

HEALTHCHECK “OTHER SERVICES” WIC AGENCY PROVIDER TERMS OF REIMBURSEMENT

The Wisconsin Department of Health Services will establish maximum allowable fees or rates for all HealthCheck “Other Services” provided by WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children) agencies to HealthCheck members eligible on the date of service. The maximum allowable fees and rates shall be based on various factors, including a review of usual and customary charges submitted to Wisconsin Medicaid, the Wisconsin State Legislature’s Medicaid budgetary constraints, and other relevant economic limitations. Maximum allowable fees and rates may be adjusted to reflect reimbursement limits or limits on the availability of federal funding as specified in federal law.

Providers are required to bill their usual and customary charges for services provided. The usual and customary charge is the amount charged by the provider for the same service when provided to non-Medicaid patients, as defined by Wis. Admin. Code § [DHS 101.03\(181\)](#). For providers who have not established usual and customary charges, the charge should be reasonably related to the provider's cost for providing the service.

For each covered service, Wisconsin Medicaid shall pay the lesser of a provider’s usual and customary charge or the maximum allowable fee (or rate) established by the Department of Health Services. Wisconsin Medicaid reimbursement and will be considered payment in full.

In accordance with federal regulations contained in 42 C.F.R. § 447.205, the Department of Health Services will provide public notice in advance of the effective date of any significant proposed change in its methods and standards for setting maximum allowable fees or rates for services.

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