

**PUBLIC NOTICE**  
**Department of Health Services**  
*Ambulance Services Reimbursement Modification*

The State of Wisconsin reimburses providers for services provided to Medical Assistance recipients under the authority of Title XIX of the Social Security Act and ss. [49.43](#) to [49.47](#), Wisconsin Statutes. This program, administered by the State's Department of Health Services (the Department), is called Medical Assistance (MA) or Medicaid. In addition, Wisconsin has expanded this program to create the BadgerCare Plus programs under the authority of Title XIX and Title XXI of the Social Security Act and s. [49.471](#) of the Wisconsin Statutes. Federal statutes and regulations require that a state plan be developed that provides the methods and standards for reimbursement of covered services. A plan that describes the reimbursement system for the services (methods and standards for reimbursement) is in effect.

The following changes will be in effect July 1, 2023, and will include:

- Creating an Ambulance Service Provider Fee Reimbursement program for any eligible private emergency medical transportation providers, pursuant to 2021 WI ACT 228.
- Implementing a fee, to be collected no more than quarterly, that is equal to the uniform percentage of the eligible ambulance service providers' net patient revenues so that the total amount of fees collected from an eligible ambulance service provider in a state fiscal year is an amount not less than one quarter of 1 percent lower than the maximum limit for a provider fee under 42 CFR 433.68 (f) but does not exceed the maximum limit.
- The department shall expend moneys collected under the Ambulance Service Provider Fee Reimbursement program to supplement reimbursement for eligible ambulance service providers for services provided under the Medical Assistance program, including services reimbursed on a fee-for-service basis and provided under managed care.
- The Ambulance Service Provider Fee Reimbursement program payments will be funded by the fees collected from eligible ambulance service providers and matching federal Medicaid funds. No state general funds will be used.

## **Proposed Change**

The change will be effective July 1, 2023 and will apply to claims with dates of service on or after that date. The change to Medicaid, and BadgerCare Plus is projected to result in increased annual expenditures of \$ \$37,143,744.28 all funds (AF), composed of \$37,143,744.28 federal match (FED) and \$0.00 state funds/general purpose revenue (GPR).

## **Copies of Changes**

Copies of the ambulance services reimbursement modification may be obtained free of charge by calling or writing:

Mail:

Attention: DHS SPA Coordinator  
Bureau of Benefits Management  
Division of Medicaid Services  
P.O. Box 309  
Madison, WI 53701-0309

Fax:

(608) 266-1096

Attention: DHS SPA Coordinator

E-Mail:

[dhsdmsspapublicfeedback@dhs.wisconsin.gov](mailto:dhsdmsspapublicfeedback@dhs.wisconsin.gov)

Copies of the state plan change will be made available for review at the main office of any county department of social services or human services.

## **Written Comments**

Written comments are welcome. Written comments on the proposed changes may be sent by FAX, e-mail, or regular mail to the Division of Medicaid Services. Regular mail can be sent to the above address. All written comments will be reviewed and considered.

The written comments will be available for public review between the hours of 7:45 a.m. and 4:30 p.m. daily in Room 350 of the State Office Building, 1 West Wilson Street, Madison, Wisconsin. Revisions may be made in the proposed change based on comments received.