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State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: WI 15-0015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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



Financial Management Group

JUN 21 2017

Mr. Michael Heifetz
State Medicaid Director
Department of Health Services
1 West Wilson St.
P.O. Box 309
Madison, WI 53701-0309

RE: Wisconsin State Plan Amendment (SPA) 15-0015

Dear Mr. Heifetz:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 15-0015. Effective for services on or after November 1, 2015, this amendment revises reimbursement methodologies for inpatient hospital rates and methodologies for Disproportionate Share Hospital (DSH) 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 15-0015 is approved effective November 1, 2015. We are enclosing the HCFA-179 and the amended plan pages.



If you have any questions, please call Tom Caughey at (517) 487-8598.

Sincerely,

A black rectangular box redacting the signature of Kristin Fan.

Kristin Fan
Director

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-0015	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: 10/01/2015	
5. TYPE OF PLAN MATERIAL (Check One): <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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 47 CFR 447.250		7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$0K b. FFY 2016 \$0K	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A, Page 42.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same	
10. SUBJECT OF AMENDMENT: Inpatient hospital rates and methodologies - Disproportionate Hospital (DSH) payments.			
11. GOVERNOR'S REVIEW (Check One): <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 AGENCY OFFICIAL: 		16. RETURN TO: Kevin Moore State Medicaid Director Department of Health Services 1 W. Wilson St. P.O. Box 309 Madison, WI 53701-0309	
13. TYPED NAME: Kevin Moore		17. DATE RECEIVED:	
14. TITLE: State Medicaid Director		18. DATE APPROVED: JUN 21 2017	
15. DATE SUBMITTED: December 15, 2015		FOR REGIONAL OFFICE USE ONLY	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT 01 2015		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Kristin FAN		22. TITLE: Director, FMCA	
23. REMARKS:			

9230 Supplemental DSH Payments for In-State Hospitals

The following section establishes supplemental disproportionate share hospital (DSH) payments for qualifying hospitals located in the State of Wisconsin. To be eligible for supplemental DSH payments under this section, hospitals must meet minimum federal requirements for Medicaid DSH payments as specified in §1923(b) and (d) of the Social Security Act [42 U.S.C. 1396r-4(b) and (d))] as well as the qualifying criteria outlined below.

9231 Introduction. Hospitals located in the State of Wisconsin may receive a supplemental DSH payment for serving a disproportionate share of low-income patients. The aggregate DSH pool amount is \$35,910,900 for state fiscal year 2016; a qualifying provider will receive a proportion of this pool. The DSH payment amount shall not exceed the costs incurred by the hospital during the applicable state fiscal year of furnishing hospital services (net of payments under Title XIX, other than under §1923, and net of any self-pay amounts or any other third-party payments by or on behalf of uninsured patients) with respect to individuals who are eligible under Title XIX or have no health insurance or other third party health coverage for hospital services during the state fiscal year.

9232 Qualifying Criteria. The hospital must meet the following criteria:

- a) The hospital is recognized as a hospital by DQA.
- b) The hospital is located in the State of Wisconsin.
- c) The hospital provides a wide array of services, including services provided through an emergency department recognized by DQA.
- d) The hospital has a Medicaid inpatient utilization rate (MIUR) greater than or equal to 6 percent. A hospital's MIUR is defined as the fraction (expressed as a percentage) whose numerator is the hospital's number of inpatient days attributable to patients who (for such days) were eligible for WMP and whose denominator is the total number of the hospital's inpatient days. Medicaid inpatient days (the numerator) will include WMP HMO recipient days and recipient days of other states' Medicaid programs reported by a hospital.
- e) The hospital meets applicable, minimum requirements to be a DSH under 42 USC 1396r-4 and any other applicable federal law.
- f) The hospital must meet the obstetrician requirements as specified in §9212.

9233 Amounts of DSH Allotment and Payments. The amount of the DSH payment, when combined with all other DSH payments under the Plan, shall not exceed the State DSH allotment for Wisconsin for the relevant federal fiscal year, as published by CMS pursuant to § 1923(f) of the Social Security Act [42 USC § 1396r-4(f)]. The Department sets forth a methodology as defined in §9234 for distributing supplemental DSH payments under this section among qualifying hospitals. The amount of the supplemental DSH payment to each hospital in any state fiscal year, when combined with all other DSH payments to the hospital, will not exceed the hospital's uncompensated costs including Medicaid shortfall amounts for that state fiscal year as determined under § 1923(g)(1)(A) of the Social Security Act [42 USC § 1396r-4(g)(1)(A)]. The total amount of the DSH payment will not be less than a hospital's minimum payment adjustment under the tests set forth in § 1923(c) of the Social Security Act [42 USC § 1396r-4(c)].