

# **Table of Contents**

**State/Territory Name: Wisconsin**

**State Plan Amendment (SPA)#:WI-24-0020**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Center for Medicaid and CHIP Services**

**Medical Benefits Health Programs Group**

December 05, 2024

Bill Hanna  
Medicaid Director  
Department Of Health and Human Services  
1 W Wilson St  
P.O. Box 309  
Madison, WI 53701

Dear Bill Hanna,

The CMS Division of Pharmacy team has reviewed Wisconsin's State Plan Amendment (SPA) 24-0020 received in the CMS Medicaid Services OneMAC application on September 27, 2024. This SPA proposes to allow coverage of medically necessary prescribed drugs that are not covered outpatient drugs, including drugs authorized for import by the U.S. Food and Drug Administration (FDA), during drug shortages.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 24-0020 is approved with an effective date of July 1, 2024. Our review was limited to the materials necessary to evaluate the SPA under applicable federal laws and regulations.

We are attaching a copy of the signed CMS-179 form, as well as the page approved for incorporation into Wisconsin's state plan. If you have any questions regarding this amendment, please contact Charlotte Hammond at (410) 786-1092 or [charlotte.hammond@cms.hhs.gov](mailto:charlotte.hammond@cms.hhs.gov).

Sincerely,

A black rectangular redaction box covers the signature of Cynthia Denmark.

Cynthia Denmark  
Director  
Division of Pharmacy

cc: Allie Merfeld, State Plan Amendment Coordinator, Wisconsin Department of Health  
Mai Le-Yeun, CMS, Medicaid and CHIP Operations Group

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

1. TRANSMITTAL NUMBER <u>2 4 — 0 0 2 0</u>	2. STATE <u>WI</u>
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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  
7/1/2024

5. FEDERAL STATUTE/REGULATION CITATION  
§ 1905(a)(12)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2024 \$ 0  
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Page 6 of Supplement 1 to Attachment 3.1-A

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Page 6 of Supplement 1 to Attachment 3.1-A

9. SUBJECT OF AMENDMENT  
Update language on prescribed drug coverage pages to better reflect coverage of select medications determined to be medically necessary but don't meet the definition of a covered outpatient drug, including drugs approved for importation by the FDA during drug shortages.

10. 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

11. NAME OF SUBMITTER  
Bill Hanna

12. SOCIAL SECURITY NUMBER  
[REDACTED]

13. TITLE  
Medicaid Director

14. DATE SUBMITTED  
9/27/2024

15. RETURN TO  
Allie Merfeld  
State Plan Amendment Coordinator Department of Health Services  
1 W. Wilson St.  
P.O. Box 309  
Madison, WI 53701-0309

**FOR CMS USE ONLY**

16. DATE RECEIVED  
SEPTEMBER 27, 2024

17. DATE APPROVED  
12/05/2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
JULY 01, 2024

19. [REDACTED]

20. TYPED NAME OF APPROVING OFFICIAL  
CYNTHIA DENEMARK

21. DIRECTOR, DIVISION OF PHARMACY

22. REMARKS

## INSTRUCTIONS FOR COMPLETING FORM CMS-179

Use Form CMS-179 to transmit State plan material to the Center for Medicaid & CHIP Services for approval. Submit a separate **typed** transmittal form with each plan/amendment.

**Block 1 - Transmittal Number** - Enter the State Plan Amendment transmittal number. Assign consecutive numbers on a **calendar year** basis with the first two digits being the two-digit year (e.g., 21-0001, 21-0002, etc.). Because states have different state fiscal years, a calendar year is required for consistency.

**Block 2 - State** - Enter the two-letter abbreviation code of the State/District/Territory submitting the plan material.

**Block 3 - Program Identification** - Enter the applicable Title of the Social Security Act (Title XIX Medicaid or Title XXI CHIP).

**Block 4 - Proposed Effective Date** - Enter the proposed effective date of material. The effective date of a new plan may not be earlier than the first day of the calendar quarter in which an approvable plan is submitted. With respect to expenditures for assistance under such plan, the effective date may not be earlier than the first day on which the plan is in operation on a statewide basis or earlier than the day following publication of notice of changes.

