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State/Territory Name: WI

State Plan Amendment (SPA) #: 13-013

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



JUN 03 2014

Ms. Marlia Mattke
Associate Deputy Administrator
Division of Health Care Access and Accountability
Department of Health Services
1 West Wilson St., Room 350
Madison, WI 53701-0309

RE: Wisconsin State Plan Amendment (SPA) 13-013

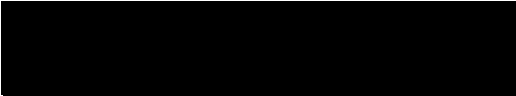
Dear Ms. Mattke:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 13-013. Effective for services on or after July 1, 2013, this amendment proposes to add non-state owned public psychiatric hospitals located in the state for deficit reduction funding. Also, this page is moved from page 31 to page 42 in the Attachment 4.19-A section of the State plan.

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 regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 13-013 is approved with an effective date of July 1, 2013. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Tom Caughey at (517) 487-8598.

Sincerely,


Cindy Mann,
Director

Enclosure

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
13-013

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
09/01/2013

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
47 CFR 447.250

7. FEDERAL BUDGET IMPACT:
a. FFY 2014 \$709K
b. FFY 2015 \$709K

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A, Page ⁴²~~29~~

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Same.
Attachment 4.19-A, Page 31.

10. SUBJECT OF AMENDMENT:

Medicaid Reimbursement for Inpatient Hospital Services - Psychiatric Hospitals.

11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Brett Davis
14. TITLE:
State Medicaid Director
15. DATE SUBMITTED:

16. RETURN TO:
Brett Davis
State Medicaid Director
1 W. Wilson St.
P.O. Box 309
Madison, WI 53701-0309

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 18. DATE APPROVED: JUN 03 2014

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2013 20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: 22. TITLE:

23. REMARKS:

SECTION 8000 FUNDING OF INPATIENT MEDICAID DEFICIT

8001 GENERAL INTRODUCTION

A hospital in Wisconsin can receive additional reimbursement from the Wisconsin Medicaid Program for costs it incurred for providing inpatient hospital services to Wisconsin Medicaid recipients if provisions of this section are met. This is referred to as deficit reduction funding and is an adjustment to prior year costs as defined in 45 CFR §95.4. The reimbursement as described below is available beginning September 1, 2013 and is determined based on a hospital's Medicare cost report for its completed fiscal year.

8010 QUALIFYING CRITERIA

A hospital can qualify for deficit reduction funding if:

- (a) it is an acute care general hospital operated by the State or a local government in Wisconsin or is a non-state public psychiatric hospital located in Wisconsin; and
- (b) it incurred a deficit from providing Medicaid inpatient services (described in §8020 below); and
- (c) the operator of the hospital certifies that it has expended public funds to cover the deficit.

8020 DEFICIT FROM PROVIDING MEDICAID INPATIENT SERVICES

The deficit from providing inpatient services to Wisconsin Medicaid recipients, that is, the Medicaid deficit, is the amount by which cost exceeds the payment for the Medicaid inpatient hospital services. The cost of Medicaid inpatient services is identified from the hospital's audited cost report for the hospital's fiscal year under consideration for the deficit reduction. Payment above refers to the total of the reimbursement provided under the provisions of section 5000 and sections 8200 to 8500 of this Attachment 4.19A of the State Plan for inpatient services for the respective fiscal year.