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State/Territory Name: WI

State Plan Amendment (SPA) #: 22-0003

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
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group/ Division of Reimbursement Review

May 26, 2022

Autumn Knudtson,
Bureau Director, Bureau of Benefits Policy
Interim State Plan Amendment Coordinator
Department of Health Services
1 W. Wilson St.
P.O. Box 309
Madison, WI 53701-0309

RE: Wisconsin State Plan Amendment TN: #22-0003

Dear Autumn Knudtson,

We have reviewed the proposed Wisconsin State Plan Amendment, TN: #22-0003 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 31, 2022. This State Plan Amendment provides Modification of Reimbursement to Local Governments for Ambulance Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2022. 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

Sincerely,



Todd McMillion
Division of Reimbursement Review Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER WI 22-0003	2. STATE Wisconsin
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 01/01/2022	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		

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


6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.201	7. FEDERAL BUDGET IMPACT c. FFY 2022 \$ 6,764,000 d. FFY 2023 \$ 1,981,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 16a4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same SPA 15-0005

10. SUBJECT OF AMENDMENT
Modification of Reimbursement to Local Governments for Ambulance Services (January 1, 2022 to February 16, 2022)

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


DocuSigned by:
Nathan Bollhorst 3/14/2022

12. SIGNATURE OF STATE AGENCY OFFICIAL  3/14/2022	16. RETURN TO Autumn Knudtson Bureau Director, Bureau of Benefits Policy Interim State Plan Amendment Coordinator Department of Health Services 1 W. Wilson St. P.O. Box 309 Madison, WI 53701-0309
13. TYPED NAME Lisa Olson	
14. TITLE State Medicaid Director	
15. DATE SUBMITTED 03/31/2022	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 3/31/2022	18. DATE APPROVED May 26, 2022
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2022	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Todd McMillion	22. TITLE Director, Division of Reimbursement Review

25a. Reimbursement to Local Governments for Emergency Ambulance Services

To establish base rates for ambulance services where comparable Medicare procedure codes exists, Wisconsin Medicaid rates shall be adjusted on a one-time basis for ground ambulance transport services, advanced life support levels one and two, advanced life support level one emergency, basic life support, basic life support emergency, and specialty care transport to 80% of the applicable Wisconsin specific Part B Medicare urban base rate approved by CMS with an effective date of January 1, 2022. These rates are available at

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

All other ambulance services where comparable Medicare procedure codes exists, Wisconsin Medicaid rates shall be adjusted on a one-time-basis to 80% of the applicable Wisconsin specific Part B Medicare rate approved by CMS with an effective date of January 1, 2021. These rates are available at

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

Ambulance services for which no comparable Medicare procedure code exists, the Department shall use a compounded inflation factor accounting for inflation that has occurred between January 1, 2004 – January 1, 2021 (Inflation factors used will be those published in the Federal Register through January 1, 2021 and available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareProgramRatesStats/MarketBasketData>.)

Reimbursement for ambulance services will be made through initial and supplemental payments. Current base rates for the impacted ambulance procedure codes are listed in the ForwardHealth handbook. The Department shall distribute supplemental payments to specific local governmental units for the provision of transportation for medical care during the state fiscal year. The annual available pool for the distribution to local government ambulance providers is \$5,000,000. Payments are distributed evenly based on a calculation of utilization across the specific governmental units using the difference between the Medicaid base rates described above compared to the annual Medicare base rate. This supplemental payment will occur between October 1 and December 31 of each year for services provided during the previous state fiscal year.

TN #22-0003
Supersedes
TN #15-0005

Approval Date: May 26, 2022

Effective Date: 01/01/2022