

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WISCONSIN

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item ___ of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item ___ of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item ___ of this attachment (see 3. above).

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State/Territory: WISCONSIN

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance
	Part B	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance

Other	Part A	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance
Medicaid					
Recipients	Part B	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance

Dual	Part A	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance
Eligible					
(QMB Plus)	Part B	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance

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State/Territory: WISCONSIN

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Medicare services not covered in the State Plan are paid at the
Medicare rate.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Wisconsin

METHODS OF PROVIDING TRANSPORTATION

Payments For Reserved Beds

Payment for reserved nursing home beds is made if the facility's occupancy level meets the requirements for bedhold reimbursement under the nursing home payment formula. Facilities must meet occupancy thresholds of 95% in the previous month or have had 8 vacant beds or less in the previous month before they may be eligible for reimbursement. Payments are made for up to 15 days for each hospital stay; there is no limit on the number of stays per year. Bedhold days for therapeutic leave or rehabilitative programs are unlimited except as otherwise specified in the reimbursement plan. For payment policy, see Attachment 4.19-B.

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