**Block 5 - Federal Statute/Regulation Citation** - Enter the appropriate statutory/regulatory citation.

**Block 6 - Federal Budget Impact - 6(a)** - IN WHOLE DOLLARS, NOT IN THOUSANDS, Enter 1st **Federal Fiscal Year** (FFY) impacted by the SPA & estimated Federal share of the cost of the SPA for 1st FFY. The first FFY should be the FFY inclusive of the earliest effective date of any amended payment language; **6 (b)** - Enter 2nd FFY impacted by the SPA & estimated Federal share of the cost for 2nd FFY. In general, the estimates should include any amount not currently approved in the state's plan for assistance.

**Block 7 - Page No.(s) of Plan Section or Attachment** - Enter the page number(s) of plan material amended and transmitted. If additional space is needed, use bond paper. **New pages** should be included in Block 7, but not in Block 8.

**Block 8 - Page No.(s) of the Superseded Plan Section or Attachment (if Applicable)** - Enter the page number(s) (including the transmittal number) that is being superseded. If additional space is needed, use bond paper. **Deleted pages** should be included in Block 8, but not in Block 7.

**Block 9 - Subject of Amendment** - Briefly describe plan material being transmitted.

**Block 10 - Governor's Review** - Check the appropriate box. See SMM section 13026 A.

**Block 11 - Signature of State Agency Official** - Authorized State official signs this block.

**Block 12 - Typed Name** - Type name of State official who signed block 11.

**Block 13 - Title** - Type title of State official who signed block 11.

**Block 14 - Date Submitted** - Enter the date that the state transmits plan material to CMCS. Unless the state officially withdraws this SPA and then resubmits it, this date should not be revised. Documentation of version revisions will be maintained in the CMCS administrative record.

**Block 15 - Return To** - Type the name and address of State official to whom this form should be returned.

**Block 16–22 (FOR CMS USE ONLY).**

**Block 16 - Date Received** - Enter the date plan material is received by CMCS. This is the date that the submission is received by CMCS via the subscribed submission process.

**Block 17 - Date Approved** - Enter the date CMCS approved the plan material.

**Block 18 - Effective Date of Approved Material** - Enter the date the plan material becomes effective. If more than one effective date, list each provision and its effective date in Block 22 or attach a sheet.

**Block 19 - Signature of Approving Official** - Approving official signs this block.

**Block 20 - Typed Name of Approving Official** - Type approving official's name.

**Block 21 - Title of Approving Official** - Type approving official's title.

**Block 22 - Remarks** - Use this block to reference and explain agreed to changes and strike-throughs to the original CMS-179 as submitted, a partial approval, more than one effective date, etc. If additional space is needed, use bond paper.

12. Prescribed Drugs.

1. Drugs and drug products covered by MA include legend and non-legend drugs and supplies listed in the Wisconsin Medicaid drug index, which are prescribed by a licensed provider acting within the scope of the provider's practice or when a physician delegates prescribing authority to a licensed pharmacist through a collaborative practice agreement in accordance with state law.
2. Drugs excluded from coverage include drugs determined to be "less than effective" by the FDA, drugs not covered by a federal rebate agreement, experimental drugs or other drugs that have no medically accepted indications, and other items as enumerated in Wisconsin Administrative Code, such as personal hygiene items, cosmetic items, and common medicine chest items.
3. To be a covered service, an over-the-counter drug shall have a signed federal rebate agreement and be listed in the Wisconsin Medicaid drug index. General categories of OTC drugs that are covered include the following: antacids, analgesics, insulins, contraceptives, cough preparations, ophthalmic lubricants, iron supplements for pregnant women, and other, medically necessary, cost-effective drug products, including some non-legend products that previously had legend drug status.
4. Prescribed drugs that are not covered outpatient drugs (including drugs authorized for import by the Food and Drug Administration during drug shortages) are eligible for FFP when determined to be medically necessary.