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State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: 21-0020

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 23, 2022

Lisa Olson
Medicaid Director
Division of Medicaid Services
Wisconsin Department of Health Services
1 W. Wilson Street
Madison, WI 53701

Re: Wisconsin State Plan Amendment (SPA) 21-0020

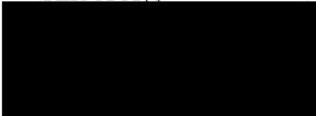
Dear Ms. Olson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0020. This amendment proposes to modify non-emergency medical transportation reimbursement rates and provides assurance that providers and drivers of NEMT meet minimum requirements.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act at 1902(a)(70). This letter is to inform you that Wisconsin Medicaid SPA 21-0020 was approved on February 23, 2022 with an effective date of November 1, 2021.

If you have any questions, please contact Mai Le-Yuen at 312.353.2853 or via email at mai.leyuen@cms.hhs.gov.

Sincerely,

 Digitally signed by James
G. Scott -5
Date: 2022.02.23 17:41:44
-06'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Autumn Knudtson

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 21-0020	2. STATE WI
TO: CENTER DIRECTOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT	
5. FEDERAL STATUTE/REGULATION CITATION Section 1902(a)(70) of the Act	4. PROPOSED EFFECTIVE DATE 11/01/2021	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A page 17..... Attachment 3.1-D page 1.....	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2022 \$59.7 million b. FFY 2023 \$61.5 million	
9. SUBJECT OF AMENDMENT Non-Emergency Medical Transportation	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same Same	
10. GOVERNOR'S REVIEW (Check One) <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		
11. SIGNATURE OF STATE AGENCY OFFICIAL [Redacted] 2/1/2021 [Redacted] ME Jim Jones	15. RETURN TO Autumn Knudtson Director, Bureau of Benefits Policy Department of Health Services 1 W. Wilson St. P.O. Box 309 Madison, WI 53701-0309	
13. TITLE State Medicaid Director	DocuSigned by: <i>Nathan Bollhorst</i> 12/1/2021	
14. DATE SUBMITTED 12/02/2021	16. DATE RECEIVED 12/02/2021	
FOR CM USE ONLY		
16. DATE RECEIVED 12/02/2021		17. DATE APPROVED February 23, 2022
PLAN APPROVED - ONE COPY ATTACHED		
18. EFFECTIVE DATE OF APPROVED MATERIAL November 1, 2021	19. SIGNATURE OF APPROVING OFFICIAL [Redacted] Digitally signed by James G. Scott -S Date: 2022.02.23 17:42:37 -06'00'	
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations	
22. REMARKS		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

3 - SERVICES: GENERAL PROVISIONS

28.a. Transportation (provided in accordance with 42 CFR 440.170) as an optional medical service) excluding "school-based" transportation, continued.

(6) Payment Methodology

(A) The State will pay the contracted broker by the following method:

- (i) risk capitation
- (ii) non-risk capitation
- (iii) other (e.g., brokerage fee and direct payment to providers) (If checked describe any other payment methodology)

The contractor is paid a fixed administrative per month for the cost of operations. The Department reimburses the contractor for the Direct Costs in full. In addition, the contractor may earn an incentive payment if they are able to lower the Direct Cost per trip from that of the most recent 12-month period. This incentive payment is calculated on a quarterly basis by multiplying the savings per trip by the number of trips in that quarter.

(B) Who will pay the transportation provider?

- (i) Broker
- (ii) State
- (iii) Other (if checked describe who will pay the transportation provider)

(C) What is the source of the non-Federal share of the transportation payments?

Describe below the source of the non-Federal share of the transportation payments proposed under the State plan amendment. If more than one source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.

General Purpose Revenues (GPR) (state tax revenues).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

METHODS OF PROVIDING TRANSPORTATION

The methods used in providing transportation services to obtain medical services are as follows:

1. Ambulance.

Transportation is available by licensed, Medical Assistance-certified ambulance service providers for the following:

- a. Emergency services.
- b. Non-emergency services
 - i. On a fee-for-service basis for members residing in a nursing home, if the recipient has a physician's prescription indicating why they cannot take any other standard form of transportation.
 - ii. Through the brokerage program 1 for all members, excluding those residing in a nursing home.

2. Specialized motor vehicles.

Transportation is available by Medical Assistance-certified specialized medical vehicles (lift/ramp equipped vehicles) for non-emergency services provided to recipients who meet either of the following criteria:

- a. On a fee-for-service basis for members residing in a nursing home, if the recipient has a physician's prescription indicating why he or she cannot take any other standard form of transportation.
- b. Through the brokerage program 1 for all members, excluding those residing in a nursing home.

3. Common carrier and other means.

Transportation by public carrier, automobile, or other means of transportation are available to Medical Assistance recipients through the brokerage program¹.

Wisconsin ensures compliance with section 1902(a)(87) of the Social Security Act by requiring attestation that providers and drivers meet minimum requirements.

¹ Non-emergency transportation is provided statewide through a brokerage program as an optional medical service in accordance with s. 1902(a)(70) of the Social Security Act and 42 CFR section 440.170(a)(4).