HOSPITAL-AFFILIATED END-STAGE RENAL DISEASE PROVIDER
TERMS OF REIMBURSEMENT

The Wisconsin Department of Health Services (DHS) will adopt a reimbursement rate for hospital-affiliated end-stage renal disease (ESRD) providers at a percentage of Medicare's ESRD reimbursement rate.

For claims processed on and after September 10, 2011, Medicaid providers will be reimbursed for dialysis and dialysis-related services not to exceed a percentage, initially 80 percent, of Medicare's ESRD rate. The only exception is that laboratory services are separately reimbursable at a maximum allowable fee.

Providers are required to bill their usual and customary charges for services provided. The usual and customary charge is the amount charged by the provider for the same service when provided to non-Medicaid patients. For providers using a sliding fee scale for specific services, the usual and customary charge is the median of the individual provider's charge for the service when provided to non-Medicaid patients.

For each covered service, DHS shall pay the hospital-affiliated rates, less appropriate copayments and payments by other insurers. This will be considered payment in full.

DHS will reduce payments made to providers to reflect the amounts of any allowable copayments that providers are required to collect pursuant to Wis. Stat. ch. 49.

Payments for deductible and coinsurance payable on an assigned Medicare claim shall be made in accordance with Wis. Stat. § 49.46(2)(c).

In accordance with federal regulations contained in 42 C.F.R. § 447.205, DHS will provide public notice in advance of the effective date of any significant proposed change in its methods and standards for setting rates for services.

P-01653 (11/2016)

Wisconsin
Department of Health Services