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| **Department of Health Services**  Office of the Inspector General  F-03357 (01/2025) | | | **State of Wisconsin**  Wis. Admin Code § [DHS 106.13](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20106.13)  Page **1** of **2** | | |
| **Wisconsin Medicaid Provider Enrollment Waiver or Variance Request** | | | | | |
| **Purpose:** The Wisconsin Department of Health Services (DHS) Office of the Inspector General (OIG) makes this form available to providers for requesting waivers or variances for specific Medicaid enrollment requirements under Wis. Admin. Code § [DHS 106.13](mailto:https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20106.13).  **Instructions:** Providers may choose to complete an electronic or hard copy form. Responses may be typed or written. Electronic form fields expand automatically as content is added. A separate sheet may be attached to the hard copy if more space is needed to respond. Additional instructions follow:   * All form fields must be completed. * Return the completed form with any attachments using one option below:   + **Mail:** DHS OIG, ATTN: Provider Enrollment, PO Box 309, Madison, WI 53703-0309   + **Email:** [DHSOIGPROVIDERENROLLMENT@dhs.wisconsin.gov](mailto:DHSOIGPROVIDERENROLLMENT@dhs.wisconsin.gov)   + **Fax:** 1-608-267-3380 * Call Provider Services at 1-800-947-9627 if you have questions or need help completing the form. * OIG may ask for additional information to help process the request. Please submit it in a timely manner. | | | | | |
| Section 1. Contact information | | | | | |
| Provider name | | | County | | |
|  | | |  | | |
| Address | | | City | State | ZIP code |
|  | | |  |  |  |
| Phone number | Website (List if applicable or enter N/A) | | | | |
|  |  | | | | |
| Form completer’s name (First, Last) | | | Form completer’s title | | |
|  | | |  | | |
| Form completer’s phone number | Form completer’s email address | | | | |
|  |  | | | | |
| Section 2. Request type | | | | | |
| What is the request type (Select One)?  Waiver  Variance | | | | | |
| If the request is for a variance, what specific alternative action is proposed by the provider? | | | | | |
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| Section 3. Waiver or variance time period | | | | | |
| List the start and end dates for this request. From Enter Start Date. To Enter End Date. | | | | | |
| Section 4. Waiver or variance details | | | | | |
| State the rule for which the waiver or variance is requested. | | | | | |
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| Providers must answer **yes to at least one of the two questions below** to qualify for a waiver or variance. | | | | | |
| 1. Does enforcement of the current rule result in an unreasonable hardship?  Yes  No | | | | | |
| If yes, state the hardship? | | | | | |
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| 1. Is the alternative to the rule in the best interest of better care or management, such as new equipment, personnel qualifications or implementing a new pilot project, concept, method, procedure, or technique.  Yes  No | | | | | |
| If yes, describe the alternative in detail. | | | | | |
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| Explain how the waiver or variance request is consistent with all applicable state and federal rules and regulations. | | | | | |
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| Explain how services related to the waiver or variance request are medically necessary. | | | | | |
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| Explain how the provider assures the health, safety, and welfare of members will not be adversely impacted? | | | | | |
|  | | | | | |
| Section 5. Form completer’s signature | | | | | |
| **Signature** | | **Print name** | | | **Date signed** |
|  | |  | | | Enter Date. |
|  | | | | | |
| Section 6. Waiver or variance decision (For OIG use only) | | | | | |
| OIG reviewed this request and determined the waiver or variance is: Approved  Denied | | | | | |
| If approved, the waiver or variance expires on Enter Date. | | | | | |
| **Note:** Approval may be rescinded at any time upon determination by DHS. | | | | | |
| **Inspector General signature** | | **Print name** | | | **Date signed** |
|  | |  | | | Enter Date. |

