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State/Territory Name: WI

State Plan Amendment (SPA) #: 23-0009

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

May 17, 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: #23-0009

Dear Director Kuhn,

We have reviewed Wisconsin State Plan Amendment TN: #23-0009 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 29, 2023. This State Plan Amendment provides an increase to the ground ambulance transport services fee-schedule rates. These services include advanced life support levels one and two, advanced life support level one emergency, basic life support, basic life support emergency, and specialty care transport.

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,

A black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Division of Reimbursement Review Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 0 9

2. STATE

WI

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT



XIX



XXI

4. PROPOSED EFFECTIVE DATE

02/01/23

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.201

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 1,752,935

b. FFY 2024 \$ 2,629,402

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Page 16a-4

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Same

Supersedes 22-0004

9. SUBJECT OF AMENDMENT

Modification of Reimbursement to Local Governments for Ambulance Services (starting February 1, 2023)

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Jamie Kuhn

13. TITLE

Medicaid Director

14. DATE SUBMITTED

03/29/23

15. RETURN TO

Bailey Dvorak

State Plan Amendment Coordinator

Department of Health Services

1 W. Wilson St.

P.O. Box 309

Madison, WI 53701-0309

FOR CMS USE ONLY

16. DATE RECEIVED

03/29/23

17. DATE APPROVED

May 17, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

02/01/23

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement and Review

22. REMARKS

25a. Reimbursement to Local Governments for Emergency Ambulance Services

To establish base rates for ambulance services where comparable Medicare procedure codes exists, Wisconsin Medicaid rates shall be adjusted on a one-time basis for ground ambulance transport services (advanced life support levels one and two, advanced life support level one emergency, basic life support, basic life support emergency, and specialty care transport) to ~90.6% of the applicable Wisconsin specific Part B CY2023 Medicare urban base rate approved by CMS with an effective date of February 1, 2023. See table below:

A0426	90.614%	of CY2023 Urban Base Rate
A0427	90.614%	of CY2023 Urban Base Rate
A0428	90.610%	of CY2023 Urban Base Rate
A0429	90.614%	of CY2023 Urban Base Rate
A0433	90.613%	of CY2023 Urban Base Rate
A0434	90.612%	of CY2023 Urban Base Rate

These rates are available at

<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/MaxFeeDynamicSearch.aspx>

All other ambulance services where comparable Medicare procedure codes exists, Wisconsin Medicaid rates shall be adjusted on a one-time-basis to 89.353.% of the applicable Wisconsin specific Part B CY2023 Medicare base rate approved by CMS with an effective date of February 1, 2023. These rates are available at

<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/MaxFeeDynamicSearch.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, plus an additional 10%(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.

TN #23-0009

Supersedes

TN #22-0004

Approval Date: May 17, 2023

Effective Date: 02/01/2023