

MILLIMAN CLIENT REPORT

# State of Wisconsin

## Department of Health Services Calendar Year 2022 Capitation Rate Development SSI Medicaid Managed Care Programs

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## I. EXECUTIVE SUMMARY

This report documents the development of capitation rates effective January 1, 2022 through December 31, 2022 for Wisconsin's Supplemental Security Income (SSI) Medicaid managed care programs.

The State of Wisconsin Department of Health Services (DHS) retained Milliman, Inc. (Milliman) to calculate, document, and certify its 2022 SSI capitation rates. Milliman's role is to calculate and certify actuarially sound capitation rates to comply with Centers for Medicare and Medicaid Services (CMS) regulations and the CMS rate setting checklist.

The capitation rates provided under this certification are actuarially sound for purposes of 42 CFR 438.4(a), according to the following criteria:

- The capitation rates provide for all reasonable, appropriate, and attainable costs that are required under terms of the contract and for the operation of the managed care plan for the time period and population covered under the terms of the contract, and such capitation rates were developed in accordance with the requirements under 42 CFR 438.4(b)

To ensure compliance with generally accepted actuarial practices and regulatory requirements, we referred to published guidance from the American Academy of Actuaries (AAA), the Actuarial Standards Board (ASB), the Centers for Medicare and Medicaid Services (CMS), and federal regulations. Specifically, the following were referenced during the rate development:

- Actuarial standards of practice applicable to Medicaid managed care rate setting, which have been enacted as of the capitation rate certification date, including: ASOP 1 (Introductory Actuarial Standard of Practice); ASOP 5 (Incurred Health and Disability Claims); ASOP 12 (Risk Classification); ASOP 23 (Data Quality); ASOP 25 (Credibility Procedures); ASOP 41 (Actuarial Communications); ASOP 45 (The Use of Health Status Based Risk Adjustment Methodologies); ASOP 49 (Medicaid Managed Care Capitation Rate Development and Certification); and ASOP 56 (Modeling)
- Actuarial soundness and rate development requirements in the Medicaid and CHIP Managed Care Final Rule (CMS 2390-F) for the provisions effective for the CY 2022 managed care program rating period
- The most recent Medicaid Managed Care Rate Development Guide published by CMS

Throughout this document and consistent with the requirements under 42 CFR 438.4(a), the term "actuarially sound" will be defined as in ASOP 49:

*"Medicaid capitation rates are "actuarially sound" if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk-adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits; health benefit settlement expenses; administrative expenses; the cost of capital, and government-mandated assessments, fees, and taxes (excluding income taxes)."*

### A. CAPITATION RATE CHANGES

Table 1 shows a comparison of the 2022 and 2021 per member per month (PMPM) medical, dental, and chiropractic capitation rates by geographic rate region and eligibility category weighted using projected 2022 member months.

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**Table 1A**  
**Wisconsin Department of Health Services**  
**Summary of Capitation Rate Changes by Region (Excluding Provider Access Payments)**  
**Calendar Year 2021 to Calendar Year 2022**  
**SSI Medicaid Only**

|                                      | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 | Statewide <sup>1</sup> |
|--------------------------------------|----------|----------|----------|----------|----------|----------|------------------------|
| <b>Medical Capitation Rates</b>      |          |          |          |          |          |          |                        |
| 2022 Capitation Rate                 | \$559.03 | \$519.90 | \$507.32 | \$540.74 | \$532.85 | \$776.69 | \$624.06               |
| 2021 Capitation Rate                 | \$542.71 | \$489.74 | \$480.28 | \$509.98 | \$505.76 | \$723.81 | \$587.00               |
| Rate Change                          | 3.0%     | 6.2%     | 5.6%     | 6.0%     | 5.4%     | 7.3%     | 6.3%                   |
| <b>Dental Capitation Rates</b>       |          |          |          |          |          |          |                        |
| 2022 Capitation Rate <sup>2</sup>    | n/a      | n/a      | n/a      | n/a      | \$15.44  | \$16.27  | \$16.07                |
| 2021 Capitation Rate <sup>2</sup>    | n/a      | n/a      | n/a      | n/a      | \$8.98   | \$9.00   | \$9.00                 |
| Rate Change                          | n/a      | n/a      | n/a      | n/a      | 71.9%    | 80.8%    | 78.7%                  |
| <b>Chiropractic Capitation Rates</b> |          |          |          |          |          |          |                        |
| 2022 Capitation Rate                 | \$3.50   | \$2.48   | \$3.33   | \$1.62   | \$0.90   | \$0.58   | \$1.60                 |
| 2021 Capitation Rate                 | \$3.08   | \$2.15   | \$2.90   | \$1.79   | \$0.86   | \$0.49   | \$1.46                 |
| Rate Change                          | 13.6%    | 15.3%    | 14.8%    | -9.5%    | 4.7%     | 18.4%    | 9.6%                   |

<sup>1</sup>Statewide changes in capitation rates are based on projected 2022 member months.

<sup>2</sup>Dental capitation rates for Regions 1 through 4 are not applicable, since no HMOs cover dental services in these regions.

**Table 1B**  
**Wisconsin Department of Health Services**  
**Summary of Capitation Rate Changes by Region (Excluding Provider Access Payments)**  
**Calendar Year 2021 to Calendar Year 2022**  
**SSI Dual Eligible**

|                                      | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 | Statewide <sup>1</sup> |
|--------------------------------------|----------|----------|----------|----------|----------|----------|------------------------|
| <b>Medical Capitation Rates</b>      |          |          |          |          |          |          |                        |
| 2022 Capitation Rate                 | \$102.35 | \$89.86  | \$97.59  | \$98.85  | \$78.19  | \$222.38 | \$144.84               |
| 2021 Capitation Rate                 | \$88.92  | \$76.87  | \$84.02  | \$81.90  | \$74.72  | \$191.21 | \$125.17               |
| Rate Change                          | 15.1%    | 16.9%    | 16.2%    | 20.7%    | 4.6%     | 16.3%    | 15.7%                  |
| <b>Dental Capitation Rates</b>       |          |          |          |          |          |          |                        |
| 2022 Capitation Rate <sup>2</sup>    | n/a      | n/a      | n/a      | n/a      | \$11.53  | \$12.19  | \$12.02                |
| 2021 Capitation Rate <sup>2</sup>    | n/a      | n/a      | n/a      | n/a      | \$6.97   | \$7.03   | \$7.01                 |
| Rate Change                          | n/a      | n/a      | n/a      | n/a      | 65.4%    | 73.4%    | 71.4%                  |
| <b>Chiropractic Capitation Rates</b> |          |          |          |          |          |          |                        |
| 2022 Capitation Rate                 | \$0.58   | \$0.60   | \$0.47   | \$0.19   | \$0.17   | \$0.11   | \$0.27                 |
| 2021 Capitation Rate                 | \$0.77   | \$0.52   | \$0.60   | \$0.33   | \$0.13   | \$0.09   | \$0.29                 |
| Rate Change                          | -24.7%   | 15.4%    | -21.7%   | -42.4%   | 30.8%    | 22.2%    | -6.9%                  |

<sup>1</sup>Statewide changes in capitation rates are based on projected 2022 member months.

<sup>2</sup>Dental capitation rates for Regions 1 through 4 are not applicable, since no HMOs cover dental services in these regions.

Exhibits 15 through 17 contain more detailed comparisons summarizing the rate changes for all coverage types (medical only, medical / dental, medical / chiropractic, and medical / dental / chiropractic) separately for each Health Maintenance Organization (HMO) based on projected 2022 member months. Exhibit 19 shows the final 2022 capitation rates for each HMO, including provider access payments.

Table 2 provides a high level summary of each rate component and the impact on the overall medical capitation rate change from 2021 to 2022. The rate changes are primarily driven by reimbursement changes between the base period and rating period.

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| Table 2<br>Wisconsin Department of Health Services<br>High Level Summary of Medical Capitation Rate Changes between 2021 and 2022 |                   |                   |
|---|-------------------|-------------------|
| Rate Component  | SSI Medicaid Only | SSI Dual Eligible |
| Updated base period data  | 0.7%              | 3.9%              |
| Reimbursement change between base period and rating period  | 5.8%              | 10.3%             |
| Trend and other projection factor changes   | -0.2%             | -0.2%             |
| Impact of rate cell mix on prior rates  | 0.0%              | 1.2%              |
| <b>Total rate change</b>  | <b>6.3%</b>       | <b>15.7%</b>      |

The capitation rate changes by region for medical services differ from the composite changes due to differences in the impact of updating the base period data, facility reimbursement adjustments by region, and rate cell mix. For dental services, the rate increases are driven by the 40% Medicaid fee schedule increase and assumed utilization increase of 25% for improved access to dental services due to this significant fee increase. For chiropractic services, rate changes are driven by reimbursement increases for SSI Medicaid Only and the updated base period experience for SSI Dual Eligibles.

## B. CAPITATION RATE CELL STRUCTURE

Separate capitation rates are calculated by eligibility category, region and rate cell for each type of coverage (medical, dental and chiropractic).

### Eligibility Categories

We developed capitation rates for the following eligibility categories:

- **SSI Medicaid Only:** Includes SSI and Medicaid Purchase Plan (MAPP) Medicaid Only members ages 19 and over who are not eligible for Medicare benefits. SSI members receive SSI or SSI-related Medicaid benefits due to a disability. MAPP members are low-income disabled individuals that purchase Medicaid coverage through the Wisconsin Medicaid Purchase Plan. Members may not be residing in an institution or nursing home and may not be receiving home and community based waiver benefits.
- **SSI Dual Eligible:** Includes SSI and MAPP members ages 19 and over who are eligible for Medicare benefits.

### Rate Regions

The capitation rates are developed for each of six geographic rate regions:

- Region 1 – North
- Region 2 – North East
- Region 3 – West Central
- Region 4 – Madison
- Region 5 – South East
- Region 6 – Milwaukee

Appendix A contains a mapping of Wisconsin counties to the six rate regions for the 2022 capitation rates.

### Rate Cells

The capitation rates are paid separately by age category and rate region. Table 3 summarizes the age categories used within the SSI Medicaid Only and SSI Dual Eligible eligibility categories.

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**Table 3**  
**Wisconsin Department of Health Services**  
**Age Rate Cells**  
**SSI Medicaid Only and SSI Dual Eligible**

|               |
|---------------|
| Ages 19 to 39 |
| Ages 40 to 64 |
| Ages 65+      |

### Covered Services

HMOs are responsible for providing comprehensive health care to SSI members, including hospital inpatient, hospital outpatient, professional, and other services. Prescription drugs are carved out of the capitation rates. Dental and chiropractic capitation rates are developed separately. For 2022, dental coverage is optional in Regions 1 through 4 and mandatory in Regions 5 and 6. Chiropractic coverage is optional in all regions. We describe exclusions applied to the HMO encounter data in Section II.B. We remove Institution for Mental Disease (IMD) claims for stays greater than 15 days in a given month and the member months and non-IMD related claims for these members during these months, as described in Section III.B.

Encounter-based payments paid on a fee-for-service (FFS) basis outside of the capitation rates, including the Dental Pilot, SSI intensive care management, Long-Acting Reversible Contraception (LARC), HIV / AIDS Medical Home, Narcotic Treatment Services, Non-Invasive Prenatal Testing (NIPT), and Continuous Glucose Monitoring (CGM), are reimbursed to the HMOs at the Medicaid fee schedule in compliance with the upper payment regulations outlined at 42 CFR §447.362.

### C. GENERAL PROGRAM INFORMATION AND HIGH-LEVEL RATE METHODOLOGY

The SSI managed care program started in Milwaukee and expanded into additional counties in 2007. DHS held contracts with eight Health Maintenance Organizations (HMOs) to provide services to SSI members during the experience period. The following changes occurred between the experience and rating period:

- Effective January 1, 2020, My Choice Family Care, Inc., Care Wisconsin, and Trilogy Health Insurance (Trilogy) merged into My Choice Wisconsin. Trilogy and Care Wisconsin participated in the BadgerCare Plus (BCP) and SSI programs, respectively, during the experience period. We reflect the combined entity as My Choice in this rate report.
- Effective January 1, 2022, Security Health Plan of Wisconsin, Inc. will participate in the SSI program and receive the SSI capitation rates for a new HMO.

The capitation rates are first developed by eligibility category and rate region, and then by age category within each eligibility category using age factors that reflect statewide cost relationships by age category within an eligibility category.

The risk adjustment process adjusts the capitation rates for estimated differences in acuity by HMO for the SSI Medicaid Only eligibility category, with some exceptions such as Ages 65+ and HMOs with low credibility in a rate cell. The SSI Dual Eligible capitation rates are not risk adjusted.

### Material Changes to Rate Methodology

The 2022 capitation rate methodology is generally consistent with the 2020 rate methodology. We made the following material change to the 2021 rate methodology:

- Experience data sources – The SSI Dual Eligible 2021 rates were based on HMO encounter, HMO financial, and FFS data from calendar years 2018 and 2019, whereas the 2022 rates are based on 2019 data only (the SSI Medicaid Only rates were based on calendar year 2019 experience for both the 2021 and 2022 rate development). We did not include 2020 claims experience in the base period due to the significant amount of deferred services during the COVID-19 pandemic. However, we used 2020 diagnoses for 2022 risk adjustment as described in

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Section IV.A and 2019 and 2020 administrative costs to develop the 2022 administrative cost allowance described in Section III.D. We did not use 2018 data because this older experience is less reflective of the current population.

#### D. REPORT STRUCTURE

The remainder of this report includes the following information:

- Section II summarizes the development of the base period experience and data adjustments
- Section III documents reimbursement changes, program changes, trend, and other adjustments applied to the adjusted base period data to develop projected 2022 base capitation rates by eligibility category, region and age category
- Section IV documents the development of final HMO-specific capitation rates, including risk score adjustments, pay-for-performance (P4P) withholds, delivery system and provider payment initiatives, and risk corridor
- Section V documents the projected costs for services eligible for enhanced federal funding (applies to medical capitation rates)
- Section VI provide responses to the CMS rate setting checklist
- Section VII provides responses to the 2021 – 2022 CMS Medicaid Managed Care Rate Development Guide

Exhibits 1 through 26 summarize the 2022 rate development. Appendix A provides a mapping of counties to rate regions. Appendices B and C contain details on the custom CDPS risk score model. Appendix D summarizes the enhanced FMAP identification criteria. Appendix E contains the actuarial certification.

#### E. DATA RELIANCE AND IMPORTANT CAVEATS

The information contained in this report has been prepared for DHS for the purpose of developing 2022 capitation rates for the SSI Medicaid program. It may not be appropriate, and should not be used, for other purposes. This report has been prepared solely for DHS and their consultants and advisors. It is our understanding the information in this report, once final, will be shared with CMS and may be utilized in a public document. We recognize that materials we deliver to DHS may be public records subject to disclosure to third parties; however, we do not intend to benefit and assume no duty or liability to other parties who receive this work. To the extent this information is provided to third parties, it should only be distributed and reviewed in its entirety.

The results of this report and the accompanying exhibits are technical in nature and are dependent upon specific assumptions and methods. No party should rely on these results without a thorough understanding of those assumptions and methods. Such an understanding may require consultation with qualified professionals.

In order to provide the information requested by DHS, we developed certain models to estimate the values included in this report. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOPs). The models, including all input, calculations, and output may not be appropriate for any other purpose.

The models rely on data and information provided by DHS and the participating HMOs, including eligibility data, FFS claims data, HMO encounter data, HMO financial data, program changes, and other supporting information. We accepted this information without audit, but reviewed the information for general reasonableness and validated the HMO encounter data to HMO reported financial data. If the information used is inadequate or incomplete, the results will be likewise inadequate or incomplete.

We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable, or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

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Differences between the capitation rates and actual experience will depend on the extent to which future experience conforms to the assumptions made in the capitation rate calculations. It is certain that actual experience will not conform exactly to the assumptions used. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience due to many different factors, including the impact of the COVID-19 pandemic.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report are members of the American Academy of Actuaries, and meet the qualification standards for performing the analyses in this report.

This report is subject to the terms and conditions of the contract between DHS and Milliman effective January 1, 2020.

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## II. BASE DATA DEVELOPMENT

This section of the report describes the base data development and various data sources described in this report. In general, the base data used to calculate the 2022 capitation rates reflects the most current credible available data from DHS and the HMOs.

The following exhibits summarize the base data and adjustments by region for all age categories combined (separate exhibits are provided by eligibility category):

- Exhibit 1A: Medical – SSI Medicaid Only
- Exhibit 1B: Medical – SSI Dual Eligible
- Exhibit 7A: Dental – SSI Medicaid Only
- Exhibit 7B: Dental – SSI Dual Eligible
- Exhibit 12A: Chiropractic – SSI Medicaid Only
- Exhibit 12B: Chiropractic – SSI Dual Eligible

### A. BASE DATA SOURCES

The data sources used in the 2022 rate development are listed and described below:

1. **HMO Encounter Data** – Includes claims paid by HMOs on a FFS basis, as well as sub-capitated encounters. DHS re-prices each HMO encounter based on the Medicaid fee schedule. The encounter data also includes HMO paid amounts. The re-priced Medicaid paid amounts are used to develop the base period claims experience. The re-priced Medicaid paid amounts are net of all applicable, cost sharing amounts for the Medicaid program, even if an HMO waives the cost sharing amounts.
2. **HMO Financial Data** – Participating HMOs were required to submit CY 2019, CY 2020 and YTD March 2021 financial data to DHS. The financial data included the following information by eligibility category, region, and calendar year:
  - a. Member months.
  - b. Total revenue including capitation payments and other sources.
  - c. Claim payments to providers, including FFS claim payments, payments made to sub-capitated providers, provider risk sharing and incentive payments, and other payments made outside the FFS claims system including overpayments to providers not already reflected in the FFS claim payments.
  - d. Administrative costs.
  - e. Additional information on payments made to related parties.
  - f. A certification from the HMO attesting the data is accurate, complete, and truthful.
  - g. A reconciliation to HMO financial statements.

We used the financial data to calculate missing data adjustments to apply to the encounter data payments, develop adjustments to reflect claims paid outside of FFS claims systems, analyze historical trends, and develop the administrative cost allowances included in the capitation rates. We also used financial data to develop the dental capitation rates in Regions 5 and 6. We believe the HMO financial data is a more accurate summary of historical dental claims due to under-reporting of dental encounter data due to the prevalence of sub-capitation.

3. **Fee-For-Service Data** – Includes claims paid by DHS on a FFS basis. We used FFS data as the basis for developing capitation rates for dental services in Regions 1 through 4 and chiropractic services in all regions.

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DHS and Milliman went through an extensive data validation process to review all HMO data included in the 2022 rate setting methodology. DHS collected monthly encounter reporting from each HMO to monitor the quality of encounter data submissions. After this process was complete, DHS forwarded the data to Milliman.

Milliman also reviewed the encounter data and financial data. We provided data summaries to all participating HMOs comparing the results of their encounter and financial data, along with HMO-specific data questions. After receiving answers to our questions and a few data re-submissions from the HMOs, we released base data summaries for HMO review and comment. Additionally, we presented the information to the HMOs to explain the base data and solicit feedback from the HMOs.

Based on our analysis, we found the HMO encounter data to be of appropriate quality for developing the 2022 capitation rates. As discussed in Section D below, we applied missing data adjustments to the base encounter data to address encounter data under-reporting.

Table 4 summarizes the base data time periods for the various data sources.

| Table 4<br>Wisconsin Department of Health Services<br>Base Data Time Periods |                       |                       |
|--|-----------------------|-----------------------|
| Data Source  | Data Time Period Used | Paid Through Date     |
| HMO Encounter Data   | CY 2019               | May 2021 <sup>1</sup> |
| HMO Financial Data   | CY 2019               | April 2021            |
| HMO Emerging 2021 Financial Data   | YTD March 2021        | June 2021             |
| FFS Data   | CY 2019               | May 2021              |

<sup>1</sup> Encounter data files received from DHS on June 1, 2021; paid through date may differ by HMO.

## B. HMO ENCOUNTER DATA PROCESSING METHODOLOGY

### HMO Encounter Data Submission

Participating HMOs are required to submit encounters for Medicaid covered services to DHS on a periodic basis. DHS, along with their contracted data processing vendor, Gainwell, performs a re-pricing analysis on the encounter data records and assigns re-priced Medicaid allowed and paid amounts for accepted encounter records. The encounter records also include HMO paid amounts in addition to the re-priced Medicaid paid amounts. We included HMO paid amounts from the encounter data for accepted records only to develop missing data adjustments and provider contracting adjustments, thereby excluding any potential duplicate rejected claims.

The encounter data provided to Milliman includes services incurred during calendar years 2018 through May 2021. As noted above, we used 2019 encounter data to develop the base period costs. We summarized the 2019 encounter data using the methodology described in the following sections.

We identified the submitting HMO based on the HMO ID field and the eligibility category based on the Medical Status code and Medicare status in the encounter data files using the mapping provided by DHS.

### Excluded Claims

Some of the claims included in the encounter data files submitted by the HMOs are excluded from the base period encounter data. We excluded claims for the following reasons:

- Claims incurred outside of 2019:** We excluded claims for services provided outside of the period January 1, 2019 through December 31, 2019.
- Financial Indicator “N” claims:** We excluded claims with a Financial Indicator of “N,” which were flagged by DHS as not eligible for rate development.
- Claims without a corresponding eligibility record for the month of service:** We matched the service date in the encounter data to the monthly capitation files provided by DHS. If there was no capitation payment made to any HMO for the member in the month of service, the claim was excluded.

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4. **Ventilator dependent claims:** The HMOs are not at risk for claims for ventilator dependent members. DHS retroactively reimburses the HMOs for claims incurred and recoups capitation payments provided to the HMOs for these members. Therefore, these claims are excluded from the base data used to develop the capitation rates, along with the corresponding member months from the same time period. We used the list of ventilator dependent member IDs provided by DHS for each year to exclude all claims and member months for these members for the time period they were ventilator dependent.
5. **Physician administered drugs:** We excluded claims for physician administered drugs based on criteria provided by DHS, since these professional claims are reimbursed on a FFS basis by DHS.
6. **Dental claims in Regions 1 through 4:** We excluded claims based on the dental criteria in Region 1 through Region 4, since there were no HMOs providing dental coverage in these regions during the base period.
7. **Chiropractic claims:** We excluded chiropractic claims from the HMO encounter data used for rate development and used chiropractic claims covered under the FFS program, since no HMOs covered chiropractic services during the base period for the SSI program.
8. **Invalid ages or regions:** We excluded immaterial claim amounts with invalid ages or regions.

### Included Claims

The total re-priced Medicaid paid amounts after the adjustments described above represent the encounter data used to develop the base period experience. We developed separate capitation rates for medical coverage, dental services, and chiropractic services. Any included claims not identified as dental or chiropractic services were classified as medical coverage.

#### Dental

Encounters with procedure codes from D0120 – D9999 were identified as dental services and carved out from the base data. In the base period, HMOs were required to cover dental services in Region 6 (Milwaukee) and part of Region 5 (Kenosha, Racine, and Waukesha Counties). Dental coverage is optional in other counties; however, no HMOs currently cover dental services in Regions 1 through 4.

#### Chiropractic

Encounters with category of service code 60 (chiropractic) were identified as chiropractic services.

#### Medical “Payments Made Outside Encounter Data”

We summarized “Payments Made Outside Encounter Data” from the HMO financial data by eligibility category and region to reflect provider risk sharing, incentives, and other miscellaneous provider payments made outside of the encounter data. These amounts are added to the base period experience and shown at the bottom of Exhibit 1. These payments are reported separately in the HMO financial data and were not included in the missing data adjustments discussed in Section D below. For global sub-capitation arrangements, we used the encounter data repriced at the Medicaid fee schedule and excluded additional payments or recoupments to these providers.

#### In Lieu of Services

The SSI Medicaid Only program covers an in lieu of service called “sub-acute psychiatric community-based psychiatric and recovery center services.” These services are defined in Section IV.B.12 of the HMO contract. The benefit is limited to short term residential (non-hospital residential treatment program) for behavioral health. Sub-acute community based clinical treatment may be used in lieu of inpatient psychiatric hospitalization. This benefit is cost effective, since its maximum reimbursement at \$450 per diem is much lower than the SSI Medicaid Only inpatient psychiatric cost per day.

The SSI program also allows HMOs to provide IMD benefits in lieu of inpatient psychiatric and substance abuse admissions. Reimbursement adjustments for IMDs are documented in Section III.A, and benefit adjustments are documented in Section III.B.

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## Service Category Assignment

We relied on the claim type (and category of service for FQHC / RHC) in the encounter files provided by DHS to assign broad categories of service (hospital inpatient, hospital outpatient, professional, FQHC / RHC, and other services). We identified IMD, hospice, personal care, Indian health services, zero copay preventive services, and family planning services based on criteria provided by DHS. We then used Milliman's *Health Cost Guidelines*<sup>TM</sup> Grouper to assign the detailed service categories.

### C. FFS DATA PROCESSING METHODOLOGY

We used FFS data for HMO members to develop capitation rates for dental services in Regions 1 through 4 and chiropractic services in all regions, since credible encounter data is not available. We summarized dental and chiropractic FFS claims (using the service category criteria above) for members enrolled in HMOs during the base period.

### D. ADJUSTMENTS TO THE BASE DATA

This section discusses the adjustments we made to the base 2019 data before projecting costs to the 2022 rating period.

