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State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: 23-0016

This file contains the following documents in the order listed:

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

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

September 14, 2023

Jamie Kuhn, Medicaid Director
Division of Medicaid Services
Wisconsin Department of Health Services
1 W. Wilson St.
Madison, Wisconsin 53701

Re: Wisconsin State Plan Amendment (SPA) 23-0016

Dear Director:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0016. This amendment provides assurance for compliance with third party liability requirements outlined in the Consolidated Appropriates Act (CAA) of 2022.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and section 202 of the CAA. This letter is to inform you that Wisconsin Medicaid SPA 23-0016 was approved on September 13, 2023, with an effective date of April 1, 2023.

If you have any questions, please contact Mai Le-Yuen at 312.353.2853 or via email at Mai.Le-Yuen@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Bailey Dvorak, DHS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3 — 0 0 1 6</u>	2. STATE <u>WI</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>04/01/2023</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>Section 202 of the CAA, 2022 amended section 1902(a)(25)(I) of the Social Security Act</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>0</u> b. FFY <u>2024</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.22B Page 1.</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Same Attachment 4.22B Page 1</u>	

9. SUBJECT OF AMENDMENT
Third Party Liability requirements per the Consolidated Appropriations Act (CAA)

10. 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:
[REDACTED]

11. SIGNATURE OF STATE AGENCY OFFICIAL <u>[REDACTED]</u>	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>Jamie Kuhn</u>	
13. TITLE <u>Medicaid Director</u>	
14. DATE SUBMITTED <u>06/28/23</u>	

FOR CMS USE ONLY

16. DATE RECEIVED <u>June 28, 2023</u>	17. DATE APPROVED <u>September 23, 2023</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>April 1, 2023</u>	<u>[REDACTED]</u>
20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u>

22. REMARKS
Box 5 and 8: State approved pen & ink change on 9/12/23.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WISCONSIN

Requirements for Third Party Liability
Payment of Claims

Guidelines Used to Determine When to Seek Reimbursement From a Liable Third Party

The following criteria are used in selecting claims which will be billed to third party insurers, or will be investigated for further collection action:

Health Insurance

Per the provisions in the Consolidated Appropriations Act of 2022 (CAA), the State of Wisconsin has applicable State Law to ensure third party liability. The applicable Statute is Wis. Stat. § 49.475(2)(ac), which states a third party cannot deny the Department's claim for payment solely because of failure by a recipient to present proper documentation at the time of delivery of the service, benefit, or item that is the basis of the claim.

Accumulation thresholds are discontinued.

Through analysis of payment statistics and the denial notices sent to us by insurance carriers, certain items and services have been eliminated from post payment billing. These include, but are not limited to, hearing aid batteries and services supplied by case management providers.

When it is discovered that private insurance benefits have been paid to the provider or the insured in duplication of the Medical Assistance payment to the provider.

- a) Recovery of amounts that are greater than \$25 is sought from the provider.
- b) Amounts of less than \$25 are purged, unless staff time permits recovery.

Personal Injury Liability Thresholds

- For purposes of investigating trauma involved claims, hospital bills paid in amounts exceeding \$350 are investigated for liable third party involvement.
- If referral information on identification of a billing request is received from a provider source (indicating potential liability action) action for recovery is triggered if the paid amount exceeds \$350.
- Trauma claims with paid amounts of less than \$350 may be investigated, if staff time permits such action.
- Claims against liable parties having no insurance are not pursued.

TN#23-0016
Supersedes
TN#93-041

Approval Date 09/13/2023

Effective Date 04/1/23
HCFA ID:1076P/0019P

CH11013.MP/SP