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**State/Territory Name: Wisconsin**

**State Plan Amendment (SPA) #: 19-0007**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
233 N. Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519



## **Regional Operations Group**

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April 15, 2019

James Jones, Medicaid Director  
Division of Medicaid Services  
Department of Health Services  
1 West Wilson Street, Room 350  
Madison, WI 53702

ATTN: Karl Hauth, Interim State Plan Coordinator

RE: Transmittal Number (TN) 19-0007

Dear Mr. Jones:

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

- SPA TN 19-0007
- Outpatient Hospital – Changes to allowable reasons for administrative adjustment actions
  - Effective Date: March 1, 2019
  - Approval date: April 15, 2019

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

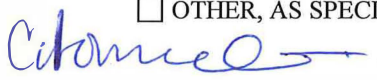
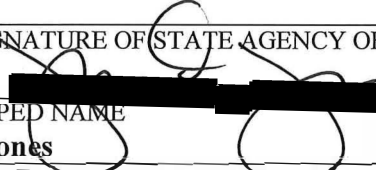
Sincerely,

/s/

Ruth A. Hughes  
Deputy Director  
Center for Medicaid and CHIP Services  
Regional Operations Group

Enclosure

cc: Gina Anderson, DHS  
Karl Hauth, DHS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER <b>19-0007</b>	2. STATE <b>Wisconsin</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: <b>Title XIX Of The Social Security Act (Medicaid)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>3/1/2019</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 447.300</b>		7. FEDERAL BUDGET IMPACT a. FFY 2019 <b>\$ - 0 -</b> b. FFY 2020 <b>\$ - 0 -</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.19-B (Outpatient), page 10</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  <b>Same</b>	
10. SUBJECT OF AMENDMENT <b>Changes to allowable reasons for administrative adjustment actions.</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ) <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO <b>Jim Jones State Medicaid Director Department of Health Services 1 W. Wilson St. P.O. Box 309 Madison, WI 53701-0309</b>	
13. TYPED NAME <b>Jim Jones</b>			
14. TITLE <b>State Medicaid Director</b>			
15. DATE SUBMITTED <b>3/22/19 mly</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>March 22, 2019</b>		18. DATE APPROVED: <b>April 15, 2019</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>March 1, 2019</b>		20. SIGNATURE OF REGIONAL OFFICIAL: <b>/s/</b>	
21. TYPED NAME: <b>Ruth A. Hughes</b>		22. TITLE: <b>Deputy Director</b>	
23. REMARKS:			

## **SECTION 6000 ADMINISTRATIVE ADJUSTMENT ACTIONS FOR IN-STATE HOSPITALS**

### ***6100 Introduction***

The Department provides an administrative adjustment procedure through which an in-state hospital may receive prompt administrative review of its outpatient reimbursement. Department staff will review a request for an adjustment and determine if it should be denied or approved; if a request is approved, Department staff will determine the amount of adjustment.

An in-state hospital may appeal its outpatient reimbursement for one of the reasons listed in §6200 within 60 days of the date of its rate notification. If the appeal results in a new rate determination, the rate will apply to all claims with dates of service in the RY.

If, at any time during the RY, the Department identifies a rate calculation error (that is, qualifications (a) through (c) below), it may, at its own discretion, recalculate a hospital rate and apply the new rate to all claims with dates of service in the RY.

### ***6200 Criteria for Administrative Adjustment***

Allowable reasons for an outpatient payment rate appeal include:

- (a) a clerical error in calculating the hospital's outpatient payment rate; or
- (b) incorrect or incomplete application by the Department of provisions of the reimbursement methodology or standards in determining one or more components of the hospital's outpatient payment rate or in determining any administrative adjustment of a hospital's outpatient payment rate; or
- (c) the most recently submitted 12-month Medicare cost report used as outlined in §4214 is incorrect per the HCRIS report record number.