

## **Table of Contents**

**State/Territory Name: WI**

**State Plan Amendment (SPA) #: 10-016**

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  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519

**CMS**

*CENTERS for MEDICARE & MEDICAID SERVICES*

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AUG 08 2011

Brett Davis, Administrator and Medicaid Director  
Division of Health Care Access and Accountability  
Wisconsin Department of Health Services  
1 West Wilson Street  
P. O. Box 309  
Madison, Wisconsin 53701-0309


Dear Mr. Davis:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #10-016 - Non-emergency transportation broker  
-- Effective July 1, 2011

If you have any additional questions, please have a member of your staff contact Charles Friedrich at (312) 353-1583 or [Charles.Friedrich@cms.hhs.gov](mailto:Charles.Friedrich@cms.hhs.gov).

Sincerely,

  
Verlon Johnson  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosure

cc: Al Matano, Wisconsin Department of Health Services

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
10-016

2. STATE  
Wisconsin

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
07/01/2011

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN
- AMENDMENT TO BE CONSIDERED AS NEW PLAN
- AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
Section 1902(a)(70) of the Social Security Act.

7. FEDERAL BUDGET IMPACT:  
a. FFY 2011 ..... \$300K  
b. FFY 2012 ..... \$600K

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Same  
New  
New  
Same  
Same

Text page 19.  
Attachment 3.1-A pages 13 to 20  
Attachment 3.1-B pages 12 to 19  
Attachment 4.18-A, pages 10-12, 14  
Attachment 4.18-C, pages 10-12, 14

10. SUBJECT OF AMENDMENT:

Non-emergency transportation broker.

11. 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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:  
Jason Helgeson  
State Medicaid Director  
Division of Health Care Access and Accountability  
1 W. Wilson St.  
P.O. Box 309  
Madison, WI 53701-0309

13. TYPED NAME:  
Jason Helgeson

14. TITLE:  
State Medicaid Director

15. DATE SUBMITTED:  
December 23, 2010

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
12-23-10

18. DATE APPROVED:  
August 8, 2011

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
07-01-11

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
Verlon Johnson

22. TITLE:  
Associate Regional Administrator

23. REMARKS:

State/Territory: Wisconsin

SECTION 3 - SERVICES: GENERAL PROVISIONS

Citation

3.1 Amount, Duration, and Scope of Services

42 CFR Part 440, Subpart B and Parts 431, 440, 441, 442, and 483; sections 1902(a), 1902(e), 1903(i), 1905(a), 1905(p), 1905(r), 1905(s), 1906, 1915, 1916, 1920, 1925, 1929 and 1933 of the Act; and section 245A(h) of the Immigration and Nationality Act.

(a) Medicaid is provided in accordance with the requirements of sections 1902(a), 1902(e), 1903(i), 1905(a), 1905(p), 1905(r), 1905(s), 1906, 1915, 1916, 1920, 1925, 1929, and 1933 of the Act; section 245A(h) of the Immigration and Nationality Act; and 42 CFR Parts 431, 440, 441, 442, and 483.

(1) Categorically needy.

Services for the categorically needy are described below and in Attachment 3.1-A. These services include:

1902(a)(10)(A) and 1905(a) of the Act

- (i) Each item or services listed in section 1905(a)(1) through (5) and (21) of the Act, is provide das defined in 42 CFR Part 440, Subpart A, or, for EPSDT services, section 1905(r) and 42 CFR Part 441, Subpart B.
- (ii) Nurse-midwife services listed in section 1905(a)(17) of the Act, as defined in 42 CFR 440.165 are provided to the extent that nurse-midwives are authorized to practice under State law or regulation. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

   / Not applicable. Nurse-midwives are not authorized to practice in this State.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: Wisconsin

SECTION 3 – SERVICES: GENERAL PROVISIONS

**28. Any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary in accordance with section 1905(a)(28) of the Social Security Act and 42 CFR 440.170.**

**a. Transportation (provided in accordance with 42 CFR 440.170) as an optional medical service) excluding “school-based” transportation.**

Not Provided:

Provided without a broker as an optional medical service:

**(If state attests “Provided without a broker as an optional medical service” then insert supplemental information.)**

Describe below how the transportation program operates including types of transportation and transportation related services provided and any limitations. Describe emergency and non-emergency transportation services separately. Include any interagency or cooperative agreements with other Agencies or programs.

Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4).

**(If the State attests that non-emergency transportation is being provided through a brokerage program then insert information about the brokerage program.)**

The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(i).

(1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a):

(1) state-wideness (indicate areas of State that are covered)

(10)(B) comparability (indicate participating beneficiary groups)

(23) freedom of choice (indicate mandatory population groups)

**Regarding state-wideness, the entire state will be covered with the exception of those who are enrolled in managed care in Milwaukee, Waukesha, Kenosha, Racine, Ozaukee, and Washington counties.**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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State/Territory: Wisconsin

SECTION 3 – SERVICES: GENERAL PROVISIONS

**28.a. Transportation (provided in accordance with 42 CFR 440.170) as an optional medical service) excluding “school-based” transportation, continued.**

(2) Transportation services provided will include:

- X wheelchair van
- X taxi
- X stretcher car
- X bus passes
- X tickets
- X secured transportation
- X other transportation (if checked describe below other transportation.)

**Passenger automobile.**

- (3) The State assures that transportation services will be provided under a contract with a broker who:
- (i) Is selected through a competitive bidding process based on the State’s evaluation of the broker’s experience, performance, references, resources, qualifications, and costs:
  - (ii) Has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed qualified, competent and courteous:
  - (iii) Is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services:
  - (iv) Complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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SECTION 3 – SERVICES: GENERAL PROVISIONS

**28.a. Transportation (provided in accordance with 42 CFR 440.170) as an optional medical service) excluding “school-based” transportation, continued.**

- (4) The broker contract will provide transportation to the following categorically needy mandatory populations:
- X Low-income families with children (section 1931)
  - X Deemed AFDC-related eligibles
  - X Poverty-level related pregnant women
  - X Poverty-level infants
  - X Poverty-level children 1 through 5
  - X Poverty-level children 6 – 18
  - X Qualified pregnant women AFDC – related
  - X Qualified children AFDC – related
  - X IV-E foster care and adoption assistance children
  - X TMA recipients (due to employment) (section 1925)
  - X TMA recipients (due to child support)
  - X SSI recipients
- (5) The broker contract will provide transportation to the following categorically needy optional populations:
- X Optional poverty-level - related pregnant women
  - X Optional poverty-level - related infants
  - X Optional targeted low income children
  - X Non IV-E children who are under State adoption assistance agreements
  - X Non IV-E independent foster care adolescents who were in foster care on their 18<sup>th</sup> birthday
  - X Individuals who meet income and resource requirements of AFDC or SSI
  - X Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency

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State/Territory: Wisconsin

SECTION 3 – SERVICES: GENERAL PROVISIONS

**28.a. Transportation (provided in accordance with 42 CFR 440.170) as an optional medical service) excluding “school-based” transportation, continued.**

- X Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
- X Children aged 15-20 who meet AFDC income and resource requirements
- X Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
- X Individuals infected with TB
- X Individuals screened for breast or cervical cancer by CDC program
- X Individuals receiving COBRA continuation benefits
- X Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard  
Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution
- X Individuals terminally ill if in a medical institution and will receive hospice care
- X Individuals aged or disabled with income not above 100% FPL
- X Individuals receiving only an optional State supplement in a 209(b) State
- X Individuals working disabled who buy into Medicaid (BBA working disabled group)
- X Employed medically improved individuals who buy into Medicaid under TWWIA Medical Improvement Group
- X Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids).



