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State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: 23-0020

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 23, 2024

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

Re: Wisconsin State Plan Amendment (SPA) – 23-0020

Dear Director Hanna:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0020. This amendment revises the premium requirements for Medicaid Purchase Plan (MAPP) members to include lowering the monthly premium.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Wisconsin's Medicaid SPA TN 23-0020 was approved on May 23, 2024, with an effective date of August 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Wisconsin State Plan.

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,

A black rectangular box redacts the signature of James G. Scott.

Digitally signed by
James G. Scott -S
Date: 2024.05.23
16:51:54 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Cheryl Jatzak-Glenn, DHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 2 0

2. STATE

WI

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

August 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

Section 1902(a)(10)(A)(ii)(XIII) SSA

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 _____ -2,750,000 _____

b. FFY 2025 _____ -4,600,000 _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 2.6-A, pages 12d and 12e

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 2.6-A, pages 12d and 12e

9. SUBJECT OF AMENDMENT

Changes to premium policies for the Work Incentives group

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:


Nathan Bollhorst
FDC01804447473

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

Jamie Kuhn

13. TITLE

State Medicaid Director

14. DATE SUBMITTED

09/29/2023

FOR CMS USE ONLY

16. DATE RECEIVED

September 29, 2023

17. DATE APPROVED

May 23, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

August 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2024.05.23 16:52:21 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

State/Territory: Wisconsin

Premium requirements:

Individuals eligible for Medicaid under this section whose individual gross income exceeds 100% of the federal poverty level will be subject to the following premium policies.

A. Monthly Premium Calculation

A monthly premium will be calculated based on the following method:

1. Any verified impairment-related work expenses and monthly out-of-pocket medical or remedial expenses will be subtracted from an individual's gross income.
2. If the net amount after subtracting these expenses is at or below 100% of the federal poverty level, the premium amount will be \$25.
3. If the net amount is above 100% of the federal poverty level, the amount exceeding the federal poverty level will be multiplied by three percent (0.03). That amount will be added to \$25 and rounded down to the nearest whole dollar.

B. Premium Payment Requirements

For applicants, premiums must be paid in advance for initial eligibility to begin. Ongoing benefit months require payments by the 10th day of the benefit month.

C. Temporary Premium Waivers

Individuals who experience a temporary hardship that makes them unable to pay their premium may apply for a temporary premium waiver. There is no limit to how many temporary premium waivers may be requested, but the temporary premium waiver cannot exceed 12 months in duration for the same hardship reason.

A temporary hardship may be granted for reasons such as:

- The individual has an unusual expense related to his or her health or ability to work that is not a regular, recurring, or planned expense.
- The individual has experienced a decrease in work hours.
- The individual is the survivor of a crime, such as someone who has experience domestic violence or sexual assault, battery, theft, and other crimes. As a result, the member has incurred extra expenses or is unable to access his or her funds due to the crime.
- The individual is experiencing temporary transportation issues, causing a decrease in work hours.
- The individual is experiencing temporary childcare issues, causing a decrease in the number of work hours.
- The individual has experienced a sudden increase in household expenses such as rent, vehicle insurance, utilities, gas, etc.

State/Territory: Wisconsin

D. *Non-Payment of Premiums*

If an individual does not pay the monthly premium for the benefit month, eligibility will be terminated, unless there is good cause; the individual is eligible for MAPP without a premium; or, the individual is granted a temporary premium waiver.