

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Wisconsin

Citation

42 CFR 447.25 (b)  
AT-78-90

4.20 Direct Payments to Certain Recipients for  
Physicians' or Dentists' Services

Direct payments are made to certain recipients as specified by, and in accordance with, the requirements of 42 CFR 447.25.

- Yes, for  physicians' services  
 dentists' services

ATTACHMENT 4.20-A specifies the conditions under which such payments are made.

- Not applicable. No direct payments are made to recipients.

TN #

Supersedes

TN #77-001

Approval Date

2/15/78

Effective Date

10/1/77

Revision: HCFA-AT-81-34 (BPP)

State Wisconsin

Citation                      4.21 Prohibition Against Reassignment of  
Provider Claims

42 CFR 447.10(c)

AT-78-90

46 FR 42699

Payment for Medicaid services  
furnished by any provider under this  
plan is made only in accordance with  
the requirements of 42 CFR 447.10.

TN # 81-0087

Supersedes

TN # 78-0015Approval Date 1-15-826/16/78Effective Date 10-1-81

Revision: HCFA-PM-94-1 (MB)  
FEBRUARY 1994

State/Territory: WISCONSIN

Citation

4.22 Third Party Liability

- 42 CFR 433.137 (a) The Medicaid agency meets all requirements of:
- (1) 42 CFR 433.138 and 433.139.
  - (2) 42 CFR 433.145 through 433.148.
  - (3) 42 CFR 433.151 through 433.154.
  - (4) Sections 1902(a)(25)(H) and (I) of the Act.
- 1902(a)(25)(H) and (I) of the Act
- 42 CFR 433.138(f) (b) ATTACHMENT 4.22-A --
- (1) Specifies the frequency with which the data exchanges required in §433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in §433.138(e) are conducted;
  - (2) Describes the methods the agency uses for meeting the followup requirements contained in §433.138(g)(1)(i) and (g)(2)(i);
  - (3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under §433.138(d)(4)(ii) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources; and
  - (4) Describes the methods the agency uses for following up on paid claims identified under §433.138(e) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources.
- 42 CFR 433.138(g)(1)(ii) and (2)(ii)
- 42 CFR 433.138(g)(3)(i) and (iii)
- 42 CFR 433.138(g)(4)(i) through (iii)

TN No. 94-009

Supersedes  
TN No. 90-0012

Approval Date 4/13/94

Effective Date 1/1/94

Revision: HCFA-PM-94-1 (MB)  
FEBRUARY 1994

State/Territory: WISCONSIN

Citation

- 42 CFR 433.139(b)(3) (ii)(A) (c) Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.
- (d) ATTACHMENT 4.22-B specifies the following:
- 42 CFR 433.139(b)(3)(ii)(C) (1) The method used in determining a provider's compliance with the third party billing requirements at §433.139(b)(3)(ii)(C).
- 42 CFR 433.139(f)(2) (2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.
- 42 CFR 433.139(f)(3) (3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.
- 42 CFR 447.20 (e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.

TN No. 94-009  
Supersedes 90-0012 Approval Date 4/13/94 Effective Date 1/1/94

Revision: HCFA-PM-94-1 (MB)  
FEBRUARY 1994

State/Territory: WISCONSIN

Citation

4.22 (continued)

42 CFR 433.151(a)

- (f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with the following: (Check as appropriate.)

State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.

Other appropriate State agency(s)--  
\_\_\_\_\_  
\_\_\_\_\_

Other appropriate agency(s) of another State--  
\_\_\_\_\_  
\_\_\_\_\_

Courts and law enforcement officials.

1902(a)(60) of the Act

- (g) The Medicaid agency assures that the State has in effect the laws relating to medical child support under section 1908 of the Act. \*

1906 of the Act

- (h) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following.

The Secretary's method as provided in the State Medicaid Manual, Section 3910.

The State provides methods for determining cost effectiveness on ATTACHMENT 4.22-C.

\*According to the Wisconsin Attorney General Opinion (attached), Wisconsin cannot comply with these newly enacted requirements because state legislation is needed. Such legislation is under consideration in this legislative session.

TN No. 94-009

Supersedes

TN No. 92-023

Approval Date 4/13/94

Effective Date 1/1/94

Revision: HCFA-AT-84-2 (BERC)  
01-84

State/Territory: Wisconsin

Citation                      4.23    Use of Contracts

42 CFR 434.4  
48 FR 54013

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

Not applicable. The State has no such contracts.

42 CFR Part 438

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 438. All contracts meet the requirements of 42 CFR Part 438. Risk contracts are procured through an open, competitive procurement process that is consistent with 45 CFR Part 74. The risk contract is with (check all that apply):

A Managed Care Organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2

A Prepaid Inpatient Health Plan that meets the definition of 42 CFR 438.2

A Prepaid Ambulatory Health Plan that meets the definition of 42 CFR 438.2.

Not applicable.

Revision: HCFA-PM-94-2 (BPD)  
APRIL 1994

State/Territory: WISCONSIN

Citation 4.24  
42 CFR 442.10  
and 442.100  
AT-78-90  
AT-79-18  
AT-80-25  
AT-80-34  
52 FR 32544  
P.L 100-203  
(Sec. 4211)  
54 FR 5316  
56 FR 48826

Standards for Payments for Nursing Facility  
and Intermediate Care Facility for the Mentally  
Retarded Services

With respect to nursing facilities and  
intermediate care facilities for the mentally  
retarded, all applicable requirements of  
42 CFR Part 442, Subparts B and C are met.

— Not applicable to intermediate care  
facilities for the mentally retarded;  
such services are not provided under this  
plan.

No. 94-0011 TN  
Supersedes 89-0008 Approval Date 4/6/94 Effective Date 1/1/94

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Wisconsin

Citation 4.25 Program for Licensing Administrators of Nursing  
42 CFR 431.702 Homes  
AT-78-90

The State has a program that, except with respect to Christian Science sanatoria, meets the requirements of 42 CFR Part 431, Subpart N, for the licensing of nursing home administrators.

TN # \_\_\_\_\_  
Supersedes \_\_\_\_\_  
TN # 76-41

Approval Date 3/2/77

Effective Date 10/1/76

Revision: HCFA-PM-93-3 (MB)

State/Territory: WISCONSINCitation

- 1927(g)  
42 CFR 456.700
- 4.26 Drug Utilization Review Program
- A.1. The Medicaid agency meets the requirements of Section 1927(g) of the Act for a drug use review (DUR) program for outpatient drug claims.
- 1927(g)(1)(A)
2. The DUR program assures that prescriptions for outpatient drugs are:
- Appropriate
  - Medically necessary
  - Are not likely to result in adverse medical results
- 1927(g)(1)(a)  
42 CFR 456.705(b) and  
456.709(b)
- B. The DUR program is designed to educate physicians and pharmacists to identify and reduce the frequency of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, pharmacists, and patients or associated with specific drugs as well as:
- Potential and actual adverse drug reactions
  - Therapeutic appropriateness
  - Overutilization and underutilization
  - Appropriate use of generic products
  - Therapeutic duplication
  - Drug disease contraindications
  - Drug-drug interactions
  - Incorrect drug dosage or duration of drug treatment
  - Drug-allergy interactions
  - Clinical abuse/misuse
- 1927(g)(1)(B)  
42 CFR 456.703  
(d) and (f)
- C. The DUR program shall assess data use against predetermined standards whose source materials for their development are consistent with peer-reviewed medical literature which has been critically reviewed by unbiased independent experts and the following compendia:
- American Hospital Formulary Service Drug Information
  - United States Pharmacopeia-Drug Information
  - American Medical Association Drug Evaluations

TN No. 93-018

Supersedes

Approval Date

7/12/93

Effective Date

4/1/93TN No. 92-0026

State/Territory: WISCONSINCitation1927(g)(1)(D)  
42 CFR 456.703(b)

- D. DUR is not required for drugs dispensed to residents of nursing facilities that are in compliance with drug regimen review procedures set forth in 42 CFR 483.60. The State has never-the-less chosen to include nursing home drugs in:

Prospective DUR  
 Retrospective DUR.

