai Le-Yuen at 312.353.2853 or via email at [Mai.Le-Yuen@cms.hhs.gov](mailto:Mai.Le-Yuen@cms.hhs.gov).

Sincerely,

Digitally signed by James  
G. Scott -S  
Date: 2021.06.16 10:16:57  
-05'00'

James G. Scott, Director  
Division of Program Operations

cc: Laura Brauer, DHS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER <b>WI-21-0003</b>	2. STATE Wisconsin
	3. PROGRAM IDENTIFICATION: <b>Title XIX Of The Social Security Act (Medicaid)</b>	
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	4. PROPOSED EFFECTIVE DATE <b>2/1/2021</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 1905(a)(13)(A) and (B) of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2021      \$29,671K b. FFY 2022      \$0K
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Page 9b..... Supplement 1 to Attachment 3.1-A Page 4..... Supplement 1 to Attachment 3.1-B Page 3..... Attachment 4.19-B Non-Institutional Services Pages 5b and 18.....	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Same Same Same Same

10. SUBJECT OF AMENDMENT  
**COVID-19 Vaccine Reimbursement Rate**

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

13. SIGNATURE OF STATE AGENCY OFFICIAL  7BD4E56017A7425... <b>Jim Jones</b>	16. RETURN TO <b>Laura Brauer</b> <b>State Plan Amendment Coordinator</b> <b>Department of Health Services</b> <b>1 W. Wilson St.</b> <b>P.O. Box 309</b> <b>Madison, WI 53701-0309</b>
14. TITLE <b>State Medicaid Director</b>	
15. DATE SUBMITTED <b>3/31/2021</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: March 31, 2021	18. DATE APPROVED: June 15, 2021
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**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: February 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL:  Digitally signed by James G. Scott -S Date: 2021.06.16 10:17:36 -05'00'
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Program Operations

23. REMARKS:

Citation

1928 of the Act

- 2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993, to reduce the amount of health insurance coverage of pediatric vaccines.
- 3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
- 4. The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:

  X   State Medicaid Agency

  X   State Public Health Agency

The Bureau of Health Care Financing, which administers the Medical Assistance Program, and the Bureau of Public Health, which is the primary public health agency, are both bureaus of the Division of Health within the Department of Health and Family Services. As such, they cooperate on the vaccine program. Therefore, both boxes of 4 above have been checked.

- 5. While COVID-19 vaccines are allocated and distributed by the federal government they will not be distributed through the Vaccines for Children program.

6.c. Chiropractic. Prior authorization is required for services beyond the initial visit and  
Eff. 20 spinal manipulations per spell of illness. Consultations are not covered.  
3-1-86

6.d Other Practitioners  
Eff. Services of licensed pharmacists, pharmacy interns and pharmacy technicians acting  
4-1-93 within the scope of their practice under state law to administer COVID-19 vaccines.  
Pharmacy interns or pharmacy technicians are working under the supervision of a  
licensed pharmacist.

Pharmacies are qualified providers of COVID-19 vaccinations per the HHS COVID-19 PREP Act Declaration and authorizations.

Other Nurse Practitioners and Clinical Nurse Specialist Services.

Included are other primary care nurse practitioner and clinical nurse specialist services not covered under item #23. Services are subject to limitations imposed on specific disciplines within the scope of practice of the nurse. These services include medical services delegated by a licensed physician through protocols, pursuant to the requirements set forth in the Wisconsin Nursing Act and the guidelines set forth by the medical examining board and the board of nursing. Other practitioner services are subject to the same limitations imposed on physician services under item #5 to enable the Department to monitor and regulate the following: medical necessity, cost, frequency and place of service.

Medication management includes in-home administration of medications other than those given intravenously, prefilling syringes for self injection when the recipient is not capable, setting up medications for self-administration, and programming dispensers. Instructing the recipient may be covered when provided in conjunction with these activities but not covered if it is the only activity.

Pharmacists.

Licensed pharmacists may administer vaccines, including the H1N1 and COVID-19 vaccines, as authorized and permitted by the State of Wisconsin Pharmacy Examining Board, within their scope of practice and to the extent permitted by Wisconsin law.