#### Missing Data Adjustment (Encounter Data)

We developed missing data adjustments for each HMO and calendar year based on a comparison of the total HMO paid amounts in the encounter data and the total FFS and sub-capitated claim payments reported in the HMO financial data (excluding reported IBNR and using encounter data re-priced at the Medicaid fee schedule for global sub-capitation arrangements). We combined FFS and sub-capitated claim payments together to develop the missing data adjustments, since the encounter data does not consistently identify FFS versus sub-capitated claims. Therefore, the missing data adjustments reflect the impact of missing encounters (including sub-capitated claims), as well as encounters that were submitted, but not accepted by the DHS system edits. We calculated the adjustments gross of ventilator recoupments.

Table 5 summarizes the medical missing data adjustments by eligibility category, region, and calendar year. As noted above, we calculated missing data adjustments at the HMO level. Therefore, the variance in missing data adjustments by eligibility category and region is due to differences in the mix of HMO payments within each subcategory.

|                           | <b>Region 1</b> | <b>Region 2</b> | <b>Region 3</b> | <b>Region 4</b> | <b>Region 5</b> | <b>Region 6</b> |
|---------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| <b>SSI Medicaid Only</b>  | 1.018           | 1.020           | 1.018           | 1.021           | 1.019           | 1.018           |
| <b>SSI Dual Eligibles</b> | 1.018           | 1.019           | 1.018           | 1.021           | 1.019           | 1.018           |

Dental missing data adjustments are not applicable, since we used the HMO dental financial data to summarize the base period experience for regions 5 and 6 and FFS data as the base period experience for regions 1 through 4. Chiropractic missing data adjustments are also not applicable because we used FFS data.

#### Completion Factors

We reviewed the 2019 encounter, financial, and FFS claim payments and determined the data to be complete, so we did not apply any adjustments for incurred but not reported (IBNR) claims.

#### Provider Contracting Adjustment (Encounter Data)

The base encounter data reflects the re-priced Medicaid paid amounts assigned by DHS to each encounter. We compared the total HMO paid amounts net of member cost sharing to the re-priced Medicaid paid amounts by broad service category and region to develop provider contracting adjustments that reflect average HMO contracting levels

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relative to Medicaid fees. Regions 5 and 6 include counties around the Milwaukee area, where some providers require higher reimbursement to participate in the Medicaid program.

Table 6 summarizes the provider contracting adjustments applied to the SSI Medicaid Only re-priced Medicaid paid amounts in the encounter data. We did not apply provider contracting adjustments to the SSI Dual Eligible population.

| <b>Table 6</b>                                 |                            |                        |
|--|----------------------------|------------------------|
| <b>Wisconsin Department of Health Services</b> |                            |                        |
| <b>Provider Contracting Adjustments</b>        |                            |                        |
|  | <b>Regions 1 through 4</b> | <b>Regions 5 and 6</b> |
| Hospital Inpatient                             | 1.01                       | 1.02                   |
| Hospital Outpatient                            | 1.00                       | 1.04                   |
| Professional                                   | 1.01                       | 1.03                   |
| FQHC / RHC                                     | 1.00                       | 1.00                   |
| Other  | 1.00                       | 1.00                   |

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### III. PROJECTED 2022 BASE CAPITATION RATES

This section of the report documents reimbursement changes, program changes, trend, and other adjustments applied to the base data to develop projected 2022 capitation rates by eligibility category, region, and age category before risk adjustment, P4P withhold, and provider access payments are applied.

The following exhibits summarize the development of projected 2022 claim costs:

- Exhibit 2A: Medical – SSI Medicaid Only
- Exhibit 2B: Medical – SSI Dual Eligible
- Exhibit 7A: Dental – SSI Medicaid Only
- Exhibit 7B: Dental – SSI Dual Eligible
- Exhibit 12A: Chiropractic – SSI MA Only
- Exhibit 12B: Chiropractic – SSI Dual Eligible

#### A. REIMBURSEMENT CHANGES

Generally, HMOs are not required to reimburse providers in relation to the Medicaid fee schedule with a few exceptions. There are five areas where HMOs are contractually required to pay a minimum of 100% of the FFS Medicaid rate: Federally Qualified Health Center (FQHC), Rural Health Center (RHC), Indian Health Care Provider or Service (Indian Tribe, Tribal Organization, or Urban Indian Organization, or I / T / U), dental, and out-of-network emergency services. However, most HMOs reimburse providers at the Medicaid fee schedule or at a percentage of the Medicaid fee schedule. In these instances, they would be required to apply changes to the Medicaid fee schedule as appropriate. Therefore, we applied reimbursement adjustments to the SSI Medicaid Only experience consistent with projected Medicaid fee schedule changes.

We describe the in lieu of service for “Sub-Acute Psychiatric Community-Based Psychiatric and Recovery Center Services” in Section II. B. We did not make any reimbursement adjustment for this benefit, since the encounter data is re-priced at \$450 per diem.

Because the reimbursement changes for the SSI Dual Eligible population are primarily impacted by changes in the Medicare Part A and Part B deductible amounts and Medicare trends affecting Part B member coinsurance, rather than changes to Medicaid fee schedules, we applied reimbursement trends to the SSI Dual Eligible population related to expected changes in Medicare cost sharing for all service categories except personal care and “Payments Made Outside Encounter Data.”

- We applied a three-year trend factor of 1.141 to the hospital inpatient service categories to reflect the actual Medicare Part A deductible increases from 2019 to 2022.
- We applied a 3.5% annual trend from 2019 to 2022 for Part B services. This assumption is based on the historical average Part B deductible change between 2019 and 2022 and an assumed annual trend of 1% from 2019 to 2022 for Part B coinsurance. We did not apply any of the other Medicaid reimbursement adjustments in this section to the SSI Dual Eligible population, except for personal care (including the American Rescue Plan (ARPA) adjustments related to personal care) and dental since these services are reimbursed at the Medicaid fee schedule.

We are not aware of any other material anticipated fee changes other than the items mentioned in this section.

#### Hospital Inpatient Re-Pricing Adjustment

We re-priced the base period hospital inpatient claims, excluding skilled nursing facility (SNF), to the inpatient Medicaid reimbursement rates effective January 1, 2022 and used this data to calculate the impact of reimbursement changes on the historical hospital inpatient claims by eligibility category, year, and region. Table 7 summarizes the hospital inpatient re-pricing adjustments for 2022 fee changes (prior to the “other reimbursement adjustments” described below) applied to the base period encounter hospital inpatient claims for the SSI Medicaid Only population.

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| <b>Table 7</b>  |                 |                 |                 |                 |                 |                 |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| <b>Wisconsin Department of Health Services</b>  |                 |                 |                 |                 |                 |                 |
| <b>SSI Medicaid Only</b>  |                 |                 |                 |                 |                 |                 |
| <b>Hospital Inpatient Re-Pricing Adjustments (excluding Skilled Nursing Facility)</b> |                 |                 |                 |                 |                 |                 |
|   | <b>Region 1</b> | <b>Region 2</b> | <b>Region 3</b> | <b>Region 4</b> | <b>Region 5</b> | <b>Region 6</b> |
| <b>SSI Medicaid Only</b>  | 1.060           | 1.034           | 1.074           | 1.005           | 1.090           | 1.058           |

### Hospital Outpatient Re-Pricing Adjustment

Similar to hospital inpatient claims, we re-priced the base period hospital outpatient claims, excluding hospice, to the Medicaid fees effective January 1, 2022 to calculate the impact of reimbursement changes between the base period and the contract period.

Table 8 summarizes the hospital outpatient re-pricing adjustments for 2022 fee changes (prior to the “other reimbursement adjustments” described below) applied to the base encounter hospital outpatient claims for the SSI Medicaid Only population.

| <b>Table 8</b>  |                 |                 |                 |                 |                 |                 |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| <b>Wisconsin Department of Health Services</b>                        |                 |                 |                 |                 |                 |                 |
| <b>SSI Medicaid Only</b>  |                 |                 |                 |                 |                 |                 |
| <b>Hospital Outpatient Re-Pricing Adjustments (excluding Hospice)</b> |                 |                 |                 |                 |                 |                 |
|   | <b>Region 1</b> | <b>Region 2</b> | <b>Region 3</b> | <b>Region 4</b> | <b>Region 5</b> | <b>Region 6</b> |
| <b>SSI Medicaid Only</b>  | 1.081           | 1.111           | 1.087           | 1.067           | 1.074           | 1.074           |

### Other Reimbursement Adjustments

We also applied reimbursement adjustments for changes to other Medicaid fee schedules as described in this section, with the overall projected claims impact across all services for each of these changes summarized in Table 9.

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**Table 9**  
**Wisconsin Department of Health Services**  
**Overall Rate Impact for Other Reimbursement Adjustments**

| Reimbursement Adjustment               | SSI Medicaid<br>Only<br>Medical | SSI Dual<br>Eligible<br>Medical | SSI Medicaid<br>Only<br>Chiropractic | SSI<br>Dental |
|--|---------------------------------|---------------------------------|--------------------------------------|---------------|
| Adult Day Treatment                    | 0.0%                            | n/a                             | n/a                                  | n/a           |
| Ambulance                              | 1.6%                            | n/a                             | n/a                                  | n/a           |
| Audiology                              | 0.0%                            | n/a                             | n/a                                  | n/a           |
| Child / Adolescent Day Treatment       | 0.0%                            | n/a                             | n/a                                  | n/a           |
| Chiropractic                           | n/a                             | n/a                             | 12.8%                                | n/a           |
| Dental <sup>1</sup>                    | n/a                             | n/a                             | n/a                                  | 40.0%         |
| Durable Medical Equipment              | -0.4%                           | n/a                             | n/a                                  | n/a           |
| Emergency Physician                    | 0.1%                            | n/a                             | n/a                                  | n/a           |
| HCBS Related to ARPA                   | 1.1%                            | 3.0%                            | n/a                                  | n/a           |
| Home Health                            | 0.1%                            | n/a                             | n/a                                  | n/a           |
| Hospice                                | 0.0%                            | n/a                             | n/a                                  | n/a           |
| Institution for Mental Disease         | -0.5%                           | n/a                             | n/a                                  | n/a           |
| Medication Assisted Treatment          | 0.0%                            | n/a                             | n/a                                  | n/a           |
| Outpatient Mental Health               | 0.3%                            | n/a                             | n/a                                  | n/a           |
| Personal Care                          | 3.6%                            | 11.7%                           | n/a                                  | n/a           |
| Physical Therapy                       | 0.0%                            | n/a                             | n/a                                  | n/a           |
| Professional Evaluation and Management | 0.4%                            | n/a                             | n/a                                  | n/a           |
| Skilled Nursing Facility               | 0.2%                            | n/a                             | n/a                                  | n/a           |
| Speech-Language Pathology              | 0.0%                            | n/a                             | n/a                                  | n/a           |
| <b>Total</b>                           | <b>6.7%</b>                     | <b>14.8%</b>                    | <b>12.8%</b>                         | <b>40.0%</b>  |

<sup>1</sup> We also assumed dental utilization will increase by 25% due to improved member access to dental services as a result of the significant fee increase.

### [Adult Day Treatment](#)

We applied reimbursement factors to the “Professional - Psychiatric” and “Professional - Substance Abuse” service categories to reflect an average estimated increase of 105% based on changes to the Medicaid fee schedule for adult day treatment services (CPT code H2012 with modifier HE) effective July 1, 2021.

### [Ambulance](#)

We applied reimbursement factors to reflect an average estimated increase of 149% based on changes to the Medicaid fee schedule for specific ambulance services for rate changes effective January 1, 2021 and January 1, 2022. The majority of this adjustment is applied to the “Other - Ambulance” service category, with a few minor adjustments applied to other service categories.

### [Audiology](#)

We applied reimbursement factors to reflect an average estimated increase of 16% based on changes to the Medicaid fee schedule for specific audiology services effective January 1, 2022. The majority of this adjustment is applied to the “Professional – Other Preventive and Immunizations” and “Other – Other” service categories, with a few minor adjustments applied to other service categories.

### [Child / Adolescent Day Treatment](#)

We applied reimbursement factors to the “Professional - Psychiatric” service category to reflect an average estimated increase of 21% based on changes to the Medicaid fee schedule for child / adolescent day treatment services (CPT code H2012 with modifier HA) effective January 1, 2022.

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### [Chiropractic](#)

We applied reimbursement factors to the chiropractic rates to reflect an average estimated increase of 12.8% based on changes to the Medicaid fee schedule for spinal manipulations effective January 1, 2022.

### [Dental](#)

We applied reimbursement factors to the dental rates to reflect an increase of 40% in the Medicaid fee schedule effective January 1, 2022.

We also assumed dental utilization will increase by 25% due to improved member access to dental services as a result of the significant fee increase. In developing this assumption, we reviewed a March 2008 study performed by the California HealthCare Foundation entitled “Increasing Access to Dental Care in Medicaid: Does Raising Provider Rates Work?” We also reviewed historical BCP Standard HMO and FFS utilization increases in Wisconsin counties impacted by the prior dental pilot fee increase in Brown, Marathon, Polk, and Racine Counties, because the pilot fee increases primarily affected services for children. This analysis supports an assumed increase in utilization resulting from the higher dental reimbursement.

### [Durable Medical Equipment \(DME\)](#)

We applied reimbursement factors to reflect an average estimated decrease of 66% for oxygen-related services due to rate changes effective each January from 2020 to 2022 to reduce fees below the Medicare fee schedule. The majority of this adjustment is applied to the “Other - DME” service category, with a minor adjustment also applied to the “Other - Other” service category.

### [Electroencephalography \(EEG\) monitoring](#)

The Medicaid fee schedule included new CPT codes for EEG monitoring effective January 1, 2020 to bill only the technical component compared to current codes to bill only the professional component or the combined technical and professional components. We did not apply any adjustments because the impact is anticipated to be immaterial due to the low volume of total EEG services in the base period experience.

### [Emergency Medical Services \(EMS\)](#)

The Medicaid fee schedule increased for EMS services effective January 1, 2021. We did not apply a reimbursement adjustment because the overall rate impact was immaterial.

### [Emergency Physician](#)

We applied reimbursement factors to the “Professional - Emergency Room Visits” service category to reflect an increase of 15% in the Medicaid fee schedule for specific emergency services effective January 1, 2022.

### [Home and Community Based Services \(HCBS\) related to the American Rescue Plan Act \(ARPA\)](#)

We applied reimbursement factors to reflect an increase of 5% in the Medicaid fee schedule for specific HCBS related to ARPA effective January 1, 2022. The majority of adjustment factors are applied to the “Other – Personal Care Services,” “Professional – Psychiatric,” “Professional – Physical Therapy,” and “Professional – Substance Abuse” service categories, with minor adjustments applied to other service categories.

### [Home Health](#)

We applied reimbursement factors to reflect an increase of 8% in the Medicaid fee schedule for specific home health services effective January 1, 2022. The majority of this adjustment is applied to the “Other - Other” service category, with a minor adjustment applied to the “Professional - Physical Therapy” service category.

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### [Hospice](#)

We applied reimbursement factors to the “Hospital Outpatient - Hospice” service category to reflect an average estimated increase of 20% based on changes to the Medicaid fee schedule from 2019 to 2022, due to changes effective each October. Adjustments factors vary by eligibility category and region based on different rate increases applied to January through September 2019 incurred dates compared to October through December 2019 incurred dates.

### [IMD](#)

CMS requires IMD experience included in the capitation rate development to be based on the unit costs for State plan services. To be consistent with this requirement, we applied a 0.88 unit cost adjustment to HMO encounter base period IMD claims based on the ratio of the historical average cost per day for inpatient psychiatric and substance abuse stays to IMD stays using 2019 encounter data re-priced to 2022.

### [Medication Assisted Treatment \(MAT\)](#)

We applied reimbursement factors to the “Professional - Office / Home Visits” service category to reflect a \$5 add-on to evaluation and management billing codes claimed by qualified primary care physicians for MAT services effective January 1, 2022.

### [Outpatient Mental Health](#)

We applied reimbursement factors to reflect an increase of 15% in the Medicaid fee schedule for outpatient mental health services effective January 1, 2022. The majority of this adjustment is applied to the “Professional - Psychiatric” and “Professional - Substance Abuse” service categories, with minor adjustments applied to other service categories.

### [Personal Care](#)

We applied reimbursement factors to the “Other - Personal Care” service category to reflect an increase of 14.4% to the Medicaid fee schedule effective January 1, 2020 for personal care services with procedure codes T1019 and 99509 and an 8.6% increase effective January 1, 2022 for procedure code T1019. The “Other - Personal Care” service category was also affected by the fee increases for HCBS related to ARPA, described above.

### [Physical Therapy](#)

We applied reimbursement factors to reflect an increase of 6% in the Medicaid fee schedule for specific physical therapy services effective January 1, 2022. The majority of this adjustment is applied to the “Professional - Physical Therapy” service category, with minor adjustments applied to other service categories.

### [Professional Evaluation and Management](#)

The Medicaid fee schedule for specific professional evaluation and management services increased effective January 1, 2020 by either 33% or 6% depending on the provider type, specialty type, and procedure code. We applied reimbursement adjustments to the applicable detailed service categories within the broad service categories of Professional and FQHC / RHC.

### [Skilled Nursing Facility](#)

We applied reimbursement factors to the “Hospital Inpatient - Skilled Nursing Facility” service category to reflect an estimated increase of 27% based on rate changes effective each July.

### [Speech-Language Pathology](#)

We applied reimbursement factors to reflect an average estimated increase of 36% based on changes to the Medicaid fee schedule for specific speech-language pathology services effective January 1, 2022. The majority of this adjustment is applied to the “Professional – Physical Therapy,” “Professional – Hearing / Speech Exams,” and “Other - Other” service categories, with minor adjustments applied to other service categories.

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## B. PROGRAM CHANGES

### Benefit Changes

#### IMD Utilization Adjustment

IMD services are routinely provided by HMOs in lieu of inpatient psychiatric admissions. Consistent with CMS rate setting requirements, we adjusted the HMO encounter base period utilization to exclude IMD stays of more than 15 days within a given month. For example, if a member is in an IMD for 20 days in one month, we excluded all 20 days for that month. These adjustments are shown in the benefit adjustment column of Exhibit 2 in the “Hospital Inpatient IMD” service category.

We also applied minor adjustments at the service category level to reflect the impact of removing the member months and non-IMD claims for members with over 15 days in an IMD for a given month. The composite impact of these adjustments is less than 0.1% for each eligibility category and region.

#### Addition of Coverage for Telehealth Services

New telehealth services were added during 2020 for physician-to-physician consultations and remote monitoring. We assume these services will offset reductions in in-person visits and related services. As a result, we did not apply an explicit adjustment to reflect the new telehealth services.

#### Addition of Coverage for Transgender Services

DHS added coverage for transgender services in response to a permanent injunction signed on October 31, 2019. We did not apply an explicit adjustment to the capitation rates for this additional coverage because the impact of this change is expected to be immaterial.

#### Removal of Non-Invasive Prenatal Testing (NIPT)

DHS expanded the eligibility for pregnant women to receive NIPT from certain high-risk pregnancies to all pregnancies for covered members. Because of the significant cost of this testing and significant uncertainty around its anticipated use, DHS is carving the benefit out of HMO coverage for 2022 and will reimburse claims as encounter-based payments until there is experience (with the expanded eligibility for the benefit) to use for rate development. As a result, we removed an immaterial amount of base period experience for procedure codes 81507 and 81420 from the “Professional – Radiology / Pathology” and “Hospital Outpatient – Radiology / Pathology” service categories that occurred while members were still enrolled in SSI coverage. The overall projected claims decrease across all services is less than 0.1%.

#### Removal of Continuous Glucose Monitoring (CGM)

DHS expanded the eligibility for covered members to use CGM from ages 25 and older who are type I diabetic to ages 21 and older who are diabetic (i.e., not restricted solely to type 1 diabetic). Because of the significant cost of this monitoring and significant uncertainty around its anticipated use, DHS is carving the benefit out of HMO coverage for 2022 and will reimburse claims as encounter-based payments until there is experience (with the expanded eligibility for the benefit) to use for rate development. As a result, we removed base period experience for HCPCS codes A9278, A9277, A9276, K0553, and K0554 from the “Other – Durable Medical Equipment” service category. The overall projected claims decrease across all services is less than 0.1%.

#### Addition of Coverage for Electrical Stimulation Device Services

DHS added coverage under managed care for electrical stimulation device services using procedure code E0766 effective November 15, 2021. These services were previously covered through the FFS program, but no claims were incurred for this coverage during 2019. E0766 is commonly used for a device called Optune, which is used for the treatment of glioblastoma, a type of brain cancer. We did not apply an explicit adjustment to the capitation rates for this additional coverage because the impact of this change is expected to be immaterial.

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### C. TREND

The annual trend assumptions (excluding Medicaid reimbursement changes) are shown in Table 10. We developed the trend assumptions based on historical trends, Medicaid industry trends, and actuarial judgment.

| <b>Table 10</b>                                |         |                   |                   |
|--|---------|-------------------|-------------------|
| <b>Wisconsin Department of Health Services</b> |         |                   |                   |
| <b>Annual Trend Factors</b>                    |         |                   |                   |
|  | 2019 to | 2020 to 2022      |                   |
|  | 2020    | SSI Medicaid Only | SSI Dual Eligible |
| Hospital Inpatient                             | 0%      | 1%                | 1%                |
| Hospital Outpatient                            | 0%      | 3%                | 3%                |
| Professional and Other                         | 0%      | 0%                | 1%                |
| Dental   | 0%      | 2%                | 2%                |

- We observed large negative trends in 2020 and early 2021. We assumed the significant disruption caused by the COVID-19 pandemic prevented a year of typical utilization trend from 2019 to 2020. However, we applied typical utilization trend from 2020 to 2022 because we assume future utilization trends will be similar to historical pre-pandemic patterns.
- Compared to the 2021 rate development based on 2018 and 2019 base data, we do not have more recent credible data available for trend analysis. Therefore, we applied the annual prospective claim trend assumptions from the 2021 capitation rate development from 2020 to 2022.

For reference, Table 11 shows the historical pre-pandemic medical utilization and case mix trends (excluding the impact of reimbursement changes) from 2017 to 2019 in the HMO encounter and financial data by eligibility category, region, and broad category of service that we reviewed when developing the assumed prospective trends for the 2021 capitation rates.

| <b>Table 11</b>  |                                |                       |          |                                |                       |          |
|--|--------------------------------|-----------------------|----------|--------------------------------|-----------------------|----------|
| <b>Wisconsin Department of Health Services</b>                     |                                |                       |          |                                |                       |          |
| <b>Annual 2017 to 2019 Medical Utilization and Case Mix Trends</b> |                                |                       |          |                                |                       |          |
|  | SSI Medicaid Only <sup>1</sup> |                       |          | SSI Dual Eligible <sup>2</sup> |                       |          |
|  | Utilization                    | Case Mix <sup>3</sup> | Combined | Utilization                    | Case Mix <sup>1</sup> | Combined |
| <b>2017 to 2018</b>  |                                |                       |          |                                |                       |          |
| Hospital Inpatient   | -0.4%                          | 4.3%                  | 3.8%     | 143.6%                         | n/a                   | n/a      |
| Hospital Outpatient  | 1.7%                           | 7.9%                  | 9.7%     | 15.5%                          | n/a                   | n/a      |
| Professional   | 0.6%                           | -2.4%                 | -1.9%    | 0.4%                           | -0.5%                 | -0.1%    |
| Dental <sup>4</sup>  | n/a                            | n/a                   | -7.1%    | n/a                            | n/a                   | -9.4%    |
| <b>2018 to 2019</b>  |                                |                       |          |                                |                       |          |
| Hospital Inpatient   | 1.9%                           | 1.2%                  | 3.0%     | 7.0%                           | n/a                   | n/a      |
| Hospital Outpatient  | 1.3%                           | 1.4%                  | 2.7%     | 9.4%                           | n/a                   | n/a      |
| Professional   | 2.1%                           | -1.2%                 | 0.9%     | 4.2%                           | 3.3%                  | 7.7%     |
| Dental <sup>4</sup>  | n/a                            | n/a                   | -2.2%    | n/a                            | n/a                   | -15.3%   |
| <b>Average 2017 to 2019</b>  |                                |                       |          |                                |                       |          |
| Hospital Inpatient   | 0.7%                           | 2.7%                  | 3.4%     | 75.3%                          | n/a                   | n/a      |
| Hospital Outpatient  | 1.5%                           | 4.6%                  | 6.2%     | 12.4%                          | n/a                   | n/a      |
| Professional   | 1.3%                           | -1.8%                 | -0.5%    | 2.3%                           | 1.5%                  | 3.8%     |
| Dental <sup>4</sup>  | n/a                            | n/a                   | -4.6%    | n/a                            | n/a                   | -12.3%   |

<sup>1</sup> SSI Medicaid Only trends are impacted by HMO expansion during the first half of 2018. Our 2017 to 2018 utilization and case mix trends for the pre-expansion population last year was 0.0% for hospital inpatient, -1.0% for hospital outpatient, and -0.9% for professional.

<sup>2</sup> We were not able to normalize the historical facility claims for fee schedule changes for the Dual Eligible population.

<sup>3</sup> Case mix trend is the change in the PMPM re-priced at 2020 fees after excluding the impact of utilization change.

<sup>4</sup> Dental uses financial data in Regions 5 and 6.