1927(g)(2)(A)  
42 CFR 456.705(b)

- E.1. The DUR program includes prospective review of drug therapy at the point of sale or point of distribution before each prescription is filled or delivered to the Medicaid recipient.

1927(g)(2)(A)(i)  
42 CFR 456.705(b),  
(1)-(7))

2. Prospective DUR includes screening each prescription filled or delivered to an individual receiving benefits for potential drug therapy problems due to:

- Therapeutic duplication
- Drug-disease contraindications
- Drug-drug interactions
- Drug-interactions with non-prescription or over-the-counter drugs
- Incorrect drug dosage or duration of drug treatment
- Drug allergy interactions
- Clinical abuse/misuse

1927(g)(2)(A)(ii)  
42 CFR 456.705 (c)  
and (d)

3. Prospective DUR includes counseling for Medicaid recipients based on standards established by State law and maintenance of patient profiles.

1927(g)(2)(B)  
42 CFR 456.709(a)

- F.1. The DUR program includes retrospective DUR through its mechanized drug claims processing and information retrieval system or otherwise which undertakes ongoing periodic examination of claims data and other records to identify:

- Patterns of fraud and abuse
- Gross overuse
- Inappropriate or medically unnecessary care among physicians, pharmacists, Medicaid recipients, or associated with specific drugs or groups of drugs.

TN No. 93-018

Supersedes

TN No. 92-0026

Approval Date

7/12/93

Effective Date

4/1/93

State/Territory: WISCONSINCitation927(g)(2)(C)  
42 CFR 456.709(b)

F.2. The DUR program assesses data on drug use against explicit predetermined standards including but not limited to monitoring for:

- Therapeutic appropriateness
- Overutilization and underutilization
- Appropriate use of generic products
- Therapeutic duplication
- Drug-disease contraindications
- Drug-drug interactions
- Incorrect drug dosage/duration of drug treatment
- Clinical abuse/misuse

1927(g)(2)(D)  
42 CFR 456.711

3. The DUR program through its State DUR Board, using data provided by the Board, provides for active and ongoing educational outreach programs to educate practitioners on common drug therapy problems to improve prescribing and dispensing practices.

1927(g)(3)(A)  
42 CFR 456.716(a)

G.1. The DUR program has established a State DUR Board either:

- Directly, or  
 Under contract with a private organization

1927(g)(3)(B)  
42 CFR 456.716  
(A) AND (B)

2. The DUR Board membership includes health professionals (one-third licensed actively practicing pharmacists and one-third but no more than 51 percent licensed and actively practicing physicians) with knowledge and experience in one or more of the following:

- Clinically appropriate prescribing of covered outpatient drugs.
- Clinically appropriate dispensing and monitoring of covered outpatient drugs.
- Drug use review, evaluation and intervention.
- Medical quality assurance.

927(g)(3)(C)  
42 CFR 456.716(d)

3. The activities of the DUR Board include:

- Retrospective DUR,
- Application of Standards as defined in section 1927(g)(2)(C), and
- Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR.

TN No. 93- 018

Supersedes

Approval Date

7/12/93Effective Date 4/1/93TN No. 92-0026

Revision: HCFA-PM-

(MB)

OMB No.

State/Territory: WISCONSINCitation

1927(g)(3)(C)  
42 CFR 456.711  
(a)-(d)

G.4 The interventions include in appropriate instances:

- Information dissemination
- Written, oral, and electronic reminders
- Face-to-Face discussions
- Intensified monitoring/review of prescribers/dispensers

1927(g)(3)(D)  
42 CFR 456.712  
(A) and (B)

H. The State assures that it will prepare and submit an annual report to the Secretary, which incorporates a report from the State DUR Board, and that the State will adhere to the plans, steps, procedures as described in the report.

1927(h)(1)  
42 CFR 456.722

I.1. The State establishes, as its principal means of processing claims for covered outpatient drugs under this title, a point-of-sale electronic claims management system to perform on-line:

- real time eligibility verification
- claims data capture
- adjudication of claims
- assistance to pharmacists, etc. applying for and receiving payment.

1927(g)(2)(A)(i)  
42 CFR 456.705(b)

2. Prospective DUR is performed using an electronic point of sale drug claims processing system.

1927(j)(2)  
42 CFR 456.703(c)

J. Hospitals which dispense covered outpatient drugs are exempted from the drug utilization review requirements of this section when facilities use drug formulary systems and bill the Medicaid program no more than the hospital's purchasing cost for such covered outpatient drugs.

U.S. G.P.O.:1993-342-239:80043

TN No.	93- 018	Approval Date	7/12/93	Effective Date	4/1/93
Supersedes					
TN No.	NEW				

Citation		
<p>1902(a)(85) and Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)</p>	<p>K.1.</p>	<p><b>Claim Review Limitations</b></p> <ul style="list-style-type: none"> <li>• Prospective Safety edit on opioid prescriptions include:                             <ul style="list-style-type: none"> <li>○ Opioid script limit: Limits the number of opioids allowed in a calendar month.</li> <li>○ Opioid quantity limits: Limits the amount of short-acting and/or select long-acting opioids dispensed in a rolling calendar month.</li> <li>○ Early refill: Limits when a subsequent opioid prescription can be filled.</li> <li>○ Therapeutic Duplication: Limits duplicate fills of select drug classes (i.e. opioids, benzodiazepines, etc.) per DUR Board recommendations.</li> <li>○ Morphine milligram equivalents (MME): Alerts the pharmacy when the MME on a claim exceeds the MME limit identified by the state.</li> </ul> </li> <li>• Retrospective Lock-In/High Utilization criteria: Review of MMEs, multiple high dose short-acting opioids, receiving more narcotics than intended or is using short-acting opioids when a long-acting formulation is available.</li> <li>• Retrospective reviews on concurrent utilization of opioids and benzodiazepines as well as opioids and antipsychotics on an ongoing periodic basis.</li> </ul>
<p>1902(00)(1)(B) and Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)</p>	<p>K.2.</p>	<p><b>Programs to monitor antipsychotic medications to children</b></p> <ul style="list-style-type: none"> <li>• Antipsychotic agents are reviewed for appropriateness in all children including foster children based on approved indications and clinical guidelines.</li> <li>• Retrospective letters are sent to prescribers when a child is on an antipsychotic medication that does not have an indication for use in children.</li> </ul>
		<p><b>Fraud and abuse identification</b></p> <ul style="list-style-type: none"> <li>• The DUR program has established a process that identifies potential fraud or abuse of controlled substances by enrolled individuals, health care providers and pharmacies.</li> </ul>

