

## **Table of Contents**

**State/Territory Name: WI**

**State Plan Amendment (SPA) #: 23-0018**

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  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

12/19/2024

William Hannah  
Medicaid Director  
1 W. Wilson St.  
P.O. Box 309  
Madison, WI 53701-0309

Dear Director Hannah,

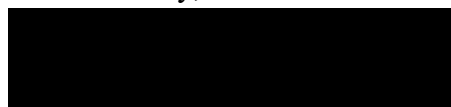
The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Wisconsin State Plan Amendment (SPA) to Attachment 4.19-B TN: #23-0018, which was submitted to CMS on September 29, 2023. This plan amendment proposes to implement an Ambulance Service Provider Fee Reimbursement Program for eligible Wisconsin Medicaid private ambulance providers.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 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 via email at [matthew.klein@cms.hhs.gov](mailto:matthew.klein@cms.hhs.gov)

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

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

1. TRANSMITTAL NUMBER

2 3 0 0 1 8

2. STATE

W I

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT



XIX



XXI

4. PROPOSED EFFECTIVE DATE

07/01/23

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 413.70

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 23 \$ 1,131,222

b. FFY 24 \$ 4,562,847

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19b

Page 16.h-15

Page 16.h-15.a

Page 16.h-15.b

Page 16.h-15.c

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19b

Page 16.h-15

NEW

NEW

NEW

9. SUBJECT OF AMENDMENT

Tax Assessment Ambulance Program

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

09/29/2023

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

09/29/23

17. DATE APPROVED

December 19, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

07/01/2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

**1. Ambulance Service Provider Fee Reimbursement Program**

- (a) Reimbursement rates for Emergency Service Transporters are outlined in Attachment 4.19-B, Page 16.h-15.

**(b) SUPPLEMENTAL PAYMENT FOR ELIGIBLE PRIVATE  
EMERGENCY MEDICAL TRANSPORTATION PROVIDERS**

- I. Effective July 1<sup>st</sup>, 2023, any eligible private ground emergency medical transport (GEMT) providers that meet the specified provider eligibility requirements outlined in Section A below and provide emergency ambulance services to Medicaid recipients as defined in Attachment 3.1A will be eligible for a rate add-on for ambulance services. Calculated rate add-ons are effective January 1 of each year and will be published annually on the ForwardHealth portal. This rate add-on applies to ambulance services rendered to Medicaid recipients by eligible GEMT private providers on or after July 1, 2023. Participation in this program is required for all eligible private GEMT providers.
- A. To qualify for supplemental payments, providers must meet the following criteria:
- i. Provide emergency Ambulance Services to Wisconsin Medicaid beneficiaries;
  - ii. Enroll as a Wisconsin Medicaid provider for the period being claimed; and
  - iii. Be a privately owned and operated ambulance service provider that is not owned by any municipality or group of municipalities.
- B. Over the period July 1<sup>st</sup>, 2023, to December 31<sup>st</sup>, 2023, the rate add-on will be calculated based on all eligible ambulance services provided to Medicaid recipients under fee-for-service reimbursement methodologies only. For January 2024 onward, the rate add-on will be based on both fee for service and managed care.
- II. This program will provide enhanced payments to eligible private GEMT providers by implementing a rate add-on to the base rates for eligible ambulance services. The reimbursement rate add-on will cover ambulance services and will be paid on an ongoing basis, as interim claims are processed, to eligible ambulance service Healthcare Common Procedure Coding System (HCPCS) codes as defined in Section III, below. For the retroactivity period preceding the implementation date of rate add-ons as well as the approval date of this SPA, one or more lump sum payments will be made. The base rates for GEMT will not change with this amendment to Wisconsin's Medicaid's State Plan.
- III. The following is a comprehensive list of eligible ambulance service HCPCS codes subject to the rate add-on:

**Emergency Ambulance Services**

TN No. 23-0018

Supersedes TN No.       NEW      

Approval Date December 19, 2024

Effective Date July 1, 2023

- A. A0429 BLS Emergency,
- B. A0427 ALS Emergency (Level 1),
- C. A0433 ALS Emergency (Level 2),
- D. A0434 Specialty Care Transport,
- E. A0225 Neonatal Emergency Transport

**Non-Emergency Ambulance Services**

In addition to emergency ambulance transports, the following non-emergency ambulance service codes will be reimbursed at 50% of the rate add-on, when rendered by providers of emergency ambulance services.

