

## **Table of Contents**

**State/Territory Name: WI**

**State Plan Amendment (SPA) #: 22-0021**

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  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group/ Division of Reimbursement Review**

March 15, 2023

Lisa Olsen,  
Department of Health Services  
1 W. Wilson St.  
P.O. Box 309  
Madison, WI 53701-0309

RE: Wisconsin State Plan Amendment TN: #22-0021

Dear Director Olson,

We have reviewed the proposed Wisconsin State Plan Amendment, TN: #22-0021 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 29, 2022. This State Plan Amendment supersedes TN: 13-005 and increases the rate of reimbursement for Monkeypox Vaccine Administration to \$15. This rate will expire with the conclusion of the Monkeypox public health emergency.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

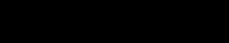

If you have any additional questions or need further assistance, please contact Matthew Klein at 214-767-4625 or [matthew.klein@cms.hhs.gov](mailto:matthew.klein@cms.hhs.gov)

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion  
Division of Reimbursement Review Director

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>2 2 — 0 0 2 1</u>	2. STATE <u>WI</u>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 USC 247d</u>		4. PROPOSED EFFECTIVE DATE <u>10/01/2022</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-B Page 4.b.3.</u>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>59,670</u> b. FFY <u>2023</u> \$ <u>59,670</u>	
9. SUBJECT OF AMENDMENT <u>Increasing Monkeypox Vaccine Administration Rate during the Monkeypox PHE</u>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-B Page 4.b.3.</u> <u>Superseded TN#: 13-005</u>	
10. GOVERNOR'S REVIEW (Check One)			
<input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> OTHER, AS SPECIFIED: <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Bailey Dvorak State Plan Amendment Coordinator Department of Health Services 1 W. Wilson St. P.O. Box 309 Madison, WI 53701-0309	
12. TYPED NAME <u>Lisa Olson</u>			
13. TITLE <u>Medicaid Director</u>			
14. DATE SUBMITTED <u>12/29/22</u>			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED <u>12/29/2022</u>		17. DATE APPROVED <u>March 15, 2023</u>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL <u>10/1/2022</u>		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL <u>Todd McMillion</u>		21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Reimbursement and Review</u>	
22. REMARKS			

Reimbursement Template -Physician Services, continued

**Effective Date of Payment**

**E & M Services**

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on 12/31/2014 but not prior to December 31, 2014. All rates are published at:

<https://www.forwardhealth.wi.gov/WIPortal/Max%20Fee%20Home/tabid/77/Default.aspx>

**Vaccine Administration**

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on 12/31/2014 but not prior to December 31, 2014. All rates are published at:

<https://www.forwardhealth.wi.gov/WIPortal/Max%20Fee%20Home/tabid/77/Default.aspx>

**Monkeypox Vaccine Administration Rate:**

Effective October 1, 2022 the State will reimburse Monkeypox vaccine administration at \$15. This will expire with the conclusion of the Monkeypox public health emergency.