

## **Table of Contents**

**State/Territory Name: Wisconsin**

**State Plan Amendment (SPA) #: WI 15-0011**

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



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**Financial Management Group**

MAY 02 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) 15-0011

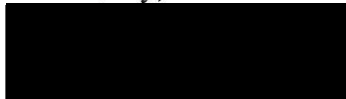
Dear Mr. Heifetz:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 15-0011. Effective for services on or after July 1, 2015, this amendment revises reimbursement methodologies for inpatient hospital rates and methodologies for measurement year 2016 pay for performance program updates.

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 15-0011 is approved effective July 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,



Kristin Fan  
Director

Enclosure

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

1. TRANSMITTAL NUMBER:  
15-011

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  
07/01/2015

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:  
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 47

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Same.

10. SUBJECT OF AMENDMENT:

Medicaid Reimbursement for Inpatient Hospital Services: State of Wisconsin Medicaid Payment Plan for State Fiscal Year 2016.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
Kevin Moore

14. TITLE:  
State Medicaid Director

15. DATE SUBMITTED:

September 28 2015

16. RETURN TO:

Kevin Moore  
State Medicaid Director  
Department of Health Services  
1 W. Wilson St.  
P.O. Box 309  
Madison, WI 53701-0309

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

MAY 02 2017

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL 01 2015

20. REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

Director, FMCA

23. REMARKS:

### 9600 Inpatient Access Payments

To promote WMP member access to acute care, children's, rehabilitation, and critical access hospitals throughout Wisconsin, the WMP provides a hospital access payment amount per eligible inpatient FFS discharge. Access payments are intended to reimburse hospital providers based on WMP volume. Therefore, the payment amounts per discharge are not differentiated by hospital based on acuity or individual hospital cost. However, critical access hospitals receive a different access payment per discharge than do acute care, children's, and rehabilitation hospitals.

The amount of the hospital access payment per discharge is based on an available funding pool appropriated in the state budget and aggregate hospital upper payment limits (UPLs). This amount of funding is divided by the estimated number of paid inpatient FFS discharges for the SFY to develop the per discharge access payment rate.

For SFY 2016, the FFS access payment funding pool amount for inpatient acute care, children's, and rehabilitation hospitals is \$123,300,914, resulting in a projected access payment amount of \$3,835 per discharge; the FFS access payment funding pool amount for inpatient critical access hospitals is \$2,330,336, resulting in a projected access payment amount of \$817 per discharge. These access payment per discharge amounts are identified on the hospital reimbursement rate web page of the Wisconsin ForwardHealth Portal. This payment per discharge is in addition to the base DRG and per diem payments described in other sections of this document. Access payments per discharge are only provided until the FFS access payment funding pool amount has been expended for the SFY.

Access payments are subject to the same federal UPL standards as base rate payments. Access payment amounts are not interim payments and are not subject to settlement. Psychiatric hospitals are not eligible for access payments because of the unique rate setting methods used to establish rates for those hospital