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Wisconsin

<p><u>Citation</u> 42 CFR 431.115 (c) AT-78-90 AT-79-74</p>	<p>4.27 <u>Disclosure of Survey Information and Provider or Contractor Evaluation</u></p> <p>The Medicaid agency has established procedures for disclosing pertinent findings obtained from surveys and provider and contractor evaluations that meet all the requirements in 42 CFR 431.115.</p>
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TN #

Supersedes

TN # 80-0059

Approval Date 9/26/80

Effective Date 7/1/80

Revision: HCFA-PM-93-1  
January 1993

(BPD)

State/Territory: Wisconsin

Citation

42 CFR 431.152;  
AT-79-18  
52 FR 22444;  
Secs.  
1902(a)(28)(D)(i)  
and 1919(e)(7) of  
the Act; P.L.  
100-203 (Sec. 4211(c)).

4.28 Appeals Process

- (a) The Medicaid agency has established appeals procedures for NFs as specified in 42 CFR 431.153 and 431.154.
- (b) The State provides an appeals system that meets the requirements of 42 CFR 431 Subpart E, 42 CFR 483.12, and 42 CFR 483 Subpart E for residents who wish to appeal a notice of intent to transfer or discharge from a NF and for individuals adversely affected by the preadmission and annual resident review requirements of 42 CFR 483 Subpart C.

TN No. 93-017  
Supersedes 79-0039 Approval Date 6/16/93 Effective Date 4-1-93

New: HCFA-PM-99-3  
JUNE 1999

State: Wisconsin

Citation

## 4.29 Conflict of Interest Provisions

1902(a)(4)(C) of the  
Social Security Act  
P.L. 105-33

The Medicaid agency meets the requirements of Section 1902(a)(4)(C) of the Act concerning the prohibition against acts, with respect to any activity under the plan, that is prohibited by section 207 or 208 of title 18, United States Code.

1902(a)(4)(D) of the  
Social Security Act  
P.L. 105-33  
1932(d)(3)  
42 CFR 438.58

The Medicaid agency meets the requirements of 1902(a)(4)(D) of the Act concerning the safeguards against conflicts of interest that are at least as stringent as the safeguards that apply under section 27 of the Office of Federal Procurement Policy Act (41 U.S.C. 423).

TN # 03-008

Supersedes

TN # 79-???

Approval Date 11/07/03

EffectiveDate 07/01/03

Revision: HCFA-PM-87-14 (BERC)  
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Wisconsin

Citation

42 CFR 1002.203

AT-79-54

48 FR 3742

51 FR 34772

4.30 Exclusion of Providers and Suspension of  
Practitioners and Other Individuals

(a) All requirements of 42 CFR Part 1002, Subpart B are met.

The agency, under the authority of State law, imposes broader sanctions.

TN No. 88-0001  
Supersedes  
TN No. 87-0007

Approval Date 2/23/88

Effective Date 1/1/88

HCFA ID: 1010P/0012P

Revision: HCFA-AT-87-14 (BERC)  
OCTOBER 1987

State/Territory: Wisconsin

Citation

(b) The Medicaid agency meets the requirements of –

1902(p) of the Act

(1) Section 1902(p) of the Act by excluding from participation—

(A) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, 1128A, or 1866(b)(2).

42 CFR 438.808

(B) An MCO (as defined in section 1903(m) of the Act), or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that –

(i) Could be excluded under section 1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or

(ii) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1128(b)(8)(B) of the Act.

1932(d)(1)  
42 CFR 438.610

(2) An MCO, PIHP, PAHP, or PCCM may not have prohibited affiliations with individuals [as defined in 42 CFR 438.610(b)] suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549. If the State finds that an MCO, PCCM, PIHP, or PAHP is not in compliance the State will comply with the requirements of 42 CFR 438.610(c).

Revision: HCFA-AT-87-14 (BERC)  
October 1987

OMB No.: 0938-0193  
4.30 Continued

State/Territory: Wisconsin

Citation

1902(a)(39) of the Act  
P.L. 100-93  
(sec. 8(f))  
Effective 2-19-88

(2) Section 1902(a)(39) of the Act by--

(A) Excluding an individual or entity from participation for the period specified by the Secretary, when required by the Secretary to do so in accordance with sections 1128 or 1128A of the Act; and

(B) Providing that no payment will be made with respect to any item or service furnished by an individual or entity during this period.

(c) The Medicaid agency meets the requirements of--

1902(a)(41)  
of the Act  
P.L. 96-272,  
(sec. 308(c))

(1) Section 1902(a)(41) of the Act with respect to prompt notification to HCFA whenever a provider is terminated, suspended, sanctioned, or otherwise excluded from participating under this State Plan; and

1902(a)(49) of the Act  
P.O. 100-93  
(sec. 5(a)(4))

(2) Section 1902(a)(49) of the Act with respect to providing information and access to information regarding sanctions taken against health care practitioners and providers by State licensing authorities in accordance with section 1921 of the Act.

TN No. 88-0012  
Supersedes  
TN No. 88-0001

Approval Date

4/2/88

Effective Date

2-19-88

HCFA ID: 1010P/0012P

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

Citation	Condition or Requirement
42 CFR 455.103 1902(a)(38) of the Act Sec. 8(f) of P.L. 100-93	4.31 <u>Disclosure of Information by Providers and Fiscal Agents</u> The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.106 and sections 1128(b)(9) and 1902(a)(38) of the Act.
Section 1137 of the Act 42 CFR 435.940 through 435.960	4.32 <u>Income and Eligibility Verification System</u> (a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960.  (b) ATTACHMENT 4.32-A describes in accordance with 42 CFR 435.948(a)(6), the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.
1903(r)(3) of the Act	(c) The State has an eligibility determination system that provides for data matching through the Public Assistance Reporting Information System (PARIS), or any successor system, including matching with medical assistance programs operated by other States. The information that is requested will be exchanged with States and other entities legally entitled to verify title XIX applicants and individuals eligible for covered title XIX services consistent with applicable PARIS agreements.

Revision: HCFA-PM-87-14 (BERC)  
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: WISCONSIN

Citation

1902(a)(48)  
of the Act,  
P.L. 99-570  
(Section 11005)  
P.L. 100-93  
(sec. 5(a)(3))

4.33 Medicaid Eligibility Cards for Homeless Individuals

- (a) The Medicaid agency has a method for making cards evidencing eligibility for medical assistance available to an individual eligible under the State's approved plan who does not reside in a permanent dwelling or does not have a fixed home or mailing address.
- (b) ATTACHMENT 4.33-A specifies the method for issuance of medicare eligibility cards to homeless individuals.

