

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



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.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER WI-21-0005	2. STATE Wisconsin
		3. PROGRAM IDENTIFICATION: Title XIX Of The Social Security Act (Medicaid)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE 01/01/2021	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
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 42 CFR 447.201		7. FEDERAL BUDGET IMPACT	
		a. FFY 2021 \$2,038K	
		b. FFY 2022 \$9,172K	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Att. 4.19B page 16a-4.....		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Same	
10. SUBJECT OF AMENDMENT Modification of Reimbursement to Local Governments for Ambulance Services			
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		<input type="checkbox"/> OTHER, AS SPECIFIED	
DocuSigned by: TATE AGENCY OFFICIAL 3/23/2021		DocuSigned by: 3/23/2021	
13. TYPED NAME James D. Jones		16. RETURN TO Laura Brauer State Plan Amendment Coordinator Department of Health Services 1 W. Wilson St. P.O. Box 309 Madison, WI 53701-0309	
14. TITLE State Medicaid Director			
15. DATE SUBMITTED 3/31/2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 31, 2021		18. DATE APPROVED: December 2, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2021		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Todd McMillion		22. TITLE: Director, Division of Reimbursement Review	
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.