- 5.b. Dental Services. The same prior authorization and other limitations required under Item #10 and 12.b. apply.  
Eff. 10-1-91
- 6.a. Podiatry Services. Prior authorization is required for electric bone stimulation. Maintenance care is limited to once per 61 day period under certain conditions. For other service limitations, see. s. OHS 107.14(3), Wis. Adm. Code. All orthopedic and orthotic services, including repairs, orthopedic and corrective shoes and supportive devices, services correcting “flat feet,” and treatment of subluxation of the foot are not covered.  
Eff. 7-1-90
- 6.b. Vision Care Services. (Optometry) Prior authorization is required for certain types of lenses and frames, antiseikonic services, prisms crutch services, low vision services. Certain ophthalmological services and vision training. Frames, lenses and replacement parts must be obtained through the volume purchase plan provider, unless prior authorized. Anti-glare coating, spare eyeglasses and sunglasses, and services provided primarily for convenience or cosmetic reasons are not covered.  
Eff. 1-1-93
- 6.c. Chiropractic. Prior authorization is required for services beyond the initial visit and 20 spinal manipulations per spell of illness. Consultations are not covered.  
Eff. 3-1-86
- 6.d. Other Practitioners  
Eff. 4-1-93  
Services of licensed pharmacists, pharmacy interns and pharmacy technicians acting within the scope of their practice under state law to administer COVID-19 vaccines. Pharmacy interns or pharmacy technicians are working under the supervision of a licensed pharmacist.

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**Wisconsin Medicaid  
Pharmacy Fee Schedule, continued**

4. **Hemophilia clotting factor and other blood products used to treat hemophilia and other blood disorders** will receive an ingredient cost plus a professional dispensing fee as defined above in (A)(1)(d).

Rates for hemophilia clotting factor and other blood products will be based on a State Specialty Maximum Allowable Cost. State Specialty Maximum Allowable Cost rates will be updated monthly based on a review of product availability and specialty pricing in the marketplace. For hemophilia clotting factor and other blood products, Wisconsin or its contractor will use benchmark provider reimbursement discounts (e.g., commercial and/or Medicaid Managed Care) to develop hemophilia clotting factor and other blood products reimbursement rates.

State Specialty Maximum Allowable Cost rates for hemophilia clotting factor and other blood products will not exceed WAC +0%.

Reimbursement is the lower of:

- The State determined State Specialty Maximum Allowable Cost plus a professional dispensing fee as defined above in (A)(1)(d) or
  - The provider's usual and customary charge.
5. **Covered outpatient drugs not dispensed by a community retail pharmacy, but dispensed through institutions or long term care when not included as part of an inpatient stay** will receive an ingredient cost plus professional dispensing fee as defined above in (A)(1)(d).
- a. Ingredient cost is paid as the lesser of:
- NADAC plus a professional dispensing fee or
  - The provider's usual and customary charge.
- b. If NADAC is unavailable, ingredient cost is the lesser of:
- WAC +0% plus a professional dispensing fee,
  - SMAC rate, if available, plus a professional dispensing fee, or
  - The provider's usual and customary charge.
6. **Physician Administered Drugs (PAD)** –
- Drug ingredient costs are reimbursed at the Average Sale Price (ASP) Drug Price plus 6%.
  - If there is no ASP, then the drug ingredient costs are reimbursed at NADAC.
  - If there is no ASP or NADAC, then drug ingredient costs are WAC +0%.
  - No professional dispensing fee is reimbursed.
7. **Investigational Drugs** are not covered under the Medicaid State Plan, unless the drug has an FDA-approved emergency use authorization and is indicated for the treatment of COVID-19; these drugs are provided by the federal government free of charge.

C. Wisconsin will comply with the updated Upper Limits requirements.

1. Overall agency payment will not exceed the federal upper limit based on the ACA FUL for ingredient reimbursement in the aggregate for multiple source drugs and other drugs, except prescription drugs which the prescriber certifies as being medically necessary for a beneficiary.
2. The State will ensure compliance, at the aggregate level, of MAC rates to not exceed the Federal Upper Limits on an annual basis.

## 18. Other licensed practitioners

Section 440.60 (a) of 42 CFR defines “Medical care or any other type of remedial care provided by licensed practitioners” to mean any medical or remedial care or services, other than physicians' services, provided by licensed practitioners within the scope of practice as defined under State law.

## Pharmacists.

Reimbursement rates for the fee for administering vaccines can be found on the published ForwardHealth max fee schedule. Reimbursement rates will be reviewed by the Department to ensure that they will be adequate to provide broad access to vaccines. The reimbursement rates for pharmacies will apply to pharmacists who administer vaccines, and pharmacy interns and certified pharmacy technicians, who administer COVID-19 vaccines as authorized and permitted by the State of Wisconsin Pharmacy Examining Board, to the extent permitted by Wisconsin law, in accordance with the PREP Act.

Effective Date Fee Schedule Language

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of H1N1 vaccine. The Department’s fee schedule rate was set as of October 1, 2009 and is effective for services provided on or after that date. The rate is \$15 per vaccination administered. The vaccine itself will be provided by the Federal Government and provided free of charge.

For COVID-19 vaccine reimbursement, the State will align with geographically adjusted Medicare reimbursement rates for administration of COVID-19 vaccines. The effective date for this administration reimbursement rate is December 11, 2020.

All procedure code rates are published on the Wisconsin ForwardHealth website:  
<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/MaxFeeSearch.aspx>.