

**PUBLIC NOTICE**  
**Department of Health Services**  
**Tribal Federally Qualified Health Care**  
**Centers Reimbursement**

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. 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.

Tribal Federally Qualified Health Centers (FQHCs) may choose to participate in the Medicaid Program and receive reimbursement for Medicaid covered services under one of two options. In addition, Tribal FQHC Pharmacy dispensed drugs will be reimbursed under either option.

**Change in Covered Services and Payment Methods**

The purpose of this State Plan is to set forth policies and guidelines to be administered by the Wisconsin Department of Health Services (DHS) for Tribal Federally Qualified Health Centers (FQHCs) operating in the State of Wisconsin.

Tribal FQHC reasonable cost payments are made on a per encounter basis. An encounter is a face-to-face visit between a client and a qualified Wisconsin Medicaid Tribal FQHC provider who is providing a Medicaid covered medical, dental, and/or behavioral service on a single day, at an approved Tribal FQHC location, for a diagnosis, treatment, or preventative service. Only one medical, one dental, and one behavioral encounter will be paid per patient per day, except in the event of a subsequent illness or injury.

A Tribal FQHC will choose between option 1 (Prospective Payment System) and 2 (All Inclusive Rate) annually. Rates are adjusted with an effective date of January 1 of the calendar year as both the All-Inclusive OMB Rate and inflation rates applied to the PPS rate are published in the Federal Register each fall.

The change will be effective January 1, 2024, and will apply to claims with dates of service on or after that date. The change to Medicaid is projected to result in increased annual expenditures of \$66,282,932 all funds (AF), \$60,301,803 federal match (FED) and \$5,421,473 state funds/general purpose revenue (GPR).

**Copies of Proposed Changes and Proposed Payment Rates**

At present, this notice is all the information available. A copy of the proposed change can 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, email, or U.S. mail to the Division of Medicaid Services as described below. 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. Tuesday - Thursday 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.

As data is accumulated and rate calculations are made, additional information will become available. At that time, a copy of the rate calculations may be obtained free of charge by calling or writing as follows:

### **U.S. mail:**

Hannah Stephens  
Division of Medicaid Services  
Bureau of Fiscal Accountability and Management  
PO Box 309  
1 West Wilson, Room 465  
Madison, WI 53701-0309

### **Fax:**

608-266-1096  
Attention: Hannah Stephens

### **Telephone:**

Hannah Stephens  
Section Manager-Transparency and Accountability for Benefits Section  
Division of Medicaid Services  
Bureau of Fiscal Accountability and Management  
608-267-7834

### **Email:**

[hannah.stephens@dhs.wisconsin.gov](mailto:hannah.stephens@dhs.wisconsin.gov)