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State/Territory Name: WI

State Plan Amendment (SPA) #: 12-006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



cc: Al Matano, Wisconsin Department of Health Services

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
12-006

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
09/01/2012

5. TYPE OF PLAN MATERIAL. (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902(a)(70) of the Social Security Act.

7. FEDERAL BUDGET IMPACT:

a. FFY 2012 \$0K

b. FFY 2013 \$0K

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A pages 13, 16, and 20.

Attachment 3.1-B pages 12, 15, and 19.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same

Same

Attachment 3.1-D, page 1 Same

10. SUBJECT OF AMENDMENT:

Non-emergency transportation broker.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Brett Davis

14. TITLE:
State Medicaid Director

15. DATE SUBMITTED: June 28, 2012

16. RETURN TO:

Brett Davis

State Medicaid Director

Division of Health Care Access and Accountability

1 W. Wilson St.

P.O. Box 309

Madison, WI 53701-0309

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 28, 2012

18. DATE APPROVED: January 29, 2013

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Verlon Johnson

22. TITLE:
Associate Regional Administrator

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: Wisconsin

SECTION 3 – SERVICES: GENERAL PROVISIONS

28. Any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary in accordance with section 1905(a)(28) of the Social Security Act and 42 CFR 440.170.

a. Transportation (provided in accordance with 42 CFR 440.170) as an optional medical service) excluding “school-based” transportation.

☐ Not Provided:

☐ Provided without a broker as an optional medical service:

(If state attests “Provided without a broker as an optional medical service” then insert supplemental information.)

Describe below how the transportation program operates including types of transportation and transportation related services provided and any limitations. Describe emergency and non-emergency transportation services separately. Include any interagency or cooperative agreements with other Agencies or programs.

X Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4).

(If the State attests that non-emergency transportation is being provided through a brokerage program then insert information about the brokerage program.)

X The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(i).

(1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a):

☐ (1) state-wideness (indicate areas of State that are covered)

☐ (10)(B) comparability (indicate participating beneficiary groups)

X ☐ (23) freedom of choice (indicate mandatory population groups)

Recipients (beneficiaries) who require transportation are provided the service by a provider selected by the broker. Recipients (beneficiaries) do not have the option of selecting a provider of their choice.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: Wisconsin

SECTION 3 – SERVICES: GENERAL PROVISIONS

28.a. Transportation (provided in accordance with 42 CFR 440.170) as an optional medical service) excluding “school-based” transportation, continued.

- X Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
- X Children aged 15-20 who meet AFDC income and resource requirements
- X Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
- X Individuals infected with TB
- X Individuals screened for breast or cervical cancer by CDC program
- X Individuals receiving COBRA continuation benefits
- X Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
- Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution
- X Individuals terminally ill if in a medical institution and will receive hospice care
- X Individuals aged or disabled with income not above 100% FPL
- X Individuals receiving only an optional State supplement in a 209(b) State
- X Individuals working disabled who buy into Medicaid (BBA working disabled group)
- X Employed medically improved individuals who buy into Medicaid under TWWIA Medical Improvement Group
- X Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids).
- X Medicaid-eligible veterans may be transported to non-Medicaid veterans facilities.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: Wisconsin

SECTION 3 – SERVICES: GENERAL PROVISIONS

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(6) Payment Methodology

(A) The State will pay the contracted broker by the following method:

- X (i) risk capitation
- ☐ (ii) non-risk capitation
- ☐ (iii) other (e.g., brokerage fee and direct payment to providers) (If checked describe any other payment methodology)

The program is structured as per member per month (PMPM) payment to the broker based upon three (3) separate groups, each having a negotiated rate under contract with the broker:

Group 1	11.45	(Elderly, Blind, Disabled/Foster Children)
Group 2	2.88	(BadgerCare Plus Children)
Group 3	0.75	(BadgerCare Plus Adults/Pregnant Women, Well Woman MA, Family Planning Only Limited Benefit Plan)

The above contract rates are locked in for 3 years, with the potential of two extensions of one year duration each. Having a locked rate for 3 years allows the state to be insulated from increased program costs such as fuel prices.

Factored into the per member per month rate for non-emergency transportation is a \$2.00 per ride co-payment for non-emergency ambulance trips and \$1.00 per ride co-payment for specialized motor vehicles. Transportation will not be denied for non-payment of the co-payment. Individuals are exempt from copayments and other cost sharing for all Medicaid services if they have previously used or are currently using a service provided in any State by the Indian Health Services or an Indian Tribe, Tribal Organization, or Urban Indian Organization, or services referred through contract health services.

(B) Who will pay the transportation provider?

- X (i) Broker
- ☐ (ii) State
- ☐ (iii) Other (if checked describe who will pay the transportation provider)

(C) What is the source of the non-Federal share of the transportation payments?

Describe below the source of the non-Federal share of the transportation payments proposed under the State plan amendment. If more than one source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.

General Purpose Revenues (GPR) (state tax revenues).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: Wisconsin

SECTION 3 – SERVICES: GENERAL PROVISIONS

The manager will operate a call center located in Wisconsin that takes requests from members, their families or healthcare providers, affirming the member's eligibility, gate-keeping the member's need for NEMT, determining the correct mode of transportation and affirming that the requested destination is a participant in the State's Medicaid program.

The manager will then contract with a transportation provider. The manager will affirm the transportation provider's insurance, vehicle and driver compliance and then route the trip to and pay the contracted transportation provider and/or volunteer driver.

The manager will accept, respond to and solve transportation and other related service issues and complaints. They will review utilization and investigate and report to the Department suspected abuse or misuse of NEMT services. They will provide a number of reports to the Department regarding services provided and quality of services provided. The manager will host quarterly advisory committee meetings and conduct periodic satisfaction surveys.

No-shows. The transportation manager will contact the case manager or social worker to ensure the member attends all scheduled treatments and services. Transportation will not be denied, although certain days of the week may change if, for example, case notes indicate that a member frequently misses appointments on a particular day of the week. Appointments would then be changed to an alternate, more successful, day of the week.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

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General Purpose Revenues (GPR) (state tax revenues).

- X (D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
METHODS OF PROVIDING TRANSPORTATION

The methods used in providing transportation services to obtain medical services are as follows:

1. Ambulance.
Transportation is available by licensed, Medical Assistance-certified ambulance service providers for the following:
 - a. Emergency services.
 - b. Non-emergency services
 - i. On a fee-for-service basis for members residing in a nursing home, if the recipient has a physician's prescription indicating why they cannot take any other standard form of transportation.
 - ii. Through the brokerage program¹ for all members, excluding those residing in a nursing home.
2. Specialized motor vehicles.
Transportation is available by Medical Assistance-certified specialized medical vehicles (lift/ramp equipped vehicles) for non-emergency services provided to recipients who meet either of the following criteria:
 - a. On a fee-for-service basis for members residing in a nursing home, if the recipient has a physician's prescription indicating why he or she cannot take any other standard form of transportation.
 - b. Through the brokerage program¹ for all members, excluding those residing in a nursing home.
3. Common carrier and other means.
Transportation by public carrier, automobile, or other means of transportation are available to Medical Assistance recipients through the brokerage program¹.

¹ Non-emergency transportation is provided statewide through a brokerage program as an optional medical service in accordance with s. 1902(a)(70) of the Social Security Act and 42 CFR section 440.170(a)(4).