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State/Territory Name: WI

State Plan Amendment (SPA) #: 13-027

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
- 4) Additional Attachments that are part of the state plan

Department of Health & Human Services Centers for Medicare & Medicaid Services 233 North Michigan Avenue, Suite 600 Chicago, Illinois 60601-5519



March 6, 2014

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 #13-027 -- Part D Medicare drug coverage

--Effective January 1, 2014

If you have any additional questions, please have a member of your staff contact Charles Friedrich at (608) 442-9125 or Charles.Friedrich@cms.hhs.gov.

Sincerely,

/s/

Verlon Johnson Associate Regional Administrator Division of Medicaid & Children's Health Operations

Enclosure

cc: Al Matano, Wisconsin Department of Health Services

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



Disabled & Elderly Health Programs Group

March 5, 2014

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:

We have reviewed the Wisconsin State Plan Amendment (SPA) 13-027 received in the Chicago Regional Office on December 23, 2013. The State of Wisconsin proposes to remove the drug categories of barbiturates, benzodiazepines and smoking cessation drugs from the list of drugs that may be excluded or otherwise restricted from coverage from the state plan effective January 1, 2014 in accordance with the provisions of section 2502 of the Affordable Care Act which amends section 1927(d)(2) of the Social Security Act by removing barbiturates, benzodiazepines and agents used to promote smoking cessation from the list of drugs a state Medicaid program may exclude from coverage or otherwise restrict. Based on the information provided, we are pleased to inform you that SPA 13-027 is approved with an effective date of January 1, 2014.

A copy of the CMS-179 form, as well as the pages approved for incorporation into the state plan will be forwarded by the Chicago Regional Office. If you have any questions regarding this amendment, please contact Madlyn Kruh at (410) 786-3239.

Sincerely,

/s/

Kimberly Howell Acting Director Division of Pharmacy

cc: Verlon Johnson, ARA, Chicago Regional Office Charles Friedrich, Chicago Regional Office Al Matano, Wisconsin Department of Health Services

| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 1. TRANSMITTAL NUMBER: 13-027 | 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 5. TYPE OF PLAN MATERIAL (Check One): | 4. PROPOSED EFFECTIVE DATE 01/01/2014 | |
| ■ NEW STATE PLAN ■ AMENDMENT TO BE | CONSIDERED AS NEW PLAN | AMENDMENT |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME | | n amendment) |
| 6. FEDERAL STATUTE/REGULATION CITATION: 1927(d)(2) and 1935(d)(1) and (2) of the SSA | 7. FEDERAL BUDGET IMPACT: a. FFY 2014 b. FFY 2015 | —\$126K |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: | 9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable) | SEDED PLAN SECTION |
| Attachment 3.1-A Supplement 1 page 6d | Same Same | |
| 10. SUBJECT OF AMENDMENT: | | |
| Part D Medicare drug coverage. | | |
| 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 | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL. | 16. RETURN TO: Brett Davis | |
| 13. TYPED NAME. Brett Davis 14. TITLE: | State Medicaid Director Division of Health Care Access and Accountability 1 W. Wilson St. | |
| State Medicaid Director 15. DATE SUBMITTED: December 23, 2013 | P.O. Box 309 Madison, WI 53701-0309 | |
| FOR REGIONAL O | | |
| 17. DATE RECEIVED: December 23, 2013 PLAN APPROVED – ON | 18. DATE APPROVED: 3/5/14 JE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: | 20. SIGNATURE OF REGIONAL OF | FICIAL: |
| 1/1/14 21. TYPED NAME: Verlon Johnson | /s/ 22. TITLE: Associate Regional Administrator | Harriani perdini berajak ingelesi kel Perdini dia kalangan perdini berajak dan kelangan perdini Perdini perdini perdini pendini perdini dan perdini pendan perdini pendan pendan pendan pendan pendan pendan |
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| STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT |
| State Agency <u>Wisconsin</u> |
| MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY |
| ☐ (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below) |

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