**DHS 106.13 Discretionary waivers and variances.**A provider or recipient may apply for and the department shall consider applications for a discretionary waiver or variance of any rule in chs. [DHS 102](https://docs.legis.wisconsin.gov/document/administrativecode/ch.%20DHS%20102) to [105](https://docs.legis.wisconsin.gov/document/administrativecode/ch.%20DHS%20105), [107](https://docs.legis.wisconsin.gov/document/administrativecode/ch.%20DHS%20107) and [108](https://docs.legis.wisconsin.gov/document/administrativecode/ch.%20DHS%20108), excluding ss. [DHS 107.02 (1) (b)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20107.02(1)(b)), [(2) (e)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20107.02(2)(e)) to [(j)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20107.02(2)(j)) and [(3) (a)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20107.02(3)(a)) and [(b)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20107.02(3)(b)) and [(d)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20107.02(3)(d)) to [(h)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20107.02(3)(h)), [107.03 (1)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20107.03(1)) to [(8)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20107.03(8)) and [(10)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20107.03(10)) to [(18)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20107.03(18)), and [107.035](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20107.035). Waivers and variances shall not be available to permit coverage of services that are either expressly identified as non-covered in ch. [DHS 107](https://docs.legis.wisconsin.gov/document/administrativecode/ch.%20DHS%20107) or are not expressly mentioned in ch. [DHS 107](https://docs.legis.wisconsin.gov/document/administrativecode/ch.%20DHS%20107). The following requirements and procedures apply to applications under this section:

**(1)**Requirements for a discretionary waiver or variance. A discretionary wavier or variance may be granted only if the

department finds all of the following are met:

**(a)** The waiver or variance will not adversely affect the health, safety or welfare of any recipient;

**(b)** Either:

**1.** Strict enforcement of a requirement would result in unreasonable hardship on the provider or on a recipient; or

**2.** An alternative to a rule, including a new concept, method, procedure or technique, new equipment, new personnel

qualifications or the implementation of a pilot project is in the interests of better care or management;

**(c)** The waiver or variance is consistent with all applicable state and federal statutes and federal regulations;

**(d)** Consistent with the MA state plan and with the federal health care financing administration and other applicable federal

program requirements, federal financial participation is available for all services under the waiver or variance; and

**(e)** Services relating to the waiver or variance are medically necessary.

**(2)**Application for a discretionary waiver or variance.

**(a)** A request for a waiver or variance may be made at any time. All applications for a discretionary waiver or variance shall be

made in writing to the department, specifying the following:

**1.** The rule from which the waiver or variance is requested;

**2.** The time period for which the waiver or variance is requested;

**3.** If the request is for a variance, the specific alternative action which the provider proposes;

**4.** The reasons for the request; and

**5.** Justification that sub. [(1)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20106.13(1)) would be satisfied.

**(b)** The department may require additional information from the provider or the recipient prior to acting on the request.

**(c)** The terms of a discretionary waiver or variance may be modified by the department at any time to ensure that the

requirements of sub. [(1)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20106.13(1)) and the conditions or limitations established under this paragraph are met during the duration of

the waiver or variance. The department may impose any conditions or limitations on the granting of a discretionary

waiver or variance necessary to ensure that the requirements of sub. [(1)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20106.13(1)) are met during the duration of the waiver or

variance or to ensure compliance with rules not waived or varied. The department may limit the duration of any

discretionary waiver or variance.

**(d)** The department may revoke a discretionary waiver or variance at any time if it determines that the terms, conditions or

limitations established under par. [(c)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20106.13(2)(c)) or any of the requirements under sub. [(1)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20106.13(1)) are not met, if it determines that there is

evidence of fraud or MA program abuse by the provider or recipient, or if any of the facts upon which the waiver or

variance was originally based is no longer true. The department may also revoke a waiver or variance at any time upon

request of the applicant. The department shall mail a written notice at least 10 days prior to the effective date of the

revocation or modification to the provider or recipient who originally requested the waiver or variance.

**(e)** The denial, modification, limitation or revocation of a discretionary waiver or variance may be contested under s.

[DHS 106.12](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20106.12) or [104.01 (5)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20104.01(5)) by the provider or recipient who requested the discretionary waiver or variance, provided that

the sole issue in any fair hearing under this paragraph is whether the department acted in an arbitrary and capricious

manner of otherwise abused its discretion in denying, modifying, limiting or revoking a discretionary waiver or variance.

**History:**Cr. [Register, February, 1993, No. 446](https://docs.legis.wisconsin.gov/document/register/446/B/toc), eff. 3-1-93; correction in (intro.) made under s. [13.92 (4) (b) 7.](https://docs.legis.wisconsin.gov/document/statutes/13.92(4)(b)7.), Stats.,

[Register December 2008 No. 636](https://docs.legis.wisconsin.gov/document/register/636/B/toc)