

## **Table of Contents**

**State/Territory Name: WI**

**State Plan Amendment (SPA) #: 24-0015**

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**

December 13, 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: #24-0015, which was submitted to CMS on September 27, 2024. This plan amendment proposes an update to the fee schedule date, link and clarifies fee-schedule language to Ambulatory Surgery Centers.

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, 2024. 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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>2 4 — 0 0 1 5</u>	2. STATE <u>WI</u>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 447.201</u>		4. PROPOSED EFFECTIVE DATE <u>7/1/2024</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-B Page 16.h</u>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>113,738</u> b. FFY <u>2025</u> \$ <u>339,919</u>	
9. SUBJECT OF AMENDMENT <u>Allowing reimbursement for facility charges for covered dental rehabilitation procedures provided to a patient requiring monitored anesthesia and use of an operating room when delivered in an ambulatory surgical center (ASC).</u>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-B Page 16.h</u>	
10. GOVERNOR'S REVIEW (Check One) <input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input type="radio"/> OTHER, AS SPECIFIED: <span style="background-color: black; color: black;">[REDACTED]</span>			
11. SIGNATURE OF STATE AGENCY OFFICIAL <span style="background-color: black; color: black;">[REDACTED]</span>		15. RETURN TO State Plan Amendment Coordinator Department of Health Services 1 W. Wilson St. P.O. Box 309 Madison, WI 53701-0309	
12. TYPED NAME <u>William Hanna</u>		14. DATE SUBMITTED <u>9/27/2024</u>	
13. TITLE <u>Medicaid Director</u>		FOR CMS USE ONLY	
16. DATE RECEIVED <u>09/27/2024</u>		17. DATE APPROVED <u>December 13, 2024</u>	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL <u>07/01/2024</u>		19. SIGNATURE OF APPROVING OFFICIAL <span style="background-color: black; color: black;">[REDACTED]</span>	
20. TYPED NAME OF APPROVING OFFICIAL <u>Todd McMillion</u>		21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Reimbursement Review</u>	
22. REMARKS			

31. Ambulatory Surgery Centers

The Department establishes maximum allowable fees for ambulatory surgery centers. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of ambulatory surgery center services.

The agency's fee schedule rates were set as of July 1, 2024 and are effective for services provided on or after that date. All rates are published on the Wisconsin ForwardHealth website:

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

Last updated July 1, 2024.

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.