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State/Territory: Wisconsin

SECTION 3 – SERVICES: GENERAL PROVISIONS

**28.a. Transportation (provided in accordance with 42 CFR 440.170) as an optional medical service) excluding “school-based” transportation, continued.**

(6) Payment Methodology

(A) The State will pay the contracted broker by the following method:

- (i) risk capitation
- (ii) non-risk capitation
- (iii) other (e.g., brokerage fee and direct payment to providers) (If checked describe any other payment methodology)

**The program is structured as per member per month (PMPM) payment to LogistiCare based upon three (3) separate groups, each having a negotiated rate under contract with LogistiCare:**

<b>Group 1</b>	<b>11.45</b>	<b>(Elderly, Blind, Disabled/Foster Children)</b>
<b>Group 2</b>	<b>2.88</b>	<b>(BadgerCare Plus Children)</b>
<b>Group 3</b>	<b>0.75</b>	<b>(BadgerCare Plus Adults/Pregnant Women, Well Woman MA, Family Planning Only Limited Benefit Plan)</b>

**The above contract rates are locked in for 3 years, with the potential of two extensions of one year duration each. Having a locked rate for 3 years allows the state to be insulated from increased program costs such as fuel prices.**

**Factored into the per member per month rate for non-emergency transportation is a \$1 per ride co-payment for SMV transportation and \$2 per ride for non-emergency ambulance transportation. Transportation will not be denied for non-payment of the co-payment. Individuals are exempt from copayments and other cost sharing for all Medicaid services if they have previously used or are currently using a service provided in any State by the Indian Health Services or an Indian Tribe, Tribal Organization, or Urban Indian Organization, or services referred through contract health services.**

(B) Who will pay the transportation provider?

- (i) Broker
- (ii) State
- (iii) Other (if checked describe who will pay the transportation provider)

(C) What is the source of the non-Federal share of the transportation payments? Describe below the source of the non-Federal share of the transportation payments proposed under the State plan amendment. If more than one source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.

**General Purpose Revenues (GPR) (state tax revenues).**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: Wisconsin

SECTION 3 – SERVICES: GENERAL PROVISIONS

**28.a. Transportation (provided in accordance with 42 CFR 440.170) as an optional medical service) excluding “school-based” transportation, continued.**

- X (D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.
- X (E) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).
- X  (7) The broker is a non-governmental entity:
  - X The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 42 CFR 440.170(4)(ii).
  - The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:
    - Transportation is provided in a rural area as defined at 42 CFR 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
    - Transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
    - The availability of other non-governmental Medicaid participating providers or other providers determined by the State to be qualified is insufficient to meet the need for transportation.

TN # 10-016  
Supersedes  
New

Approval Date AUG 08 2011

Effective Date: 07/01/2011

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: Wisconsin

SECTION 3 – SERVICES: GENERAL PROVISIONS

**28.a. Transportation (provided in accordance with 42 CFR 440.170) as an optional medical service) excluding “school-based” transportation, continued.**

- (8) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:

**The broker is not a governmental entity.**

- Maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.
- Document that with respect to each individual beneficiary’s specific transportation needs, the government provider is the most appropriate and lowest cost alternative.
- Document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public para-transit services than the rate charged to other State human services agencies for the same service.

- (9) Please describe below how the NEMT brokerage program operates. Include the services that will be provided by the broker. If applicable, describe any services that will not be provided by the broker and name the entity that will provide these services.

**Response: The Wisconsin transportation manager will create a transportation network to meet all non-emergency medical transportation (NEMT) for all qualifying members of Wisconsin Medicaid and BadgerCare Plus. This transportation network will be comprised of Specialized Medical Vehicles (SMV), ambulance, common carrier and volunteer modes of transportation.**

**The transportation manager will provide all NEMT services for certain Wisconsin Medicaid and BadgerCare Plus members, with the exception of the following:**

- **Members residing in a nursing home. The nursing homes will continue to provide NEMT services under Medicaid nursing home transportation guidelines.**
- **Members enrolled in Wisconsin FamilyCare. The FamilyCare program will continue to provide Medicaid NEMT services.**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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SECTION 3 – SERVICES: GENERAL PROVISIONS