TN No. 88-0002

Supersedes

TN No. 87-0010

Approval Date 2/23/88

Effective Date 1/1/88

HCFA ID: 1010P/0012P

Revision: HCFA - REGION V  
October 1989

STATE WISCONSIN

**CITATION**

1919(h) of  
the Act  
P.L. 100-203  
(section 4213)

4.38 Remedies for Nursing Facilities Which Do Not  
Meet the Requirements for Participation

- The State has established remedies that meet the requirements of section 1919(h) of the Social Security Act.
- The State has established alternative remedies under section 1919(h) of the Social Security Act.
- The State has established an incentive program for high quality care under section 1919(h) of the Social Security Act.

TN # 91-0013

Supersedes

TN # New

Approval Date 3-18-92

Effective 4-1-91  
Date \_\_\_\_\_

Revision: **HCFA-78-90-2 (RPO)**  
**JANUARY 1990**

OMB No.: 0938-0193

State/Territory: WISCONSIN

Citation

**4.35 Remedies for Skilled Nursing and Intermediate Care Facilities that Do Not Meet Requirements of Participation**

1919(h)(1)  
 and (2)  
 of the Act,  
 P.L. 100-203  
 (Sec. 4213(a))

(A) The Medicaid agency meets the requirements of section 1919(h)(2)(A) through (D) of the Act concerning remedies for skilled nursing and intermediate care facilities that do not meet one or more requirements of participation. ATTACHMENT A.35-A describes the criteria for applying the remedies specified in section 1919(h)(2)(A)(i) through (iv) of the Act.

Not applicable to intermediate care facilities; these services are not furnished under this plan.

(b) The agency uses the following remedy(ies):

- (1) Denial of payment for new admissions.
- (2) Civil money penalty.
- (3) Appointment of temporary management.
- (4) In emergency cases, closure of the facility and/or transfer of residents.

1919(h)(2)(3)(ii)  
 of the Act

(c) The agency establishes alternative State remedies to the specified Federal remedies (except for termination of participation). ATTACHMENT A.35-B describes these alternative remedies and specifies the basis for their use.

1919(h)(2)(7)  
 of the Act

(d) The agency uses one of the following incentive programs to reward skilled nursing or intermediate care facilities that furnish the highest quality care to Medicaid residents:

- (1) Public recognition.
- (2) Incentive payments.

TR No. 91-0013  
 Supersedes  
 TR No. HC91

Approval Date 3-18-92

Effective Date 4-1-91

HCFA ID: 10107/0012P

Revision: HCFA-PM-95-4 (HSQB)  
JUNE 1995

State/Territory: WISCONSIN

Citation

4.35 Enforcement of Compliance for Nursing Facilities

42 CFR  
§488.402(f)

(a) Notification of Enforcement Remedies

When taking an enforcement action against a non-State operated NF, the State provides notification in accordance with 42 CFR 488.402(f).

(i) The notice (except for civil money penalties and State monitoring) specifies the:

- (1) nature of noncompliance,
- (2) which remedy is imposed,
- (3) effective date of the remedy, and
- (4) right to appeal the determination leading to the remedy.

42 CFR  
§488.434

(ii) The notice for civil money penalties is in writing and contains the information specified in 42 CFR 488.434.

42 CFR  
§488.402(f)(2)

(iii) Except for civil money penalties and State monitoring, notice is given at least 2 calendar days before the effective date of the enforcement remedy for immediate jeopardy situations and at least 15 calendar days before the effective date of the enforcement remedy when immediate jeopardy does not exist.

42 CFR  
§488.456(c)(d)

(iv) Notification of termination is given to the facility and to the public at least 2 calendar days before the remedy's effective date if the noncompliance constitutes immediate jeopardy and at least 15 calendar days before the remedy's effective date if the noncompliance does not constitute immediate jeopardy. The State must terminate the provider agreement of an NF in accordance with procedures in parts 431 and 442.

(b) Factors to be Considered in Selecting Remedies

42 CFR  
§488.488.404(b)(1)

(i) In determining the seriousness of deficiencies, the State considers the factors specified in 42 CFR 488.404(b)(1) & (2).

X The State considers additional factors. Attachment 4.35-A describes the State's other factors.

TN No. 95-016  
Supersedes  
TN No. 91-013

Approval Date: 12/18/95

Effective Date: 7/1/95

Revision: HCFA-PM-95-4 (HSQB)  
JUNE 1995

State/Territory: WISCONSIN

Citation

c) Application of Remedies

- 42 CFR  
§488.410
- (i) If there is immediate jeopardy to resident health or safety, the State terminates the NF's provider agreement within 23 calendar days from the date of the last survey or immediately imposes temporary management to remove the threat within 23 days.
- 42 CFR  
§488.417(b)  
§1919(h)(2)(C)  
of the Act.
- (ii) The State imposes the denial of payment (or its approved alternative) with respect to any individual admitted to an NF that has not come into substantial compliance within 3 months after the last day of the survey.
- 42 CFR  
§488.414  
§1919(h)(2)(D)  
of the Act.
- (iii) The State imposes the denial of payment for new admissions remedy as specified in §488.417 (or its approved alternative) and a State monitor as specified at §488.422, when a facility has been found to have provided substandard quality of care on the last three consecutive standard surveys.
- 42 CFR  
§488.408  
§1919(h)(2)(A)  
of the Act.
- (iv) The State follows the criteria specified at 42 CFR §488.408(c)(2), §488.408(d)(2), and §488.408(e)(2), when it imposes remedies in place of or in addition to termination.
- 42 CFR  
§488.412(a)
- (v) When immediate jeopardy does not exist, the State terminates an NF's provider agreement no later than 6 months from the finding of noncompliance, if the conditions of 42 CFR 488.412(a) are not met.

(d) Available Remedies

- 42 CFR  
§488.406(b)  
§1919(h)(2)(A)  
of the Act.
- (i) The State has established the remedies defined in 42 CFR 488.406(b).
- |          |     |   |
|----------|-----|---|
| <u>X</u> | (1) | Termination   |
| <u>X</u> | (2) | Temporary Management  |
| <u>X</u> | (3) | Denial of Payment for New Admissions                                  |
| <u>X</u> | (4) | Civil Money Penalties   |
| <u>X</u> | (5) | Transfer of Residents; Transfer of Residents with Closure of Facility |
| <u>X</u> | (6) | State Monitoring  |

Attachments 4.35-B through 4.35-G describe the criteria for applying the above remedies.

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JUNE 1995

State/Territory: WISCONSIN

Citation

42 CFR  
§488.406(b)  
§1919(h)(2)(B)(ii)  
of the Act.

(ii) — The State uses alternative remedies. The State has established alternative remedies that the State will impose in place of a remedy specified in 42 CFR 488.406(b).

- (1) Temporary Management
- (2) Denial of Payment for New Admissions
- (3) Civil Money Penalties
- (4) Transfer of Residents; Transfer of Residents with Closure of Facility
- (5) State Monitoring.

Attachments 4.35-B through 4.35-G describe the alternative remedies and the criteria for applying them.

42 CFR  
§488.303(b)  
1910(h)(2)(F)  
of the Act.

(e) — State Incentive Programs

- (1) Public Recognition
- (2) Incentive Payments

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Supersedes

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AUGUST 1991

OMB No.: 0938-

State/Territory: WISCONSIN

Citation 4.36 Required Coordination Between the Medicaid and WIC Programs

1902(a)(11)(C)  
and 1902(a)(53)  
of the Act

The Medicaid agency provides for the coordination between the Medicaid program and the Special Supplemental Food Program for Women, Infants, and Children (WIC) and provides timely notice and referral to WIC in accordance with section 1902(a)(53) of the Act.

