

## **Table of Contents**

**State/Territory Name: WI**

**State Plan Amendment (SPA) #: 26-0004**

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**

June 11, 2026

Amanda Dreyer  
Medicaid Director  
Department of Health Services  
201 East Washington Ave  
Room B300  
Madison, WI 53701-0309

RE: WI 26-0004

Dear Director Dreyer,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Wisconsin State Plan Amendment (SPA) to Attachment 4.19-B WI: #26-0004 which was submitted to CMS on March 27, 2026. This plan amendment increases the outpatient dental add on rate to meet budgetary target estimates to more accurately reflect actual claim volumes.

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, 2026. 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,

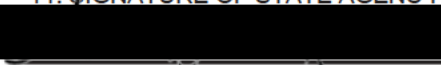


Todd McMillion  
Director  
Division of Reimbursement Review

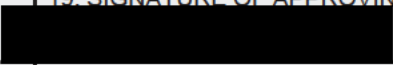
Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 6 — 0 0 0 4</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>1/1/2026</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>1905(a)(2)(A), CFR 440.20(a)</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>26</u> \$ <u>0</u> b. FFY <u>27</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>4.19-B pg. 8</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>4.19-B pg. 8 (25-0016)</u>	
9. SUBJECT OF AMENDMENT		

Increasing the add-on rate for deep sedation provided during dental services to meet allocated budget targets.

10. GOVERNOR'S REVIEW (Check One)	
<input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input type="radio"/> OTHER, AS SPECIFIED:
<input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Signed by: <u>Nathan Bollhorst</u> FBE0145544474F3...
<input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Allie Merfeld State Plan Amendment Coordinator Department of Health Services 201 East Washington Ave Room B300 Madison, WI 53701-0309
12. TYPED NAME Amanda Dreyer	
13. TITLE Medicaid Director	
14. DATE SUBMITTED 3/27/2026	

**FOR CMS USE ONLY**

16. DATE RECEIVED March 27, 2026	17. DATE APPROVED June 11, 2026
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2026	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
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*4230 Calculating Final EAPG Payment.* Each line of an outpatient hospital claim is assigned to an EAPG and therefore has a distinct weight. These weights are multiplied by the hospital's specific EAPG base rate. The total reimbursement for an outpatient hospital claim is the sum of these multiplications, with the following exceptions:

- Clinical Diagnostic Laboratory Services are paid on a fee schedule basis

*4240 Exclusions from the EAPG Reimbursement System.* The following services are not included within the EAPG reimbursement system:

- Therapy Services
- Clinical Diagnostic Laboratory Services
- Durable Medical Equipment (DME)
- Provider-Based End Stage Renal Disease (ESRD)

*4250 Outpatient Access Payment.* Effective on or after July 1, 2025, to promote WMP member access to acute care, rehabilitation, and critical access hospitals throughout Wisconsin, the WMP provides a hospital access payment amount per eligible outpatient FFS claim. Access payments are intended to reimburse hospital providers based on WMP volume. Therefore, the payment amounts per claim are not differentiated by hospital based on acuity or individual hospital cost. However, critical access hospitals receive a different access payment per claim than do acute care and rehabilitation hospitals.

The amount of the hospital access payment per discharge is based on an appropriated funding pool based on aggregate hospital upper payment limits (UPLs). This amount of funding is divided by the estimated number of paid outpatient FFS claims for the SFY to develop the per claim access payment rate.

The access payment per claim amounts are effective for dates of service on or after July 1 of the current fiscal year and are identified on the hospital reimbursement rate web page of the Wisconsin ForwardHealth Portal here:

[https://www.forwardhealth.wi.gov/wiportal/content/provider/medicaid/hospital/resources\\_01.htm.spage](https://www.forwardhealth.wi.gov/wiportal/content/provider/medicaid/hospital/resources_01.htm.spage).

This payment per claim is in addition to the EAPG base payment described in §4230. Access payments per claim are only provided until the FFS access payment funding pool amount has been expended for the SFY.

Access payments are subject to the same federal UPL standards as base rate payments, described in 42 CFR §447.321. Access payment amounts are not interim payments and are not subject to settlement. Psychiatric hospitals and Long-Term Acute Care (LTAC) hospitals are not eligible for access payments.

*4260 Outpatient Dental Add-on Payment.* Effective 01/01/2026, the Department provides an outpatient per visit add-on of \$1,427 (in addition to the EAPG payment) for outpatient dental services where deep sedation is provided. Claims qualifying for the add-on payment will be acute hospital claims billing procedure code 41899 with modifier U2 to indicate sedation.