

## **Table of Contents**

**State/Territory Name: WI**

**State Plan Amendment (SPA) #: 25-0007**

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/ Division of Reimbursement Review**

August 28, 2025

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: #25-0007 which was submitted to CMS on March 28, 2025. This plan amendment adds reimbursement for Treat-in- Place/No Transport services.

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 January 1, 2025. 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](mailto:matthew.klein@cms.hhs.gov)

Sincerely,

A black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2</u> <u>5</u> — <u>0</u> <u>0</u> <u>0</u> <u>7</u>	2. STATE <u>WI</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>01/01/2025</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 C.F.R. Sec. 433.50</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2025</u> \$ <u>662,342</u> b. FFY <u>2026</u> \$ <u>954,947</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>4.19-B</u> <u>Pg. 16.h-15a</u> <u>Pg. 18b</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>4.19-B</u> <u>Pg. 16.h-15a (23-0018)</u>	

9. SUBJECT OF AMENDMENT

Adding A0998 (Treat-in-Place/No Transport) to the list of codes included in the Private EMS Assessment Program.

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 <div><input type="radio"/> OTHER, AS SPECIFIED: [REDACTED]</div>		
11. SIGNATURE OF STATE AGENCY OFFICIAL [REDACTED]	15. RETURN TO Allie Merfeld State Plan Coordinator Division of Medicaid Services 1 W. Wilson St. Madison, WI 53701-0309	
12. TYPED NAME Bill Hanna		
13. TITLE Medicaid Director		
14. DATE SUBMITTED 3/28/2025		
FOR CMS USE ONLY		
16. DATE RECEIVED 03/28/2025	17. DATE APPROVED August 28, 2025	
PLAN APPROVED - ONE COPY ATTACHED		
18. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2025	19. SIGNATURE OF APPROVING OFFICIAL [REDACTED]	
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review	
22. REMARKS		

- 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.

- II. 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.
- III. 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.

State: Wisconsin

18. Other licensed practitioners, continued

Treat-in-Place/No-Transport Emergency Medical Services (Effective 01/01/2025)

The Department establishes the allowable fees for Treat-in-Place/No Transport Emergency Ambulance Services. State-developed fee schedule rates are the same for both governmental and private providers of Treat-in-Place/No Transport Emergency Medical Services. All rates are published on the Wisconsin ForwardHealth website:

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

These rates were last updated on January 1, 2025.

TN #25-0007  
Supersedes  
New

Approval Date: 08/28/2025

Effective Date: 01/01/2025