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TN No. 91-0025  
Supersedes NEW Approval Date 1/16/92 Effective Date 10/1/91  
TN No. NEW

HCFA ID: 7982E

Revision: HCFA-PM-91- 10  
DECEMBER 1991

(BPD)

State/Territory: WISCONSIN

Citation

42 CFR 483.75; 42  
CFR 483 Subpart D;  
Secs. 1902(a)(28),  
1919(e)(1) and (2),  
and 1919(f)(2),  
P.L. 100-203 (Sec.  
4211(a)(3)); P.L.  
101-239 (Secs.  
6901(b)(3) and  
(4)); P.L. 101-508  
(Sec. 4801(a)).

4.38 Nurse Aide Training and Competency  
Evaluation for Nursing Facilities

- (a) The State assures that the requirements of 42 CFR 483.150(a), which relate to individuals deemed to meet the nurse aide training and competency evaluation requirements, are met.
- X (b) The State waives the competency evaluation requirements for individuals who meet the requirements of 42 CFR 483.150(b)(1).
- X (c) The State deems individuals who meet the requirements of 42 CFR 483.150(b)(2) to have met the nurse aide training and competency evaluation requirements.
- (d) The State specifies any nurse aide training and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.152 and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.154.
- X (e) The State offers a nurse aide training and competency evaluation program that meets the requirements of 42 CFR 483.152.
- X (f) The State offers a nurse aide competency evaluation program that meets the requirements of 42 CFR 483.154.

TN No. 92-0025  
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TN No. NEW

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Revision: HCFA-PM-91- 10  
DECEMBER 1991

790  
(BPD)

State/Territory:

WISCONSIN

Citation

42 CFR 483.75; 42  
CFR 483 Subpart D;  
Secs. 1902(a)(28),  
1919(e)(1) and (2),  
and 1919(f)(2),  
P.L. 100-203 (Sec.  
4211(a)(3)); P.L.  
101-239 (Secs.  
6901(b)(3) and  
(4)); P.L. 101-508  
(Sec. 4801(a)).

- (g) If the State does not choose to offer a nurse aide training and competency evaluation program or nurse aide competency evaluation program, the State reviews all nurse aide training and competency evaluation programs and competency evaluation programs upon request.
- (h) The State survey agency determines, during the course of all surveys, whether the requirements of 483.75(e) are met.
- (i) Before approving a nurse aide training and competency evaluation program, the State determines whether the requirements of 42 CFR 483.152 are met.
- (j) Before approving a nurse aide competency evaluation program, the State determines whether the requirements of 42 CFR 483.154 are met.
- (k) For program reviews other than the initial review, the State visits the entity providing the program.
- (l) The State does not approve a nurse aide training and competency evaluation program or competency evaluation program offered by or in certain facilities as described in 42 CFR 483.151(b)(2) and (3).

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TN No. NEW

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State/Territory: WISCONSIN

Citation

42 CFR 483.75; 42  
CFR 483 Subpart D;  
Secs. 1902(a)(28),  
1919(e)(1) and (2),  
and 1919(f)(2),  
P.L. 100-203 (Sec.  
4211(a)(3)); P.L.  
101-239 (Secs.  
6901(b)(3) and  
(4)); P.L. 101-508  
(Sec. 4801(a)).

- (m) The State, within 90 days of receiving a request for approval of a nurse aide training and competency evaluation program or competency evaluation program, either advises the requestor whether or not the program has been approved or requests additional information from the requestor.
- (n) The State does not grant approval of a nurse aide training and competency evaluation program for a period longer than 2 years.
- (o) The State reviews programs when notified of substantive changes (e.g., extensive curriculum modification).
- (p) The State withdraws approval from nurse aide training and competency evaluation programs and competency evaluation programs when the program is described in 42 CFR 483.151(b)(2) or (3).
- X (q) The State withdraws approval of nurse aide training and competency evaluation programs that cease to meet the requirements of 42 CFR 483.152 and competency evaluation programs that cease to meet the requirements of 42 CFR 483.154.
- (r) The State withdraws approval of nurse aide training and competency evaluation programs and competency evaluation programs that do not permit unannounced visits by the State.

State/Territory: WISCONSIN

Citation  
42 CFR 483.75; 42  
CFR 483 Subpart D;  
Secs. 1902(a)(28),  
1919(e)(1) and (2),  
and 1919(f)(2),  
P.L. 100-203 (Sec.  
4211(a)(3)); P.L.  
101-239 (Secs.  
6901(b)(3) and  
(4)); P.L. 101-508  
(Sec. 4801(a)).

- (s) When the State withdraws approval from a nurse aide training and competency evaluation program or competency evaluation program, the State notifies the program in writing, indicating the reasons for withdrawal of approval.
- (t) The State permits students who have started a training and competency evaluation program from which approval is withdrawn to finish the program.
- (u) The State provides for the reimbursement of costs incurred in completing a nurse aide training and competency evaluation program or competency evaluation program for nurse aides who become employed by or who obtain an offer of employment from a facility within 12 months of completing such program.
- (v) The State provides advance notice that a record of successful completion of competency evaluation will be included in the State's nurse aide registry.
- (w) Competency evaluation programs are administered by the State or by a State-approved entity which is neither a skilled nursing facility participating in Medicare nor a nursing facility participating in Medicaid.
- X (x) The State permits proctoring of the competency evaluation in accordance with 42 CFR 483.154(d).
- (y) The State has a standard for successful completion of competency evaluation programs.

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Supersedes  
TN No. NEW

Approval Date 11/16/92

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Revision: HCFA-PM-91-10  
DECEMBER 1991

79r  
(BPD)

State/Territory: WISCONSIN

Citation  
42 CFR 483.75; 42  
CFR 483 Subpart D;  
Secs. 1902(a)(28),  
1919(e)(1) and (2),  
and 1919(f)(2),  
P.L. 100-203 (Sec.  
4211(a)(3)); P.L.  
101-239 (Secs.  
6901(b)(3) and  
(4)); P.L. 101-508  
(Sec. 4801(a)).

- (z) The State includes a record of successful completion of a competency evaluation within 30 days of the date an individual is found competent.
- \_\_\_ (aa) The State imposes a maximum upon the number of times an individual may take a competency evaluation program (any maximum imposed is not less than 3).
- (bb) The State maintains a nurse aide registry that meets the requirements in 42 CFR 483.156.
- X (cc) The State includes home health aides on the registry.
- X (dd) The State contracts the operation of the registry to a non State entity.
- X (ee) ATTACHMENT 4.38 contains the State's description of registry information to be disclosed in addition to that required in 42 CFR 483.156(c)(1)(iii) and (iv).
- X (ff) ATTACHMENT 4.38-A contains the State's description of information included on the registry in addition to the information required by 42 CFR 483.156(c).

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Supersedes  
TN No. NEW

Approval Date 11/16/92

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Revision: HCFA-PM-93-1 (BPD)  
January 1993

State/Territory: Wisconsin

Citation  
Secs.

