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State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: WI 19-0006

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

May 16, 2019

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

RE: Wisconsin State Plan Amendment (SPA) 19-0006


Dear Ms. Smith:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 19-0006. Effective for services on or after March 1, 2019, this amendment updates changes to allowable reasons for administrative adjustment actions. The changes made consolidated 4 items into 3, making the state plan simpler to read.

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 19-0006 is approved effective March 1, 2019. 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,


Kristin Fan
Director

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 19-0006	2. STATE Wisconsin
	3. PROGRAM IDENTIFICATION: Title XIX Of The Social Security Act (Medicaid)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 3/1/2019	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 447.250	7. FEDERAL BUDGET IMPACT a. FFY 2019 \$ - 0 - b. FFY 2020 \$ - 0 -
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A, page 47	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same
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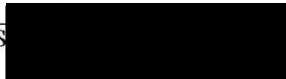
10. SUBJECT OF AMENDMENT
Changes to allowable reasons for administrative adjustment actions.

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. STATE AGENCY OFFICIAL 	16. RETURN TO Jim Jones State Medicaid Director Department of Health Services 1 W. Wilson St. P.O. Box 309 Madison, WI 53701-0309
13. TYPED NAME Jim Jones	
14. TITLE State Medicaid Director	
15. DATE SUBMITTED 03/22/2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: MAY 16 2019
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: MAR 01 2019	20. SIGNATURE OFFICIAL: 
21. TYPED NAME: Kristin Fan	22. TITLE: Director, FMG

23. REMARKS:

12000
ADMINISTRATIVE ADJUSTMENT ACTIONS

12100 Introduction

The Department provides an administrative adjustment procedure through which an in-state or border status hospital may receive prompt administrative review of its inpatient 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 or border status hospital may appeal its inpatient reimbursement for one of the reasons listed in §12200 within 60 days of the date of its rate notification letter. 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. The Department does not initiate rate adjustments due to qualification (d); adjustments under that qualification only occur after a successful appeal initiated by a provider.

12200 Qualifying Determination

Allowable reasons for an inpatient payment rate appeal include:

- a) a clerical error in calculating the hospital's inpatient 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 inpatient payment rate or in determining any administrative adjustment of a hospital's inpatient payment rate; or
- c) the most recently submitted 12-month Medicare cost report used as outlined in §5200 is incorrect per the HCRIS report record number.