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State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: 19-0001 Dental Services

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Division of Reimbursement Review

April 16, 2020

Jim Jones, Director
Wisconsin Department of Healthcare Services
1 West Wilson Street PO Box 309
Madison, WI 53701-0309

RE: State Plan Amendment 19-0001 Dental Services

Dear Mr. Jones:

We have reviewed the proposed amendment to your Medicaid State plan submitted under transmittal number 19-0001. This amendment proposes a \$986,000 increase in FY 2019 and \$986,000 in FY2020 for payments to providers that provide at least 90% of their dental services to individuals with cognitive and physical disabilities.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of January, 1, 2019.






If you have any questions, please contact Debi Benson at Deborah.Benson@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion
Director
Division of Reimbursement Review

cc:
Deborah Benson
Mai Le-Yuen

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 19-0001	2. STATE Wisconsin
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: Title XIX Of The Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 01/01/2019	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Section 440.100 1905(a)(10) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2019 \$986K b. FFY 2020 \$986K	
8. PAGE NYUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Section 20		9. PAGE NUYMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Same	
10. SUBJECT OF AMENDMENT: Increased fees for Dental Services for Special Needs Populations			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  <input type="checkbox"/>  5 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  Jim Jones		16. RETURN TO: Jim Jones State Medicaid Director Department of Health Services 1 W. Wilson St. P.O. Box 309 Madison, WI 53701-0309	
13. 			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 03/22/2019			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 22, 2019		18. DATE APPROVED: 04/16/2020	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2019		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Todd McMillion		22. TITLE: Director, Division of Reimbursement Review	
23. REMARKS:			

State: Wisconsin

20. Dental Services

The Department establishes maximum allowable fees for dental services. For each covered service, the Department shall pay the lesser of a provider's usual and customary charge or the maximum fee established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of dental services.

The agency's fee schedule rates were set as of October 1, 2016 and are effective for services provided on or after that date. All rates are published on the Wisconsin ForwardHealth website:

<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/MaxFeeDownload.aspx#Dental>

Enhanced Reimbursement for Certain Dental Providers

Effective January 1, 2019, dental providers who render 90 percent or more of their services annually to individuals with cognitive and/or physical disabilities, as defined by the Department as "developmental disability" and "physically or sensory disabled" will receive enhanced reimbursement rates for all dental services provided to Medicaid beneficiaries to account for an increase in intensity and duration of services. The enhanced rate will be equivalent to 200 percent of the state plan fee schedule rate for dental services. Qualification for enhanced payment will be completed through provider self-attestation as well as verification by the state through a claims review process.

Qualification will occur annually based on the calendar year, beginning January 1, 2019 through December 31, 2019. Enhanced reimbursement rates are in effect January 1st of the following calendar year.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of dental services.