1902(a)(28)(D)(i)  
and 1919(e)(7) of  
the Act;  
P.L. 100-203  
(Sec. 4211(c));  
P.L. 101-508  
(Sec. 4801(b)).

4.39 Preadmission Screening and Annual  
Resident Review in Nursing Facilities

- (a) The Medicaid agency has in effect a written agreement with the State mental health and mental retardation authorities that meet the requirements of 42 (CFR) 431.621(c).
- (b) The State operates a preadmission and annual resident review program that meets the requirements of 42 CFR 483.100-138.
- (c) The State does not claim as "medical assistance under the State Plan" the cost of services to individuals who should receive preadmission screening or annual resident review until such individuals are screened or reviewed.
- (d) With the exception of NF services furnished to certain NF residents defined in 42 CFR 483.118(c)(1), the State does not claim as "medical assistance under the State plan" the cost of NF services to individuals who are found not to require NF services.
- x (e) ATTACHMENT 4.39 specifies the State's definition of specialized services.

TN No. <u>93-017</u>	Approval Date <u>6/16/93</u>	Effective Date <u>4-1-93</u>
Supersedes		
TN No. <u>New</u>		

Revision: HCFA-PM-93-1 (BPD)  
January 1993

State/Territory: Wisconsin

4.39 (Continued)

- x (f) Except for residents identified in 42 CFR 483.118(c)(1), the State mental health or mental retardation authority makes categorical determinations that individuals with certain mental conditions or levels of severity of mental illness would normally require specialized services of such an intensity that a specialized services program could not be delivered by the State in most, if not all, NFs and that a more appropriate placement should be utilized.
- (g) The State describes any categorical determinations it applies in ATTACHMENT 4.39-A.

TN No. 93-017

Supersedes

TN No. New

Approval Date

6/16/93

Effective Date 4-1-93

Revision: HCFA-PM-92-3 (HSQB)  
 APRIL 1992

OMB No.:

State/Territory: WISCONSIN

Citation4.40 Survey & Certification ProcessSections

1919(g)(1)  
 thru (2) and  
 1919(g)(4)  
 thru (5) of  
 the Act P.L.  
 100-203  
 (Sec.  
 4212(a))

1919(g)(1)  
 (B) of the  
 Act

1919(g)(1)  
 (C) of the  
 Act

- (a) The State assures that the requirements of 1919(g)(1)(A) through (C) and section 1919(g)(2)(A) through (E)(iii) of the Act which relate to the survey and certification of non-State owned facilities based on the requirements of section 1919(b), (c) and (d) of the Act, are met.
- (b) The State conducts periodic education programs for staff and residents (and their representatives). Attachment 4.40-A describes the survey and certification educational program.
- (c) The State provides for a process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property by a nurse aide of a resident in a nursing facility or by another individual used by the facility. Attachment 4.40-B describes the State's process.
- (d) The State agency responsible for surveys and certification of nursing facilities or an agency delegated by the State survey agency conducts the process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property. If not the State survey agency, what agency?
- (e) The State assures that a nurse aide, found to have neglected or abused a resident or misappropriated resident property in a facility, is notified of the finding. The name and finding is placed on the nurse aide registry.
- (f) The State notifies the appropriate licensure authority of any licensed individual found to have neglected or abused a resident or misappropriated resident property in a facility.

TN No. 92-0024  
 Supersedes  
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Revision: HCFA-PM-92-3  
APRIL 1992

(HSQB)

OMB No:

State/Territory: WISCONSIN

- 1919(g)(2)  
(A)(i) of  
the Act
- (g) The State has procedures, as provided for at section 1919(g)(2)(A)(i), for the scheduling and conduct of standard surveys to assure that the State has taken all reasonable steps to avoid giving notice through the scheduling procedures and the conduct of the surveys themselves. Attachment 4.40-C describes the State's procedures.
- 1919(g)(2)  
(A)(ii) of  
the Act
- (h) The State assures that each facility shall have a standard survey which includes (for a case-mix stratified sample of residents) a survey of the quality of care furnished, as measured by indicators of medical, nursing and rehabilitative care, dietary and nutritional services, activities and social participation, and sanitation, infection control, and the physical environment, written plans of care and audit of resident's assessments, and a review of compliance with resident's rights not later than 15 months after the date of the previous standard survey.
- 1919(g)(2)  
(A)(iii)(I)  
of the Act
- (i) The State assures that the Statewide average interval between standard surveys of nursing facilities does not exceed 12 months.
- 1919(g)(2)  
(A)(iii)(II)  
of the Act
- (j) The State may conduct a special standard or special abbreviated standard survey within 2 months of any change of ownership, administration, management, or director of nursing of the nursing facility to determine whether the change has resulted in any decline in the quality of care furnished in the facility.
- 1919(g)(2)  
(B) of the  
Act
- (k) The State conducts extended surveys immediately or, if not practicable, not later than 2 weeks following a completed standard survey in a nursing facility which is found to have provided substandard care or in any other facility at the Secretary's or State's discretion.
- 1919(g)(2)  
(C) of the  
Act
- (l) The State conducts standard and extended surveys based upon a protocol, i.e., survey forms, methods, procedures and guidelines developed by HCFA, using individuals in the survey team who meet minimum qualifications established by the Secretary.

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TN No. NEW

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State/Territory: WISCONSIN

- 1919(g)(2)  
(D) of the  
Act (m) The State provides for programs to measure and reduce inconsistency in the application of survey results among surveyors. Attachment 4.40-D describes the State's programs.
- 1919(g)(2)  
(E)(i) of  
the Act (n) The State uses a multidisciplinary team of professionals including a registered professional nurse.
- 1919(g)(2)  
(E)(ii) of  
the Act (o) The State assures that members of a survey team do not serve (or have not served within the previous two years) as a member of the staff or consultant to the nursing facility or has no personal or familial financial interest in the facility being surveyed.
- 1919(g)(2)  
(E)(iii) of  
the Act (p) The State assures that no individual shall serve as a member of any survey team unless the individual has successfully completed a training and test program in survey and certification techniques approved by the Secretary.
- 1919(g)(4)  
of the Act (q) The State maintains procedures and adequate staff to investigate complaints of violations of requirements by nursing facilities and onsite monitoring. Attachment 4.40-E describes the State's complaint procedures.
- 1919(g)(5)  
(A) of the  
Act (r) The State makes available to the public information respecting surveys and certification of nursing facilities including statements of deficiencies, plans of correction, copies of cost reports, statements of ownership and the information disclosed under section 1126 of the Act.
- 1919(g)(5)  
(B) of the  
Act (s) The State notifies the State long-term care ombudsman of the State's finding of non-compliance with any of the requirements of subsection (b), (c), and (d) or of any adverse actions taken against a nursing facility.
- 1919(g)(5)  
(C) of the  
Act (t) If the State finds substandard quality of care in a facility, the State notifies the attending physician of each resident with respect to which such finding is made and the nursing facility administrator licensing board.
- 1919(g)(5)  
(D) of the  
Act (u) The State provides the State Medicaid fraud and abuse agency access to all information concerning survey and certification actions.

