

PUBLIC NOTICE
Department of Health Services
(Medicaid Reimbursement for Targeted Case Management Services for High-Cost Children with Medical Complexity)

The State of Wisconsin reimburses providers for services provided to Medical Assistance recipients under the authority of Title XIX of the Social Security Act and ss. 49.43 to 49.47, Wisconsin Statutes. This program, administered by the State's Department of Health Services (the Department), is called Medical Assistance (MA) or Medicaid. In addition, Wisconsin has expanded this program to create the BadgerCare Plus programs under the authority of Title XIX and Title XXI of the Social Security Act and s. 49.471 of the Wisconsin Statutes. Federal statutes and regulations require that a state plan be developed that provides the methods and standards for reimbursement of covered services. A plan that describes the reimbursement system for the services (methods and standards for reimbursement) is now in effect.

Proposed Change in Payment Methods

The Department hereby provides notice of its intent to amend its state plan to reimburse targeted case management services provided to high-cost children with medical complexity. Under this proposal, a one-time payment of \$891.04 for assessment and care plan development services and a monthly rate of \$322.26 for ongoing care management services would be added to reimburse for services otherwise not billable provided to this target population. The change is tentatively expected to be effective September 1, 2017. Final resolution of this proposed action is contingent upon adoption of the biennial budget bill by the Wisconsin Legislature and signature of the bill by the Governor. Pending the finalization of the underlying legislation, this change will apply to claims with dates of service on or after the effective date.

Fiscal Impact

It is estimated that in SFY 2018 these changes to Medicaid and BadgerCare Plus will result in increased annual expenditures of \$3,690,774 all funds (AF), composed of \$1,513,217 state funds/general purpose revenue (GPR) and \$2,177,557 federal match (FED). In SFY 2019 the anticipated increased annual expenditures are \$4,115,998 AF, composed of \$1,687,555 GPR and \$2,428,433 FED.

Copies of Changes

Copies of the state plan change may be obtained free of charge by calling or writing as follows:

Regular Mail:
Al Matano
Bureau of Fiscal Management
Division of Medicaid Services
P.O. Box 309
Madison, WI 53701-0309

Fax:
(608) 266-1096
Attention: Al Matano

Telephone:
Al Matano
Bureau of Fiscal Management
(608) 267-6848

E-Mail:
Alfred.Matano@dhs.wisconsin.gov

Copies of the state plan change will be made available for review at the main office of any county department of social services or human services.

Written Comments

Written comments are welcome. Written comments on the proposed changes may be sent by FAX, e-mail, or regular mail to the Division of Medicaid Services. The FAX number is (608) 266-1096. The e-mail address is Alfred.Matano@dhs.wisconsin.gov. Regular mail can be sent to the above address. All written comments will be reviewed and considered.

The written comments will be available for public review between the hours of 7:45 a.m. and 4:30 p.m. daily in Room 350 of the State Office Building, 1 West Wilson Street, Madison, Wisconsin. Revisions may be made in the proposed changed methodology based on comments received.