

Table of Contents

State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: WI 25-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Managed Care Group

July 17, 2025

Bill Hanna
Medicaid Director
Wisconsin Department of Health Services
1 West Wilson Street, Room 350
Madison, WI 53701-0309

Re: Wisconsin State Plan Amendment (SPA) 25-0012

Dear Director Hanna:

The Centers for Medicare & Medicaid Services (CMS) completed review of Wisconsin's 1932(a) State Plan Amendment (SPA) Transmittal Number 25-0012 submitted on June 27, 2025. The purpose of this SPA is to reflect exclusion of the following populations from mandatory managed care enrollment: bone marrow or stem cell transplant recipients and sickle cell disease (SCD) gene therapy recipients.

We conducted our review of this amendment according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that Wisconsin Medicaid SPA Transmittal Number 25-0012 is approved effective April 1, 2025.

If you have any questions regarding this amendment, please contact Melanie Benning at (404) 562-7414 or via email at Melanie.Benning@cms.hhs.gov.

Sincerely,


Bill Brooks
Director
Division of Managed Care Operations

cc: Allie Merfeld, Wisconsin Division of Medicaid Services
Nicole Gillette-Payne, Division of Managed Care Operations

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 2

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

4/1/2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 438.54

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 25 \$ 0

b. FFY 26 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

3.1-F Pg. 10

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

3.1-F Pg. 10

9. SUBJECT OF AMENDMENT

Reflecting that stem cell or bone marrow transplant recipients are exempt from mandatory HMO enrollment.

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:

Signed by:
Nathan Bollman
PRESIDENT

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Bill Hanna

13. TITLE

Medicaid Director

14. DATE SUBMITTED

3/28/2025

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

6/27/2025

17. DATE APPROVED

7/17/2025

PLAN APPROVED - ONE COPY

18. EFFECTIVE DATE OF APPROVED MATERIAL

4/01/2025

19. SIG

20. TYPED NAME OF APPROVING OFFICIAL

Billy D. Brooks

22. REMARKS

21. TITLE OF APPROVING OFFICIAL

Director- Division of Managed Care Operations, CMS

State: Wisconsin

Citation

Condition or Requirement

3. **(Optional) Other Exceptions.** The following populations (which can be part of various Eligibility Groups) can be subject to mandatory enrollment in managed care, but states may elect to make exceptions for these or other individuals. Please indicate if any of the following populations are excluded from the program, or have only voluntary enrollment (even if they are part of an eligibility group listed above in E.I. as having mandatory enrollment):

Population	V	E	Notes
Other Insurance--Medicaid beneficiaries who have other health insurance.	V		
Reside in Nursing Facility or ICF/IID-- Medicaid beneficiaries who reside in Nursing Facilities (NF) or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).		E	
Enrolled in Another Managed Care Program-- Medicaid beneficiaries who are enrolled in another Medicaid managed care program.		E	
Eligibility Less Than 3 Months--Medicaid beneficiaries who would have less than three months of Medicaid eligibility remaining upon enrollment into the program.			
Participate in HCBS Waiver-- Medicaid beneficiaries who participate in a Home and Community Based Waiver (HCBS, also referred to as a 1915(c) waiver).		E	
Retroactive Eligibility-- Medicaid beneficiaries for the period of retroactive eligibility.		E	
Other (Please define): Stem cell or bone marrow transplant recipient or sickle cell disease gene therapy participant		E	The State may allow certain beneficiaries to be excluded from the program for a short-term basis as determined appropriate by the State.

1932(a)(4)
42 CFR 438.54

F. **Enrollment Process.**

Based on whether mandatory and/or voluntary enrollment are applicable to your program [see E. Populations and Geographic Area and definitions in 42 CFR 438.54(b)], please complete the below

1. For **voluntary** enrollment: [see 42 CFR 438.54(c)]
 - a. Please describe how the state fulfills its obligations to provide information as specified in 42 CFR 438.10(c)(4), 42 CFR 438.10(e) and 42 CFR 438.54(c)(3).

New enrollees who may voluntarily enroll in managed care are provided with a notice and enrollment packet upon determination of eligibility which contain the information required in 42 CFR 438.10(c)(4), 42 CFR 438.10(e) and 42 CFR 438.54(c)(3).