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- **Hospital Inpatient:** We assumed an annual hospital inpatient trend of 1% for SSI Medicaid Only and SSI Dual Eligibles. The SSI Medicaid Only assumption is largely based on the historical hospital inpatient trends, including the estimate of actual 2017 to 2018 trends for the pre-expansion population shown in the second footnote for Table 11. The SSI Dual Eligible population had high utilization trends, which we do not expect to continue, and we do not have their historical claims re-priced at the same fee schedule over time to evaluate their total trends excluding fee changes. We chose an annual trend of 1% based on the observed trends in other eligibility categories.
- **Hospital Outpatient:** We assumed an annual hospital outpatient trend of 3% for SSI Medicaid Only and SSI Dual Eligibles and expect future trends to be closer to the results observed in the 2018 to 2019 SSI Medicaid Only experience.
- **Professional and Other:** We assumed an annual physician utilization and case mix combined trend of 0% for SSI Medicaid Only and 1% for SSI Dual Eligible, respectively, based on recent actual trends and prospective industry trends. We also applied the professional trend to the services in the “FQHC / RHC” and “Other” broad service categories.
- **Dental:** We assumed an annual dental trend of 2% for both populations. We considered 2017 to 2019 dental trends in the HMO financial data in regions 5 and 6, as shown in Table 11. The 2017 to 2018 trend for SSI Medicaid Only in the HMO encounter data was impacted by the HMO expansion, since members previously enrolled in FFS had lower dental costs PMPM. We assumed higher trends than experienced from 2017 to 2019 due to continued efforts to improve member access to dental services.

The trend assumptions are intended to reflect utilization and cost impacts not already specifically accounted for in the other adjustments documented in this report.

#### D. ADMINISTRATIVE COST AND RISK MARGIN ALLOWANCE

The following exhibits add the administrative cost and risk margin allowance to the projected 2022 claim costs by eligibility category and region:

- Exhibit 3: Medical
- Exhibit 8: Dental
- Exhibit 13: Chiropractic

#### Administrative Cost / Risk Margin Allowance for Medical, Dental, and Chiropractic Rates

We developed the administrative allowances in the 2022 capitation rates based on the 2019 financial data provided by the HMOs. Similar to the base period claims data, we did not use 2020 financial data, since we believe 2020 administrative costs were likely impacted by the COVID-19 pandemic. We assumed administrative expenses in 2022 will be more similar to 2019 (with adjustments) than 2020.

Table 12 summarizes the projected 2022 administrative cost PMPM from the historical 2019 and 2020 BCP and SSI combined administrative cost PMPM assuming 1.5% annual inflation trend and a reduction in fixed costs due to increased combined membership.

| <b>Table 12</b><br><b>Wisconsin Department of Health Services</b><br><b>Administrative Cost PMPM</b><br><b>BCP and SSI Programs Combined</b> |         |
|--|---------|
| 2019 HMO Financial Data  | \$26.99 |
| 2019 HMO Financial Data on a 2020 Member Month Basis <sup>1</sup>  | \$26.42 |
| 2020 HMO Financial Data  | \$25.56 |
| Average 2019 and 2020 HMO Financial Data <sup>2</sup>  | \$25.99 |
| Projected 2022 <sup>3</sup>  | \$26.52 |

<sup>1</sup> Assumed a reduction of \$0.57 PMPM from 2019 to 2020 due to member month growth.

<sup>2</sup> Average of prior two rows (i.e., 2019 on a 2020 member month basis and 2020).

<sup>3</sup> Applies 1.5% annual trend for 2.5 years from 1/1/2020 to 7/1/2022 midpoints and assumes a reduction of \$0.45 PMPM from 2020 to 2022 due to projected member month growth.

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We assumed a reduction in fixed costs PMPM of \$0.57 PMPM from 2019 to 2020 and \$0.45 PMPM from 2020 to 2022 assuming 50% of reported indirect costs are related to fixed costs that will not vary with membership changes and a member month growth of about 13% from 2019 to 2020 and 9.5% from 2020 to 2022 for the combined BCP and SSI programs.

We then developed the administrative allowances for the BCP and SSI programs combined across all coverages to be consistent with the projected PMPM. HMOs generally allocated their administrative costs by eligibility category using simple methods such as member months, claims, or revenue. As a result, we grouped HMOs by their participating eligibility categories to better estimate administrative costs by eligibility category.

Table 13 summarizes the administrative cost and risk margin assumptions applied to the medical, dental, and chiropractic rates.

| <b>Administrative Cost Components</b>              | <b>SSI Medicaid Only</b> | <b>SSI Dual Eligible</b> |
|--|--------------------------|--------------------------|
| Direct Costs                                       | 4.0%                     | 4.7%                     |
| Indirect Costs                                     | 3.7%                     | 4.4%                     |
| Care Coordination                                  | 1.6%                     | 1.9%                     |
| Licensing and Regulatory Fees                      | 0.0%                     | 0.0%                     |
| Sales and Marketing                                | 0.1%                     | 0.4%                     |
| <b>Total Administrative Cost Allowance</b>         | <b>9.5%</b>              | <b>11.5%</b>             |
| Margin Risk Allowance                              | 2.0%                     | 2.0%                     |
| <b>Administrative Cost / Risk Margin Allowance</b> | <b>11.5%</b>             | <b>13.5%</b>             |

The 2022 SSI capitation rates exclude any provision for federal or state income taxes or state premium taxes, since HMOs are expected to pay any of these applicable taxes out of the risk margin included in the capitation rates. We reviewed historical MLR qualified taxes and fee amounts (excluding the health insurer fee reimbursed outside of the capitation for applicable experience years and taxes) in the HMO financial reporting and did not observe any material reported amounts.

The administrative loads are higher on a percentage basis than are typically used in other states because Wisconsin carves out prescription drugs from the capitation rates, resulting in lower medical costs. On average, the projected 2022 statewide administrative allowance for medical services is \$61.26 PMPM for SSI Medicaid Only and \$17.17 for SSI Dual Eligibles, as shown in Exhibit 3 based on the base period demographic mix by rate cell and region.

The risk margin allowance is 2% of capitation for all rate cells.

## **E. ALLOCATION OF BASE CAPITATION RATES BY RATE CELL**

The 2022 SSI MA Only and SSI Dual Eligible base capitation rates are allocated by rate cell using the cost relativities among age bands based on statewide data. The regional rates by eligibility category are based on region specific total costs, but the relationships between age bands were standardized to statewide relativities.

The following exhibits show the calculation for each eligibility category and type of coverage:

- Exhibit 4A: Medical – SSI Medicaid Only
- Exhibit 4B: Medical – SSI Dual Eligible
- Exhibit 9A: Dental – SSI Medicaid Only
- Exhibit 9B: Dental – SSI Dual Eligible
- Exhibit 14A: Chiropractic – SSI Medicaid Only
- Exhibit 14B: Chiropractic – SSI Dual Eligible

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The following steps were used to calculate capitation rates by rate cell and region.

1. **Develop statewide rate cell factors:** For each eligibility category, type of coverage, and rate cell, we calculated the statewide projected costs by rate cell and calculated the relativity PMPM to the overall costs PMPM.
2. **Normalize statewide rate cell factors to 1.0 by region and eligibility category:** For each region and eligibility category, the statewide rate cell factors are normalized so the rates by rate cell produce the overall capitation rate by region and eligibility category based on the member months in the base data used for rate development.
3. **Apply rate cell factors to capitation rates by region and eligibility category:** The normalized regional rate cell factors in step 2 are multiplied by the base capitation rates by region, type of coverage, and eligibility category to determine the normalized rates by rate cell and region.

#### F. HMO-SPECIFIC DENTAL UTILIZATION ADJUSTMENT

The 2022 dental capitation rates include HMO-specific adjustments to compensate HMOs with higher utilization, while still providing funding to HMOs with lower dental utilization to provide an incentive to provide increased dental services. The variation in dental PMPM by HMO is driven by differences in the utilization of dental services and promoting access to dental care, and also by differences in dental provider networks and negotiated reimbursement. The adjustments are budget neutral across the HMOs based on projected membership and reflect 50% of the difference between each HMO's dental claims PMPM relative to the average cost for HMOs included in the adjustment calculation, consistent with the methodology used for the 2021 capitation rates. The adjustments are shown in Exhibit 10 and applied in Exhibit 11.

Similar to risk adjustment, the base dental capitation rates are based on aggregate experience, and we apply budget neutral adjustments to the final rates to reflect the relative dental utilization of each HMO, as measured by the base period claims experience, compared to the projected member months. We selected a 50% credibility weight, such that the rates are appropriately adjusted to reflect higher / lower capitation rates associated with higher / lower base period dental utilization, but the credibility weight is lower than 100% since the base period claims experience is not a perfect measure of the future relativity of dental utilization by HMO.

#### G. POTENTIAL RETROACTIVE RATE AMENDMENTS

We do not anticipate any future retroactive rate amendments to be applied to the 2022 capitation rates.

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## IV. FINAL HMO-SPECIFIC CAPITATION RATES

This section of the report summarizes the development of final medical (HMO specific) and dental capitation rates, including applicable risk score adjustments, P4P withholds, and provider access payments.

These adjustments are summarized in the following exhibits:

- Exhibit 6A: Medical – SSI Medicaid Only
- Exhibit 6B: Medical – SSI Dual Eligible
- Exhibit 11A: Dental – SSI Medicaid Only
- Exhibit 11B: Dental – SSI Dual Eligible
- Exhibit 19A: Final HMO-Specific Capitation Rates by Type of Coverage – SSI Medicaid Only
- Exhibit 19B: Final HMO-Specific Capitation Rates by Type of Coverage – SSI Dual Eligible

### A. RISK SCORE ADJUSTMENTS

Risk adjustment is an important tool for the development and sustainability of Medicaid managed care programs and helps align incentives between capitated plans and state Medicaid managed care programs. Risk adjustment, if done properly, allows capitated plans to succeed based on how efficiently they can deliver care and negotiate provider reimbursement, rather than on how well they can enroll the healthiest individuals.

Risk adjusted payment systems are intended to alleviate some of the inequities brought on by selection. If a capitated plan enrolls a healthier population, the risk adjustment system will lower its payments and reduce overpayments to capitated plans that experience positive selection. Likewise, if a capitated plan experiences adverse selection and consequently enrolls a sicker population, the risk adjustment system will increase its payments to reflect their enrollees' sicker health status.

Risk adjustment models estimate the relative morbidity of individuals. The tools use demographic and health care claims data to develop these morbidity measures. These measures can be used to better predict future health care costs in order to adjust payment.

This section describes the development of the risk adjustment system that will be used to risk adjust payments for the 2022 SSI Medicaid Only capitation rates.

Although the number of 2020 diagnoses submitted by the HMOs during the COVID-19 pandemic decreased from 2019, we continued to use the methodology from our prior rate development of using diagnoses from the most recent experience year to calculate the risk scores for the rate year. We used 2020 diagnoses primarily so we could score newer members, which also allowed us to capture new diagnoses for continuing members. We reviewed the changes in risk scores from 2021 to 2022 by HMO on a budget-neutral basis and observed reasonable changes between HMOs. We also graphed monthly coding trends by program and HMO and observed similar changes over time by HMO within each program.

Exhibit 5A summarizes the risk score adjustments applied to the base 2022 capitation rates to calculate HMO-specific risk-adjusted 2022 SSI Medicaid Only medical capitation rates (before P4P withholds and provider access payments).

#### CDPS Risk Score Model Overview

The SSI Medicaid Only risk adjustment process uses the Chronic Illness and Disability Payment System plus Prescription Drug (CDPS+Rx) model structure developed by The University of California – San Diego (UCSD). UCSD developed three models, as described below.

- CDPS is a diagnostic classification system that Medicaid programs can use to make health-based capitated payments for TANF and disabled Medicaid beneficiaries. CDPS uses ICD-10 diagnostic codes to assess risk and assigns each member to one or more of 58 possible medical condition categories from 19 major diagnostic categories. Each member is also assigned to one of 11 age / gender categories. All of the 19 major diagnostic categories are “hierarchic” categories in that only the single most severe diagnostic category within the major category is counted. Single counting within major categories is intended to avoid encouraging a proliferation of different diagnoses reported for a single disease process just to increase payment.

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- MRX is a pharmacy based risk adjustment model that may be used to adjust capitated payments to capitated plans that enroll Medicaid beneficiaries. The MRX model assigns each member to one or more of 45 medical condition categories based on the prescription drugs used by each member and to one of 11 age / gender categories.
- CDPS+Rx includes the full set of diagnosis categories from the CDPS model, as well as 15 categories from the MRX model that are embedded within the CDPS hierarchy. The researchers at UCSD limited the MRX categories to the 15 that added predictive power to the diagnostic model (i.e., both relatively common and significant predictors of cost) and were relatively less susceptible to variations in practice patterns.

CDPS, MRX, and CDPS+Rx are widely used in the Medicaid industry because they are designed specifically for the Medicaid population. We used the structure of version 6.4 for the 2022 capitation rates.

In addition to the standard CDPS+Rx condition categories, we added a homelessness variable to the risk weight model used to develop risk scores for 2021 and 2022. The homelessness variable is determined by a member receiving the "Z59.0" ICD-10 code during the assessment period. The prevalence of homelessness is likely understated in the data. However, our analysis shows that homeless individuals are associated with higher claims cost in all programs. Therefore, we believe it is appropriate to include this variable in the risk score weights.

Risk adjustment can be implemented in one of two ways:

- Concurrent risk adjustment: Diagnoses and pharmacy data from one time period are used to predict the acuity of the population in that same time period. Risk scores under concurrent risk adjustment methods are influenced by acute and one-time conditions in addition to reflecting chronic conditions.
- Prospective risk adjustment: Diagnoses and pharmacy data from a prior time period are used to predict the acuity of the population in a future time period. There is typically a lag of 6 to 12 months between the historical period and the prediction period. The longer the lag is, the less accurate the prediction of future costs becomes.

For 2021 and 2022 capitation rates, we developed prospective risk weight models for the SSI Medicaid Only population (including MAPP Medicaid Only), which used 2017 to 2018 diagnoses to predict 2018 to 2019 costs. These custom risk weight models, which we will refer to as the "custom prospective models," reflect Wisconsin's specific covered benefits, eligibility rules, provider reimbursement, and practice patterns.

R-squared measures the variability in a data set accounted for by the statistical model. R-squared values for regression models vary from 0% to 100%, with 100% indicating a model that explains all the variation in a particular data set. The custom prospective regression model calibrated to the SSI Medicaid Only population has an R-squared measure of 23.1%, which is comparable to typical prospective model predictive powers for comparable Medicaid populations.

Attachment B contains the model intercept and risk weights for the SSI Medicaid Only population and shows the statistical significance (p-value) and prevalence of each category.

Attachment C shows the mapping of the risk categories from the standard to the custom CDPS+Rx models. For purposes of developing risk weights, we combined severity levels for several of the CDPS+Rx standard risk categories to ensure a logical relationship between the risk weights and the severity level or in situations where individual categories did not provide additional statistical predictive ability.

### Risk Adjustment Methodology and Data

The risk scores shown in Exhibit 5A are based on 2020 FFS claims and HMO encounter claims for HMO members from the encounter data extracts submitted to DHS by the HMOs.

Each scored individual receives a demographic relative cost weight and disease or homelessness categories depending on that individual's claim records.

- We used version 6.4 of the CDPS+Rx model to assign individuals to a demographic category and disease categories based on their diagnostic information and pharmacy utilization during 2020.

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- We excluded diagnostic codes from laboratory, radiology, DME, and medical supplies claims to avoid including false positive diagnostic indicators for tests run on individuals and equipment and supplies used.
- The recipient age and gender is calculated as of July 1, 2021, and is used for demographic classification.
- Similar to the diagnostic conditions, homelessness is indicated by an HMO encounter or FFS medical claim diagnoses in the assessment period – specifically the “Z59.0” ICD-10 code - but is not a standard CDPS+Rx variable.

For each member, the weights for all of the disease categories assigned are combined with their demographic and homelessness information and the model intercept to calculate a total individual risk score under the custom prospective model. Scored members are assigned to the SSI Medicaid Only population and each HMO using capitation enrollment data provided by DHS for July 2021.

For each HMO, the unnormalized risk scores are derived by performing a weighted average of the cost weights using the count of risk scored member months associated with each demographic and diagnostic category. An example of the weighted average for a member with two diagnostic conditions is provided below:

$$\begin{aligned}
 & \text{(Model Intercept)} \\
 & + [\text{Scored Member Months in Demographic Bucket}] \times [\text{Demographic Bucket Risk Weight}] \\
 & + [\text{Scored Member Months with Homelessness}] \times [\text{Homelessness Risk Weight}] \\
 & + [\text{Scored Member Months with Condition \#1}] \times [\text{Condition \#1 Risk Weight}] \\
 & + [\text{Scored Member Months with Condition \#2}] \times [\text{Condition \#2 Risk Weight}] \\
 & / [\text{Total HMO Scored Member Months}] \\
 & = [\text{Unnormalized Risk Score}]
 \end{aligned}$$

To ensure budget neutrality, the risk scores are normalized within each combination of rate cell and region within the SSI Medicaid Only population by dividing each individual HMO’s unnormalized risk score by the total enrolled population’s unnormalized risk score.

The final risk adjusted HMO rates are calculated by multiplying the base capitation rates (before CDPS) by the HMO-specific normalized risk scores. New HMOs will receive capitation rates based on 1.000 risk scores.

SSI Medicaid Only Ages 65+ rate cells are not risk adjusted due to credibility issues associated with low membership. SSI Dual Eligible capitation rates are also not risk adjusted.

### Risk Adjustment Implementation Considerations

We made several adjustments to the “raw” risk score results to calculate the risk scores shown in Exhibit 5A:

- Membership threshold for scoring a member – Risk adjustment methods typically use 12 months of historical data to assess risk. For members with less than 12 months of eligibility in that historical period, a determination is needed as to how to handle their risk assessment. We used a minimum of six months of eligibility for risk scoring.
- Treatment of non-scored members – Individuals with too short of an eligibility span to assess their risk are often assigned risk based on their age and gender and / or based on some portion of the risk assessed in the capitated plan’s population with full eligibility. We assumed that non-scored members of an HMO have a risk score equal to that HMO’s rate cell average risk score within a given combination of region and eligibility category.
- Normalization by rate cell within each region and eligibility category – Risk adjustment is intended to measure the relative risk of populations enrolled by HMOs to develop capitation rate adjustments by HMO that are budget neutral. HMO risk factors are normalized to be budget neutral for each rate cell within each region for the SSI Medicaid Only population based on July 2021 enrollment.
- Credibility adjustments – Risk scores developed for small populations may not be credible due to the inherent variability of risk scores. For HMOs with fewer than 50 scored members in a given rate cell within a given combination of each region and eligibility category, the normalized HMO risk score was set to 1.000, since the risk score result is not considered to be a credible measure of estimated future morbidity.

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## Retrospective Risk Score Adjustment

In addition to the risk scores being budget neutral on a prospective basis (based on July 2021 enrollment), DHS will perform a risk score settlement calculation on the SSI Medicaid Only capitation rates to ensure risk scores are budget neutral on a retrospective basis based on actual 2022 enrollment by HMO.

## Potential Risk Score Adjustments Based on Actual Membership

As noted above, we developed 2022 risk score adjustments for each HMO based on their July 2021 enrollment. Historically, risk scores have been established prospectively for each calendar year with no midyear adjustments. DHS will consider an update to average risk scores (using the same risk scores by member developed from 2020 experience) if we observe material changes in enrollment between 2021 and 2022.

## B. PAY-FOR-PERFORMANCE (P4P) WITHHOLDS

A P4P withhold of 2.5% of the entire medical capitation payment (prior to risk adjustment and provider access payments) applies to SSI Medicaid Only for the entire 2022 rate year. There are no P4P withholds for SSI Dual Eligible for any coverage types and no SSI Medicaid Only P4P withholds on dental or chiropractic rates. The purpose of the withhold is to incentivize HMOs to meet or exceed performance targets and achieve HMO specific performance improvement plans.

Based on historical withhold payment data from DHS, SSI HMOs have earned back at least 71% of the P4P withhold from 2011 to 2019 in aggregate. In 2021, DHS added withhold criteria attributed to each HMO's specific performance improvement plan (similar to the BCP program), which is anticipated to result in the same or higher future withhold returns. We are not aware of any significant changes expected for the 2022 withhold returns, and therefore, we believe the P4P withholds are reasonably achievable by the HMOs during the 2022 contract period.

## C. STATE DIRECTED PAYMENTS

### Provider Access Payments

DHS provides funding to promote access for Medicaid individuals to acute care, rehabilitation, and critical access hospitals. This funding is included in the capitation rates for the SSI Medicaid Only population. The SSI Dual Eligible population is not eligible for provider access payments.

The provider access payments will be made under a 438.6(c) preprint for 2022 that DHS will submit to CMS, and we reviewed the preprint for consistency with this 2022 rate certification. After the 2022 rating period is complete, DHS will submit documentation to CMS summarizing the total amount of access payments by rate cell, consistent with the rate certification.

The provider access payments are intended to reimburse providers based on Medicaid utilization. Therefore, the prospective payment amounts per service do not vary based on acuity or provider billed charges. The total provider access payment funding amounts for the BCP and SSI programs combined are appropriated in the Wisconsin state budget on a State Fiscal Year (SFY) basis. The provider access payments will generally be distributed based on utilization in the prior month (e.g., February 2022 payments are based on utilization for claims paid in January 2022). However, HMOs will pay January 2022 payments to providers based on utilization for claims paid in January 2022 to comply with CMS' requirement for 2022 provider access payments to be based on utilization paid in 2022.

Table 14 shows the SFY 2022 (July 2021 through June 2022) funding amounts for HMOs in total and the projections for BCP Standard versus SSI Medicaid Only.

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**Table 14**  
**Wisconsin Department of Health Services**  
**Projected 2022 Provider Access Payment Funding**

|  | BCP Standard  | SSI           |               |
|--|---------------|---------------|---------------|
|  |               | Medicaid Only | Total         |
| <b>Inpatient acute and rehabilitation</b>  | \$228,977,828 | \$37,145,536  | \$266,123,364 |
| <b>Outpatient acute and rehabilitation</b> | \$186,328,251 | \$31,409,047  | \$217,737,298 |
| <b>Inpatient critical access</b>           | \$3,643,852   | \$239,234     | \$3,883,086   |
| <b>Outpatient critical access</b>          | \$2,862,833   | \$314,237     | \$3,177,070   |

We do not anticipate the provider access payments to the HMOs will change from the amounts included in the 2022 capitation rates. To the extent the actual access payments do change, we will file a rate amendment to reflect these changes.

We allocated the funding amounts to BCP Standard versus SSI Medicaid Only and then by HMO based on the total projected mix of 2022 admissions (inpatient access payments) or visits (outpatient access payments) based on the base period experience, adjusted to reflect the impact of missing data. We then calculated a fixed PMPM amount for each HMO by program to add to the 2022 capitation rates.

The methodology used to calculate the 2022 provider access rate adjustments is summarized in the following steps:

- 1. Summarize Historical Utilization:** We summarized the total HMO encounter base period utilization PMPM by HMO, eligibility category, region, and rate cell for providers eligible to receive provider access payments. The utilization counts are admissions for inpatient access payments and visits for outpatient access payments. We used the lists of National Provider Identification (NPI) codes for facilities eligible for each type of provider access payment provided by DHS. All hospitals in the state qualify for access payments with the exception of psychiatric hospitals.
- 2. Project 2022 Utilization Mix:** We projected the mix of utilization PMPM by HMO, eligibility category, region, and rate cell to 2022.

For rate cells with at least 250 member months in the base period, the adjusted utilization PMPM is calculated as the base period utilization multiplied by the missing data adjustment. For other rate cells with less than 250 member months, we developed the adjusted utilization PMPM based on the regional average base period utilization PMPM for that rate cell with missing data adjustment across all HMOs.

We converted the adjusted utilization PMPM to total utilization counts based on the projected 2022 member months by rate cell.

- 3. Calculate Provider Access Payment Rate Adjustments:** We allocated the total provider access payments by HMO based on the adjusted utilization and calculated the provider access payments PMPM by dividing the total allocated provider access payments by the total projected 2022 member months.

The provider access payment add-ons are calculated for each HMO with credible membership. New HMOs, if applicable, will receive the average regional PMPM adjustment. Exhibit 18A summarizes the 2022 provider access payments PMPM. Exhibits 18B through 18E show the adjusted utilization, projected average 2022 monthly membership, and projected 2022 provider access payment dollars by HMO and region for each type of provider access payment.

Exhibit 19 shows the final 2022 capitation rates by HMO and type of coverage, including any applicable CDPS, P4P, and provider access payments.

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## Other Delivery System and Provider Payment Initiatives

HMOs are contractually required to pay a minimum of 100% of the FFS Medicaid rate for the following providers / services:

- FQHC and RHC providers
- Indian Health Care providers or services (Indian Tribe, Tribal Organization, or Urban Indian Organization or I / T / U)
- Dental services
- Out of network emergency services

We did not include any capitation rate adjustments for these services since the base data used for rate development reflects the Medicaid fee schedules for all claims.

