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**State/Territory Name: WI** 

State Plan Amendment (SPA) #: 23-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/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/ Division of Reimbursement Review

June 15, 2023

Jamie Kuhn, Department of Health Services 1 W. Wilson St. P.O. Box 309 Madison, WI 53701-0309

RE: Wisconsin State Plan Amendment TN: #23-0008

Dear Director Kuhn,

We have reviewed the proposed Wisconsin State Plan Amendment TN: #23-0008, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 29, 2023. This State Plan Amendment updates and enhances Midwifery rates as well as setting Midwifery rates to a max fee schedule.

Based upon the information provided by the State, we have approved the amendment with an effective date of February 1, 2023. 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 Matthew Klein at 214-767-4625 or matthew.klein@cms.hhs.gov

Sincerely,

Todd McMillion
Division of Reimbursement Review Director

**Enclosures** 

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER 2. STATE
STATE PLAN MATERIAL	$\frac{2}{3} = 0 \ 0 \ 0 \ 8 \ WI$
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
	SECURITY ACT XIX XXI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	02/01/23
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
42 CFR 447.201	a FFY 2023 \$ 119,214 b. FFY 2024 \$ 150,025
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
Attachment 4.19B Page 15, 19	OR ATTACHMENT (If Applicable)
Attachment 4.19B -Obstetric and Pediatric Plan Page 2,19	Same
	Supersedes 93-038,97-004,
	22-0005
9. SUBJECT OF AMENDMENT	
Updating Midwifery Reimbursement	
10. GOVERNOR'S REVIEW (Check One)	
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	OTHER, ASSPECIFIED.
~	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	NERSON CHURCH'S
	15. RETURN TO
	Bailey Dvorak State Plan Amendment Coordinator
12. TYPED NAME	Department of Health Services
Jamie Kunn	1 W. Wilson St.
Madiagid Divaster	P.O. Box 309
14. DATE SUBMITTED	Madison, WI 53701-0309
03/29/23	
FOR CMS USE ONLY	
	17. DATE APPROVED
3/29/23	June 15, 2023
PLAN APPROVED - OF	
<b>-</b>	19. SIGNATURE OF APPROVING OFFICIAL
02/01/23	
	21. TITLE OF APPROVING OFFICIAL
Todd McMillion	Director, Division of Reimbursement and Review
22. REMARKS	

21. Nurse Midwife and Licensed Midwife Services

The Department establishes maximum allowable fees for Nurse Midwife and Licensed Midwife services. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of midwifery services.

All rates are published on the Wisconsin ForwardHealth website:

https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/MaxFeeHome.aspx

For each covered service, the Department shall pay the lesser of a provider's usual and customary charge or the maximum fee established by the Department.

Approved: June 15, 2023

TN #23-0008 Supersedes #93-038

Effective:2/1/23

Attachment 4.193 Obstetric and Pediatric Plan Page 2

- Reimbursement for primary care has been set at a level sufficient to ensure access to primary care by Medicaid recipients. These fee-forservice rates are reflected in Medicaid HMO capitation rates and contract provisions.
- Reimbursement for physician assistants continues at 90% of physician reimbursement. Physician assistants receive the same reimbursement as physicians for immunizations, injections, lab handling fees and Heal thCheck screens. Murse practitioners receive the same reimbursement as physicians for all services they perform. These rates have been sufficient to assure access to these primary care providers.

These assurances clearly demonstrate that Wisconsin meets the provisions of Section 1926 of Title XIX of the Social Security Act.

Attachment 4.19B Obstetric and Pediatric Plan Page 19

# Assurance of HMO Obstetrical and Pediatric Services - Contract Activities

The Department assures that the Wisconsin Medical Assistance Program's 1903(m) (HMO) contract rate-setting activities are consistent with and substantiated by the data submitted in the State Plan Amendments concerning these services. The assurances are based on funding allocated in 1990 Wisconsin Acts 336 and 351, 1991 Acts 39 and 269, and 1993 Act 16.

### I. Fee for Service Reimbursement for Pediatric and Obstetric Services

As described above, the Department establishes maximum reimbursement rates for pediatric practitioner and obstetrical practitioner services to assure that these services are available to Medicaid recipients at least to the extent that such services are available to the general population in the geographic area.

#### A. Pediatric Practitioner Services

Listed in Appendix 4-PED are the Medicaid program maximum fee-forservice reimbursement rates for pediatric services provided by physicians to children 18 years-of-age and under which were effective for dates of service on and after July 1, 1997. It does not include any possible rate increases that may occur if the Governor's current budget request or other legislation is approved by the Legislature. Maximum reimbursement rates for the same services performed by certified nurse practitioners are the same as for physicians.

#### B. Obsterrical Practitioner Services

Listed in Appendix 4-OB are the maximum fee-for-service reimbursement rates for obstetrical services provided by physicians effective for dates of service on and after July 1, 1997.

Reimbursement for nurse midwives and licensed midwives are at the maximum fee for service reimbursement rates.

Maximum reimbursement rates for obstetrical services performed by certified nurse practitioners are the same as for physicians.

#### II. HMO Reimbursement Rates for Obstetrical and Pediatric Services

#### A. Introduction

As of January 1997, 163,078 Medicaid recipients were enrolled in HMOs in 40 counties across the state.

TN #23-000B Supersedes TN #97-004

Approved June 15, 2023

Effective 2/1/23

- 1. The Reimbursement Methodologies are designed to enlist program participation by a sufficient number of providers so that MA recipients are assured that authorized medical care and services are available to the same extent those same services are available to the state"s general population.
- 2. Program participation is limited to providers who accept as reimbursement in full the amounts paid in accordance with the rate methodology, or to providers who enter into contracts with the department to provide services for free or at a reduced reimbursement level.

#### **Public Notice** E.

In accordance with 42 CFR 447.205, the department will post public notice in advance of the effective date of any significant proposed change in its methods and standards for setting reimbursement rates.

F'. Methods and Standards for Establishing Payment Rates for Non-Institutional Care

> The Department will establish maximum allowable fees for the covered services listed below. Maximum fees may be adjusted to reflect reimbursement limits or limits on the availability of federal funding specified in federal law. Except as otherwise provided in the methods and standards for specific services set forth in this Attachment, for each covered service, the Department shall pay the lesser of a provider's usual and customary charge or the maximum fee established by the Department.

- + k Physician Services
  - 2. Chiropractic
  - Early and Periodic Screening, Diagnosis and Testing (EPSDT) 3.
  - Medical Day Treatment, Mental Health and AODA Counseling 4. (except physician services)
  - 5. Optometrist/Optician
- Private Duty Nursing 6.
- **Transportation** 
  - 7. \*\*\* Specialized Medical
    - Vehicles
  - 8. Amulance
  - 9. Laboratory and X-ray
- 10. **Blood Banks**
- 1.1 . Dental
- 12. Audiology
- 13. Occupational Therapy
- 14. Speech Therapy
- 15,. Physical Therapy
- Family Planning Clinics 16.
- 17 Nurse Midwife and Licensed Midwife Services
- 18. **Ambulatory Surgical Centers**