Revision: HCFA-PM-92- 2  
MARCH 1992

(HSQB)

State/Territory: WISCONSIN

Citation 4.41 Resident Assessment for Nursing Facilities

Sections  
1919(b)(3)  
and 1919  
(e)(5) of  
the Act

(a) The State specifies the instrument to be used by nursing facilities for conducting a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity as required in §1919(b)(3)(A) of the Act.

1919(e)(5)  
(A) of the  
Act

(b) The State is using:

X the resident assessment instrument designated by the Health Care Financing Administration (see Transmittal #241 of the State Operations Manual) [§1919(e)(5)(A)]; or

1919(e)(5)  
(B) of the  
Act

\_\_\_\_\_ a resident assessment instrument that the Secretary has approved as being consistent with the minimum data set of core elements, common definitions, and utilization guidelines as specified by the Secretary (see Section 4470 of the State Medicaid Manual for the Secretary's approval criteria) [§1919(e)(5)(B)].

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7-1-92

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## Section 6032 State Plan Preprint

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin

Citation  
 1902(a)(68) of  
 the Act,  
 P.L. 109-171  
 (section 6032)

4.42 Employee Education About False Claims Recoveries.

- (a) The Medicaid agency meets the requirements regarding establishment of policies and procedures for the education of employees of entities covered by section 1902(a)(68) of the Social Security Act (the Act) regarding false claims recoveries and methodologies for oversight of entities' compliance with these requirements.

## (1) Definitions.

(A) An "entity" includes a governmental agency, organization, unit, corporation, partnership, or other business arrangement (including any Medicaid managed care organization, irrespective of the form of business structure or arrangement by which it exists), whether for-profit or not-for-profit, which receives or makes payments, under a State Plan approved under title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually.

If an entity furnishes items or services at more than a single location or under more than one contractual or other payment arrangement, the provisions of section 1902(a)(68) apply if the aggregate payments to that entity meet the \$5,000,000 annual threshold. This applies whether the entity submits claims for payments using one or more provider identification or tax identification numbers.

A governmental component providing Medicaid health care items or services for which Medicaid payments are made would qualify as an "entity" (e.g., a state mental health facility or school district providing school-based health services). A government agency which merely administers the Medicaid program, in whole or part (e.g., managing the claims processing system or determining beneficiary eligibility), is not, for these purposes, considered to be an entity.

TN No. 07-003  
 Supersedes  
 TN No. New

JUN 27 2007  
 Approval Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

## Section 6032 State Plan Preprint

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin4.42 Employee Education About False Claims Recoveries, continued.

- (B) An "employee" includes any officer or employee of the entity.
- (C) A "contractor" or "agent" includes any contractor, subcontractor, agent, or other person which or who, on behalf of the entity, furnishes, or otherwise authorizes the furnishing of, Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by the entity.
- (2) The entity must establish and disseminate written policies which must also be adopted by its contractors or agents. Written policies may be on paper or in electronic form, but must be readily available to all employees, contractors, or agents. The entity need not create an employee handbook if none already exists.
- (3) An entity shall establish written policies for all employees (including management), and of any contractor or agent of the entity, that include detailed information about the False Claims Act and the other provisions named in section 1902(a)(68)(A). The entity shall include in those written policies detailed information about the entity's policies and procedures for detecting and preventing waste, fraud, and abuse. The entity shall also include in any employee handbook a specific discussion of the laws described in the written policies, the rights of employees to be protected as whistleblowers and a specific discussion of the entity's policies and procedures for detecting and preventing fraud, waste, and abuse.
- (4) The requirements of this law should be incorporated into each State's provider enrollment agreements.
- (5) The State will implement this State Plan amendment on January 1, 2007.
- (b) ATTACHMENT 4.42-A describes, in accordance with section 1902(a) (68) of the Act, the methodology of compliance oversight and the frequency with which the State will re-assess compliance on an ongoing basis.

JUN 27 2007

TN No. 07-003  
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Approval Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

State: Wisconsin

4.44. Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States.

Citation

Section 1902 (a) (80) of  
the Social Security Act,  
P.L. 111-148 (Section  
6505)

X

The State shall not provide any payments for items or services provided under the state plan or under a waiver to any financial institution or entity located outside of the United States.

State: Wisconsin4.5 Medicaid Recovery Audit Contractor Program

Citation		
Section 1902 (a)(42)(B)(i) of the Social Security Act	—	The State has established a program under which it will contract with one or more recovery audit contractors (RACs) for the purpose of identifying underpayments and overpayments of Medicaid claims under the state plan and under any waiver of the state plan.
	X	<p>Wisconsin State is respectfully requesting an exception to establishing a Medicaid RAC program for the following reasons:</p> <ul style="list-style-type: none"> <li>• Due to litigation, the Wisconsin Department of Health Services' (DHS) scope for collecting overpayments from providers has been limited. Wisconsin would be unable to provide remuneration satisfactory to a RAC (based on the cost of audit development and implementation, as well as participation in appeals) due to the scope limitation.</li> <li>• The RAC would be restricted to auditing Fee-For-Service providers (FFS) providers. WI is 66% managed care as compared to 34% FFS; therefore, recoveries for any future RAC vendor may be limited.</li> <li>• Wisconsin has robust and effective program integrity in place. Wisconsin has the following program integrity initiatives in place to combat fraud, waste and abuse in the state's Medicaid program, including: <ul style="list-style-type: none"> <li>○ Our Federal Unified Program Integrity Contractor (CoventBridge)</li> <li>○ Our External Quality Review Organization (MetaStar)</li> <li>○ The Office of the Inspector General Business Intelligence and Research Section, Clinical and Non-Clinical Program Integrity and Compliance Sections, each of which has staffing to complete a measurable amount of FFS audits and other program integrity efforts (i.e. screening "moderate" and "high" risk providers per the Affordable Care Act).</li> </ul> </li> </ul>

- A team dedicated to Managed Care Organizations within the Non-Clinical Program Integrity and Compliance Section that is working on implementing a Network Provider Audit Process.
- A claims pre-pay review program.

Section 1902 (a)(42)(B)(ii)(I) of the Act

N/A

The State Medicaid agency has contracts of the type(s) listed in section 1902 (a)(42)(B)(ii)(I) of the Act. All contracts meet the requirements of the statute. RACs are consistent with the statute.

Place a check mark to provide assurance of the following:

N/A

The State will make payments to the RAC(s) only from amounts recovered.

N/A

The State will make payments to the RAC(s) on a contingency basis for collecting overpayments.

Section 1902 (a)(42)(B)(ii)(II)(aa) of the Act

The following payment methodology shall be used to determine State payments to Medicaid RACs for identification and recovery of overpayments (e.g., the percentage of the contingency fee):

N/A

The State attests that the contingency fee rate paid to the Medicaid RAC will not exceed the highest rate paid to Medicare RACs, as published in the Federal Register.

N/A

The State attests that the contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will only submit for FFP up to the amount equivalent to that published rate.

Wisconsin was previously granted an exception from November 1, 2023 through October 31, 2025, and now seeks an exception from November 1, 2025 through October 31, 2027. Wisconsin believes the objectives of the RAC program are effectively obtained through current program integrity efforts.