### D. RISK MITIGATION (RISK CORRIDOR)

The BCP and SSI programs will have a combined two-way risk corridor mechanism for 2022 to mitigate the significant uncertainty outside of HMO control related to the ongoing COVID-19 pandemic, consistent with the arrangement for 2021. The risk corridor will address variances in the ratio of claim costs divided by capitation (before P4P withholds are applied) and BCP Standard maternity kick payments. We will calculate a composite target loss ratio (LR) for each HMO at the end of the year using the pricing LRs by eligibility category and coverage type shown in Table 15 weighted by the mix of each HMO's actual capitation and maternity kick payments by rate cell.

| Table 15<br>Wisconsin Department of Health Services<br>Combined BCP and SSI Programs<br>2022 Target Loss Ratios |                                   |           |
|---|-----------------------------------|-----------|
|   | Pricing Loss Ratio                |           |
|   | Medical, Dental, and Chiropractic | Maternity |
| BCP Standard  | 83.0%                             | 93.0%     |
| BCP Childless Adults  | 86.5%                             | n/a       |
| SSI Medicaid Only   | 88.5%                             | n/a       |
| SSI Dual Eligibles  | 86.5%                             | n/a       |

DHS and each HMO will share the marginal financial risk of actual results above or below the LR target as shown in Table 16.

| Table 16<br>Wisconsin Department of Health Services<br>Risk Corridor for the Combined BCP and SSI Programs |                         |           |
|--|-------------------------|-----------|
| Variance from Target LR  | Gain / Loss in Corridor |           |
|  | HMO Share               | DHS Share |
| < -6.0%  | 0%                      | 100%      |
| -6.0% to -2.0%   | 50%                     | 50%       |
| -2.0% to +2.0%   | 100%                    | 0%        |
| +2.0% to +6.0%   | 50%                     | 50%       |
| > 6.0%   | 0%                      | 100%      |

The risk corridor settlement will occur after the 2022 contract period has ended and enough time has passed to collect and validate 2022 experience. We anticipate performing an initial settlement using 2022 contract year HMO financial reporting data with four months of claim runout and a final settlement using data with sixteen months of claim runout.

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Only benefit costs for covered services, as applicable and defined in the contract and this report, will be included in the numerator of the LR calculation for the risk corridor program. All capitation revenue including BadgerCare Plus Standard maternity kick payments, gross of P4P and net of provider access payments, will be included in the denominator of the LR calculation.

Consistent with contract expectations, DHS expects reimbursement made for covered services should be at market-based levels and should incent efficient and high quality care. As such, DHS reserves the right to review encounter data and other information associated with such payments and adjust the risk corridor calculation as necessary to reflect those expectations.

Any payment or recoupment amount from the risk corridor will be included in the denominator of the federal medical loss ratio (MLR) for purposes of submitting CY 2022 MLR calculations to CMS.

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## V. CAPITATION RATES FOR ENHANCED FMAP SERVICES

DHS receives enhanced Federal Medical Assistance Percentage (FMAP) for certain preventive services provided without member copayments, family planning services, services provided to Native Americans or Alaskan Native members at facilities officially recognized as Indian Health Services (IHS) facilities, and ARPA-related services.

All ARPA services except DME will increase 5% effective January 1, 2022. HMOs are required to pass this reimbursement increase to providers, and DHS will test that reimbursement increases to providers related to ARPA are greater than or equal to the enhanced FMAP for ARPA services from April 1, 2021 to March 31, 2022.

This section of the report documents the development of the 2022 capitation rates for preventive, family planning, and IHS services eligible for enhanced FMAP, as well as the portion of the projected medical cost eligible for ARPA enhanced FMAP and attributed to the 5% fee increase for ARPA services. There are no services eligible for enhanced FMAP in the dental or chiropractic capitation rates.

The medical capitation rates for services eligible for enhanced FMAP are summarized in the following exhibits:

- Exhibit 20: Overall FMAP capitation rates
- Exhibit 21: FMAP capitation rates for SSI Medicaid Only rate cells (preventive services)
- Exhibit 22A: FMAP capitation rates for SSI Medicaid Only rate cells (family planning services)
- Exhibit 22B: FMAP capitation rates for SSI Dual Eligible rate cells (family planning services)
- Exhibit 23A: FMAP capitation rates for SSI Medicaid Only rate cells (IHS)
- Exhibit 23B: FMAP capitation rates for SSI Dual Eligible rate cells (IHS)
- Exhibit 24: Projected medical costs for ARPA reimbursement increase and enhanced FMAP
- Exhibit 25A: Projected medical costs for ARPA reimbursement increase for SSI Medicaid Only rate cells
- Exhibit 25B: Projected medical costs for ARPA reimbursement increase for SSI Dual Eligible rate cells
- Exhibit 26A: Projected medical costs for SSI Medicaid Only rate cells (ARPA services)
- Exhibit 26B: Projected medical costs for SSI Dual Eligible rate cells (ARPA services)

### A. SERVICES ELIGIBLE FOR ENHANCED FMAP

Appendix D includes a summary of the criteria DHS used to identify services eligible for enhanced FMAP in the base data. We assigned the categories in the hierarchical order of IHS, family planning, and preventive so no services are double counted (the ARPA services subject to the 5% fee increase include some services in the other enhanced FMAP categories).

### B. METHODOLOGY USED TO DEVELOP FMAP PORTION OF CAPITATION PAYMENTS

The methodology used to develop the portion of the medical capitation rates represented by enhanced FMAP services is summarized in the following steps:

- **Project 2022 claim costs:**
  - Preventive Services: The projected 2022 medical cost PMPM for zero copay preventive services is developed in Exhibit 2.
  - Family Planning Services: The projected 2022 medical cost PMPM for family planning services is developed in Exhibit 2.
  - IHS: The projected 2022 medical cost PMPM for IHS services is developed in Exhibit 2.
  - ARPA Services: The projected 2022 medical cost PMPM for ARPA services and the projected 2022 fee increase PMPM related to ARPA services are developed using the criteria in Appendix D along with the results in Exhibit 2.

Please refer to Section II for a discussion of the base period data and adjustments and Section III for the assumptions used to project the base period experience to 2022.

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- **Add administrative cost and margin allowance:** The administrative cost and margin allowance is added to the projected claim costs in Exhibit 20. The administrative cost and margin allowance added to the services eligible for enhanced FMAP is the same as the allowance added to the total medical capitation rate and is summarized in Section III.D. We did not add any administrative cost or margin allowance to the enhanced FMAP for ARPA services or the fee increase attributed to the 5% fee increase for ARPA services.
- **Allocate regional capitation rates / medical costs by rate cell:** The medical capitation rates (non-ARPA) or medical costs (ARPA) are allocated by rate cell based on statewide rate cell factors normalized to the base period mix of member months by rate cell in each region. These calculations are shown in Exhibit 21 (preventive services), Exhibit 22 (family planning), Exhibit 23 (IHS), Exhibit 25 (ARPA reimbursement increase), and Exhibit 26 (ARPA services). This methodology is described in detail in Section III.E.
- **Apply P4P withholds (if applicable):** The SSI Medicaid Only P4P withhold of 2.5% is applied to the capitation rates by rate cell in Exhibit 21 (preventive services), Exhibit 22 (family planning), and Exhibit 23 (IHS). This step does not apply to the SSI Dual Eligible capitation rates, since these payments are not subject to the P4P withhold.

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## VI. CMS RATE SETTING CHECKLIST

This section of the report lists each item in the CMS checklist and either discusses how DHS addresses each issue or directs the reader to other parts of this report. CMS uses the rate setting checklist to review and approve a state's Medicaid capitation rates.

### AA.1.0 – OVERVIEW OF RATE SETTING METHODOLOGY

Please refer to Sections I through V of the report for a description of the rate setting methodology.

#### AA.1.1 – ACTUARIAL CERTIFICATION

Appendix E includes the actuarial certification.

#### AA.1.2 – PROJECTION OF EXPENDITURES

Exhibits 15 through 17 show the expected rate change from the 2021 to 2022 capitation rates by eligibility category, HMO, and rate cell excluding provider access payments.

#### AA.1.3 – RISK CONTRACTS

DHS' contract with the HMO receiving the capitation rates in this report meets the criteria of a risk contract.

#### AA.1.4 – RATE MODIFICATIONS

The capitation rates in this report are the initial rates for the contract period.

#### NOTE – THERE IS NO ITEM AA.1.5 IN THE RATE SETTING CHECKLIST

#### AA.1.6 – LIMIT ON PAYMENT TO OTHER PROVIDERS

It is our understanding no payment is made to a provider other than the HMOs for services available under the contract.

#### AA.1.7 – RISK AND PROFIT

Targeted margin is considered as part of the final rate development as described in Section III.D of the report.

#### AA.1.8 – FAMILY PLANNING ENHANCED MATCH

DHS claims enhanced match for family planning services and the administrative and margin portion associated with the delivery of those services. Please refer to Section V of this report for the development of capitation rates for services eligible for enhanced match.

#### AA.1.9 – INDIAN HEALTH SERVICE FACILITY ENHANCED MATCH

DHS claims enhanced match for services provided to Native Americans or Alaskan Native members at facilities officially recognized as IHS facilities and the administrative and margin associated with the delivery of these services for the population covered under this program. Please refer to Section V of this report for the development of capitation rates for services eligible for enhanced match.

#### AA.1.10 – NEWLY ELIGIBLE ENHANCED MATCH

Wisconsin has not expanded its Medicaid eligibility rules to include adult populations that can be covered under the Medicaid expansion provisions of the Affordable Care Act.

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### **AA.1.11 – RETROACTIVE ADJUSTMENTS**

Please see response to Section AA.1.4. Any future retroactive capitation adjustments will be limited to a maximum period of two years.

### **AA.2.0 – BASED ONLY UPON SERVICES COVERED UNDER THE STATE PLAN**

The Medicaid base data includes only State Plan services covered by the SSI Medicaid managed care program, including Medicare crossover benefits and IMD (with adjustments). The rate year may include “Sub-Acute Psychiatric Community-Based Psychiatric and Recovery Center Services” covered in lieu of inpatient psychiatric admissions.

#### **AA.2.1 – PROVIDED UNDER THE CONTRACT TO MEDICAID-ELIGIBLE INDIVIDUALS**

Data for populations not eligible to enroll in a SSI HMO has been excluded from the base data. The payment rates provided under the contract are for Medicaid-eligible individuals only.

#### **AA.2.2 – DATA SOURCES**

Please refer to Section II.A of this report for a discussion of the base year utilization and cost data.

### **AA.3.0 – ADJUSTMENTS TO BASE YEAR DATA**

All adjustments to the base year data are discussed in Sections II through IV of this report. In addition, each item in the checklist is addressed in items AA.3.1 – AA.3.17 below.

#### **AA.3.1 – BENEFIT DIFFERENCES**

The base data used to calculate the capitation rates only includes services covered under the managed care contract and the in lieu of services mentioned in item AA.2.0. Please see Section III.B. for details regarding benefit changes.

#### **AA.3.2 – ADMINISTRATIVE COST ALLOWANCE CALCULATIONS**

The administrative cost allowances are discussed in Section III.D of this report and summarized in Tables 12 and 13.

#### **AA.3.3 – SPECIAL POPULATION ADJUSTMENTS**

The base data used to calculate the capitation rates is consistent with the managed care population. No special population adjustments were necessary.

#### **AA.3.4 – ELIGIBILITY ADJUSTMENTS**

The base data used to calculate the capitation rates is consistent with the managed care population. No eligibility adjustments were necessary.

#### **AA.3.5 – THIRD PARTY LIABILITY (TPL)**

The HMOs are responsible for the collection of any TPL recoveries. As such, the HMO encounter data already includes the impact of TPL recoveries. Any TPL recovered outside of the encounter data (e.g., subrogation) is included in the “Payments Made Outside Encounter Data” row of Exhibits 1 and 2.

#### **AA.3.6 – INDIAN HEALTH CARE PROVIDER PAYMENTS**

The HMOs are responsible for the entirety of the IHC payments, which are fully reflected in the encounter data.

#### **AA.3.7 – DSH PAYMENTS**

DSH payments are not included in the capitation rates.

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### **AA.3.8 – FQHC AND RHC REIMBURSEMENT**

HMOs are required to reimburse Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) centers at a minimum of Medicaid rates.

### **AA.3.9 – GRADUATE MEDICAL EDUCATION (GME)**

GME payments are excluded from the base data.

### **AA.3.10 – COPAYMENTS, COINSURANCE, AND DEDUCTIBLES IN CAPITATED RATES**

The base data reflects appropriate cost sharing provisions. No adjustments were necessary.

### **AA.3.11 – MEDICAL COST TREND INFLATION**

Please refer to Sections III.A and III.C of this report.

### **AA.3.12 – UTILIZATION ADJUSTMENTS**

Please refer to Sections III.B, III.C, and III.F of this report.

### **AA.3.13 – UTILIZATION AND COST ASSUMPTIONS**

The base data for all capitation rates is appropriate for the populations to be covered. Managed care enrollment is mandatory for SSI Medicaid Only with a few exemptions. The base utilization and cost data for the capitation rates includes HMO encounter data, HMO financial data, and FFS data. The blending of each claim projection by base period is discussed in Sections III.D.

The dental rates in Regions 1 to 4 are based on FFS data, since HMOs do not currently cover dental services in those regions. Chiropractic rates in all regions are based on FFS data, since no HMO was contracted to cover chiropractic services during the base period for SSI, and therefore, no SSI HMO encounter data is available.

### **AA.3.14 – POST-ELIGIBILITY TREATMENT OF INCOME (PETI)**

The SSI program excludes members and services subject to this type of patient liability.

### **AA.3.15 – INCOMPLETE DATA ADJUSTMENT**

The capitation rates do not include any adjustments to reflect IBNR claims, since we used 2019 incurred dates submitted through May 2021. However, we adjusted the HMO encounter data for apparent underreporting compared to the financial data. See Section II.D for additional details

### **AA.3.16 – PRIMARY CARE RATE ENHANCEMENT**

The base period data excludes enhancements to payment rates made to primary care providers, which expired on December 31, 2014. Therefore, no adjustments were necessary.

### **AA.3.17 – HEALTH HOMES**

The Wisconsin Department of Health Services has a health home pilot for members with AIDS / HIV who receive services provided through the AIDS Resource Center of Wisconsin (ARCW). Effective January 1, 2016, members enrolled in this health home pilot program were no longer required to disenroll from Medicaid managed care HMOs.

### **AA.4.0 – ESTABLISH RATE CATEGORY GROUPINGS**

Please refer to Section I.B of this report.

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#### **AA.4.1 – ELIGIBILITY CATEGORIES**

Please refer to Section I.B of this report.

#### **AA.4.2 – AGE**

Please refer to Section I.B of this report.

#### **AA.4.3 – GENDER**

The capitation rates do not vary by gender.

#### **AA.4.4 – LOCALITY / REGION**

Please refer to Section I.B of this report.

#### **AA.4.5 – RISK ADJUSTMENT**

The SSI Medicaid Only medical capitation rates are risk adjusted using an actuarially sound CDPS + Rx methodology. The SSI Dual Eligible rates will not be risk adjusted. Please refer to Section IV.A for a description of the risk adjustment methodology.

#### **AA.5.0 – DATA SMOOTHING**

The medical capitation rate methodology uses the following smoothing technique:

- Capitation rates are first set by eligibility category and region in Exhibit 3 (medical), Exhibit 8 (dental), and Exhibit 13 (chiropractic). Statewide cost relationships are then used to develop statewide rate cell factors within each eligibility category, which are applied on a cost-neutral basis to convert the region capitation rates into capitation rates by rate cell and region in Exhibit 4 (medical), Exhibit 9 (dental), and Exhibit 14 (chiropractic).

#### **AA.5.1 – COST-NEUTRAL DATA SMOOTHING ADJUSTMENT**

Exhibit 4 (medical), Exhibit 9 (dental), and Exhibit 14 (chiropractic) demonstrate the rate cell factors are cost neutral in each individual region. Please see Section III.E for additional details.

#### **AA.5.2 – DATA DISTORTION ADJUSTMENT**

We did not identify any material distortions caused by special populations.

#### **AA.5.3 – DATA SMOOTHING TECHNIQUES**

We determined that data smoothing techniques other than those described in AA5.0 and AA.5.1 were not required.

#### **AA.5.4 – RISK ADJUSTMENT**

The SSI Medicaid Only medical capitation rates are risk adjusted using an actuarially sound CDPS + Rx methodology. The SSI Dual Eligible rates will not be risk adjusted. Please refer to Section IV.A for a description of the risk adjustment methodology.

#### **AA.6.0 – STOP LOSS, REINSURANCE, OR RISK SHARING ARRANGEMENTS**

DHS' contract with the HMOs does not include any provisions for stop loss, reinsurance, or risk sharing arrangements other than the risk corridor described in AA.6.3.

#### **AA.6.1 – COMMERCIAL REINSURANCE**

DHS does not require entities to purchase commercial reinsurance.

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#### **AA.6.2 – SIMPLE STOP LOSS PROGRAM**

None.

#### **AA.6.3 – RISK CORRIDOR PROGRAM**

The 2022 rates will include a two-way risk corridor as described in Section IV.D

#### **AA.7.0 – INCENTIVE ARRANGEMENTS**

None.

#### **AA.7.1 – ELECTRONIC HEALTH RECORDS (EHR) INCENTIVE PAYMENTS**

DHS has not implemented HMO incentive payments related to EHRs for the 2022 contract period.

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## VII. RESPONSES TO 2021 THROUGH 2022 CMS MANAGED CARE RATE DEVELOPMENT GUIDE

### SECTION I. MEDICAID MANAGED CARE RATES

#### 1. General Information

- Rate period – The capitation rates are in effect for the twelve-month period from January 1, 2022 through December 31, 2022.
- Actuarial rate certification – See Appendix E.
- Final capitation rates – Please refer to Exhibit 6 (medical capitation rates), Exhibit 11 (dental capitation rates), and Exhibit 14 (chiropractic capitation rates) for the final capitation rates. Exhibit 19 summarizes the final capitation rates for each coverage option (Medical only, Medical and Dental, Medical and Chiropractic, or All Services).
- Rate ranges – Not applicable.
- Program descriptions – See Section I.B.
- MLR – The projected SSI MLR for 2022 is greater than 85%. There is no minimum MLR or remittance provision in place for the SSI program.
- Federal Medical Assistance Percentage – The assumptions used to develop the projected benefit costs for covered populations are based on valid rate development standards and do not vary based on the rate of Federal financial participation associated with the covered populations.
- Cross-subsidies – Payments from one rate cell are not cross-subsidized by payments from any other rate cell.
- Rate change from prior period – See Section I.A. and Exhibits 15 to 17.
- Material changes to capitation rate methodology – See Section I.C.
- COVID-19 pandemic impacts:
  - Enrollment: SSI Medicaid Only enrollment has remained stable during the pandemic, while SSI Dual Eligible enrollment grew more materially. Projected 2022 SSI enrollment is about 14% higher than base period enrollment.
  - Claims experience: We did not include 2020 experience in the base period due to the significant amount of deferred services during the COVID-19 pandemic as described in Section I.C. However, we used 2020 diagnoses for risk adjustment as described in Section IV.A. We reviewed financial data from the HMOs for the first quarter of 2021 with three months of run-out and observed claim levels were not yet back to historical amounts. As a result, we projected 2022 from 2019 experience, assuming a pause in claim utilization trend from 2019 to 2020 and then typical annual trends from 2020 to 2022 as described in Section III.C.
  - Pandemic specific costs anticipated during 2022: We did not make any explicit adjustments related to the pandemic for 2022 capitation rates. As noted above, we assumed utilization would reach pre-pandemic levels by 2022.
  - Risk mitigation: DHS will continue a combined BCP and SSI two-way risk corridor mechanism for 2022 to mitigate the significant uncertainty outside of HMO control related to the ongoing COVID-19 pandemic, similar to the arrangement for 2021, as described in Section IV.E.

This report assumes the reader is familiar with the State of Wisconsin's Medicaid program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to DHS to set 2022 capitation rates for the SSI Medicaid managed care programs. It may not be appropriate for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. This report should only be reviewed in its entirety.



## 2. Data

- Service data sources – See Sections II.A through II.C.
- Validation and quality adjustments – See Section II.D.
- Changes in data sources – Base period HMO encounter and financial data was updated from calendar years 2018 and 2019 to calendar year 2019.
- Potential future data improvements – As described in Section II.D, we applied missing data adjustments to the encounter data. DHS anticipates missing data adjustments will continue to decrease going forward as encounter data improves over time.
- Other data adjustments – See Section II.D.
- Blending of data sources – See Sections III.D.
- Data reliance – Please refer to the actuarial certification included as Appendix A for the data reliance letter provided by DHS.

## 3. Projected Benefit Costs and Trends

- Please refer to Section III of this report for the methodology and assumptions we used to project contract period benefit costs. These assumptions do not vary based on the rate of federal financial participation associated with the covered populations.
- Changes in covered services and benefits:
  - Various legislative and program changes effective between the base period and contract period – See Section III.B. The costs associated with IMD stays of more than 15 days within a given month were removed from the base data, along with the member months and non-IMD claims for these members. Adjustments were also applied to remove coverage for NIPT and CGM.
- Projected benefit cost trends:
  - Annual trend assumptions excluding Medicaid FFS reimbursement changes – See Section III.C
  - Medicaid reimbursement changes between the base period and contract period – See Section III.A
- Mental Health Parity and Addiction Equity Act – No additional services were necessary to add to the program to achieve compliance with the Act.
- In-lieu-of services – See Section II.B.
- IMD services – Reimbursement adjustments for IMDs are documented in Section III.A, and benefit adjustments are documented in Section III.B.
- Retrospective eligibility periods:
  - HMOs are not responsible for claims incurred during retroactive eligibility periods. If there are claims for retrospective disenrollment periods, these claims are excluded from the base period encounter data since there is no corresponding eligibility record in the eligibility data. There is no explicit data adjustment to the capitation rates to reflect the impact of claim payments made for retroactively disenrolled members. However, the missing data adjustments add these costs into the base data.
- Overpayments to providers – we collected information on HMO recoveries for overpayments to providers during 2019 as part of their financial template submission and included these recoveries to develop the 2022 capitation rates.

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- Changes in covered services and benefits – There were no benefit changes between the base period and contract period other than the covered service changes described in Section III.B.
- Other adjustments – Not applicable.
- Final projected benefit costs – See Exhibit 3 (medical capitation rates), Exhibit 8 (dental capitation rates), and Exhibit 13 (chiropractic capitation rates).
- Conditions of any litigation to which the state is subjected – DHS settled a lawsuit related to transgender services, which added new coverage to the BCP program. We did not make an explicit adjustment for this coverage change because we determined the impact to be immaterial as described in Section III.B.
- We estimate the aggregate cost impact of program changes deemed immaterial to be less than 0.1% of capitation.

#### 4. Special Contract Provisions Related to Payment

- Incentive Arrangements – Not applicable
- Withhold Arrangements – See Section IV.B
- Risk Sharing – See Section IV.D
- State Directed Payments – See Section IV.C

DHS will submit 438.6(c) preprints to CMS for each state directed payment utilized by the SSI program and described in the following table:

| Control name of the state directed payment                                     | Type of payment      | Brief description  | Is the payment included as a rate adjustment or separate payment term?   |
|--|----------------------|--|--|
| Provider Access Payments   | Uniform dollar       | Eligible facilities are paid access fees by the HMOs for eligible inpatient and outpatient utilization.                            | Separate payment term included in capitation rates– see Exhibit 18.  |
| Sub-acute Psychiatric Community-based Psychiatric and Recovery Center Services | Maximum fee schedule | \$450 per diem based on the State Directed Payment as an in-lieu of service.   | Neither – the base period includes claims paid at a maximum of \$450 per diem. There were no instances in the base period where an HMO paid above \$450. |
| Fee Increase for HCBS related to ARPA enhanced FMAP                            | Uniform percentage   | HMOs must pay at least the Medicaid fee schedule after the 5% increase in fees for certain HCBS related to the ARPA enhanced FMAP. | Rate adjustment – the portion of the projected medical costs attributed to the 5% fee increase for these services is shown in Exhibits 25A and 25B.      |

DHS will submit 438.6(c) preprints to CMS for 2022 provider access payments, sub-acute psychiatric community-based psychiatric and recovery center services, PPR incentive payments to providers, and fee increases required to providers for ARPA services. These 2022 preprint arrangements are consistent with this 2022 rate certification and also consistent with the prior 2021 preprint arrangements approved by CMS, except for the following changes:

- The 2022 preprint for provider access payments is similar to the methodology used for 2021, except the HMOs will pay January 2022 access payments to providers based on utilization paid in January 2022 (rather than December 2021). HMO access payments to provider for February through

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December 2022 will be based on utilization for claims paid in the prior month. The funding amounts are updated from the 2021 capitation rates.

- The preprint for HCBS related to ARPA enhanced FMAP is new for 2022 and is consistent with the requirement for the HMOs to pay at least the new Medicaid fee schedule after a 5% increase effective January 1, 2022.