- **Members receiving services through an HMO in the following counties:**
  - **Milwaukee.**
  - **Waukesha.**
  - **Ozaukee.**
  - **Kenosha.**
  - **Racine.**
  - **Washington.**

**Members enrolled in managed care in the above six counties will receive NEMT services through their respective HMO. All qualifying Medicaid members in fee-for-service in these six counties will receive NEMT services under the broker.**

**The manager (LogistiCare) will operate a call center located in Wisconsin that takes requests from members, their families or healthcare providers, affirming the member's eligibility, gate-keeping the member's need for NEMT, determining the correct mode of transportation and affirming that the requested destination is a participant in the State's Medicaid program.**

**The manager will then contract with a transportation provider. The manager will affirm the transportation provider's insurance, vehicle and driver compliance and then route the trip to and pay the contracted transportation provider and/or volunteer driver.**

**The manager will accept, respond to and solve transportation and other related service issues and complaints. They will review utilization and investigate and report to the Department suspected abuse or misuse of NEMT services. They will provide a number of reports to the Department regarding services provided and quality of services provided. The manager will host quarterly advisory committee meetings and conduct periodic satisfaction surveys.**

**No-shows. The transportation manager will contact the case manager or social worker to ensure the member attends all scheduled treatments and services. Transportation will not be denied, although certain days of the week may change if, for example, case notes indicate that a member frequently misses appointments on a particular day of the week. Appointments would then be changed to an alternate, more successful, day of the week.**

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**a. Transportation (provided in accordance with 42 CFR 440.170) as an optional medical service) excluding “school-based” transportation.**

Not Provided:

Provided without a broker as an optional medical service:

**(If state attests “Provided without a broker as an optional medical service” then insert supplemental information.)**

Describe below how the transportation program operates including types of transportation and transportation related services provided and any limitations. Describe emergency and non-emergency transportation services separately. Include any interagency or cooperative agreements with other Agencies or programs.

X Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4).

**(If the State attests that non-emergency transportation is being provided through a brokerage program then insert information about the brokerage program.)**

X The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(i).

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X (1) state-wideness (indicate areas of State that are covered)

(10)(B) comparability (indicate participating beneficiary groups)

(23) freedom of choice (indicate mandatory population groups)

**Regarding state-wideness, the entire state will be covered with the exception of those who are enrolled in managed care in Milwaukee, Waukesha, Kenosha, Racine, Ozaukee, and Washington counties.**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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(2) Transportation services provided will include:

- X wheelchair van
- X taxi
- X stretcher car
- X bus passes
- X tickets
- X secured transportation
- X other transportation (if checked describe below other transportation.)

**Passenger automobile.**

- (3) The State assures that transportation services will be provided under a contract with a broker who:
- (i) Is selected through a competitive bidding process based on the State’s evaluation of the broker’s experience, performance, references, resources, qualifications, and costs:
  - (ii) Has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed qualified, competent and courteous:
  - (iii) Is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services:
  - (iv) Complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.)

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- X Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution
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- X Individuals aged or disabled with income not above 100% FPL
- X Individuals receiving only an optional State supplement in a 209(b) State
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(6) Payment Methodology

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**The above contract rates are locked in for 3 years, with the potential of two extensions of one year duration each. Having a locked rate for 3 years allows the state to be insulated from increased program costs such as fuel prices.**

**Factored into the per member per month rate for non-emergency transportation is a \$1 per ride co-payment for SMV transportation and \$2 per ride for non-emergency ambulance transportation. Transportation will not be denied for non-payment of the co-payment. Individuals are exempt from copayments and other cost sharing for all Medicaid services if they have previously used or are currently using a service provided in any State by the Indian Health Services or an Indian Tribe, Tribal Organization, or Urban Indian Organization, or services referred through contract health services.**

(B) Who will pay the transportation provider?

- (i) Broker
- (ii) State
- (iii) Other (if checked describe who will pay the transportation provider)

(C) What is the source of the non-Federal share of the transportation payments? Describe below the source of the non-Federal share of the transportation payments proposed under the State plan amendment. If more than one source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.

