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State/Territory Name: WI

State Plan Amendment (SPA) #: 24-0002

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



Financial Management Group

June 25, 2024

Krista Willing
Assistant Administrator
1 W. Wilson St.
P.O. Box 309
Madison, WI 53701-0309

RE: TN 24-0002

Dear Krista Willing,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Wisconsin state plan amendment (SPA) to Attachment 4.19-B TN: #24-0002, which was submitted to CMS on March 29, 2024. This plan amendment updates changes to the fee-for-service Medical Assistance (MA) maximum fee rates for Primary Care Providers, Emergency Department Services, Chiropractic Services and Personal Care Services and removed language that is no longer applicable.

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, 2024. 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 via email at matthew.klein@cms.hhs.gov

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 2

2. STATE

WI

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

1/1/24

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.201 and 2023 WI Act 19

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 21,367,970

b. FFY 2025 \$ 28,382,601

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19B p. 2, 3, 4.b.1, 4.b.2, 10, 16.h.2, 16.h.11

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (if Applicable)

Attachment 4.19B p. 2, 3, 4.b.1, 4.b.2, 10, 16.h-2, 16.h-11

9. SUBJECT OF AMENDMENT

Provider Rate Increase per the 2023-25 WI biennial budget

10. 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:

Designed by
Cory Steubink
call: 608.266.0000

11. SIGNATURE OF STATE AGENCY OFFICIAL

Digitally signed by
Krista Willing

12. TYPED NAME

Krista Willing

13. TITLE

Assistant Administrator

14. DATE SUBMITTED

March 29, 2024

15. RETURN TO

State Plan Amendment Coordinator
Department of Health Services
1 W. Wilson St.
P.O. Box 309
Madison, WI 53701-0309

FOR CMS USE ONLY

16. DATE RECEIVED

March 29, 2024

17. DATE APPROVED

6/25/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

01/01/2024

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

1. The Reimbursement Methodologies are designed to enlist program participation by a sufficient number of providers so that MA recipients are assured that authorized medical care and services are available to the same extent those same services are available to the state's general population.
2. Program participation is limited to providers who accept as reimbursement in full the amounts paid in accordance with the rate methodology, or to providers who enter into contracts with the department to provide services for free or at a reduced reimbursement level.

E. Public Notice

In accordance with 42 CFR 447.205, the department will post public notice in advance of the effective date of any significant proposed change in its methods and standards for setting reimbursement rates.

F. Methods and Standards for Establishing Payment Rates for Non-Institutional Care

The Department will establish maximum allowable fees for the covered services listed below. Maximum fees may be adjusted to reflect reimbursement limits or limits on the availability of federal funding specified in federal law. Except as otherwise provided in the methods and standards for specific services set forth in this Attachment, for each covered service, the Department shall pay the lesser of a provider's usual and customary charge or the maximum fee established by the Department.

1. Physician Services
2. Chiropractic
3. Early and Periodic Screening, Diagnosis and Testing (EPSDT)
4. Medical Day Treatment, Mental Health and AODA Counseling (except physician services)
5. Optometrist/Optician
- ** 6. Private Duty Nursing
7. *** Transportation
 - a. Specialized Medical Vehicles
 - b. Ambulance
9. Laboratory and X-ray
10. Blood Banks
- 1.1 Dental
12. Audiology
13. Occupational Therapy
14. Speech Therapy
15. Physical Therapy
16. Family Planning Clinics
17. Nurse Midwife and Licensed Midwife Services
18. Ambulatory Surgical Centers

18. Portable x-ray
19. Rehabilitation agencies
20. Personal Care Services
21. AODA Outpatient Services effective 1-1-89
22. AODA Day Treatment Services effective 3-1-89
23. Podiatry Services effective 7-1-90
24. Pediatric and Family Nurse Practitioner Services effective 7-1-90
25. Other Nurse Practitioner and Clinical Nurse Specialist Services effective 7-1-90
26. Psychosocial Rehabilitation Services effective 1-1-2015
27. Services (other than room and board) designed to encourage completion of regimens of prescribed drugs by outpatients, including services to observe directly the intake of prescribed drugs for TB-infected individuals, effective 7-1-95
28. Drugs (pharmacy)
29. Substance use disorder treatment in a residential setting

* For reimbursement of obstetric and pediatric services, see page 8 of this Attachment. For reimbursement for physician primary care services in a HPSA. see item #15, page 6.

** For reimbursement of high-tech care for children - private duty nursing services see item #19 in this attachment, page 6c.

*** For reimbursement for trips where more than one recipient is transported at the same time, see item #23, page 16.

Physician Services

Primary Care Services 42 CFR 447.400

Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Effective for services provided on or after January 1, 2024, payment for physician services is the lowest of:

1) submitted charges; or

2) one of the following:

a) The Resource Based Relative Value Scale calculated values(as published by the Centers for Medicare & Medicaid Services as of 1/1/2023); or

b) State agency established rate.

TN# 24-
0002
Supersedes
TN# 13-005

Approval Date: June 25, 2024

Proposed Effective Date: 01/01/2024

Reimbursement Template -Physician Services, continued

Documentation of Vaccine Administration Rates in Effect 12/30/22

The state uses one of the following methodologies to impute the payment rate in effect at 12/30/22 for code 90460, which was introduced in 2011 as a successor billing code for billing codes 90465 and 90471.

- D The imputed rate in effect at 7/1/09 for code 90460 equals the rate in effect at 7/1/09 for billing codes 90465 and 90471 times their respective claims volume for a 12 month period which encompasses July 1, 2009. Using this methodology, the imputed rate in effect for code 90460 at 7/1/09 is:_____ -
- 0 A single rate was in effect on 12/30/22for all vaccine administration services, regardless of billing code. This 2023 rate is:
- D Alternative methodology to calculate the vaccine administration rate in effect 7/1/09:

Note: This section contains a description of the state's methodology and specifies the affected billing codes.

TN #24-0002
Supersedes
22-0022

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Proposed Effective Date: 01/01/2024

HPSA incentive payments encourage primary care physicians and mid-level health professionals to provide primary care services to Medical Assistance recipients who live in medically underserved areas of Wisconsin. The HPSA incentive program is an adaptation of the Medicare HPSA program, with a special emphasis on primary care services. The enhanced payment assists HPSA areas in recruitment and retention of physicians and mid-level health professionals.

The reasons for targeting primary care services are discussed in the Primary Care Provider Incentive Payment (number 22 below).

Effective for payments made on or after October 16, 1993 for dates of service on and after July 1, 1993.

33. Chiropractic Services

The Department establishes maximum allowable fees for chiropractic services. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of chiropractic services.

All rates are published on the Wisconsin ForwardHealth website:

www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/MaxFeeHome.aspx

Last updated January 1, 2024.

For each covered service, the Department shall pay the lesser of a provider's usual and customary charge or the maximum fee established by the Department.

State: Wisconsin

41. Personal Care Services

The Department establishes maximum allowable fees for personal care services. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of personal care services.

All rates are published on the Wisconsin ForwardHealth website:

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

Last updated January 1, 2024.

For each covered service, the Department shall pay the lesser of a usual and customary charge or the maximum fee established by the Department.

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24 -0002
Supersedes
TN #22-
0002

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