The following table includes details for the state directed payment incorporated as a rate adjustment:

| Control name of the state directed payment          | Rate cells affected              | Impact   | Description of the adjustment  | Confirmation the rates are consistent with the preprint | For maximum fee schedules, provide the information requested in (E) below |
|---|----------------------------------|--|--|---|---|
| Fee Increase for HCBS related to ARPA enhanced FMAP | All SSI Medicaid Only rate cells | Refer to Exhibits 25A and 25B for the portion of the projected medical costs by rate cell attributed to this 5% fee increase related to ARPA services. | We applied a 5% increase to applicable procedure codes for certain provider contracts. | Confirmed   | Not applicable  |

The following table includes details for the state directed payment incorporated as a separate payment term:

| Control name of the state directed payment | Aggregate amount included in the certification | Statement that the actuary is certifying the separate payment term | The magnitude on a PMPM basis | Confirmation the rates are consistent with the preprint | Confirmation that the state and actuary will submit required documentation at the end of the rating period |
|--|--|--|-------------------------------|---|--|
| Provider Access Payments                   | Refer to Table 14                              | Confirmed  | Refer to Exhibit 18A          | Confirmed   | Confirmed  |

- Refer to Section IV.C for a description of the data, assumptions, and methodologies.
- There are no other directed payments in the SSI program that are not addressed in this rate certification.
- There are no requirements regarding the reimbursement rates the HMOs must pay to any providers other than the arrangements disclosed in Section IV.D.

- Pass-through payments – Not applicable.

## 5. Projected Non-Benefit Costs

- Assumptions used to project non-benefit costs do not vary based on the rate of federal financial participation associated with the covered populations.
- Administrative costs and provision for margin – See Section III.D.
- Health Insurer Fee treatment – Not applicable for 2022 and excluded from the base experience.

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- Historical administrative costs reported by HMOs – See Table 12 in Section III.D.

#### **6. Risk Adjustment and Acuity Adjustments**

- Risk adjustment – See Section IV.A and Exhibits 5A and 6A.
- Acuity adjustments – Not applicable.

### **SECTION II. MEDICAID MANAGED CARE RATES WITH LONG-TERM SERVICES**

This section does not apply, as SSI is not a primarily long-term care service program.

### **SECTION III. NEW ADULT POPULATION CAPITATION RATES**

This section is not applicable. There was no SSI Medicaid expansion due to the Affordable Care Act.

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## 2022 RATE EXHIBITS (Provided In Excel)

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**State of Wisconsin Department of Health Services**  
Calendar Year 2022 Capitation Rate Development  
SSI Medicaid Managed Care Programs

December 15, 2021

## APPENDIX A

### Mapping of Wisconsin Counties to Medicaid Rate Regions

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**State of Wisconsin Department of Health Services**  
Calendar Year 2022 Capitation Rate Development  
SSI Medicaid Managed Care Programs

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APPENDIX B  
Custom Risk Model Weights  
(Provided In Excel)

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**State of Wisconsin Department of Health Services**  
Calendar Year 2022 Capitation Rate Development  
SSI Medicaid Managed Care Programs

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APPENDIX C  
Custom Risk Model Category Mapping  
(Provided in Excel)

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**State of Wisconsin Department of Health Services**  
Calendar Year 2022 Capitation Rate Development  
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## APPENDIX D

### Enhanced FMAP Identification Criteria

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**State of Wisconsin Department of Health Services**  
Calendar Year 2022 Capitation Rate Development  
SSI Medicaid Managed Care Programs

December 15, 2021

## APPENDIX D ENHANCED FMAP IDENTIFICATION CRITERIA

We identified the family planning services, Indian Health Services (IHS), and preventive services eligible for enhanced FMAP using FMAP indicators in the encounter data.

We identified the American Rescue Plan Act (ARPA) services eligible for the enhanced FMAP and the 5% reimbursement increase based on criteria provided by DHS.

### FAMILY PLANNING SERVICES

Family planning claims are identified as service codes 48 (Family Planning) and 50 (FQHC) and the specific sub-category of service codes listed below.

| Wisconsin Department of Health Services<br>Codes Used to Identify Enhanced Match Family Planning Claims |                         |                                |
|---|-------------------------|--------------------------------|
| Category of Service   | Sub-Category of Service | Description                    |
| 48  | 05                      | Sterilizations                 |
| 48  | 10                      | Clinic                         |
| 48  | 20                      | Outpatient Hospital            |
| 48  | 25                      | Physician / Nurse Practitioner |
| 48  | 35                      | Lab and X-Ray Services         |
| 48  | 40                      | Other                          |
| 50  | 06                      | Sterilizations                 |
| 50  | 09                      | Family Planning Clinic         |
| 50  | 15                      | Family Planning Other          |

### INDIAN HEALTH SERVICES

IHS claims are identified as services provided to Native Americans or Alaskan Native members at facilities officially recognized as IHS facilities.

### ZERO COPAY PREVENTIVE SERVICES

Zero copay preventive services are identified using the following procedure codes. The codes in procedure code group 5048 require modifier 33 while the codes in procedure group 5047 do not require a modifier.

| Wisconsin Department of Health Services<br>Procedure Codes Used to Identify Enhanced Match Zero Copay Preventive Claims |                      |                         |
|---|----------------------|-------------------------|
| Procedure Code  | Procedure Group Type | Procedure Code Modifier |
| 77057   | 5047                 | N/A                     |
| 86631   | 5047                 | N/A                     |
| 86632   | 5047                 | N/A                     |
| 87110   | 5047                 | N/A                     |
| 87270   | 5047                 | N/A                     |
| 87320   | 5047                 | N/A                     |
| 87391   | 5047                 | N/A                     |
| 87490   | 5047                 | N/A                     |
| 87491   | 5047                 | N/A                     |
| 87492   | 5047                 | N/A                     |
| 87623   | 5047                 | N/A                     |
| 87624   | 5047                 | N/A                     |
| 87625   | 5047                 | N/A                     |
| 87806   | 5047                 | N/A                     |
| 87810   | 5047                 | N/A                     |
| 88141   | 5047                 | N/A                     |
| 88142   | 5047                 | N/A                     |
| 88143   | 5047                 | N/A                     |
| 88147   | 5047                 | N/A                     |
| 88148   | 5047                 | N/A                     |
| 88150   | 5047                 | N/A                     |

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## APPENDIX D ENHANCED FMAP IDENTIFICATION CRITERIA

| Wisconsin Department of Health Services<br>Procedure Codes Used to Identify Enhanced Match Zero Copay Preventive Claims |                      |                         |
|---|----------------------|-------------------------|
| Procedure Code  | Procedure Group Type | Procedure Code Modifier |
| 88152   | 5047                 | N/A                     |
| 88153   | 5047                 | N/A                     |
| 88154   | 5047                 | N/A                     |
| 88155   | 5047                 | N/A                     |
| 88164   | 5047                 | N/A                     |
| 88165   | 5047                 | N/A                     |
| 88166   | 5047                 | N/A                     |
| 88167   | 5047                 | N/A                     |
| 88174   | 5047                 | N/A                     |
| 88175   | 5047                 | N/A                     |
| 90620   | 5047                 | N/A                     |
| 90621   | 5047                 | N/A                     |
| 90632   | 5047                 | N/A                     |
| 90633   | 5047                 | N/A                     |
| 90636   | 5047                 | N/A                     |
| 90649   | 5047                 | N/A                     |
| 90650   | 5047                 | N/A                     |
| 90651   | 5047                 | N/A                     |
| 90656   | 5047                 | N/A                     |
| 90658   | 5047                 | N/A                     |
| 90660   | 5047                 | N/A                     |
| 90670   | 5047                 | N/A                     |
| 90703   | 5047                 | N/A                     |
| 90707   | 5047                 | N/A                     |
| 90714   | 5047                 | N/A                     |
| 90715   | 5047                 | N/A                     |
| 90716   | 5047                 | N/A                     |
| 90732   | 5047                 | N/A                     |
| 90733   | 5047                 | N/A                     |
| 90734   | 5047                 | N/A                     |
| 90736   | 5047                 | N/A                     |
| 90740   | 5047                 | N/A                     |
| 90743   | 5047                 | N/A                     |
| 90744   | 5047                 | N/A                     |
| 90746   | 5047                 | N/A                     |
| 90747   | 5047                 | N/A                     |
| 99173   | 5047                 | N/A                     |
| 99188   | 5047                 | N/A                     |
| 99383   | 5047                 | N/A                     |
| 99384   | 5047                 | N/A                     |
| 99385   | 5047                 | N/A                     |
| 99386   | 5047                 | N/A                     |
| 99387   | 5047                 | N/A                     |
| 99393   | 5047                 | N/A                     |
| 99394   | 5047                 | N/A                     |
| 99395   | 5047                 | N/A                     |
| 99396   | 5047                 | N/A                     |
| 99397   | 5047                 | N/A                     |
| 99401   | 5047                 | N/A                     |
| 99402   | 5047                 | N/A                     |
| 99403   | 5047                 | N/A                     |
| 99404   | 5047                 | N/A                     |
| 99406   | 5047                 | N/A                     |
| 99407   | 5047                 | N/A                     |
| 99408   | 5047                 | N/A                     |
| 99409   | 5047                 | N/A                     |
| 99411   | 5047                 | N/A                     |

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## APPENDIX D ENHANCED FMAP IDENTIFICATION CRITERIA

| Wisconsin Department of Health Services<br>Procedure Codes Used to Identify Enhanced Match Zero Copay Preventive Claims |                      |                         |
|---|----------------------|-------------------------|
| Procedure Code  | Procedure Group Type | Procedure Code Modifier |
| 99412   | 5047                 | N/A                     |
| A4281   | 5047                 | N/A                     |
| A4282   | 5047                 | N/A                     |
| A4283   | 5047                 | N/A                     |
| A4284   | 5047                 | N/A                     |
| A4285   | 5047                 | N/A                     |
| A4286   | 5047                 | N/A                     |
| E0602   | 5047                 | N/A                     |
| E0603   | 5047                 | N/A                     |
| E0604   | 5047                 | N/A                     |
| G0123   | 5047                 | N/A                     |
| G0124   | 5047                 | N/A                     |
| G0141   | 5047                 | N/A                     |
| G0143   | 5047                 | N/A                     |
| G0144   | 5047                 | N/A                     |
| G0145   | 5047                 | N/A                     |
| G0147   | 5047                 | N/A                     |
| G0148   | 5047                 | N/A                     |
| G0202   | 5047                 | N/A                     |
| G0297   | 5047                 | N/A                     |
| G0389   | 5047                 | N/A                     |
| H0002   | 5047                 | N/A                     |
| H0004   | 5047                 | N/A                     |
| H0049   | 5047                 | N/A                     |
| H0050   | 5047                 | N/A                     |
| H1003   | 5047                 | N/A                     |
| S3620   | 5047                 | N/A                     |
| S9443   | 5047                 | N/A                     |
| 44388   | 5048                 | 33                      |
| 44389   | 5048                 | 33                      |
| 44390   | 5048                 | 33                      |
| 44391   | 5048                 | 33                      |
| 44392   | 5048                 | 33                      |
| 44393   | 5048                 | 33                      |
| 44394   | 5048                 | 33                      |
| 44397   | 5048                 | 33                      |
| 44401   | 5048                 | 33                      |
| 44402   | 5048                 | 33                      |
| 44403   | 5048                 | 33                      |
| 44404   | 5048                 | 33                      |
| 44405   | 5048                 | 33                      |
| 44406   | 5048                 | 33                      |
| 44407   | 5048                 | 33                      |
| 44408   | 5048                 | 33                      |
| 45330   | 5048                 | 33                      |
| 45331   | 5048                 | 33                      |
| 45332   | 5048                 | 33                      |
| 45333   | 5048                 | 33                      |
| 45334   | 5048                 | 33                      |
| 45335   | 5048                 | 33                      |
| 45337   | 5048                 | 33                      |
| 45338   | 5048                 | 33                      |
| 45339   | 5048                 | 33                      |
| 45340   | 5048                 | 33                      |
| 45341   | 5048                 | 33                      |
| 45342   | 5048                 | 33                      |
| 45345   | 5048                 | 33                      |

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## APPENDIX D ENHANCED FMAP IDENTIFICATION CRITERIA

| Wisconsin Department of Health Services<br>Procedure Codes Used to Identify Enhanced Match Zero Copay Preventive Claims |                      |                         |
|---|----------------------|-------------------------|
| Procedure Code  | Procedure Group Type | Procedure Code Modifier |
| 45346   | 5048                 | 33                      |
| 45347   | 5048                 | 33                      |
| 45349   | 5048                 | 33                      |
| 45350   | 5048                 | 33                      |
| 45355   | 5048                 | 33                      |
| 45378   | 5048                 | 33                      |
| 45379   | 5048                 | 33                      |
| 45380   | 5048                 | 33                      |
| 45381   | 5048                 | 33                      |
| 45382   | 5048                 | 33                      |
| 45383   | 5048                 | 33                      |
| 45384   | 5048                 | 33                      |
| 45385   | 5048                 | 33                      |
| 45386   | 5048                 | 33                      |
| 45387   | 5048                 | 33                      |
| 45388   | 5048                 | 33                      |
| 45389   | 5048                 | 33                      |
| 45390   | 5048                 | 33                      |
| 45392   | 5048                 | 33                      |
| 45393   | 5048                 | 33                      |
| 45398   | 5048                 | 33                      |
| 76705   | 5048                 | 33                      |
| 76770   | 5048                 | 33                      |
| 76775   | 5048                 | 33                      |
| 76977   | 5048                 | 33                      |
| 77051   | 5048                 | 33                      |
| 77052   | 5048                 | 33                      |
| 77055   | 5048                 | 33                      |
| 77056   | 5048                 | 33                      |
| 77078   | 5048                 | 33                      |
| 77079   | 5048                 | 33                      |
| 77080   | 5048                 | 33                      |
| 77081   | 5048                 | 33                      |
| 77082   | 5048                 | 33                      |
| 80055   | 5048                 | 33                      |
| 80061   | 5048                 | 33                      |
| 80422   | 5048                 | 33                      |
| 82270   | 5048                 | 33                      |
| 82274   | 5048                 | 33                      |
| 82465   | 5048                 | 33                      |
| 82728   | 5048                 | 33                      |
| 82947   | 5048                 | 33                      |
| 82948   | 5048                 | 33                      |
| 82950   | 5048                 | 33                      |
| 82951   | 5048                 | 33                      |
| 82952   | 5048                 | 33                      |
| 83020   | 5048                 | 33                      |
| 83021   | 5048                 | 33                      |
| 83700   | 5048                 | 33                      |
| 83701   | 5048                 | 33                      |
| 83704   | 5048                 | 33                      |
| 83718   | 5048                 | 33                      |
| 83721   | 5048                 | 33                      |
| 84030   | 5048                 | 33                      |
| 84443   | 5048                 | 33                      |
| 84478   | 5048                 | 33                      |
| 85025   | 5048                 | 33                      |

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## APPENDIX D ENHANCED FMAP IDENTIFICATION CRITERIA

| Wisconsin Department of Health Services<br>Procedure Codes Used to Identify Enhanced Match Zero Copay Preventive Claims |                      |                         |
|---|----------------------|-------------------------|
| Procedure Code  | Procedure Group Type | Procedure Code Modifier |
| 86592   | 5048                 | 33                      |
| 86593   | 5048                 | 33                      |
| 86689   | 5048                 | 33                      |
| 86701   | 5048                 | 33                      |
| 86702   | 5048                 | 33                      |
| 86703   | 5048                 | 33                      |
| 86704   | 5048                 | 33                      |
| 86705   | 5048                 | 33                      |
| 86706   | 5048                 | 33                      |
| 86900   | 5048                 | 33                      |
| 86901   | 5048                 | 33                      |
| 87070   | 5048                 | 33                      |
| 87081   | 5048                 | 33                      |
| 87086   | 5048                 | 33                      |
| 87088   | 5048                 | 33                      |
| 87340   | 5048                 | 33                      |
| 87341   | 5048                 | 33                      |
| 87389   | 5048                 | 33                      |
| 87390   | 5048                 | 33                      |
| 87534   | 5048                 | 33                      |
| 87535   | 5048                 | 33                      |
| 87536   | 5048                 | 33                      |
| 87590   | 5048                 | 33                      |
| 87591   | 5048                 | 33                      |
| 87592   | 5048                 | 33                      |
| 87850   | 5048                 | 33                      |
| 92002   | 5048                 | 33                      |
| 92004   | 5048                 | 33                      |
| 92012   | 5048                 | 33                      |
| 92014   | 5048                 | 33                      |
| 92587   | 5048                 | 33                      |
| 96040   | 5048                 | 33                      |
| 96150   | 5048                 | 33                      |
| 96151   | 5048                 | 33                      |
| 96152   | 5048                 | 33                      |
| 96153   | 5048                 | 33                      |
| 96154   | 5048                 | 33                      |
| 99174   | 5048                 | 33                      |
| 99201   | 5048                 | 33                      |
| 99202   | 5048                 | 33                      |
| 99203   | 5048                 | 33                      |
| 99204   | 5048                 | 33                      |
| 99205   | 5048                 | 33                      |
| 99211   | 5048                 | 33                      |
| 99212   | 5048                 | 33                      |
| 99213   | 5048                 | 33                      |
| 99214   | 5048                 | 33                      |
| 99215   | 5048                 | 33                      |
| G0204   | 5048                 | 33                      |
| G0206   | 5048                 | 33                      |

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## APPENDIX D ENHANCED FMAP IDENTIFICATION CRITERIA

### ARPA SERVICES

ARPA services are identified using the following procedure codes, provider contracts, billing provider types, and procedure code modifiers. All ARPA services except DME will increase 5% effective January 1, 2022 and are identified in the “Reimbursement Increase” column. HMOs are required to pass this reimbursement increase to providers, and DHS will test that reimbursement increases to providers related to ARPA are greater than or equal to the enhanced FMAP for ARPA services from April 1, 2021 to March 31, 2022.

| Wisconsin Department of Health Services<br>Codes Used to Identify Enhanced Match ARPA Claims |                   |                       |          |                        |
|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| 90785  | MHAOD             | N/A                   | N/A      | Yes                    |
| 90791  | MHAOD             | N/A                   | N/A      | Yes                    |
| 90792  | MHAOD             | N/A                   | N/A      | Yes                    |
| 90832  | MHAOD             | N/A                   | N/A      | Yes                    |
| 90833  | MHAOD             | N/A                   | N/A      | Yes                    |
| 90834  | MHAOD             | N/A                   | N/A      | Yes                    |
| 90836  | MHAOD             | N/A                   | N/A      | Yes                    |
| 90837  | MHAOD             | N/A                   | N/A      | Yes                    |
| 90838  | MHAOD             | N/A                   | N/A      | Yes                    |
| 90839  | MHAOD             | N/A                   | N/A      | Yes                    |
| 90840  | MHAOD             | N/A                   | N/A      | Yes                    |
| 90845  | MHAOD             | N/A                   | N/A      | Yes                    |
| 90846  | MHAOD             | N/A                   | N/A      | Yes                    |
| 90847  | MHAOD             | N/A                   | N/A      | Yes                    |
| 90849  | MHAOD             | N/A                   | N/A      | Yes                    |
| 90853  | MHAOD             | N/A                   | N/A      | Yes                    |
| 90865  | MHAOD             | N/A                   | N/A      | Yes                    |
| 90870  | MHAOD             | N/A                   | N/A      | Yes                    |
| 90875  | MHAOD             | N/A                   | N/A      | Yes                    |
| 90876  | MHAOD             | N/A                   | N/A      | Yes                    |
| 90880  | MHAOD             | N/A                   | N/A      | Yes                    |
| 90887  | MHAOD             | N/A                   | N/A      | Yes                    |
| 90899  | MHAOD             | N/A                   | N/A      | Yes                    |
| 96156  | MHAOD             | N/A                   | N/A      | Yes                    |
| 96158  | MHAOD             | N/A                   | N/A      | Yes                    |
| 96159  | MHAOD             | N/A                   | N/A      | Yes                    |
| 96164  | MHAOD             | N/A                   | N/A      | Yes                    |
| 96165  | MHAOD             | N/A                   | N/A      | Yes                    |
| 96167  | MHAOD             | N/A                   | N/A      | Yes                    |
| 96168  | MHAOD             | N/A                   | N/A      | Yes                    |
| 96170  | MHAOD             | N/A                   | N/A      | Yes                    |
| 96171  | MHAOD             | N/A                   | N/A      | Yes                    |
| 99354  | MHAOD             | N/A                   | N/A      | Yes                    |
| 99355  | MHAOD             | N/A                   | N/A      | Yes                    |
| H0005  | MHAOD             | N/A                   | N/A      | Yes                    |
| H0022  | MHAOD             | N/A                   | N/A      | Yes                    |
| H0046  | MHAOD             | N/A                   | N/A      | Yes                    |
| H0047  | MHAOD             | N/A                   | N/A      | Yes                    |
| T1006  | MHAOD             | N/A                   | N/A      | Yes                    |
| 92507  | HHPC              | N/A                   | N/A      | Yes                    |
| 97139  | HHPC              | N/A                   | N/A      | Yes                    |
| 97799  | HHPC              | N/A                   | N/A      | Yes                    |
| 99509  | HHPC              | N/A                   | N/A      | Yes                    |
| 99600  | HHPC              | N/A                   | N/A      | Yes                    |
| S9123  | HHPC              | N/A                   | N/A      | Yes                    |
| S9124  | HHPC              | N/A                   | N/A      | Yes                    |
| T1001  | HHPC              | N/A                   | N/A      | Yes                    |
| T1019  | HHPC              | N/A                   | N/A      | Yes                    |
| T1021  | HHPC              | N/A                   | N/A      | Yes                    |

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## APPENDIX D ENHANCED FMAP IDENTIFICATION CRITERIA

| Wisconsin Department of Health Services<br>Codes Used to Identify Enhanced Match ARPA Claims |                   |                       |          |                        |
|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| T1502  | HHPC              | N/A                   | N/A      | Yes                    |
| 99504  | HCRS              | N/A                   | N/A      | Yes                    |
| G0506  | HCMCR             | N/A                   | N/A      | Yes                    |
| T2023  | HCMCR             | N/A                   | N/A      | Yes                    |
| G9012  | CSMGT             | N/A                   | N/A      | Yes                    |
| H0001  | CSMGT             | N/A                   | N/A      | Yes                    |
| H0006  | CSMGT             | N/A                   | N/A      | Yes                    |
| T1017  | CSMGT             | N/A                   | N/A      | Yes                    |
| T2023  | CSMGT             | N/A                   | N/A      | Yes                    |
| T1016  | HCCM              | N/A                   | N/A      | Yes                    |
| T1017  | HCCM              | N/A                   | N/A      | Yes                    |
| 97763  | REHAB             | 04                    | N/A      | Yes                    |
| 97597  | REHAB             | 04                    | N/A      | Yes                    |
| 97535  | REHAB             | 04                    | N/A      | Yes                    |
| 97533  | REHAB             | 04                    | N/A      | Yes                    |
| 97161  | REHAB             | 04                    | N/A      | Yes                    |
| 97130  | REHAB             | 04                    | N/A      | Yes                    |
| 97129  | REHAB             | 04                    | N/A      | Yes                    |
| 97598  | REHAB             | 04                    | N/A      | Yes                    |
| 97542  | REHAB             | 04                    | N/A      | Yes                    |
| 97168  | REHAB             | 04                    | N/A      | Yes                    |
| 97140  | REHAB             | 04                    | N/A      | Yes                    |
| 97761  | THERP             | N/A                   | N/A      | Yes                    |
| 97530  | THERP             | N/A                   | N/A      | Yes                    |
| 97124  | THERP             | N/A                   | N/A      | Yes                    |
| 97112  | THERP             | N/A                   | N/A      | Yes                    |
| 97110  | THERP             | N/A                   | N/A      | Yes                    |
| 97032  | THERP             | N/A                   | N/A      | Yes                    |
| 97022  | THERP             | N/A                   | N/A      | Yes                    |
| 97018  | THERP             | N/A                   | N/A      | Yes                    |
| 97016  | THERP             | N/A                   | N/A      | Yes                    |
| 97035  | THERP             | N/A                   | N/A      | Yes                    |
| 90901  | THERP             | N/A                   | N/A      | Yes                    |
| 97024  | THERP             | N/A                   | N/A      | Yes                    |
| 93797  | THERP             | N/A                   | N/A      | Yes                    |
| 94667  | THERP             | N/A                   | N/A      | Yes                    |
| 97026  | THERP             | N/A                   | N/A      | Yes                    |
| 97028  | THERP             | N/A                   | N/A      | Yes                    |
| 97036  | THERP             | N/A                   | N/A      | Yes                    |
| 97039  | THERP             | N/A                   | N/A      | Yes                    |
| 97113  | THERP             | N/A                   | N/A      | Yes                    |
| 97116  | THERP             | N/A                   | N/A      | Yes                    |
| G0281  | THERP             | N/A                   | N/A      | Yes                    |
| 93798  | THERP             | N/A                   | N/A      | Yes                    |
| 94668  | THERP             | N/A                   | N/A      | Yes                    |
| G0283  | THERP             | N/A                   | N/A      | Yes                    |
| 97150  | THERP             | N/A                   | N/A      | Yes                    |
| 31575  | THERP             | N/A                   | N/A      | Yes                    |
| 31579  | THERP             | N/A                   | N/A      | Yes                    |
| 92520  | THERP             | N/A                   | N/A      | Yes                    |
| 92521  | THERP             | N/A                   | N/A      | Yes                    |
| 92557  | AUDHA             | N/A                   | N/A      | Yes                    |
| 92541  | AUDHA             | N/A                   | N/A      | Yes                    |
| 92531  | AUDHA             | N/A                   | N/A      | Yes                    |
| 92516  | AUDHA             | N/A                   | N/A      | Yes                    |
| 69210  | AUDHA             | N/A                   | N/A      | Yes                    |
| 92590  | AUDHA             | N/A                   | N/A      | Yes                    |

