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State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: WI 17-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

Ms. Heather K. Smith
State Medicaid Director
Department of Health Services
1 West Wilson St.
P.O. Box 309
Madison, WI 53701-0309

APR 17 2018

RE: Wisconsin State Plan Amendment (SPA) 17-0008

Dear Ms. Smith:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 17-0008. Effective for services on or after July 1, 2017, this amendment revises reimbursement methodologies for inpatient hospital rates and methodologies for Medicaid reimbursement for state prison inmate inpatient hospital stays.

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 17-0008 is approved effective July 1, 2017. 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,

A black rectangular redaction box covers the signature of Kristin Fan. A thin horizontal line extends from the right side of the box.

Kristin Fan
Director

Enclosure

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

1. TRANSMITTAL NUMBER:
17-0008

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
07/01/2017

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:
47 CFR 447.250

7. FEDERAL BUDGET IMPACT:

a. FFY 2017	\$496.2K
b. FFY 2018	\$498K
	-1,973.7K \$4,994K

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A, Page ²⁵ 28

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Same

10. SUBJECT OF AMENDMENT:

Medicaid reimbursement for state prison inmate inpatient hospital stays.

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:

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

13. TYPED NAME:
Michael G. Helfetz

14. TITLE:
State Medicaid Director

15. DATE SUBMITTED:
September 29, 2017

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: APR 17 2018

PLAN APPROVED -- ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Kristin Pan

22. TITLE: Director, FMCE

23. REMARKS:

7300 Payment for Department of Corrections Inmates

7310 Introduction

As authorized under 2013 Wisconsin Act 20, the WMP reimburses hospitals for state prison inmate inpatient hospital stays, when the inmate has been determined eligible for Medicaid, for dates of admission on or after April 1, 2014.

7320 Eligibility

The inmate must meet the following eligibility criteria:

- a) Only inmates of a state prison, not a county jail, are eligible.
- b) Only Wisconsin Medicaid or BadgerCare Plus benefit plans are eligible for reimbursement. To qualify for Wisconsin Medicaid or BadgerCare Plus, state prison inmates must meet all applicable eligibility criteria.
- c) Inmates are eligible for the WMP for the duration of their hospital stay only. Eligibility begins on the inmate's date of admission and ends on the inmate's date of discharge.
- d) Medical services provided to inmates who do not qualify for the WMP are coordinated and reimbursed by the Department of Corrections (DOC).

7330 Services Covered

The following services are covered for state prison inmates:

- a) Inpatient hospital services that are allowed by the WMP and last for at least 24 hours.
- b) Emergency room (ER) services that result in an admission to the hospital, directly from the ER, which persists through the next midnight census or 24 hours after the inmate's release from the prison, whichever is longer. ER services meeting these criteria are subsumed under the inpatient services provided.
- c) Observation stays that result in an admission to the hospital, directly from the observation, which persists through the next midnight census or 24 hours after the inmate's release from the prison, whichever is longer. Observation services meeting these criteria are subsumed under the inpatient services provided.

7340 Reimbursement

The WMP reimburses for services provided to WMP-eligible state prison inmates as follows:

- a) Acute care hospitals are reimbursed at a percent of their usual and customary charges equal to the average in-state, acute hospital cost-to-charge ratio.
- b) Other types of hospitals are reimbursed according to their existing WMP reimbursement methodology.

7350 Prior Authorization

WMP services provided to state prison inmates are subject to the same prior authorization (PA) requirements as WMP services provided to other WMP enrollees. If PA is denied for a given service, the DOC is responsible for reimbursement of that service.