**General Purpose Revenues (GPR) (state tax revenues).**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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- X (D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.
- X (E) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).
- X  (7) The broker is a non-governmental entity:
  - X The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 42 CFR 440.170(4)(ii).
  - The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:
    - Transportation is provided in a rural area as defined at 42 CFR 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
    - Transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
    - The availability of other non-governmental Medicaid participating providers or other providers determined by the State to be qualified is insufficient to meet the need for transportation.

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New

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**28.a. Transportation (provided in accordance with 42 CFR 440.170) as an optional medical service) excluding “school-based” transportation, continued.**

- (8) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:

**The broker is not a governmental entity.**

- Maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.
- Document that with respect to each individual beneficiary’s specific transportation needs, the government provider is the most appropriate and lowest cost alternative.
- Document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public para-transit services than the rate charged to other State human services agencies for the same service.

- (9) Please describe below how the NEMT brokerage program operates. Include the services that will be provided by the broker. If applicable, describe any services that will not be provided by the broker and name the entity that will provide these services.

**Response: The Wisconsin transportation manager will create a transportation network to meet all non-emergency medical transportation (NEMT) for all qualifying members of Wisconsin Medicaid and BadgerCare Plus. This transportation network will be comprised of Specialized Medical Vehicles (SMV), ambulance, common carrier and volunteer modes of transportation.**

**The transportation manager will provide all NEMT services for certain Wisconsin Medicaid and BadgerCare Plus members, with the exception of the following:**

- **Members residing in a nursing home. The nursing homes will continue to provide NEMT services under Medicaid nursing home transportation guidelines.**
- **Members enrolled in Wisconsin FamilyCare. The FamilyCare program will continue to provide Medicaid NEMT services.**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: Wisconsin

SECTION 3 – SERVICES: GENERAL PROVISIONS

- **Members receiving services through an HMO in the following counties:**
  - **Milwaukee.**
  - **Waukesha.**
  - **Ozaukee.**
  - **Kenosha.**
  - **Racine.**
  - **Washington.**

**Members enrolled in managed care in the above six counties will receive NEMT services through their respective HMO. All qualifying Medicaid members in fee-for-service in these six counties will receive NEMT services under the broker.**

**The manager (LogistiCare) will operate a call center located in Wisconsin that takes requests from members, their families or healthcare providers, affirming the member's eligibility, gate-keeping the member's need for NEMT, determining the correct mode of transportation and affirming that the requested destination is a participant in the State's Medicaid program.**

**The manager will then contract with a transportation provider. The manager will affirm the transportation provider's insurance, vehicle and driver compliance and then route the trip to and pay the contracted transportation provider and/or volunteer driver.**

**The manager will accept, respond to and solve transportation and other related service issues and complaints. They will review utilization and investigate and report to the Department suspected abuse or misuse of NEMT services. They will provide a number of reports to the Department regarding services provided and quality of services provided. The manager will host quarterly advisory committee meetings and conduct periodic satisfaction surveys.**

**No-shows. The transportation manager will contact the case manager or social worker to ensure the member attends all scheduled treatments and services. Transportation will not be denied, although certain days of the week may change if, for example, case notes indicate that a member frequently misses appointments on a particular day of the week. Appointments would then be changed to an alternate, more successful, day of the week.**

Service	Type of Charge			Amount and Basis for Determination
	Deductible	Coinsurance	Copay	
<b>SPEECH, HEARING AND LANGUAGE DISORDER SERVICES</b>  Individual or Group Therapy/Evaluation			X	Between \$0.50 and \$3.00 depending on the cost of the service. (No co-payment required after 30 hours or \$1,500 of services have been provided per recipient per calendar year.)
<b>TRANSPORTATION SERVICES</b>  Ambulance Base Rate (Non-Emergency Only)			X	\$2.00 per trip.
Specialized Motor Vehicle			X	\$1.00 per trip.