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| Wisconsin Department of Health Services<br>Codes Used to Identify Enhanced Match ARPA Claims |                   |                       |          |                        |
|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| 92601  | AUDHA             | N/A                   | N/A      | Yes                    |
| 92607  | THERP             | N/A                   | N/A      | Yes                    |
| 92614  | THERP             | N/A                   | N/A      | Yes                    |
| 92620  | AUDHA             | N/A                   | N/A      | Yes                    |
| 92625  | AUDHA             | N/A                   | N/A      | Yes                    |
| 92630  | AUDHA             | N/A                   | N/A      | Yes                    |
| 92633  | AUDHA             | N/A                   | N/A      | Yes                    |
| 92700  | THERP             | N/A                   | N/A      | Yes                    |
| 96105  | THERP             | N/A                   | N/A      | Yes                    |
| 92508  | THERP             | N/A                   | N/A      | Yes                    |
| 92512  | THERP             | N/A                   | N/A      | Yes                    |
| 92524  | THERP             | N/A                   | N/A      | Yes                    |
| 92526  | THERP             | N/A                   | N/A      | Yes                    |
| 92534  | AUDHA             | N/A                   | N/A      | Yes                    |
| 92548  | AUDHA             | N/A                   | N/A      | Yes                    |
| 92593  | AUDHA             | N/A                   | N/A      | Yes                    |
| 92604  | AUDHA             | N/A                   | N/A      | Yes                    |
| 92612  | THERP             | N/A                   | N/A      | Yes                    |
| 92621  | AUDHA             | N/A                   | N/A      | Yes                    |
| 92627  | AUDHA             | N/A                   | N/A      | Yes                    |
| A0090  | SMV               | N/A                   | N/A      | Yes                    |
| A0120  | SMV               | N/A                   | N/A      | Yes                    |
| A0130  | SMV               | N/A                   | N/A      | Yes                    |
| A0170  | SMV               | N/A                   | N/A      | Yes                    |
| S0209  | SMV               | N/A                   | N/A      | Yes                    |
| S0215  | SMV               | N/A                   | N/A      | Yes                    |
| T2001  | SMV               | N/A                   | N/A      | Yes                    |
| T2003  | SMV               | N/A                   | N/A      | Yes                    |
| T2005  | SMV               | N/A                   | N/A      | Yes                    |
| T2049  | SMV               | N/A                   | N/A      | Yes                    |
| 94762  | N/A               | N/A                   | NU       | No                     |
| 94772  | N/A               | N/A                   | NU       | No                     |
| A4210  | N/A               | N/A                   | NU       | No                     |
| A4566  | N/A               | N/A                   | NU       | No                     |
| A4611  | N/A               | N/A                   | NU       | No                     |
| A4612  | N/A               | N/A                   | NU       | No                     |
| A4613  | N/A               | N/A                   | NU       | No                     |
| A4630  | N/A               | N/A                   | NU       | No                     |
| A4635  | N/A               | N/A                   | NU       | No                     |
| A4636  | N/A               | N/A                   | NU       | No                     |
| A4637  | N/A               | N/A                   | NU       | No                     |
| A4640  | N/A               | N/A                   | NU       | No                     |
| A4660  | N/A               | N/A                   | NU       | No                     |
| A4663  | N/A               | N/A                   | NU       | No                     |
| A4670  | N/A               | N/A                   | NU       | No                     |
| A5500  | N/A               | N/A                   | NU       | No                     |
| A5501  | N/A               | N/A                   | NU       | No                     |
| A5503  | N/A               | N/A                   | NU       | No                     |
| A5504  | N/A               | N/A                   | NU       | No                     |
| A5505  | N/A               | N/A                   | NU       | No                     |
| A5506  | N/A               | N/A                   | NU       | No                     |
| A5507  | N/A               | N/A                   | NU       | No                     |
| A5512  | N/A               | N/A                   | NU       | No                     |
| A5513  | N/A               | N/A                   | NU       | No                     |
| A5514  | N/A               | N/A                   | NU       | No                     |
| A6502  | N/A               | N/A                   | NU       | No                     |
| A6503  | N/A               | N/A                   | NU       | No                     |

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|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| A6504  | N/A               | N/A                   | NU       | No                     |
| A6505  | N/A               | N/A                   | NU       | No                     |
| A6506  | N/A               | N/A                   | NU       | No                     |
| A6507  | N/A               | N/A                   | NU       | No                     |
| A6508  | N/A               | N/A                   | NU       | No                     |
| A6509  | N/A               | N/A                   | NU       | No                     |
| A6510  | N/A               | N/A                   | NU       | No                     |
| A6511  | N/A               | N/A                   | NU       | No                     |
| A6513  | N/A               | N/A                   | NU       | No                     |
| A6530  | N/A               | N/A                   | NU       | No                     |
| A6531  | N/A               | N/A                   | NU       | No                     |
| A6532  | N/A               | N/A                   | NU       | No                     |
| A6533  | N/A               | N/A                   | NU       | No                     |
| A6534  | N/A               | N/A                   | NU       | No                     |
| A6535  | N/A               | N/A                   | NU       | No                     |
| A6536  | N/A               | N/A                   | NU       | No                     |
| A6537  | N/A               | N/A                   | NU       | No                     |
| A6538  | N/A               | N/A                   | NU       | No                     |
| A6539  | N/A               | N/A                   | NU       | No                     |
| A6540  | N/A               | N/A                   | NU       | No                     |
| A6541  | N/A               | N/A                   | NU       | No                     |
| A6544  | N/A               | N/A                   | NU       | No                     |
| A6545  | N/A               | N/A                   | NU       | No                     |
| A6549  | N/A               | N/A                   | RR       | No                     |
| A6549  | N/A               | N/A                   | NU       | No                     |
| A7020  | N/A               | N/A                   | NU       | No                     |
| A8000  | N/A               | N/A                   | NU       | No                     |
| A8001  | N/A               | N/A                   | NU       | No                     |
| A8002  | N/A               | N/A                   | NU       | No                     |
| A8003  | N/A               | N/A                   | NU       | No                     |
| A8004  | N/A               | N/A                   | NU       | No                     |
| A9281  | N/A               | N/A                   | NU       | No                     |
| A9284  | N/A               | N/A                   | NU       | No                     |
| B9002  | N/A               | N/A                   | NU       | No                     |
| B9002  | N/A               | N/A                   | RR       | No                     |
| B9004  | N/A               | N/A                   | NU       | No                     |
| B9004  | N/A               | N/A                   | RR       | No                     |
| B9006  | N/A               | N/A                   | NU       | No                     |
| B9006  | N/A               | N/A                   | RR       | No                     |
| E0100  | N/A               | N/A                   | NU       | No                     |
| E0105  | N/A               | N/A                   | NU       | No                     |
| E0110  | N/A               | N/A                   | NU       | No                     |
| E0111  | N/A               | N/A                   | NU       | No                     |
| E0112  | N/A               | N/A                   | NU       | No                     |
| E0113  | N/A               | N/A                   | NU       | No                     |
| E0114  | N/A               | N/A                   | NU       | No                     |
| E0116  | N/A               | N/A                   | NU       | No                     |
| E0118  | N/A               | N/A                   | NU       | No                     |
| E0130  | N/A               | N/A                   | NU       | No                     |
| E0130  | N/A               | N/A                   | RR       | No                     |
| E0135  | N/A               | N/A                   | NU       | No                     |
| E0135  | N/A               | N/A                   | RR       | No                     |
| E0140  | N/A               | N/A                   | NU       | No                     |
| E0140  | N/A               | N/A                   | RR       | No                     |
| E0141  | N/A               | N/A                   | NU       | No                     |
| E0141  | N/A               | N/A                   | RR       | No                     |
| E0143  | N/A               | N/A                   | NU       | No                     |

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|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| E0143  | N/A               | N/A                   | RR       | No                     |
| E0147  | N/A               | N/A                   | NU       | No                     |
| E0147  | N/A               | N/A                   | RR       | No                     |
| E0148  | N/A               | N/A                   | NU       | No                     |
| E0148  | N/A               | N/A                   | RR       | No                     |
| E0149  | N/A               | N/A                   | NU       | No                     |
| E0149  | N/A               | N/A                   | RR       | No                     |
| E0153  | N/A               | N/A                   | NU       | No                     |
| E0154  | N/A               | N/A                   | NU       | No                     |
| E0155  | N/A               | N/A                   | NU       | No                     |
| E0156  | N/A               | N/A                   | NU       | No                     |
| E0157  | N/A               | N/A                   | NU       | No                     |
| E0158  | N/A               | N/A                   | NU       | No                     |
| E0159  | N/A               | N/A                   | NU       | No                     |
| E0160  | N/A               | N/A                   | NU       | No                     |
| E0161  | N/A               | N/A                   | NU       | No                     |
| E0162  | N/A               | N/A                   | NU       | No                     |
| E0163  | N/A               | N/A                   | NU       | No                     |
| E0163  | N/A               | N/A                   | RR       | No                     |
| E0165  | N/A               | N/A                   | NU       | No                     |
| E0167  | N/A               | N/A                   | NU       | No                     |
| E0168  | N/A               | N/A                   | NU       | No                     |
| E0175  | N/A               | N/A                   | NU       | No                     |
| E0181  | N/A               | N/A                   | NU       | No                     |
| E0181  | N/A               | N/A                   | RR       | No                     |
| E0182  | N/A               | N/A                   | NU       | No                     |
| E0182  | N/A               | N/A                   | RR       | No                     |
| E0184  | N/A               | N/A                   | NU       | No                     |
| E0185  | N/A               | N/A                   | NU       | No                     |
| E0185  | N/A               | N/A                   | RR       | No                     |
| E0186  | N/A               | N/A                   | NU       | No                     |
| E0186  | N/A               | N/A                   | RR       | No                     |
| E0187  | N/A               | N/A                   | NU       | No                     |
| E0187  | N/A               | N/A                   | RR       | No                     |
| E0188  | N/A               | N/A                   | NU       | No                     |
| E0189  | N/A               | N/A                   | NU       | No                     |
| E0191  | N/A               | N/A                   | NU       | No                     |
| E0193  | N/A               | N/A                   | RR       | No                     |
| E0194  | N/A               | N/A                   | RR       | No                     |
| E0196  | N/A               | N/A                   | NU       | No                     |
| E0196  | N/A               | N/A                   | RR       | No                     |
| E0197  | N/A               | N/A                   | NU       | No                     |
| E0197  | N/A               | N/A                   | RR       | No                     |
| E0198  | N/A               | N/A                   | NU       | No                     |
| E0199  | N/A               | N/A                   | NU       | No                     |
| E0200  | N/A               | N/A                   | NU       | No                     |
| E0203  | N/A               | N/A                   | NU       | No                     |
| E0205  | N/A               | N/A                   | NU       | No                     |
| E0215  | N/A               | N/A                   | NU       | No                     |
| E0241  | N/A               | N/A                   | NU       | No                     |
| E0242  | N/A               | N/A                   | NU       | No                     |
| E0243  | N/A               | N/A                   | NU       | No                     |
| E0244  | N/A               | N/A                   | NU       | No                     |
| E0245  | N/A               | N/A                   | NU       | No                     |
| E0245  | N/A               | N/A                   | RR       | No                     |
| E0246  | N/A               | N/A                   | NU       | No                     |
| E0247  | N/A               | N/A                   | NU       | No                     |

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|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| E0247  | N/A               | N/A                   | RR       | No                     |
| E0248  | N/A               | N/A                   | NU       | No                     |
| E0248  | N/A               | N/A                   | RR       | No                     |
| E0250  | N/A               | N/A                   | NU       | No                     |
| E0250  | N/A               | N/A                   | RR       | No                     |
| E0251  | N/A               | N/A                   | NU       | No                     |
| E0251  | N/A               | N/A                   | RR       | No                     |
| E0255  | N/A               | N/A                   | NU       | No                     |
| E0255  | N/A               | N/A                   | RR       | No                     |
| E0256  | N/A               | N/A                   | NU       | No                     |
| E0256  | N/A               | N/A                   | RR       | No                     |
| E0260  | N/A               | N/A                   | NU       | No                     |
| E0260  | N/A               | N/A                   | RR       | No                     |
| E0261  | N/A               | N/A                   | NU       | No                     |
| E0261  | N/A               | N/A                   | RR       | No                     |
| E0265  | N/A               | N/A                   | NU       | No                     |
| E0265  | N/A               | N/A                   | RR       | No                     |
| E0266  | N/A               | N/A                   | NU       | No                     |
| E0266  | N/A               | N/A                   | RR       | No                     |
| E0271  | N/A               | N/A                   | NU       | No                     |
| E0272  | N/A               | N/A                   | NU       | No                     |
| E0275  | N/A               | N/A                   | NU       | No                     |
| E0276  | N/A               | N/A                   | NU       | No                     |
| E0277  | N/A               | N/A                   | NU       | No                     |
| E0277  | N/A               | N/A                   | RR       | No                     |
| E0290  | N/A               | N/A                   | NU       | No                     |
| E0290  | N/A               | N/A                   | RR       | No                     |
| E0291  | N/A               | N/A                   | NU       | No                     |
| E0291  | N/A               | N/A                   | RR       | No                     |
| E0292  | N/A               | N/A                   | NU       | No                     |
| E0292  | N/A               | N/A                   | RR       | No                     |
| E0293  | N/A               | N/A                   | NU       | No                     |
| E0293  | N/A               | N/A                   | RR       | No                     |
| E0294  | N/A               | N/A                   | NU       | No                     |
| E0294  | N/A               | N/A                   | RR       | No                     |
| E0295  | N/A               | N/A                   | NU       | No                     |
| E0295  | N/A               | N/A                   | RR       | No                     |
| E0296  | N/A               | N/A                   | NU       | No                     |
| E0296  | N/A               | N/A                   | RR       | No                     |
| E0297  | N/A               | N/A                   | NU       | No                     |
| E0297  | N/A               | N/A                   | RR       | No                     |
| E0301  | N/A               | N/A                   | NU       | No                     |
| E0301  | N/A               | N/A                   | RR       | No                     |
| E0302  | N/A               | N/A                   | NU       | No                     |
| E0302  | N/A               | N/A                   | RR       | No                     |
| E0303  | N/A               | N/A                   | NU       | No                     |
| E0303  | N/A               | N/A                   | RR       | No                     |
| E0304  | N/A               | N/A                   | NU       | No                     |
| E0304  | N/A               | N/A                   | RR       | No                     |
| E0305  | N/A               | N/A                   | NU       | No                     |
| E0305  | N/A               | N/A                   | RR       | No                     |
| E0310  | N/A               | N/A                   | NU       | No                     |
| E0310  | N/A               | N/A                   | RR       | No                     |
| E0325  | N/A               | N/A                   | NU       | No                     |
| E0326  | N/A               | N/A                   | NU       | No                     |
| E0372  | N/A               | N/A                   | NU       | No                     |
| E0372  | N/A               | N/A                   | RR       | No                     |

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| Wisconsin Department of Health Services<br>Codes Used to Identify Enhanced Match ARPA Claims |                   |                       |          |                        |
|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| E0425  | N/A               | N/A                   | NU       | No                     |
| E0430  | N/A               | N/A                   | NU       | No                     |
| E0435  | N/A               | N/A                   | NU       | No                     |
| E0440  | N/A               | N/A                   | NU       | No                     |
| E0441  | N/A               | N/A                   | NU       | No                     |
| E0442  | N/A               | N/A                   | NU       | No                     |
| E0443  | N/A               | N/A                   | NU       | No                     |
| E0444  | N/A               | N/A                   | NU       | No                     |
| E0445  | N/A               | N/A                   | NU       | No                     |
| E0445  | N/A               | N/A                   | RR       | No                     |
| E0447  | N/A               | N/A                   | NU       | No                     |
| E0455  | N/A               | N/A                   | NU       | No                     |
| E0455  | N/A               | N/A                   | RR       | No                     |
| E0457  | N/A               | N/A                   | NU       | No                     |
| E0457  | N/A               | N/A                   | RR       | No                     |
| E0459  | N/A               | N/A                   | NU       | No                     |
| E0459  | N/A               | N/A                   | RR       | No                     |
| E0462  | N/A               | N/A                   | NU       | No                     |
| E0462  | N/A               | N/A                   | RR       | No                     |
| E0465  | N/A               | N/A                   | NU       | No                     |
| E0466  | N/A               | N/A                   | NU       | No                     |
| E0467  | N/A               | N/A                   | NU       | No                     |
| E0470  | N/A               | N/A                   | NU       | No                     |
| E0470  | N/A               | N/A                   | RR       | No                     |
| E0471  | N/A               | N/A                   | NU       | No                     |
| E0471  | N/A               | N/A                   | RR       | No                     |
| E0472  | N/A               | N/A                   | NU       | No                     |
| E0472  | N/A               | N/A                   | RR       | No                     |
| E0480  | N/A               | N/A                   | NU       | No                     |
| E0480  | N/A               | N/A                   | RR       | No                     |
| E0481  | N/A               | N/A                   | NU       | No                     |
| E0481  | N/A               | N/A                   | RR       | No                     |
| E0482  | N/A               | N/A                   | NU       | No                     |
| E0482  | N/A               | N/A                   | RR       | No                     |
| E0483  | N/A               | N/A                   | NU       | No                     |
| E0483  | N/A               | N/A                   | RR       | No                     |
| E0487  | N/A               | N/A                   | NU       | No                     |
| E0487  | N/A               | N/A                   | RR       | No                     |
| E0500  | N/A               | N/A                   | NU       | No                     |
| E0500  | N/A               | N/A                   | RR       | No                     |
| E0550  | N/A               | N/A                   | NU       | No                     |
| E0550  | N/A               | N/A                   | RR       | No                     |
| E0555  | N/A               | N/A                   | NU       | No                     |
| E0560  | N/A               | N/A                   | NU       | No                     |
| E0560  | N/A               | N/A                   | RR       | No                     |
| E0561  | N/A               | N/A                   | NU       | No                     |
| E0561  | N/A               | N/A                   | RR       | No                     |
| E0562  | N/A               | N/A                   | NU       | No                     |
| E0562  | N/A               | N/A                   | RR       | No                     |
| E0565  | N/A               | N/A                   | NU       | No                     |
| E0565  | N/A               | N/A                   | RR       | No                     |
| E0570  | N/A               | N/A                   | NU       | No                     |
| E0570  | N/A               | N/A                   | RR       | No                     |
| E0575  | N/A               | N/A                   | NU       | No                     |
| E0575  | N/A               | N/A                   | RR       | No                     |
| E0580  | N/A               | N/A                   | NU       | No                     |
| E0585  | N/A               | N/A                   | NU       | No                     |

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| Wisconsin Department of Health Services<br>Codes Used to Identify Enhanced Match ARPA Claims |                   |                       |          |                        |
|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| E0585  | N/A               | N/A                   | RR       | No                     |
| E0600  | N/A               | N/A                   | NU       | No                     |
| E0600  | N/A               | N/A                   | RR       | No                     |
| E0602  | N/A               | N/A                   | NU       | No                     |
| E0603  | N/A               | N/A                   | NU       | No                     |
| E0604  | N/A               | N/A                   | RR       | No                     |
| E0605  | N/A               | N/A                   | NU       | No                     |
| E0606  | N/A               | N/A                   | NU       | No                     |
| E0606  | N/A               | N/A                   | RR       | No                     |
| E0619  | N/A               | N/A                   | NU       | No                     |
| E0619  | N/A               | N/A                   | RR       | No                     |
| E0621  | N/A               | N/A                   | NU       | No                     |
| E0630  | N/A               | N/A                   | NU       | No                     |
| E0630  | N/A               | N/A                   | RR       | No                     |
| E0635  | N/A               | N/A                   | NU       | No                     |
| E0635  | N/A               | N/A                   | RR       | No                     |
| E0637  | N/A               | N/A                   | NU       | No                     |
| E0637  | N/A               | N/A                   | RR       | No                     |
| E0638  | N/A               | N/A                   | NU       | No                     |
| E0638  | N/A               | N/A                   | RR       | No                     |
| E0641  | N/A               | N/A                   | NU       | No                     |
| E0641  | N/A               | N/A                   | RR       | No                     |
| E0642  | N/A               | N/A                   | RR       | No                     |
| E0650  | N/A               | N/A                   | NU       | No                     |
| E0650  | N/A               | N/A                   | RR       | No                     |
| E0651  | N/A               | N/A                   | NU       | No                     |
| E0651  | N/A               | N/A                   | RR       | No                     |
| E0652  | N/A               | N/A                   | NU       | No                     |
| E0652  | N/A               | N/A                   | RR       | No                     |
| E0655  | N/A               | N/A                   | NU       | No                     |
| E0655  | N/A               | N/A                   | RR       | No                     |
| E0656  | N/A               | N/A                   | NU       | No                     |
| E0657  | N/A               | N/A                   | NU       | No                     |
| E0660  | N/A               | N/A                   | NU       | No                     |
| E0660  | N/A               | N/A                   | RR       | No                     |
| E0665  | N/A               | N/A                   | NU       | No                     |
| E0665  | N/A               | N/A                   | RR       | No                     |
| E0666  | N/A               | N/A                   | NU       | No                     |
| E0666  | N/A               | N/A                   | RR       | No                     |
| E0667  | N/A               | N/A                   | NU       | No                     |
| E0667  | N/A               | N/A                   | RR       | No                     |
| E0668  | N/A               | N/A                   | NU       | No                     |
| E0668  | N/A               | N/A                   | RR       | No                     |
| E0669  | N/A               | N/A                   | NU       | No                     |
| E0669  | N/A               | N/A                   | RR       | No                     |
| E0705  | N/A               | N/A                   | NU       | No                     |
| E0720  | N/A               | N/A                   | NU       | No                     |
| E0730  | N/A               | N/A                   | NU       | No                     |
| E0731  | N/A               | N/A                   | NU       | No                     |
| E0740  | N/A               | N/A                   | NU       | No                     |
| E0744  | N/A               | N/A                   | NU       | No                     |
| E0744  | N/A               | N/A                   | RR       | No                     |
| E0745  | N/A               | N/A                   | NU       | No                     |
| E0745  | N/A               | N/A                   | RR       | No                     |
| E0746  | N/A               | N/A                   | NU       | No                     |
| E0746  | N/A               | N/A                   | RR       | No                     |
| E0747  | N/A               | N/A                   | NU       | No                     |

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|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| E0748  | N/A               | N/A                   | NU       | No                     |
| E0760  | N/A               | N/A                   | NU       | No                     |
| E0770  | N/A               | N/A                   | NU       | No                     |
| E0776  | N/A               | N/A                   | NU       | No                     |
| E0776  | N/A               | N/A                   | RR       | No                     |
| E0781  | N/A               | N/A                   | NU       | No                     |
| E0781  | N/A               | N/A                   | RR       | No                     |
| E0783  | N/A               | N/A                   | NU       | No                     |
| E0784  | N/A               | N/A                   | NU       | No                     |
| E0784  | N/A               | N/A                   | RR       | No                     |
| E0791  | N/A               | N/A                   | NU       | No                     |
| E0791  | N/A               | N/A                   | RR       | No                     |
| E0840  | N/A               | N/A                   | NU       | No                     |
| E0840  | N/A               | N/A                   | RR       | No                     |
| E0850  | N/A               | N/A                   | NU       | No                     |
| E0850  | N/A               | N/A                   | RR       | No                     |
| E0860  | N/A               | N/A                   | NU       | No                     |
| E0860  | N/A               | N/A                   | RR       | No                     |
| E0870  | N/A               | N/A                   | NU       | No                     |
| E0870  | N/A               | N/A                   | RR       | No                     |
| E0880  | N/A               | N/A                   | NU       | No                     |
| E0880  | N/A               | N/A                   | RR       | No                     |
| E0890  | N/A               | N/A                   | NU       | No                     |
| E0890  | N/A               | N/A                   | RR       | No                     |
| E0900  | N/A               | N/A                   | NU       | No                     |
| E0900  | N/A               | N/A                   | RR       | No                     |
| E0910  | N/A               | N/A                   | NU       | No                     |
| E0910  | N/A               | N/A                   | RR       | No                     |
| E0911  | N/A               | N/A                   | NU       | No                     |
| E0911  | N/A               | N/A                   | RR       | No                     |
| E0912  | N/A               | N/A                   | NU       | No                     |
| E0912  | N/A               | N/A                   | RR       | No                     |
| E0920  | N/A               | N/A                   | NU       | No                     |
| E0920  | N/A               | N/A                   | RR       | No                     |
| E0930  | N/A               | N/A                   | NU       | No                     |
| E0930  | N/A               | N/A                   | RR       | No                     |
| E0940  | N/A               | N/A                   | NU       | No                     |
| E0940  | N/A               | N/A                   | RR       | No                     |
| E0941  | N/A               | N/A                   | NU       | No                     |
| E0941  | N/A               | N/A                   | RR       | No                     |
| E0942  | N/A               | N/A                   | NU       | No                     |
| E0944  | N/A               | N/A                   | NU       | No                     |
| E0945  | N/A               | N/A                   | NU       | No                     |
| E0946  | N/A               | N/A                   | NU       | No                     |
| E0946  | N/A               | N/A                   | RR       | No                     |
| E0947  | N/A               | N/A                   | NU       | No                     |
| E0947  | N/A               | N/A                   | RR       | No                     |
| E0948  | N/A               | N/A                   | NU       | No                     |
| E0948  | N/A               | N/A                   | RR       | No                     |
| E0950  | N/A               | N/A                   | NU       | No                     |
| E0951  | N/A               | N/A                   | NU       | No                     |
| E0952  | N/A               | N/A                   | NU       | No                     |
| E0953  | N/A               | N/A                   | NU       | No                     |
| E0954  | N/A               | N/A                   | NU       | No                     |
| E0955  | N/A               | N/A                   | NU       | No                     |
| E0956  | N/A               | N/A                   | NU       | No                     |
| E0958  | N/A               | N/A                   | NU       | No                     |

