

October 22, 2012

Brett Davis, Administrator and Medicaid Director
Division of Health Care Access and Accountability
Wisconsin Department of Health Services
1 West Wilson Street
P. O. Box 309
Madison, Wisconsin 53701-0309

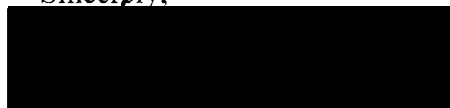
Dear Mr. Davis:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #12-003 --Ambulatory Surgical Centers
-- Effective April 1, 2012

If you have any additional questions, please have a member of your staff contact Charles Friedrich at (608) 442-9125 or Charles.Friedrich@cms.hhs.gov.

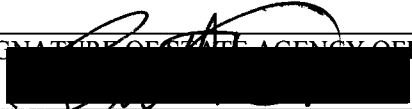
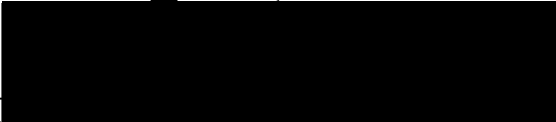

Sincerely,



Verlon Johnson
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Al Matano, Wisconsin Department of Health Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12-003	2. STATE Wisconsin
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 01/01/2012 4/1/2012	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1832 (a) (2) (F) of the Social Security Act and 42 USC Part 416		7. FEDERAL BUDGET IMPACT: a. FFY 2012\$0K b. FFY 2013\$0K	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 4.d.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same	
10. SUBJECT OF AMENDMENT: Ambulatory surgical centers			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16.  Brett Davis State Medicaid Director 1 W. Wilson St. P.O. Box 309 Madison, WI 53701-0309	
13. TYPED NAME: Brett Davis			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 3/26/12 March 30, 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 30, 2012		18. DATE APPROVED: OCT 22 2012	
PLAN APPROVED - ONE COPY ATTACHED /			
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2012		20. SIGNATURE: 	
21. TYPED NAME: Verlon Johnson		22. TITLE: Associate Regional Administrator	
23. REMARKS: <div style="text-align: right;">RECEIVED APR - 9 2012 DMCH - ARA</div>			

2a. Ambulatory Surgery Center Access Payments

To promote Wisconsin Medicaid Program member access to physician services in ambulatory surgery centers (ASC) throughout Wisconsin, the Wisconsin Medicaid Program will provide an ASC access payment on Medicaid claims. The access payment will also be paid on dual eligible cross-over claims even if the Medicaid portion of the payment equals zero in order to promote access to dual eligible Medicaid recipients.

The total funding pool for ASC access payments will be \$20,080,000. This funding will be divided by the estimated number of ASC visits for the fiscal year based on historical data. The ASC access payments will be separate payments made in addition to the maximum fee payment for covered ASC services. To maximize access, the Department will increase the maximum allowable fee schedule. The maximum allowable fees will be increased by approximately 3 times the base maximum fee rate. Access payments per visit are only provided until the fee-for-service ACS access payment budget has been expended for the rate year. The effective date for service will be July 1, 2009 for Fiscal Year 2010 and July 1 of each year thereafter for subsequent fiscal years and the pool payment will be the same for governmental, non-profit, and for-profit providers. Providers will be determined eligible for access payments if they are Medicare-certified on the list maintained by the department. The payments will be distributed for Fiscal Year 2010 and annually for each fiscal year thereafter.

TN # 12-003
Supersedes
TN # 09-012

Approval date **OCT 22 2012**

Effective date: 04/01/2012