

## **FAMILY PLANNING CLINIC TERMS OF REIMBURSEMENT**

The Wisconsin Department of Health Services (DHS) will establish maximum allowable fees for all covered family planning services provided to Wisconsin Medicaid members eligible on the date of service. The maximum allowable fees shall be based on various factors, including a review of usual and customary charges submitted to Medicaid, the Wisconsin State Legislature's Medicaid budgetary constraints, and other relevant economic limitations. Maximum allowable fees for immunizations and laboratory procedures may reflect the maximum allowable fees for similar services provided by physicians. Maximum allowable fees 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. For providers using a sliding fee scale for specific services, the usual and customary charge is the median of the individual provider's charge for the service when provided to non-Medicaid patients. For each covered service, DHS shall pay the lesser of a provider's usual and customary charge or the maximum allowable fee established by DHS.

Providers participating in the federal 340B Drug Pricing Program (340B Program) are required to bill no more than the actual acquisition cost (AAC) for drugs purchased under the 340B Program. The AAC is defined as the calculated 340B ceiling price for the drug. For each covered drug purchased through the 340B Program, DHS will pay the provider-submitted 340B AAC.

Medicaid reimbursement, less appropriate copayments and payments by other insurers, will be considered to be payment in full.

The Department of Health Services will adjust payments made to providers to reflect the amounts of any allowable copayments that the providers are required to collect pursuant to Wis. Stat. ch. 49.

Payments for deductible and coinsurance payable on an assigned Medicare claim shall be made in accordance with Wis. Stat. § 49.46(2)(c).

In accordance with federal regulations contained in 42 C.F.R. § 447.205, DHS 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 for services.

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Wisconsin  
Department of Health Services