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| Wisconsin Department of Health Services<br>Codes Used to Identify Enhanced Match ARPA Claims |                   |                       |          |                        |
|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| E0959  | N/A               | N/A                   | NU       | No                     |
| E0960  | N/A               | N/A                   | NU       | No                     |
| E0961  | N/A               | N/A                   | NU       | No                     |
| E0966  | N/A               | N/A                   | NU       | No                     |
| E0967  | N/A               | N/A                   | NU       | No                     |
| E0969  | N/A               | N/A                   | NU       | No                     |
| E0971  | N/A               | N/A                   | NU       | No                     |
| E0973  | N/A               | N/A                   | NU       | No                     |
| E0974  | N/A               | N/A                   | NU       | No                     |
| E0978  | N/A               | N/A                   | NU       | No                     |
| E0981  | N/A               | N/A                   | NU       | No                     |
| E0982  | N/A               | N/A                   | NU       | No                     |
| E0983  | N/A               | N/A                   | NU       | No                     |
| E0983  | N/A               | N/A                   | RR       | No                     |
| E0984  | N/A               | N/A                   | NU       | No                     |
| E0984  | N/A               | N/A                   | RR       | No                     |
| E0986  | N/A               | N/A                   | NU       | No                     |
| E0990  | N/A               | N/A                   | NU       | No                     |
| E0992  | N/A               | N/A                   | NU       | No                     |
| E0995  | N/A               | N/A                   | NU       | No                     |
| E1002  | N/A               | N/A                   | NU       | No                     |
| E1003  | N/A               | N/A                   | NU       | No                     |
| E1004  | N/A               | N/A                   | NU       | No                     |
| E1005  | N/A               | N/A                   | NU       | No                     |
| E1007  | N/A               | N/A                   | NU       | No                     |
| E1008  | N/A               | N/A                   | NU       | No                     |
| E1010  | N/A               | N/A                   | NU       | No                     |
| E1011  | N/A               | N/A                   | NU       | No                     |
| E1012  | N/A               | N/A                   | NU       | No                     |
| E1014  | N/A               | N/A                   | NU       | No                     |
| E1020  | N/A               | N/A                   | NU       | No                     |
| E1029  | N/A               | N/A                   | NU       | No                     |
| E1030  | N/A               | N/A                   | NU       | No                     |
| E1031  | N/A               | N/A                   | NU       | No                     |
| E1031  | N/A               | N/A                   | RR       | No                     |
| E1035  | N/A               | N/A                   | NU       | No                     |
| E1035  | N/A               | N/A                   | RR       | No                     |
| E1161  | N/A               | N/A                   | NU       | No                     |
| E1161  | N/A               | N/A                   | RR       | No                     |
| E1225  | N/A               | N/A                   | NU       | No                     |
| E1225  | N/A               | N/A                   | RR       | No                     |
| E1226  | N/A               | N/A                   | NU       | No                     |
| E1226  | N/A               | N/A                   | RR       | No                     |
| E1231  | N/A               | N/A                   | RR       | No                     |
| E1232  | N/A               | N/A                   | NU       | No                     |
| E1232  | N/A               | N/A                   | RR       | No                     |
| E1233  | N/A               | N/A                   | NU       | No                     |
| E1233  | N/A               | N/A                   | RR       | No                     |
| E1234  | N/A               | N/A                   | NU       | No                     |
| E1234  | N/A               | N/A                   | RR       | No                     |
| E1235  | N/A               | N/A                   | NU       | No                     |
| E1235  | N/A               | N/A                   | RR       | No                     |
| E1236  | N/A               | N/A                   | NU       | No                     |
| E1236  | N/A               | N/A                   | RR       | No                     |
| E1237  | N/A               | N/A                   | NU       | No                     |
| E1237  | N/A               | N/A                   | RR       | No                     |
| E1238  | N/A               | N/A                   | NU       | No                     |

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| Wisconsin Department of Health Services<br>Codes Used to Identify Enhanced Match ARPA Claims |                   |                       |          |                        |
|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| E1238  | N/A               | N/A                   | RR       | No                     |
| E1353  | N/A               | N/A                   | NU       | No                     |
| E1353  | N/A               | N/A                   | RR       | No                     |
| E1355  | N/A               | N/A                   | NU       | No                     |
| E1372  | N/A               | N/A                   | NU       | No                     |
| E1372  | N/A               | N/A                   | RR       | No                     |
| E1392  | N/A               | N/A                   | RR       | No                     |
| E1405  | N/A               | N/A                   | RR       | No                     |
| E1406  | N/A               | N/A                   | RR       | No                     |
| E1800  | N/A               | N/A                   | NU       | No                     |
| E1800  | N/A               | N/A                   | RR       | No                     |
| E1801  | N/A               | N/A                   | RR       | No                     |
| E1802  | N/A               | N/A                   | RR       | No                     |
| E1805  | N/A               | N/A                   | NU       | No                     |
| E1805  | N/A               | N/A                   | RR       | No                     |
| E1806  | N/A               | N/A                   | RR       | No                     |
| E1810  | N/A               | N/A                   | NU       | No                     |
| E1810  | N/A               | N/A                   | RR       | No                     |
| E1811  | N/A               | N/A                   | RR       | No                     |
| E1812  | N/A               | N/A                   | RR       | No                     |
| E1815  | N/A               | N/A                   | NU       | No                     |
| E1815  | N/A               | N/A                   | RR       | No                     |
| E1816  | N/A               | N/A                   | RR       | No                     |
| E1818  | N/A               | N/A                   | RR       | No                     |
| E1825  | N/A               | N/A                   | RR       | No                     |
| E1840  | N/A               | N/A                   | RR       | No                     |
| E2000  | N/A               | N/A                   | NU       | No                     |
| E2000  | N/A               | N/A                   | RR       | No                     |
| E2201  | N/A               | N/A                   | NU       | No                     |
| E2202  | N/A               | N/A                   | NU       | No                     |
| E2203  | N/A               | N/A                   | NU       | No                     |
| E2204  | N/A               | N/A                   | NU       | No                     |
| E2205  | N/A               | N/A                   | NU       | No                     |
| E2206  | N/A               | N/A                   | NU       | No                     |
| E2207  | N/A               | N/A                   | NU       | No                     |
| E2208  | N/A               | N/A                   | NU       | No                     |
| E2209  | N/A               | N/A                   | NU       | No                     |
| E2210  | N/A               | N/A                   | NU       | No                     |
| E2211  | N/A               | N/A                   | NU       | No                     |
| E2212  | N/A               | N/A                   | NU       | No                     |
| E2213  | N/A               | N/A                   | NU       | No                     |
| E2214  | N/A               | N/A                   | NU       | No                     |
| E2215  | N/A               | N/A                   | NU       | No                     |
| E2216  | N/A               | N/A                   | NU       | No                     |
| E2217  | N/A               | N/A                   | NU       | No                     |
| E2218  | N/A               | N/A                   | NU       | No                     |
| E2219  | N/A               | N/A                   | NU       | No                     |
| E2220  | N/A               | N/A                   | NU       | No                     |
| E2221  | N/A               | N/A                   | NU       | No                     |
| E2222  | N/A               | N/A                   | NU       | No                     |
| E2224  | N/A               | N/A                   | NU       | No                     |
| E2225  | N/A               | N/A                   | NU       | No                     |
| E2226  | N/A               | N/A                   | NU       | No                     |
| E2228  | N/A               | N/A                   | NU       | No                     |
| E2231  | N/A               | N/A                   | NU       | No                     |
| E2300  | N/A               | N/A                   | NU       | No                     |
| E2301  | N/A               | N/A                   | NU       | No                     |

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## APPENDIX D ENHANCED FMAP IDENTIFICATION CRITERIA

| Wisconsin Department of Health Services<br>Codes Used to Identify Enhanced Match ARPA Claims |                   |                       |          |                        |
|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| E2310  | N/A               | N/A                   | NU       | No                     |
| E2311  | N/A               | N/A                   | NU       | No                     |
| E2313  | N/A               | N/A                   | NU       | No                     |
| E2321  | N/A               | N/A                   | NU       | No                     |
| E2322  | N/A               | N/A                   | NU       | No                     |
| E2323  | N/A               | N/A                   | NU       | No                     |
| E2324  | N/A               | N/A                   | NU       | No                     |
| E2325  | N/A               | N/A                   | NU       | No                     |
| E2326  | N/A               | N/A                   | NU       | No                     |
| E2327  | N/A               | N/A                   | NU       | No                     |
| E2328  | N/A               | N/A                   | NU       | No                     |
| E2329  | N/A               | N/A                   | NU       | No                     |
| E2330  | N/A               | N/A                   | NU       | No                     |
| E2340  | N/A               | N/A                   | NU       | No                     |
| E2341  | N/A               | N/A                   | NU       | No                     |
| E2342  | N/A               | N/A                   | NU       | No                     |
| E2343  | N/A               | N/A                   | NU       | No                     |
| E2351  | N/A               | N/A                   | NU       | No                     |
| E2358  | N/A               | N/A                   | NU       | No                     |
| E2359  | N/A               | N/A                   | NU       | No                     |
| E2360  | N/A               | N/A                   | NU       | No                     |
| E2361  | N/A               | N/A                   | NU       | No                     |
| E2362  | N/A               | N/A                   | NU       | No                     |
| E2363  | N/A               | N/A                   | NU       | No                     |
| E2364  | N/A               | N/A                   | NU       | No                     |
| E2365  | N/A               | N/A                   | NU       | No                     |
| E2366  | N/A               | N/A                   | NU       | No                     |
| E2367  | N/A               | N/A                   | NU       | No                     |
| E2368  | N/A               | N/A                   | NU       | No                     |
| E2369  | N/A               | N/A                   | NU       | No                     |
| E2370  | N/A               | N/A                   | NU       | No                     |
| E2371  | N/A               | N/A                   | NU       | No                     |
| E2372  | N/A               | N/A                   | NU       | No                     |
| E2374  | N/A               | N/A                   | NU       | No                     |
| E2375  | N/A               | N/A                   | NU       | No                     |
| E2377  | N/A               | N/A                   | NU       | No                     |
| E2381  | N/A               | N/A                   | NU       | No                     |
| E2382  | N/A               | N/A                   | NU       | No                     |
| E2383  | N/A               | N/A                   | NU       | No                     |
| E2384  | N/A               | N/A                   | NU       | No                     |
| E2385  | N/A               | N/A                   | NU       | No                     |
| E2386  | N/A               | N/A                   | NU       | No                     |
| E2387  | N/A               | N/A                   | NU       | No                     |
| E2388  | N/A               | N/A                   | NU       | No                     |
| E2389  | N/A               | N/A                   | NU       | No                     |
| E2390  | N/A               | N/A                   | NU       | No                     |
| E2391  | N/A               | N/A                   | NU       | No                     |
| E2392  | N/A               | N/A                   | NU       | No                     |
| E2394  | N/A               | N/A                   | NU       | No                     |
| E2395  | N/A               | N/A                   | NU       | No                     |
| E2396  | N/A               | N/A                   | NU       | No                     |
| E2397  | N/A               | N/A                   | NU       | No                     |
| E2398  | N/A               | N/A                   | NU       | No                     |
| E2402  | N/A               | N/A                   | RR       | No                     |
| E2500  | N/A               | N/A                   | NU       | No                     |
| E2502  | N/A               | N/A                   | NU       | No                     |
| E2504  | N/A               | N/A                   | NU       | No                     |

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| Wisconsin Department of Health Services<br>Codes Used to Identify Enhanced Match ARPA Claims |                   |                       |          |                        |
|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| E2506  | N/A               | N/A                   | NU       | No                     |
| E2508  | N/A               | N/A                   | NU       | No                     |
| E2508  | N/A               | N/A                   | RR       | No                     |
| E2510  | N/A               | N/A                   | NU       | No                     |
| E2510  | N/A               | N/A                   | RR       | No                     |
| E2601  | N/A               | N/A                   | NU       | No                     |
| E2602  | N/A               | N/A                   | NU       | No                     |
| E2603  | N/A               | N/A                   | NU       | No                     |
| E2604  | N/A               | N/A                   | NU       | No                     |
| E2605  | N/A               | N/A                   | NU       | No                     |
| E2606  | N/A               | N/A                   | NU       | No                     |
| E2607  | N/A               | N/A                   | NU       | No                     |
| E2608  | N/A               | N/A                   | NU       | No                     |
| E2611  | N/A               | N/A                   | NU       | No                     |
| E2612  | N/A               | N/A                   | NU       | No                     |
| E2613  | N/A               | N/A                   | NU       | No                     |
| E2614  | N/A               | N/A                   | NU       | No                     |
| E2615  | N/A               | N/A                   | NU       | No                     |
| E2616  | N/A               | N/A                   | NU       | No                     |
| E2619  | N/A               | N/A                   | NU       | No                     |
| E2620  | N/A               | N/A                   | NU       | No                     |
| E2621  | N/A               | N/A                   | NU       | No                     |
| E2622  | N/A               | N/A                   | NU       | No                     |
| E2623  | N/A               | N/A                   | NU       | No                     |
| E2624  | N/A               | N/A                   | NU       | No                     |
| E2625  | N/A               | N/A                   | NU       | No                     |
| E2626  | N/A               | N/A                   | NU       | No                     |
| E2627  | N/A               | N/A                   | NU       | No                     |
| E2628  | N/A               | N/A                   | NU       | No                     |
| E2629  | N/A               | N/A                   | NU       | No                     |
| E2630  | N/A               | N/A                   | NU       | No                     |
| E2631  | N/A               | N/A                   | NU       | No                     |
| E2632  | N/A               | N/A                   | NU       | No                     |
| E2633  | N/A               | N/A                   | NU       | No                     |
| E8000  | N/A               | N/A                   | NU       | No                     |
| E8000  | N/A               | N/A                   | RR       | No                     |
| E8001  | N/A               | N/A                   | NU       | No                     |
| E8001  | N/A               | N/A                   | RR       | No                     |
| E8002  | N/A               | N/A                   | NU       | No                     |
| E8002  | N/A               | N/A                   | RR       | No                     |
| K0001  | N/A               | N/A                   | NU       | No                     |
| K0001  | N/A               | N/A                   | RR       | No                     |
| K0002  | N/A               | N/A                   | NU       | No                     |
| K0002  | N/A               | N/A                   | RR       | No                     |
| K0003  | N/A               | N/A                   | NU       | No                     |
| K0003  | N/A               | N/A                   | RR       | No                     |
| K0004  | N/A               | N/A                   | NU       | No                     |
| K0004  | N/A               | N/A                   | RR       | No                     |
| K0005  | N/A               | N/A                   | NU       | No                     |
| K0005  | N/A               | N/A                   | RR       | No                     |
| K0006  | N/A               | N/A                   | NU       | No                     |
| K0006  | N/A               | N/A                   | RR       | No                     |
| K0007  | N/A               | N/A                   | NU       | No                     |
| K0007  | N/A               | N/A                   | RR       | No                     |
| K0009  | N/A               | N/A                   | NU       | No                     |
| K0009  | N/A               | N/A                   | RR       | No                     |
| K0010  | N/A               | N/A                   | NU       | No                     |

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|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| K0010  | N/A               | N/A                   | RR       | No                     |
| K0011  | N/A               | N/A                   | NU       | No                     |
| K0011  | N/A               | N/A                   | RR       | No                     |
| K0012  | N/A               | N/A                   | NU       | No                     |
| K0012  | N/A               | N/A                   | RR       | No                     |
| K0015  | N/A               | N/A                   | NU       | No                     |
| K0017  | N/A               | N/A                   | NU       | No                     |
| K0018  | N/A               | N/A                   | NU       | No                     |
| K0019  | N/A               | N/A                   | NU       | No                     |
| K0020  | N/A               | N/A                   | NU       | No                     |
| K0037  | N/A               | N/A                   | NU       | No                     |
| K0038  | N/A               | N/A                   | NU       | No                     |
| K0039  | N/A               | N/A                   | NU       | No                     |
| K0040  | N/A               | N/A                   | NU       | No                     |
| K0041  | N/A               | N/A                   | NU       | No                     |
| K0042  | N/A               | N/A                   | NU       | No                     |
| K0043  | N/A               | N/A                   | NU       | No                     |
| K0044  | N/A               | N/A                   | NU       | No                     |
| K0045  | N/A               | N/A                   | NU       | No                     |
| K0046  | N/A               | N/A                   | NU       | No                     |
| K0047  | N/A               | N/A                   | NU       | No                     |
| K0050  | N/A               | N/A                   | NU       | No                     |
| K0051  | N/A               | N/A                   | NU       | No                     |
| K0052  | N/A               | N/A                   | NU       | No                     |
| K0053  | N/A               | N/A                   | NU       | No                     |
| K0056  | N/A               | N/A                   | NU       | No                     |
| K0065  | N/A               | N/A                   | NU       | No                     |
| K0069  | N/A               | N/A                   | NU       | No                     |
| K0070  | N/A               | N/A                   | NU       | No                     |
| K0071  | N/A               | N/A                   | NU       | No                     |
| K0072  | N/A               | N/A                   | NU       | No                     |
| K0073  | N/A               | N/A                   | NU       | No                     |
| K0077  | N/A               | N/A                   | NU       | No                     |
| K0098  | N/A               | N/A                   | NU       | No                     |
| K0105  | N/A               | N/A                   | NU       | No                     |
| K0606  | N/A               | N/A                   | NU       | No                     |
| K0672  | N/A               | N/A                   | NU       | No                     |
| K0733  | N/A               | N/A                   | NU       | No                     |
| K0739  | N/A               | N/A                   | NU       | No                     |
| K0800  | N/A               | N/A                   | NU       | No                     |
| K0800  | N/A               | N/A                   | RR       | No                     |
| K0801  | N/A               | N/A                   | NU       | No                     |
| K0801  | N/A               | N/A                   | RR       | No                     |
| K0802  | N/A               | N/A                   | NU       | No                     |
| K0802  | N/A               | N/A                   | RR       | No                     |
| K0806  | N/A               | N/A                   | NU       | No                     |
| K0806  | N/A               | N/A                   | RR       | No                     |
| K0807  | N/A               | N/A                   | NU       | No                     |
| K0807  | N/A               | N/A                   | RR       | No                     |
| K0808  | N/A               | N/A                   | NU       | No                     |
| K0808  | N/A               | N/A                   | RR       | No                     |
| K0813  | N/A               | N/A                   | NU       | No                     |
| K0813  | N/A               | N/A                   | RR       | No                     |
| K0814  | N/A               | N/A                   | NU       | No                     |
| K0814  | N/A               | N/A                   | RR       | No                     |
| K0815  | N/A               | N/A                   | NU       | No                     |
| K0815  | N/A               | N/A                   | RR       | No                     |

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|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| K0816  | N/A               | N/A                   | NU       | No                     |
| K0816  | N/A               | N/A                   | RR       | No                     |
| K0820  | N/A               | N/A                   | NU       | No                     |
| K0820  | N/A               | N/A                   | RR       | No                     |
| K0821  | N/A               | N/A                   | NU       | No                     |
| K0821  | N/A               | N/A                   | RR       | No                     |
| K0822  | N/A               | N/A                   | NU       | No                     |
| K0822  | N/A               | N/A                   | RR       | No                     |
| K0823  | N/A               | N/A                   | NU       | No                     |
| K0823  | N/A               | N/A                   | RR       | No                     |
| K0824  | N/A               | N/A                   | NU       | No                     |
| K0824  | N/A               | N/A                   | RR       | No                     |
| K0825  | N/A               | N/A                   | NU       | No                     |
| K0825  | N/A               | N/A                   | RR       | No                     |
| K0826  | N/A               | N/A                   | NU       | No                     |
| K0826  | N/A               | N/A                   | RR       | No                     |
| K0827  | N/A               | N/A                   | NU       | No                     |
| K0827  | N/A               | N/A                   | RR       | No                     |
| K0828  | N/A               | N/A                   | NU       | No                     |
| K0828  | N/A               | N/A                   | RR       | No                     |
| K0829  | N/A               | N/A                   | NU       | No                     |
| K0829  | N/A               | N/A                   | RR       | No                     |
| K0830  | N/A               | N/A                   | NU       | No                     |
| K0835  | N/A               | N/A                   | NU       | No                     |
| K0835  | N/A               | N/A                   | RR       | No                     |
| K0836  | N/A               | N/A                   | NU       | No                     |
| K0836  | N/A               | N/A                   | RR       | No                     |
| K0837  | N/A               | N/A                   | NU       | No                     |
| K0837  | N/A               | N/A                   | RR       | No                     |
| K0838  | N/A               | N/A                   | NU       | No                     |
| K0838  | N/A               | N/A                   | RR       | No                     |
| K0839  | N/A               | N/A                   | NU       | No                     |
| K0839  | N/A               | N/A                   | RR       | No                     |
| K0840  | N/A               | N/A                   | NU       | No                     |
| K0840  | N/A               | N/A                   | RR       | No                     |
| K0841  | N/A               | N/A                   | NU       | No                     |
| K0841  | N/A               | N/A                   | RR       | No                     |
| K0842  | N/A               | N/A                   | NU       | No                     |
| K0842  | N/A               | N/A                   | RR       | No                     |
| K0843  | N/A               | N/A                   | NU       | No                     |
| K0843  | N/A               | N/A                   | RR       | No                     |
| K0848  | N/A               | N/A                   | NU       | No                     |
| K0848  | N/A               | N/A                   | RR       | No                     |
| K0849  | N/A               | N/A                   | NU       | No                     |
| K0849  | N/A               | N/A                   | RR       | No                     |
| K0850  | N/A               | N/A                   | NU       | No                     |
| K0850  | N/A               | N/A                   | RR       | No                     |
| K0851  | N/A               | N/A                   | NU       | No                     |
| K0851  | N/A               | N/A                   | RR       | No                     |
| K0852  | N/A               | N/A                   | NU       | No                     |
| K0852  | N/A               | N/A                   | RR       | No                     |
| K0853  | N/A               | N/A                   | NU       | No                     |
| K0853  | N/A               | N/A                   | RR       | No                     |
| K0854  | N/A               | N/A                   | NU       | No                     |
| K0854  | N/A               | N/A                   | RR       | No                     |
| K0855  | N/A               | N/A                   | NU       | No                     |
| K0855  | N/A               | N/A                   | RR       | No                     |

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|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| K0856  | N/A               | N/A                   | NU       | No                     |
| K0856  | N/A               | N/A                   | RR       | No                     |
| K0857  | N/A               | N/A                   | NU       | No                     |
| K0857  | N/A               | N/A                   | RR       | No                     |
| K0858  | N/A               | N/A                   | NU       | No                     |
| K0858  | N/A               | N/A                   | RR       | No                     |
| K0859  | N/A               | N/A                   | NU       | No                     |
| K0859  | N/A               | N/A                   | RR       | No                     |
| K0860  | N/A               | N/A                   | NU       | No                     |
| K0860  | N/A               | N/A                   | RR       | No                     |
| K0861  | N/A               | N/A                   | NU       | No                     |
| K0861  | N/A               | N/A                   | RR       | No                     |
| K0862  | N/A               | N/A                   | NU       | No                     |
| K0862  | N/A               | N/A                   | RR       | No                     |
| K0863  | N/A               | N/A                   | NU       | No                     |
| K0863  | N/A               | N/A                   | RR       | No                     |
| K0884  | N/A               | N/A                   | NU       | No                     |
| K1013  | N/A               | N/A                   | NU       | No                     |
| K1022  | N/A               | N/A                   | NU       | No                     |
| K1024  | N/A               | N/A                   | NU       | No                     |
| K1024  | N/A               | N/A                   | RR       | No                     |
| K1025  | N/A               | N/A                   | NU       | No                     |
| K1025  | N/A               | N/A                   | RR       | No                     |
| L0112  | N/A               | N/A                   | NU       | No                     |
| L0113  | N/A               | N/A                   | NU       | No                     |
| L0120  | N/A               | N/A                   | NU       | No                     |
| L0130  | N/A               | N/A                   | NU       | No                     |
| L0140  | N/A               | N/A                   | NU       | No                     |
| L0150  | N/A               | N/A                   | NU       | No                     |
| L0160  | N/A               | N/A                   | NU       | No                     |
| L0170  | N/A               | N/A                   | NU       | No                     |
| L0172  | N/A               | N/A                   | NU       | No                     |
| L0174  | N/A               | N/A                   | NU       | No                     |
| L0180  | N/A               | N/A                   | NU       | No                     |
| L0190  | N/A               | N/A                   | NU       | No                     |
| L0200  | N/A               | N/A                   | NU       | No                     |
| L0220  | N/A               | N/A                   | NU       | No                     |
| L0450  | N/A               | N/A                   | NU       | No                     |
| L0452  | N/A               | N/A                   | NU       | No                     |
| L0454  | N/A               | N/A                   | NU       | No                     |
| L0455  | N/A               | N/A                   | NU       | No                     |
| L0456  | N/A               | N/A                   | NU       | No                     |
| L0457  | N/A               | N/A                   | NU       | No                     |
| L0458  | N/A               | N/A                   | NU       | No                     |
| L0460  | N/A               | N/A                   | NU       | No                     |
| L0462  | N/A               | N/A                   | NU       | No                     |
| L0464  | N/A               | N/A                   | NU       | No                     |
| L0466  | N/A               | N/A                   | NU       | No                     |
| L0467  | N/A               | N/A                   | NU       | No                     |
| L0468  | N/A               | N/A                   | NU       | No                     |
| L0469  | N/A               | N/A                   | NU       | No                     |
| L0470  | N/A               | N/A                   | NU       | No                     |
| L0472  | N/A               | N/A                   | NU       | No                     |
| L0480  | N/A               | N/A                   | NU       | No                     |
| L0482  | N/A               | N/A                   | NU       | No                     |
| L0484  | N/A               | N/A                   | NU       | No                     |
| L0486  | N/A               | N/A                   | NU       | No                     |

