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State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: 18-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



September 25, 2018

Heather K. Smith, Medicaid Director
Division of Medicaid Services
Department of Health Services
1 West Wilson Street, Room 350
Madison, WI 53702

ATTN: Krista Willing, Assistant Administrator

RE: Transmittal Number (TN) 18-0006

Dear Ms. Smith:

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

Outpatient Hospital Rates & Methodologies – Discontinue Nursing Allied Health Activities Add-on

Effective Date: April 1, 2018

Approval date: September 17, 2018

If you have any questions, please have a member of your staff contact Mai Le-Yuen at (312) 353-2853 or by email at mai.le-yuen@cms.hhs.gov.

Sincerely,

/s/

Alan Freund
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 18-0006	2. STATE Wisconsin
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 04/01/2018	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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)

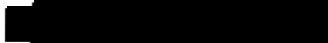
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447 Subpart F, §§447.300, 447.302, 447.304, 447.321, and 447.325.	7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$0K b. FFY 2019 \$0K
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 6 ⁷	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Pages 6 to 7

10. SUBJECT OF AMENDMENT:

Outpatient hospital rates and methodologies — Discontinue the Approved Nursing and Allied Health Activities Add-On

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Heather K. Smith State Medicaid Director Department of Health Services 1 W. Wilson St. P.O. Box 309 Madison, WI 53701-0309
13. TYPED NAME: Heather K. Smith	
14. TITLE: State Medicaid Director	
15. DATE SUBMITTED: June 28, 2018	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: June 28, 2018	18. DATE APPROVED: September 17, 2018

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Alan Freund	22. TITLE: Acting Associate Regional Administrator

23. REMARKS:

4221 Direct Graduate Medical Education Add-On. For in-state, non-CAH providers that have a GME program, the Department adds an amount to a hospital's specific EAPG base rate for costs directly associated to the program. The Department determines the direct GME add-on to the EAPG base rate from a hospital's Medicare cost report. The Department performs the calculation as follows:

1. The Department determines the direct GME costs attributable to WMP outpatient services by multiplying the projected outpatient costs attributable to WMP recipients by the ratio of total allowed direct GME costs to total allowed hospital costs. The total allowed direct GME costs are taken from Worksheet B Part I, Line 118, Columns 21 and 22 for the CMS 2552-10. The total allowed hospital costs are taken from Worksheet B Part I, Line 118, Column 26 for the CMS 2552-10.
2. The Department divides the resulting amount by the total hospital-specific final EAPG weights for the current RY to form the direct GME add-on for that hospital.