

(b) Incorporation by reference in certification procedures for all providers; and

(c) Incorporation in information provided to recipients regarding their rights and responsibilities.

(9) The secretary or a designee shall determine the appropriate application of this section to circumstances not covered expressly by this section. Use or disclosure not expressly provided for in this section may not occur prior to this determination.

History: Cr. Register, December, 1979, No. 288, eff. 2-1-80; am. Register, February, 1986, No. 362, eff. 3-1-86.

HSS 108.02 Department rights and responsibilities. (1) **DIFFERENT BENEFITS FOR DIFFERENT GROUPS.** The department may offer MA benefits to the categorically needy which are different from the benefits offered to the medically needy, subject to ss. 49.46 (2) (a) and 49.47 (6) (a), Stats. For the categorically needy, benefits shall meet federal minimum standards of coverage under 42 CFR 435.100-135. The department need not provide the same benefits that the categorically needy receive to individuals who are determined to be medically needy. The department is not required to provide the same amount, duration and scope of services to all the different groups who make up the medically needy population.

(2) **REIMBURSEMENT METHODS AND PAYMENT LEVELS.** The department may establish the reimbursement methods and payment levels for program services subject to the requirements of federal and state statutes, regulations and chs. HSS 101 to 107 and this chapter. Notice of specific changes or updates to payment levels shall be communicated to the service providers by the department through periodic publication of provider handbooks.

(3) **ADVISORY COMMITTEES.** The department may appoint and make use of professional advisory committees on an ad hoc basis to provide expertise for development of service or reimbursement policies.

(4) **PROVIDER HANDBOOKS.** The department may publish provider handbooks and periodic updates to inform providers of changes in state or federal law, interim policy, departmental interpretation and procedural directives such as billing and prior authorization procedures, specific reimbursement changes and items of general information.

(5) **NOTIFICATION OF RECIPIENTS.** The department shall publish periodic notification to eligible recipients, as necessary, to provide general information regarding MA program benefits and procedural requirements, and to notify recipients of any benefit or eligibility changes.

(6) **NOTICE OF CHANGE IN METHOD OR LEVEL OF REIMBURSEMENT.** (a) Except as provided in par. (b), the department shall publish a public notice in the Wisconsin administrative register of any significant proposed change in the statewide method or level of reimbursement for a service, in compliance with 42 CFR 442.205. This notice shall include information on the procedure for obtaining details of the proposed change, why the change is proposed and how to provide public comment to the department.

(b) Changes for which no public notice is required include the following:

1. Changes to conform with medicare methods and federally-invoked upper limits on reimbursement;

2. Changes required of the department by court order; and

3. Changes in wholesalers' or manufacturers' prices of drugs or materials, if the department's method of reimbursement is based on direct or wholesale prices as reported in a national standard such as the American druggist blue book, plus a pharmacy dispensing fee.

(c) Notice in the Wisconsin administrative register shall constitute official notice by the department to its contracted health service providers of a contractual change.

(7) MAILINGS AND DISTRIBUTIONS. The department shall mail or distribute materials to applicants, recipients or medical providers, as follows:

(a) All materials shall be limited to purposes directly related to program administration.

(b) Materials which may not be mailed or distributed include:

1. "Holiday" greetings;
2. General public announcements;
3. Voting information;
4. Alien registration notices;
5. Names of individuals, unless:

a. The named individual is connected with direct program administration; or

b. The named individual is identified only in an official agency capacity; and

6. Any material with political implications.

(c) Materials which may be mailed or distributed include:

1. Information of immediate interest to applicants' or recipients' health and welfare;

2. Information regarding the deletion or reduction of covered services; and

3. Consumer protection information.

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86.

Final reg. 108.03 (3) (c) 1/24/92

HSS 108.03 County responsibilities. (1) DETERMINATION OF ELIGIBILITY. Agencies shall be responsible for determination of eligibility for MA. These determinations shall comply with standards for eligibility found in ss. 49.46 (1) and 49.47 (4), Stats., and ch. HSS 103.

(2) INFORMING RECIPIENTS OF RIGHTS AND DUTIES. Agencies shall inform recipients of the recipients' rights and duties under the program, including those rights enumerated in s. HSS 106.04 (3).

Register, June, 1990, No. 414