TN # 10-016  
Supersedes  
TN # 95-018

Approval date:     AUG 08 2011    

Effective date: 07/01/2011

The following services are partially exempt from copayment:

1. Prescriptions for legend drugs beyond a total of \$12.00 copayment per calendar month if the recipient uses a single pharmacy as their sole provider of prescription drugs.
2. Outpatient psychotherapy services over 15 hours or \$500.00 per equivalent care, (whichever comes first) per recipient per calendar year. This equates to a maximum of \$30.00 copayment per recipient per calendar year.
3. Occupational, physical or speech therapy services over 30 hours or \$1,500.00 of equivalent care (whichever comes first), per therapy type, per recipient, per calendar year. This equates to a maximum of \$60.00 copay per therapy type, per recipient, per year.
4. Physician, podiatrist and nurse practitioner visits, laboratory, radiology, diagnostic tests, rural health clinic visits, surgery over \$30.00 per recipient per provider, per recipient, per calendar year.
5. Inpatient hospital and inpatient stays in institutions (hospitals) for mental disease services beyond \$75.00 per stay.
6. Wisconsin Medicaid automatically deducts applicable copayment amounts from Medicaid payments. However, both the point of sale system and the mainframe are "hard-coded" to exempt and limit copayments using criteria included on this page. All providers who perform services that require recipient copayment must make a reasonable attempt to collect that copayment from the recipient. However, providers may not deny services to a recipient for failing to make a copayment.

The following recipient groups are exempt from copayments by both Federal and State law:

The State exempts from cost sharing services and populations in accordance with 1916(a)(2) and (j) of the Act and 42 CFR 447.53(b).

The following services are exempt from copayment by Federal or State law as noted:

Services Exempt by Federal and State Law

- Family Planning Services and Supplies
- Emergency Services
- Services provided to pregnant women, if the service is related to the pregnancy or to the conditions which may complicate the pregnancy.

Services Exempt by State Policy Only

- Home Health Services
- Transportation Provided or Arranged by a County Department of Social Services

TN # 10-016  
Supersedes  
TN # 93-040

Approval date: **AUG 08 2011**

Effective date: 07/01/2011

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 1916(a)(2) and (j) of the Act and 42 CFR 447.53(b) are described below:

The automated payment system edits billings for services excluded from cost-sharing. These services are paid at normal rates, while services requiring cost-sharing have the required amount deducted prior to payment.

To enforce the premiums and cost sharing protections for American Indians/Alaska Natives (AI/AN) contained in Section 5006 of the American Recovery and Reinvestment Act, it is our plan to temporarily use the indicator on the application to indicate a member of a Federally-recognized Indian tribe, Eskimo, or Alaskan Native; Descendants in the first or second degree, which means a child or grandchild of a tribal member; and a person who is eligible to receive Indian Health Services from at Indian health care provider. Once the member is identified they will be deemed exempt from both premiums and cost sharing.

By October 31, 2011, we will have our systems in compliance with the new policy which will identify AI/AN members (by modifiers on the claims) that have received a service at an Indian health provider operated by the Indian Health Service, and Indian tribe, Tribal Organization, or Urban Indian Organization or by a non-Indian providers through referral, and then exempt them from co-payments accordingly. Tribal members will provide an IHS letter or other proof of AI/AN membership which will enable providers to check the box for the modifier on the claim. An AI/AN who either is eligible to receive or has received an item or service furnished by an Indian health care provider or through referral under contract health services will be exempt from premiums, enrollment fees or other charges.

- E. Cumulative maximums on charges

State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below:

See attached information.



Service	Deductible	Type of Charge		Copay	Amount and Basis for Determination
		Coinsurance			
<b>SPEECH, HEARING AND LANGUAGE DISORDER SERVICES</b>  Individual or Group Therapy/Evaluation			X		Between \$0.50 and \$3.00 depending on the cost of the service. (No co-payment required after 30 hours or \$1,500 of services have been provided per recipient per calendar year.)
<b>TRANSPORTATION SERVICES</b>  Ambulance Base Rate (Non-Emergency Only)  Specialized Motor Vehicle			X		\$2.00 per trip.  \$1.00 per trip.

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