

## **Table of Contents**

**State/Territory Name: Wisconsin**

**State Plan Amendment (SPA) #: 16-0012**

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  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519



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March 15, 2017

Michael Heifetz, Medicaid Director  
Division of Health Care Access and Accountability  
Department of Health Services  
1 West Wilson Street, Room 350  
Madison, WI 53702

ATTN: Al Matano, SPA Coordinator

RE: Transmittal Number (TN) 16-0012

Dear Mr. Heifetz:

Enclosed for your records is an approved copy of the following State Plan Amendment (SPA).

Transmittal #16-0012

- Medication Therapy Management
- Effective Date: 4/1/17
- Approval Date: March 15, 2017

If you have any questions, please have a member of your staff contact Mai Le-Yuen (312) 353-2853 or by email at [mai.le-yuen@cms.hhs.gov](mailto:mai.le-yuen@cms.hhs.gov).

Sincerely,

/s/

Ruth A. Hughes  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Enclosure

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

1. TRANSMITTAL NUMBER:  
16-0012

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  
04/01/2017

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:  
42 CFR 447.512

7. FEDERAL BUDGET IMPACT:

- a. FFY 2017 ..... \$0K
- b. FFY 2018 ..... \$0K

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A Supplement 1 pages 4.aa. ....  
 Attachment 3.1-B Supplement 1 pages 3.aa. ....  
 Attachment 4.19-B Page 5c. ....

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 3.1-A Supplement 1 page 4.aa. and 4.bb...  
 Attachment 3.1-B Supplement 1 page 3.aa. and 3.bb...  
 Attachment 4.19-B Page 5b. ....

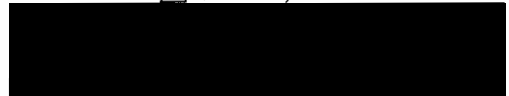
10. SUBJECT OF AMENDMENT:

Medication Therapy Management.

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 SPECIFIED:



12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
Michael G. Heifetz

14. TITLE:  
State Medicaid Director

15. DATE SUBMITTED:  
December 23, 2016

16. RETURN TO:

Michael G. Heifetz  
 State Medicaid Director  
 Department of Health Services  
 1 W. Wilson St.  
 P.O. Box 309  
 Madison, WI 53701-0309

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

December 23, 2016

18. DATE APPROVED:

March 15, 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Ruth A. Hughes

22. TITLE:

Associate Regional Administrator

23. REMARKS:

State: Wisconsin

6.d. Other practitioners, continued

**Medication Therapy Management Services Performed by a Pharmacist**

The Medication Therapy Management (MTM) benefit consists of services that are provided by qualified, licensed pharmacists to members in order to optimize the therapeutic outcomes of a recipient's medications and reduce costs. These services are delivered in a face-to-face setting. This benefit is voluntary and is available for members in Wisconsin Medicaid, BadgerCare Plus, and SeniorCare programs.

Wisconsin will reimburse enrolled pharmacies for Comprehensive Medication Review and Assessment (CMR/A) – These are comprehensive interventions between providers and members. They involve an in-depth, interactive review of the member's medication regimen, health history and lifestyle.

1. A member may be eligible for this service if the member meets at least one of the following criteria:
  - Is taking four or more medications used to treat or prevent two or more chronic conditions.
  - Has diabetes.
  - Has recently been discharged from the hospital or a long term care setting.
  - Has experienced health literacy issues.
  - Was referred by a prescriber due to issues that are impacting the member's health.
  - Meets other criteria as defined by the Department.
2. The provider must be certified by a Department-approved certification program before providing a CMR/A.
3. Providers must have a private or semi-private area in which to conduct the CMR/A.
4. One initial Comprehensive Medication Review and Assessment (CMR/A) and three follow-up assessments are reimbursable per member, per rolling year.

Providers may receive Department approval to exceed annual limits for the CMR/As for children who are EPSDT-eligible and for members who demonstrate medical need.

State: Wisconsin

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State: Wisconsin

3.a. Other practitioners' services

**Medication Therapy Management Services Performed by a Pharmacist**

Medication therapy management services are paid at a maximum fee per unit of service as defined by CPT code.

The Department's rates are effective for services on or after April 1, 2017. All rates are published in our Online Handbook for Pharmacy Providers. See:

<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=48&s=2&c=642&nt=Comprehensive+Medication+Review+and+Assessments-Reimbursement>

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