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Wisconsin

SECTION 5 PERSONNEL ADMINISTRATION

Citation  
42 CFR 432.10(a)  
AT-78-90  
AT-79-23  
AT-80-34

5.1 Standards of Personnel Administration

- (a) The Medicaid agency has established and will maintain methods of personnel administration in conformity with standards prescribed by the U.S. Civil Service Commission in accordance with Section 208 of the Intergovernmental Personnel Act of 1970 and the regulations on Administration of the Standards for a Merit System of Personnel Administration, 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.

The plan is locally administered and State-supervised. The requirements of 42 CFR 432.10 with respect to local agency administration are met.

(b) Affirmative Action Plan

The Medicaid agency has in effect an affirmative action plan for equal employment opportunity that includes specific action steps and timetables and meets all other requirements of 5 CFR Part 900, Subpart F.

TN # \_\_\_\_\_  
Supersedes \_\_\_\_\_  
TN # 77-51

Approval Date 10/25/77 Effective Date 8/8/77

Revision: ECFA-AT-80-38 (BPP)  
May 22, 1980

State Wisconsin

5.2 [Reserved]

IN # \_\_\_\_\_  
Supersedes \_\_\_\_\_  
IN # \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State \_\_\_\_\_

Citation  
42 CFR Part 432,  
Subpart B  
AT-78-90

5.3 Training Programs; Subprofessional and  
Volunteer Programs

The Medicaid agency meets the requirements of 42 CFR Part 432, Subpart B, with respect to a training program for agency personnel and the training and use of subprofessional staff and volunteers.

TN # \_\_\_\_\_  
Supersedes \_\_\_\_\_  
TN # 78-009

Approval Date 2/13/78

Effective Date 2/27/78

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Wisconsin

SECTION 6 FINANCIAL ADMINISTRATION

Citation  
42 CFR 433.32  
AT-79-29

6.1 Fiscal Policies and Accountability

The Medicaid agency and, where applicable, local agencies administering the plan, maintains an accounting system and supporting fiscal records adequate to assure that claims for Federal funds are in accord with applicable Federal requirements. The requirements of 42 CFR 433.32 are met.

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TN # \_\_\_\_\_  
Supersedes \_\_\_\_\_  
TN # 76-41

Approval Date 3/2/77 Effective Date 10/1/76

Revision: HCFA-AT-81- (BPP)

State WISCONSINCitation

42 CFR 433.34

47 FR 17490

6.2 Cost Allocation

There is an approved cost allocation plan on file with the Department in accordance with the requirements contained in 45 CFR Part 95, Subpart E.

TN 82-0101  
Supersedes  
TN 76-0041

Approval Date

7-15/82

Effective Date

4-1-82

Revision: ~~HEFA~~-AT-80-38 (BPP)  
May 22, 1980

State Wisconsin

Citation  
42 CFR 433.33  
AT-79-29  
AT-80-34

6.3 State Financial Participation

(a) State funds are used in both assistance and administration.

State funds are used to pay all of the non-Federal share of total expenditures under the plan.

There is local participation. State funds are used to pay not less than 40 percent of the non-Federal share of the total expenditures under the plan. There is a method of apportioning Federal and State funds among the political subdivisions of the State on an equalization or other basis which assures that lack of adequate funds from local sources will not result in lowering the amount, duration, scope or quality of care and services or level of administration under the plan in any part of the State.

(b) State and Federal funds are apportioned among the political subdivisions of the State on a basis consistent with equitable treatment of individuals in similar circumstances throughout the State.

TN # 81-0075  
Supersedes  
TN # 76-41

Approval Date 10/19/81 3/2/77 Effective Date 1/1/82 10/1/76

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

OMB No. 0938-

State/Territory: WISCONSIN

SECTION 7 - GENERAL PROVISIONS

Citation

7.1 Plan Amendments

42 CFR 430.12(c)

The plan will be amended whenever necessary to reflect new or revised Federal statutes or regulations or material change in State law, organization, policy or State agency operation.

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TN No. 91-0022  
Supersedes 77-0003 Approval Date 11/21/91 Effective Date 10/1/91  
TN No. 77-0003

HCFA ID: 7982E

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

OMB No. 0938-

State/Territory: WISCONSIN

Citation            7.2    Nondiscrimination

45 CFR Parts  
80 and 84

In accordance with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et. seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 70b), and the regulations at 45 CFR Parts 80 and 84, the Medicaid agency assures that no individual shall be subject to discrimination under this plan on the grounds of race, color, national origin, or handicap.

The Medicaid agency has methods of administration to assure that each program or activity for which it receives Federal financial assistance will be operated in accordance with title VI regulations. These methods for title VI are described in ATTACHMENT 7.2-A.

TN No.	<u>91-0022</u>	Approval Date	<u>11/21/91</u>	Effective Date	<u>10/1/91</u>
Supersedes	<u>79-0034</u>				
TN No.					

HCFA ID: 7982E

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

OMB No. 0938-

State/Territory: Wisconsin

Citation            7.3    Maintenance of AFDC Efforts

1902(c) of  
the Act  
1903(i)(9) of  
the Act

The State agency has in effect under its approved  
AFDC plan payment levels that are equal to or more than  
the AFDC payment levels in effect on May 1, 1988.

TN No. 91-0029

Supersedes

Approval Date \_\_\_\_\_

Effective Date 10/1/91

TN No. \_\_\_\_\_

HCFA ID: 7982E

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

OMB No. 0938-

State WISCONSIN

Citation 7.4 State Governor's Review

42 CFR 430.12(b)

The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

- Not applicable. The Governor--
- Does not wish to review any plan material.
- Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of  
Department of Health and Family Services

(Designated Single State Agency)

Date: 9/15/96

*Peggy Bantels*

(Signature)

Director, Bureau of Health Care Financing  
(Title)

TN No. 96-024

Supersedes

TN No. 91-0022

Approval Date 12/4/96

Effective Date 7/1/96

HCFA ID: 7982E

PA08012.AD/SP

Revision: SCFA-AT-30-38 (BPP)  
May 22, 1980

State Wisconsin

Citation  
45 CFR 204.1

7.3 State Governor's Review

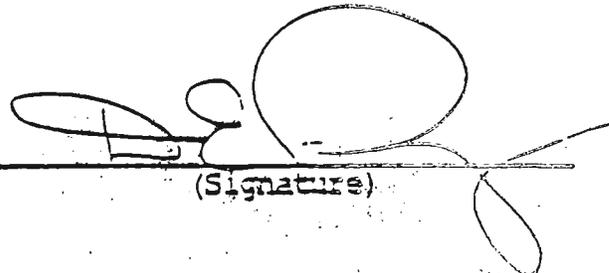
The Medicaid agency will provide opportunity for the Office of the Governor to review amendments, any new State plan and subsequent amendments, and long-range program planning projections or other periodic reports thereon. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

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- Not applicable. The Governor:—
- Does not wish to review any plan material.
- Wishes to review only the plan material specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of  
Department of Health and Social Services  
(Designated Single State Agency)

Date August 21, 1980

  
(Signature)

Department Secretary  
(Title)

IN #  
Supersedes  
77-003

Approval Date 12/14/78

Effective Date 12/31/77