

## **Table of Contents**

**State/Territory Name: WI**

**State Plan Amendment (SPA) #: 13-009**

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



FEB 12 2014

Mr. Brett Davis  
Administrator  
Division of Health Care Access and Accountability  
Department of Health Services  
1 West Wilson St., Room 350  
Madison, WI 53701-0309

RE: Wisconsin State Plan Amendment (SPA) 13-009

Dear Mr. Davis:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 13-009. Effective for services on or after May 15, 2013, this amendment revises pay for performance supplemental payments for inpatient hospital services. Specifically, this amendment reduces the number of performance measures used to determine the supplemental payments.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 13-009 is approved effective May 15, 2013. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Todd McMillion at (312) 353-9860.

Sincerely,

↓  
Cindy Mann,  
Director

Enclosure

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

1. TRANSMITTAL NUMBER:  
13-009

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  
05/15/2013

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:  
42 CFR 447.250

7. FEDERAL BUDGET IMPACT:

a. FFY 2013 ..... \$3,022K

b. FFY 2014 ..... \$0K

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19-A page 18. ....

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

10. SUBJECT OF AMENDMENT:

Performance-based payments for inpatient hospital reimbursement.

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:

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:

18. DATE APPROVED: FEB 12 2014

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

MAY 15 2013

21. TYPED NAME:

Penny Thompson

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE: Deputy Director, Policy & Financial Mgt. PMS

23. REMARKS:

## 5500 PERFORMANCE-BASED PAYMENTS

The Department will reserve \$5 million All Funds in state fiscal year 2014 for performance-based payments to acute care, children's and rehabilitation hospitals located in Wisconsin. Critical Access hospitals will not be included in the performance-based payment system because they already receive cost-based reimbursement. Psychiatric hospitals are not included because they are paid under a different reimbursement methodology in the state plan.

The Department will continue performance based payments in state fiscal year 2014. Hospitals will receive payment for scoring at or above the statewide average of each of the three CheckPoint measures.

- 1) Perinatal Measures (\$2 million) – Hospitals will be scored on the Pre-Birth Steroids measure, Breast Feeding measure and Infant Composite measure.
- 2) Patient Experience of Care (\$1.5 million) – Hospitals will be scored on 10 measures based on patient completion of a 27-question Hospital Consumer Assessment of Healthcare Providers and Systems survey.
- 3) Discharge Instructions for Heart-Related Care (\$1.5 million) – Hospitals will be scored based on their performance on the percent of heart failure patients discharged to home with written instructions to the patient or caregiver that addresses all of the following: activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen.

Payments will be distributed based on data submitted to CheckPoint as of September 30, 2014.

The Department will calculate each payment for each hospital as follows:

- 1) Perinatal Measures – To qualify for a payment, a hospital must a) submit data on the following five components of the Perinatal Measures to the CheckPoint Website:
  - Pre-Birth Steroids
  - Forceps Delivery
  - Vacuum Delivery
  - Breast Feeding
  - Infant Composite

### **AND**

b) score at or above the statewide average for the Pre-Birth Steroids, Breast Feeding, and Infant Composite measures. The Department will distribute \$0.667 million for each of these three measures. The resulting total payment of \$2 million for Perinatal Measures will be divided equally among the total number of qualifying hospitals to derive the SFY 2014 payment for each qualifying hospital.

- 2) Patient Experience of Care – To qualify for a payment, a hospital must score at or above the statewide average for the Patient Experience of Care measure. The total payment of \$1.5 million for this measure will be divided equally among the total number of qualifying hospitals to derive the SFY 2014 payment for each qualifying hospital.
- 3) Discharge Instructions for Heart-Related Care – To qualify for a payment, a hospital must score at or above the statewide average for the Discharge Instructions for Heart-Related Care measure. The total payment of \$1.5 million for this measure will be divided equally among the total number of qualifying hospitals to derive the SFY 2014 payment for each qualifying hospital.

Payments will be made by December 31, 2014, and annually by December 31 of subsequent years.