



CONTRACT FOR SERVICES MODIFICATION
between
State of Wisconsin Department of Health Services (DHS)
and
Vendor
for
Program

This Contract is between the State of Wisconsin Department of Health Services (DHS), at 1 West Wilson Street, Madison, Wisconsin 53703, and [Vendor] at [vendor address]. With the exception of the terms being modified by this Contract modification, all other terms and conditions of the existing contract, including funding, remain in full force and effect. This Modification, including any and all attachments herein and the existing contract, collectively, are the complete contract of the parties and supersede any prior contracts or representations. DHS and the Contractor acknowledge that they have read the Modification and understand and agree to be bound by the terms and conditions of the existing contract as modified by this action. This Modification becomes null and void if the time between the earlier dated signature and the later dated signature exceeds sixty (60) days, unless waived by DHS.

Contract ID Number:

Contract Amount:

Contract Term:

Optional Renewal Terms:

DHS Division:

DHS Contract Administrator:

DHS Contract Manager:

Contractor Contract Administrator:

Contractor Telephone:

Contractor Email:

Modification Description: Adding state-directed payment for emergency medical service providers and updating monthly per member per month rates.

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Article XVI. Payments to HMO

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O. State Directed Payment for Ambulance Services

1. For dates of service between January 1, 2024 and December 31, 2024, the HMO shall pay an eligible ambulance service for qualifying ambulance services an additional amount as indicated in the table below.

	Emergency Medical Transport	Non-Emergency Medical Transport
Providers with ZIP code of their primary business location in a county with population size more than (Milwaukee County)	\$154.58	\$77.29
Providers with ZIP code of their primary business location in a	\$772.90	\$386.45

county with population size less than 750,000		
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- a. An “eligible ambulance service provider” means a Medicaid-enrolled Wisconsin ambulance service provider that has an active license to provide ambulance services in the State of Wisconsin, provides ground emergency medical transports, and is privately owned.
 - b. “Qualifying Ambulance Services” are ambulance service claims that are billed under the following HCPCS codes for a member:
 - i. Emergency medical transport, including:
 - a. A0429 BLS Emergency,
 - b. A0427 ALS Emergency (Level 1),
 - c. A0433 ALS Emergency (Level 2),
 - d. A0434 Specialty Care Transport,
 - e. A0998 Ambulance response and treatment, no transport,
 - f. A0225 Neonatal Emergency Transport.
 - ii. Non-emergency medical transport, including:
 - a. A0428 BLS Non-Emergency,
 - b. A0426 ALS Non-Emergency.
 - iii. Qualifying Ambulance services do not include:
 - a. Services for members who are enrolled in Medicare.
 - b. Services for which the HMO does not make any payment.
2. Reporting Requirements
 - a. The HMO must report to the Department qualifying ambulance payments in a format as prescribed by the Department.
 - i. That provider’s number of qualifying ambulance service (broken out by emergency/non-emergency);
 - ii. Ambulance service payment amount per qualifying ambulance service claim (broken out by emergency/non-emergency);
 - iii. The amount of the total payment to that provider.
 - b. The HMO shall send a report to each eligible provider by March 1, 2025, containing the following information:
 - i. That provider’s number of qualifying ambulance service (broken out by emergency/non-emergency);
 - ii. Ambulance service payment amount per qualifying ambulance service claim (broken out by emergency/non-emergency);
 - iii. The amount of the total payment to that provider.
3. BadgerCare Plus Standard Rates

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State of Wisconsin
Department of Health Services

Authorized Representative

Name: _____

Title: _____

Signature: _____

Date: _____

Contractor

Contractor Name: _____

Authorized Representative

Name: _____

Title: _____

Signature: _____

Date: _____

SUPPLIER DIVERSITY AMENDMENT

The Wisconsin Department of Health Services (DHS) and Contractor agree to the below change to the Agreement. The below Agreement amendment is hereby incorporated by reference into the Agreement and is enforceable as if restated therein in its entirety.

The Agreement is hereby amended by incorporating and adding the following Section:

SUPPLIER DIVERSITY AND REPORTING REQUIREMENTS

Minority-Owned Business Enterprises (MBE) and Disabled Veteran-Owned Businesses (DVB) are certified by the Wisconsin Department of Administration (DOA). This program can be found at:

<https://doa.wi.gov/Pages/DoingBusiness/SupplierDiversity.aspx>

The State of Wisconsin is committed to the promotion of MBEs and DVBs in the State's purchasing program. The Contractor is strongly urged to use due diligence to further this policy by awarding Subcontracts to MBEs and DVBs or by using such enterprises to provide goods and services incidental to this Agreement.

The Contractor shall furnish appropriate monthly information about its efforts to subcontract with MBEs and DVBs, including the identities of such businesses certified by the Wisconsin Supplier Diversity Program, their contract amount, and spend for each period to DHS. A listing of certified MBEs and DVBs, as well as the services and goods they provide, is available at: <https://wisdp.wi.gov/Search.aspx>

In accordance with WI Stats. Ch. 16.75 (3m), after completion of this contract, the Contractor shall report to DHS any amount of this contract that was subcontracted to DOA certified MBEs and DVBs.

DHS shall have the right to request any information regarding the use of subcontractors including, but not limited to, MBEs and DVBs. The Contractor shall provide any such information as requested by DHS and within a time period that is specified by DHS.

The Contractor shall submit monthly reports of efforts to subcontract with MBEs, DVBs, and other diverse entities/suppliers to DHS. A link to the Supplier Diversity PowerForm for submitting these reports can be found on the DHS Compliance Documentation page found here: <https://www.dhs.wisconsin.gov/business/compliance.htm>

For the duration of this Agreement, the Contractor shall provide monthly reporting of efforts to subcontract with MBEs and DVBs no later than the 15th of the following month.

For questions about reporting, please contact DHS Contract Compliance at DHSContractCompliance@dhs.wisconsin.gov

HIGH-RISK IT REVIEW

Pursuant to Wis. Stat. 16.973(13), Contractor is required to submit, via the contracting agency, to the Department of Administration for approval any order or amendment that would change the scope of the contract and have the effect of increasing the contract price. The Department of Administration shall be authorized to review the original contract and the order or amendment to determine whether the work proposed in the order or amendment is within the scope of the original contract and whether the work proposed in the order or amendment is necessary. The Department of Administration may assist the contracting agency in negotiations regarding any change to the original contract price.