- F. A0426 ALS Non-emergency (Level 1), and
- G. A0428 BLS Non-emergency.

Providers based in a county with a population greater than 750,000 individuals will receive 20% of the rate add-ons for eligible emergency and non-emergency transports, respectively.

- IV. Total funds available will be calculated annually so that the total amount of fees collected from an eligible ambulance service provider in a state fiscal year is an amount not less than one quarter of 1 percent lower than the maximum limit for a provider fee under 42 CFR 433.68 (f) but does not exceed the maximum limit. As described in further detail below, actual funds disbursed will be the lesser of the total funds available in a given Calendar Year or the Upper Payment Limit calculated based on Average Commercial Rates.
- V. A provider's assessment will be calculated as a uniform percentage of total net patient revenues, across all payors, received for ground emergency ambulance services (as in III) during the preceding state fiscal year. Assessments are to be paid quarterly and calculated annually.
  - A. There will be an annual data collection period, during which time all privately owned providers of ground emergency medical transports will submit organizational data including net patient revenues and the average commercial payments received. The State will use this data to calculate the assessment amounts as well as the Upper Payment Limits.
  - B. If a provider fails to submit their data within thirty days of the data submission deadline, the assessment will be calculated using the statewide average ratio of net patient revenues as a percentage of Medicaid revenues from the state's MMIS system, applied to the individual provider's Medicaid revenues.
    - i. In cases where a provider has no Medicaid revenues, the statewide average net patient revenues will be applied to determine the provider's assessment.

- VI. The rate add-on for the period 7/1/2023-12/31/2023 will be calculated and applied as follows:
- A. The total supplemental funds available for the six-month period will be calculated based on provider data pertaining to State Fiscal Year 2023.
  - B. The total volume of eligible ambulance service claims for Medicaid recipients under fee-for-service reimbursement methodologies for the six-month period, will be calculated as the service claims paid to all eligible GEMT providers over the period 7/1/2023-12/31/2023 as determined through the Medicaid Management Information System (MMIS). Discount factors will be applied to the relevant categories of transports as defined in III when calculating the total annual volume of eligible transports.
  - C. The total funds available for the six-month period will then be divided by the total volume of eligible fee for service ambulance service transport claims for the six-month period to determine the rate add-on for the period 7/1/2023-12/31/2023.
  - D. The Upper Payment Limit (UPL) gap is defined as the Average Commercial Rate (ACR) for GEMT services across all eligible private GEMT providers net of the average Medicaid interim payments received across all Medicaid fee-for-service claims.
  - E. Each eligible provider will receive a rate add-on for all Medicaid fee for service claims equal to the lesser of the rate add-on calculated in C or the UPL gap calculated in D. The rate add-on will be applied to transport claims with dates of payment spanning 7/1/2023-12/31/2023.
- VII. The rate add-on from the effective date 1/1/2024 onward will be calculated and applied as follows:
- A. The total supplemental funds available for the calendar year period will be calculated based on provider data pertaining to the preceding State Fiscal Year. A subset of total funds available will be apportioned to Medicaid Fee for Service (FFS) claiming activity to determine total funds available for fee for service supplemental payments.
  - B. The total annual volume of eligible ambulance service claims for Medicaid recipients will be calculated as the service claims paid to all eligible GEMT providers during the preceding state fiscal year as determined through the Medicaid Management Information System (MMIS). Discount factors will be applied to the relevant categories of transports as defined in III when calculating the total annual volume of eligible transports.
  - C. The total annual funds available will be divided by the total annual volume of eligible ambulance service Medicaid claims to determine the rate add-on for the period.
  - D. The Upper Payment Limit (UPL) gap is defined as the Average Commercial Rate (ACR) for GEMT services across all eligible private GEMT providers net of the average Medicaid interim payments received across all Medicaid claims.
  - E. Every quarter, each eligible provider will receive a rate add-on for all Medicaid

State: WI

Attachment 4.19b

16.h-15.c

Fee-For-Service claims paid during the preceding quarter, equal to the lesser of the rate add-on calculated in C or the UPL gap calculated in D.

TN No. 23-0018

Supersedes TN No. NEW

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