

April 19, 2012

Brett Davis, Administrator and Medicaid Director Division of Health Care Access and Accountability Wisconsin Department of Health Services 1 West Wilson Street P. O. Box 309 Madison, Wisconsin 53701-0309

Dear Mr. Davis:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #11-012

-- Cost Sharing (Premiums)

-- Effective July 1, 2012

This State Plan Amendment removes parents/caretaker relatives with income above 100 percent and at or below 200 percent of the FPL from the current alternative cost sharing pages. These individuals will instead be subject to nominal cost sharing as described on pages 4.18-A and 4.18-C of the Wisconsin State Plan.

Pursuant to the approval of SPA 11-012, the State agrees to provide adequate public notice of the cost sharing and premium changes for parents/caretaker relatives prior to the July 1, 2012 effective date.

If you have any additional questions, please have a member of your staff contact Charles Friedrich at (312) 353-1583 or <u>Charles Friedrich@cms.hhs.gov</u>.

Sincerely,

Alan Freund Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations

Enclosure

cc: Al Matano, Wisconsin Department of Health Services

HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	11-012	Wisconsin
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TO SOCIAL SECURITY ACT (MEDIC	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	07/01/2012	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for eac	h amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
Section 1916A of the Social Security Act	a. FFY 2012	\$1,000K
***	b. FFY 2013	—\$4,000K
8, PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER: OR ATTACHMENT (If Applicable)	
Attachment 4.18-F pages 1, 3 and 5.	Same	
10. SUBJECT OF AMENDMENT: Cost Sharing (Premiums)		
11. 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 SPE	CIFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Brett Davis	
13. TYPED NAME:	State Medicaid Director	
Brett Davis	Division of Health Care Access	and Accountability
14. TITLE:	1 W. Wilson St.	
State Medicaid Director	P.O. Box 309	
15. DATE SUBMITTED:	Madison, WI 53701-0309	
November 17, 2011		
FOR REGIONAL OF	FFICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED;	
November 17, 2011	4/19/12	
PLAN APPROVED – ON	E COPY ATTACHED '	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:
July 1, 2012		
21. TYPED NAME:	22. TITLE: Accorded to the	1 1 -
Alan Freund	Actual Associate Region A	IVIM LA 18 TOUR
23. REMARKS:	J	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin

It should be noted that States can select one or more options in imposing cost sharing (including copayments, co-insurance, and deductibles) and premiums.

1. Cost sharing					
a/1	No cost sharing is impo	osed.			
	Cost sharing is impose ounts by group and se	rvices (see belo		e Act as follows	specify the
Group of Individuals	Item/Service	vpe of Charge Deductible	Co- insurance	Co-payment	*Method of Determining Family Income (including monthly or quarterly period)
*Describe the methodo determining eligibility Attach a schedule of the eligibility groups.		-		·	
determining eligibility Attach a schedule of th		-		·	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin

- 3. State payments to providers must be reduced by the amount of the beneficiary cost sharing obligations, regardless of whether the provider successfully collects the cost sharing.
- 4. States have the ability to increase total State plan rates to providers to maintain the same level of State payments when cost sharing is introduced.

2. Premiums

No premiums may be imposed for individuals with family income above 100 percent but below 150 percent of the FPL.

- B. For groups of individuals with family income above 150 percent of the FPL:
 - 1. Cost sharing amounts
 - a. __/ No cost sharing is imposed.
 - b. __/ Cost sharing is imposed under section 1916A of the Act as follows [specify amounts by groups and services (see below)]:

Group of Individuals	Item/Service	Deductible	Co- insurance	Co-payment	*Method of Determining Family Income (including monthly or quarterly period)

^{*}Describe the methodology used to determine family income if it differs from your methodology for determining eligibility.

Attach a copy of the schedule of the cost sharing amounts for specific items and the various eligibility groups.

TN No. 11-012	400 A F CC4	
Supersedes	Approval Date APR 19 2012	Effective Date: <u>07/01/2012</u>
TN No. 08-015		-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin

d. Enforcement

Applies only to: i. Newborns who are deemed eligible under 1902(e)(4) and were born to women with family incomes of 200 to 250% of the Federal income poverty line, whose eligibility was determined under 1902(a)(10)(A)(ii) or 1902(a)(10)(C); ii. Infants with incomes from 200 through 250% of the official Federal income poverty line, under 1902(a)(10)(A)(ii)(1X).

- 1. X/ Providers are permitted to require, as a condition for the provision of care, items, or services, the payment of any cost sharing.
- 2. X/ (If above box selected) Providers permitted to reduce or waive cost sharing on a case-by-case basis.
- 3. State payments to providers must be reduced by the amount of the beneficiary cost sharing obligations, regardless of whether the provider successfully collects the cost sharing.
- 4. States have the ability to increase total State plan rates to providers to maintain the same level of State payments when cost sharing is introduced.

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a/ No premiums are	imposed.	
	posed under section 1916A of by group and income level.	the Act as follows (specify the
Group of Individuals	Premium	*Method for Determining Family Income (including monthly or quarterly period)

b. Limitation:

 The total aggregate amount of premiums and cost sharing imposed for all individuals in the family may not exceed 5 percent of the family income of the family involved, as applied on a monthly or quarterly basis as specified by the State above.

TN No <u>[]-012</u> Supersedes	Approval Date APR 19 2012	Effective Date:	07/01/2012
TN No. 09-007		Entering Date.	0710172012

^{*}Describe the methodology used to determine family income if it differs from your methodology for determining eligibility.