

## **Table of Contents**

**State/Territory Name: WI**

**State Plan Amendment (SPA) #: 21-0005**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

December 2, 2021

Mr. Jim Jones, Medicaid Director  
State of Wisconsin, Department of Health Services  
1 West Wilson Street, Room 350 PO Box 309  
Madison, WI 53701-0309

RE: TN 21-0005

Dear Mr. Jones:

We have reviewed the proposed State Name State Plan Amendment (SPA) to Attachment 4.19-B WI 21-0005, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 31, 2021. This plan amendment modifies the reimbursement to local governments for Ambulance Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact DRR analyst name at 1-312-886-0360 or [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER <b>WI-21-0005</b>	2. STATE Wisconsin
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: <b>Title XIX Of The Social Security Act (Medicaid)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>01/01/2021</b>	
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 <b>42 CFR 447.201</b>		7. FEDERAL BUDGET IMPACT a. FFY 2021      \$2,038K b. FFY 2022      \$9,172K	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Att. 4.19B page 16a-4.....</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> <b>Same</b>	
10. SUBJECT OF AMENDMENT <b>Modification of Reimbursement to Local Governments for Ambulance Services</b>			
11. GOVERNOR'S REVIEW <i>(Check One)</i> <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <div style="text-align: right;"> <input type="checkbox"/> OTHER, AS SPECIFIED          DocuSigned by: <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">E39F5439D2AA4E3</span> 3/23/2021       </div>			
DocuSigned by: TATE AGENCY OFFICIAL 3/23/2021		16. RETURN TO <b>Laura Brauer State Plan Amendment Coordinator Department of Health Services 1 W. Wilson St. P.O. Box 309 Madison, WI 53701-0309</b>	
13. TYPED NAME <b>James D. Jones</b>			
14. TITLE <b>State Medicaid Director</b>			
15. DATE SUBMITTED <b>3/31/2021</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>March 31, 2021</b>		18. DATE APPROVED: December 2, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>January 1, 2021</b>		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: <b>Todd McMillion</b>		22. TITLE: <b>Director, Division of Reimbursement Review</b>	
23. REMARKS:			

**25a. Reimbursement to Local Governments for Emergency Ambulance Services**

To establish base rates for ambulance services where comparable Medicare procedure codes exist, Wisconsin Medicaid shall be adjusted on a one-time basis to 80% of the applicable Wisconsin specific Part B Medicare rate approved by CMS with an effective date of January 1, 2021. These rates are available at <https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Public/ProcedureLicenseAgreement.aspx>.

Ambulance services for which no comparable Medicare procedure code exists, the Department shall use a compounded inflation factor accounting for inflation that has occurred between January 1, 2004 – January 1, 2021 (Inflation factors used will be those published in the Federal Register through January 1, 2021 and available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareProgramRatesStats/MarketBasketData>.)

Reimbursement for ambulance services will be made through initial and supplemental payments. Current base rates for the impacted ambulance procedure codes are listed in the ForwardHealth handbook. The Department shall distribute supplemental payments to specific local governmental units for the provision of transportation for medical care during the state fiscal year. The annual available pool for the distribution to local government ambulance providers is \$5,000,000. Payments are distributed evenly based on a calculation of utilization across the specific governmental units using the difference between the Medicaid base rates described above compared to the annual Medicare base rate. This supplemental payment will occur between October 1 and December 31 of each year for services provided during the previous state fiscal year.