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## APPENDIX D ENHANCED FMAP IDENTIFICATION CRITERIA

| Wisconsin Department of Health Services<br>Codes Used to Identify Enhanced Match ARPA Claims |                   |                       |          |                        |
|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| L0488  | N/A               | N/A                   | NU       | No                     |
| L0490  | N/A               | N/A                   | NU       | No                     |
| L0491  | N/A               | N/A                   | NU       | No                     |
| L0492  | N/A               | N/A                   | NU       | No                     |
| L0622  | N/A               | N/A                   | NU       | No                     |
| L0625  | N/A               | N/A                   | NU       | No                     |
| L0626  | N/A               | N/A                   | NU       | No                     |
| L0627  | N/A               | N/A                   | NU       | No                     |
| L0628  | N/A               | N/A                   | NU       | No                     |
| L0630  | N/A               | N/A                   | NU       | No                     |
| L0631  | N/A               | N/A                   | NU       | No                     |
| L0633  | N/A               | N/A                   | NU       | No                     |
| L0635  | N/A               | N/A                   | NU       | No                     |
| L0636  | N/A               | N/A                   | NU       | No                     |
| L0637  | N/A               | N/A                   | NU       | No                     |
| L0638  | N/A               | N/A                   | NU       | No                     |
| L0639  | N/A               | N/A                   | NU       | No                     |
| L0640  | N/A               | N/A                   | NU       | No                     |
| L0641  | N/A               | N/A                   | NU       | No                     |
| L0642  | N/A               | N/A                   | NU       | No                     |
| L0643  | N/A               | N/A                   | NU       | No                     |
| L0648  | N/A               | N/A                   | NU       | No                     |
| L0649  | N/A               | N/A                   | NU       | No                     |
| L0650  | N/A               | N/A                   | NU       | No                     |
| L0651  | N/A               | N/A                   | NU       | No                     |
| L0700  | N/A               | N/A                   | NU       | No                     |
| L0710  | N/A               | N/A                   | NU       | No                     |
| L0810  | N/A               | N/A                   | NU       | No                     |
| L0820  | N/A               | N/A                   | NU       | No                     |
| L0830  | N/A               | N/A                   | NU       | No                     |
| L0859  | N/A               | N/A                   | NU       | No                     |
| L0970  | N/A               | N/A                   | NU       | No                     |
| L0972  | N/A               | N/A                   | NU       | No                     |
| L0974  | N/A               | N/A                   | NU       | No                     |
| L0976  | N/A               | N/A                   | NU       | No                     |
| L0978  | N/A               | N/A                   | NU       | No                     |
| L0980  | N/A               | N/A                   | NU       | No                     |
| L0982  | N/A               | N/A                   | NU       | No                     |
| L0984  | N/A               | N/A                   | NU       | No                     |
| L1000  | N/A               | N/A                   | NU       | No                     |
| L1001  | N/A               | N/A                   | NU       | No                     |
| L1005  | N/A               | N/A                   | NU       | No                     |
| L1010  | N/A               | N/A                   | NU       | No                     |
| L1020  | N/A               | N/A                   | NU       | No                     |
| L1025  | N/A               | N/A                   | NU       | No                     |
| L1030  | N/A               | N/A                   | NU       | No                     |
| L1040  | N/A               | N/A                   | NU       | No                     |
| L1050  | N/A               | N/A                   | NU       | No                     |
| L1060  | N/A               | N/A                   | NU       | No                     |
| L1070  | N/A               | N/A                   | NU       | No                     |
| L1080  | N/A               | N/A                   | NU       | No                     |
| L1085  | N/A               | N/A                   | NU       | No                     |
| L1090  | N/A               | N/A                   | NU       | No                     |
| L1100  | N/A               | N/A                   | NU       | No                     |
| L1110  | N/A               | N/A                   | NU       | No                     |
| L1120  | N/A               | N/A                   | NU       | No                     |
| L1200  | N/A               | N/A                   | NU       | No                     |

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|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| L1210  | N/A               | N/A                   | NU       | No                     |
| L1220  | N/A               | N/A                   | NU       | No                     |
| L1230  | N/A               | N/A                   | NU       | No                     |
| L1240  | N/A               | N/A                   | NU       | No                     |
| L1250  | N/A               | N/A                   | NU       | No                     |
| L1260  | N/A               | N/A                   | NU       | No                     |
| L1270  | N/A               | N/A                   | NU       | No                     |
| L1280  | N/A               | N/A                   | NU       | No                     |
| L1290  | N/A               | N/A                   | NU       | No                     |
| L1300  | N/A               | N/A                   | NU       | No                     |
| L1310  | N/A               | N/A                   | NU       | No                     |
| L1600  | N/A               | N/A                   | NU       | No                     |
| L1610  | N/A               | N/A                   | NU       | No                     |
| L1620  | N/A               | N/A                   | NU       | No                     |
| L1630  | N/A               | N/A                   | NU       | No                     |
| L1640  | N/A               | N/A                   | NU       | No                     |
| L1650  | N/A               | N/A                   | NU       | No                     |
| L1652  | N/A               | N/A                   | NU       | No                     |
| L1660  | N/A               | N/A                   | NU       | No                     |
| L1680  | N/A               | N/A                   | NU       | No                     |
| L1685  | N/A               | N/A                   | NU       | No                     |
| L1686  | N/A               | N/A                   | NU       | No                     |
| L1690  | N/A               | N/A                   | NU       | No                     |
| L1700  | N/A               | N/A                   | NU       | No                     |
| L1710  | N/A               | N/A                   | NU       | No                     |
| L1720  | N/A               | N/A                   | NU       | No                     |
| L1730  | N/A               | N/A                   | NU       | No                     |
| L1755  | N/A               | N/A                   | NU       | No                     |
| L1810  | N/A               | N/A                   | NU       | No                     |
| L1812  | N/A               | N/A                   | NU       | No                     |
| L1820  | N/A               | N/A                   | NU       | No                     |
| L1830  | N/A               | N/A                   | NU       | No                     |
| L1831  | N/A               | N/A                   | NU       | No                     |
| L1832  | N/A               | N/A                   | NU       | No                     |
| L1833  | N/A               | N/A                   | NU       | No                     |
| L1834  | N/A               | N/A                   | NU       | No                     |
| L1836  | N/A               | N/A                   | NU       | No                     |
| L1840  | N/A               | N/A                   | NU       | No                     |
| L1843  | N/A               | N/A                   | NU       | No                     |
| L1844  | N/A               | N/A                   | NU       | No                     |
| L1845  | N/A               | N/A                   | NU       | No                     |
| L1846  | N/A               | N/A                   | NU       | No                     |
| L1847  | N/A               | N/A                   | NU       | No                     |
| L1848  | N/A               | N/A                   | NU       | No                     |
| L1850  | N/A               | N/A                   | NU       | No                     |
| L1851  | N/A               | N/A                   | NU       | No                     |
| L1852  | N/A               | N/A                   | NU       | No                     |
| L1860  | N/A               | N/A                   | NU       | No                     |
| L1900  | N/A               | N/A                   | NU       | No                     |
| L1902  | N/A               | N/A                   | NU       | No                     |
| L1904  | N/A               | N/A                   | NU       | No                     |
| L1906  | N/A               | N/A                   | NU       | No                     |
| L1907  | N/A               | N/A                   | NU       | No                     |
| L1910  | N/A               | N/A                   | NU       | No                     |
| L1920  | N/A               | N/A                   | NU       | No                     |
| L1930  | N/A               | N/A                   | NU       | No                     |
| L1932  | N/A               | N/A                   | NU       | No                     |

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|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| L1940  | N/A               | N/A                   | NU       | No                     |
| L1945  | N/A               | N/A                   | NU       | No                     |
| L1950  | N/A               | N/A                   | NU       | No                     |
| L1951  | N/A               | N/A                   | NU       | No                     |
| L1960  | N/A               | N/A                   | NU       | No                     |
| L1970  | N/A               | N/A                   | NU       | No                     |
| L1971  | N/A               | N/A                   | NU       | No                     |
| L1980  | N/A               | N/A                   | NU       | No                     |
| L1990  | N/A               | N/A                   | NU       | No                     |
| L2000  | N/A               | N/A                   | NU       | No                     |
| L2005  | N/A               | N/A                   | NU       | No                     |
| L2010  | N/A               | N/A                   | NU       | No                     |
| L2020  | N/A               | N/A                   | NU       | No                     |
| L2030  | N/A               | N/A                   | NU       | No                     |
| L2034  | N/A               | N/A                   | NU       | No                     |
| L2035  | N/A               | N/A                   | NU       | No                     |
| L2036  | N/A               | N/A                   | NU       | No                     |
| L2040  | N/A               | N/A                   | NU       | No                     |
| L2050  | N/A               | N/A                   | NU       | No                     |
| L2060  | N/A               | N/A                   | NU       | No                     |
| L2070  | N/A               | N/A                   | NU       | No                     |
| L2080  | N/A               | N/A                   | NU       | No                     |
| L2090  | N/A               | N/A                   | NU       | No                     |
| L2106  | N/A               | N/A                   | NU       | No                     |
| L2108  | N/A               | N/A                   | NU       | No                     |
| L2112  | N/A               | N/A                   | NU       | No                     |
| L2114  | N/A               | N/A                   | NU       | No                     |
| L2116  | N/A               | N/A                   | NU       | No                     |
| L2126  | N/A               | N/A                   | NU       | No                     |
| L2128  | N/A               | N/A                   | NU       | No                     |
| L2132  | N/A               | N/A                   | NU       | No                     |
| L2134  | N/A               | N/A                   | NU       | No                     |
| L2136  | N/A               | N/A                   | NU       | No                     |
| L2180  | N/A               | N/A                   | NU       | No                     |
| L2182  | N/A               | N/A                   | NU       | No                     |
| L2184  | N/A               | N/A                   | NU       | No                     |
| L2186  | N/A               | N/A                   | NU       | No                     |
| L2188  | N/A               | N/A                   | NU       | No                     |
| L2190  | N/A               | N/A                   | NU       | No                     |
| L2192  | N/A               | N/A                   | NU       | No                     |
| L2200  | N/A               | N/A                   | NU       | No                     |
| L2210  | N/A               | N/A                   | NU       | No                     |
| L2220  | N/A               | N/A                   | NU       | No                     |
| L2230  | N/A               | N/A                   | NU       | No                     |
| L2232  | N/A               | N/A                   | NU       | No                     |
| L2240  | N/A               | N/A                   | NU       | No                     |
| L2250  | N/A               | N/A                   | NU       | No                     |
| L2260  | N/A               | N/A                   | NU       | No                     |
| L2270  | N/A               | N/A                   | NU       | No                     |
| L2275  | N/A               | N/A                   | NU       | No                     |
| L2280  | N/A               | N/A                   | NU       | No                     |
| L2300  | N/A               | N/A                   | NU       | No                     |
| L2310  | N/A               | N/A                   | NU       | No                     |
| L2320  | N/A               | N/A                   | NU       | No                     |
| L2330  | N/A               | N/A                   | NU       | No                     |
| L2335  | N/A               | N/A                   | NU       | No                     |
| L2340  | N/A               | N/A                   | NU       | No                     |

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| Wisconsin Department of Health Services<br>Codes Used to Identify Enhanced Match ARPA Claims |                   |                       |          |                        |
|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| L2350  | N/A               | N/A                   | NU       | No                     |
| L2360  | N/A               | N/A                   | NU       | No                     |
| L2370  | N/A               | N/A                   | NU       | No                     |
| L2375  | N/A               | N/A                   | NU       | No                     |
| L2380  | N/A               | N/A                   | NU       | No                     |
| L2385  | N/A               | N/A                   | NU       | No                     |
| L2387  | N/A               | N/A                   | NU       | No                     |
| L2390  | N/A               | N/A                   | NU       | No                     |
| L2395  | N/A               | N/A                   | NU       | No                     |
| L2397  | N/A               | N/A                   | NU       | No                     |
| L2405  | N/A               | N/A                   | NU       | No                     |
| L2415  | N/A               | N/A                   | NU       | No                     |
| L2425  | N/A               | N/A                   | NU       | No                     |
| L2430  | N/A               | N/A                   | NU       | No                     |
| L2492  | N/A               | N/A                   | NU       | No                     |
| L2500  | N/A               | N/A                   | NU       | No                     |
| L2510  | N/A               | N/A                   | NU       | No                     |
| L2520  | N/A               | N/A                   | NU       | No                     |
| L2525  | N/A               | N/A                   | NU       | No                     |
| L2526  | N/A               | N/A                   | NU       | No                     |
| L2530  | N/A               | N/A                   | NU       | No                     |
| L2540  | N/A               | N/A                   | NU       | No                     |
| L2550  | N/A               | N/A                   | NU       | No                     |
| L2570  | N/A               | N/A                   | NU       | No                     |
| L2580  | N/A               | N/A                   | NU       | No                     |
| L2600  | N/A               | N/A                   | NU       | No                     |
| L2610  | N/A               | N/A                   | NU       | No                     |
| L2620  | N/A               | N/A                   | NU       | No                     |
| L2622  | N/A               | N/A                   | NU       | No                     |
| L2624  | N/A               | N/A                   | NU       | No                     |
| L2627  | N/A               | N/A                   | NU       | No                     |
| L2628  | N/A               | N/A                   | NU       | No                     |
| L2630  | N/A               | N/A                   | NU       | No                     |
| L2640  | N/A               | N/A                   | NU       | No                     |
| L2650  | N/A               | N/A                   | NU       | No                     |
| L2660  | N/A               | N/A                   | NU       | No                     |
| L2670  | N/A               | N/A                   | NU       | No                     |
| L2680  | N/A               | N/A                   | NU       | No                     |
| L2750  | N/A               | N/A                   | NU       | No                     |
| L2755  | N/A               | N/A                   | NU       | No                     |
| L2760  | N/A               | N/A                   | NU       | No                     |
| L2768  | N/A               | N/A                   | NU       | No                     |
| L2780  | N/A               | N/A                   | NU       | No                     |
| L2785  | N/A               | N/A                   | NU       | No                     |
| L2795  | N/A               | N/A                   | NU       | No                     |
| L2800  | N/A               | N/A                   | NU       | No                     |
| L2810  | N/A               | N/A                   | NU       | No                     |
| L2820  | N/A               | N/A                   | NU       | No                     |
| L2830  | N/A               | N/A                   | NU       | No                     |
| L2840  | N/A               | N/A                   | NU       | No                     |
| L2850  | N/A               | N/A                   | NU       | No                     |
| L2861  | N/A               | N/A                   | NU       | No                     |
| L3000  | N/A               | N/A                   | NU       | No                     |
| L3001  | N/A               | N/A                   | NU       | No                     |
| L3002  | N/A               | N/A                   | NU       | No                     |
| L3003  | N/A               | N/A                   | NU       | No                     |
| L3010  | N/A               | N/A                   | NU       | No                     |

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|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| L3020  | N/A               | N/A                   | NU       | No                     |
| L3030  | N/A               | N/A                   | NU       | No                     |
| L3031  | N/A               | N/A                   | NU       | No                     |
| L3100  | N/A               | N/A                   | NU       | No                     |
| L3140  | N/A               | N/A                   | NU       | No                     |
| L3150  | N/A               | N/A                   | NU       | No                     |
| L3170  | N/A               | N/A                   | NU       | No                     |
| L3201  | N/A               | N/A                   | NU       | No                     |
| L3202  | N/A               | N/A                   | NU       | No                     |
| L3203  | N/A               | N/A                   | NU       | No                     |
| L3204  | N/A               | N/A                   | NU       | No                     |
| L3206  | N/A               | N/A                   | NU       | No                     |
| L3207  | N/A               | N/A                   | NU       | No                     |
| L3208  | N/A               | N/A                   | NU       | No                     |
| L3209  | N/A               | N/A                   | NU       | No                     |
| L3211  | N/A               | N/A                   | NU       | No                     |
| L3212  | N/A               | N/A                   | NU       | No                     |
| L3213  | N/A               | N/A                   | NU       | No                     |
| L3214  | N/A               | N/A                   | NU       | No                     |
| L3215  | N/A               | N/A                   | NU       | No                     |
| L3216  | N/A               | N/A                   | NU       | No                     |
| L3217  | N/A               | N/A                   | NU       | No                     |
| L3219  | N/A               | N/A                   | NU       | No                     |
| L3221  | N/A               | N/A                   | NU       | No                     |
| L3222  | N/A               | N/A                   | NU       | No                     |
| L3224  | N/A               | N/A                   | NU       | No                     |
| L3225  | N/A               | N/A                   | NU       | No                     |
| L3230  | N/A               | N/A                   | NU       | No                     |
| L3250  | N/A               | N/A                   | NU       | No                     |
| L3251  | N/A               | N/A                   | NU       | No                     |
| L3252  | N/A               | N/A                   | NU       | No                     |
| L3253  | N/A               | N/A                   | NU       | No                     |
| L3254  | N/A               | N/A                   | NU       | No                     |
| L3255  | N/A               | N/A                   | NU       | No                     |
| L3257  | N/A               | N/A                   | NU       | No                     |
| L3260  | N/A               | N/A                   | NU       | No                     |
| L3300  | N/A               | N/A                   | NU       | No                     |
| L3310  | N/A               | N/A                   | NU       | No                     |
| L3320  | N/A               | N/A                   | NU       | No                     |
| L3330  | N/A               | N/A                   | NU       | No                     |
| L3332  | N/A               | N/A                   | NU       | No                     |
| L3334  | N/A               | N/A                   | NU       | No                     |
| L3340  | N/A               | N/A                   | NU       | No                     |
| L3350  | N/A               | N/A                   | NU       | No                     |
| L3360  | N/A               | N/A                   | NU       | No                     |
| L3370  | N/A               | N/A                   | NU       | No                     |
| L3380  | N/A               | N/A                   | NU       | No                     |
| L3390  | N/A               | N/A                   | NU       | No                     |
| L3400  | N/A               | N/A                   | NU       | No                     |
| L3410  | N/A               | N/A                   | NU       | No                     |
| L3420  | N/A               | N/A                   | NU       | No                     |
| L3430  | N/A               | N/A                   | NU       | No                     |
| L3440  | N/A               | N/A                   | NU       | No                     |
| L3450  | N/A               | N/A                   | NU       | No                     |
| L3455  | N/A               | N/A                   | NU       | No                     |
| L3460  | N/A               | N/A                   | NU       | No                     |
| L3465  | N/A               | N/A                   | NU       | No                     |

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| Wisconsin Department of Health Services<br>Codes Used to Identify Enhanced Match ARPA Claims |                   |                       |          |                        |
|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| L3470  | N/A               | N/A                   | NU       | No                     |
| L3480  | N/A               | N/A                   | NU       | No                     |
| L3485  | N/A               | N/A                   | NU       | No                     |
| L3500  | N/A               | N/A                   | NU       | No                     |
| L3510  | N/A               | N/A                   | NU       | No                     |
| L3520  | N/A               | N/A                   | NU       | No                     |
| L3530  | N/A               | N/A                   | NU       | No                     |
| L3540  | N/A               | N/A                   | NU       | No                     |
| L3550  | N/A               | N/A                   | NU       | No                     |
| L3560  | N/A               | N/A                   | NU       | No                     |
| L3570  | N/A               | N/A                   | NU       | No                     |
| L3580  | N/A               | N/A                   | NU       | No                     |
| L3590  | N/A               | N/A                   | NU       | No                     |
| L3595  | N/A               | N/A                   | NU       | No                     |
| L3600  | N/A               | N/A                   | NU       | No                     |
| L3610  | N/A               | N/A                   | NU       | No                     |
| L3620  | N/A               | N/A                   | NU       | No                     |
| L3630  | N/A               | N/A                   | NU       | No                     |
| L3640  | N/A               | N/A                   | NU       | No                     |
| L3650  | N/A               | N/A                   | NU       | No                     |
| L3660  | N/A               | N/A                   | NU       | No                     |
| L3670  | N/A               | N/A                   | NU       | No                     |
| L3671  | N/A               | N/A                   | NU       | No                     |
| L3674  | N/A               | N/A                   | NU       | No                     |
| L3675  | N/A               | N/A                   | NU       | No                     |
| L3677  | N/A               | N/A                   | NU       | No                     |
| L3678  | N/A               | N/A                   | NU       | No                     |
| L3702  | N/A               | N/A                   | NU       | No                     |
| L3710  | N/A               | N/A                   | NU       | No                     |
| L3720  | N/A               | N/A                   | NU       | No                     |
| L3730  | N/A               | N/A                   | NU       | No                     |
| L3740  | N/A               | N/A                   | NU       | No                     |
| L3760  | N/A               | N/A                   | NU       | No                     |
| L3761  | N/A               | N/A                   | NU       | No                     |
| L3762  | N/A               | N/A                   | NU       | No                     |
| L3763  | N/A               | N/A                   | NU       | No                     |
| L3764  | N/A               | N/A                   | NU       | No                     |
| L3765  | N/A               | N/A                   | NU       | No                     |
| L3766  | N/A               | N/A                   | NU       | No                     |
| L3806  | N/A               | N/A                   | NU       | No                     |
| L3807  | N/A               | N/A                   | NU       | No                     |
| L3808  | N/A               | N/A                   | NU       | No                     |
| L3809  | N/A               | N/A                   | NU       | No                     |
| L3891  | N/A               | N/A                   | NU       | No                     |
| L3900  | N/A               | N/A                   | NU       | No                     |
| L3901  | N/A               | N/A                   | NU       | No                     |
| L3904  | N/A               | N/A                   | NU       | No                     |
| L3905  | N/A               | N/A                   | NU       | No                     |
| L3906  | N/A               | N/A                   | NU       | No                     |
| L3908  | N/A               | N/A                   | NU       | No                     |
| L3912  | N/A               | N/A                   | NU       | No                     |
| L3913  | N/A               | N/A                   | NU       | No                     |
| L3915  | N/A               | N/A                   | NU       | No                     |
| L3916  | N/A               | N/A                   | NU       | No                     |
| L3917  | N/A               | N/A                   | NU       | No                     |
| L3918  | N/A               | N/A                   | NU       | No                     |
| L3919  | N/A               | N/A                   | NU       | No                     |

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| Wisconsin Department of Health Services<br>Codes Used to Identify Enhanced Match ARPA Claims |                   |                       |          |                        |
|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| L3921  | N/A               | N/A                   | NU       | No                     |
| L3923  | N/A               | N/A                   | NU       | No                     |
| L3924  | N/A               | N/A                   | NU       | No                     |
| L3925  | N/A               | N/A                   | NU       | No                     |
| L3927  | N/A               | N/A                   | NU       | No                     |
| L3929  | N/A               | N/A                   | NU       | No                     |
| L3930  | N/A               | N/A                   | NU       | No                     |
| L3931  | N/A               | N/A                   | NU       | No                     |
| L3933  | N/A               | N/A                   | NU       | No                     |
| L3935  | N/A               | N/A                   | NU       | No                     |
| L3960  | N/A               | N/A                   | NU       | No                     |
| L3961  | N/A               | N/A                   | NU       | No                     |
| L3962  | N/A               | N/A                   | NU       | No                     |
| L3967  | N/A               | N/A                   | NU       | No                     |
| L3971  | N/A               | N/A                   | NU       | No                     |
| L3973  | N/A               | N/A                   | NU       | No                     |
| L3975  | N/A               | N/A                   | NU       | No                     |
| L3976  | N/A               | N/A                   | NU       | No                     |
| L3977  | N/A               | N/A                   | NU       | No                     |
| L3978  | N/A               | N/A                   | NU       | No                     |
| L3980  | N/A               | N/A                   | NU       | No                     |
| L3982  | N/A               | N/A                   | NU       | No                     |
| L3984  | N/A               | N/A                   | NU       | No                     |
| L3995  | N/A               | N/A                   | NU       | No                     |
| L4000  | N/A               | N/A                   | NU       | No                     |
| L4002  | N/A               | N/A                   | NU       | No                     |
| L4010  | N/A               | N/A                   | NU       | No                     |
| L4020  | N/A               | N/A                   | NU       | No                     |
| L4030  | N/A               | N/A                   | NU       | No                     |
| L4040  | N/A               | N/A                   | NU       | No                     |
| L4045  | N/A               | N/A                   | NU       | No                     |
| L4050  | N/A               | N/A                   | NU       | No                     |
| L4055  | N/A               | N/A                   | NU       | No                     |
| L4060  | N/A               | N/A                   | NU       | No                     |
| L4070  | N/A               | N/A                   | NU       | No                     |
| L4080  | N/A               | N/A                   | NU       | No                     |
| L4090  | N/A               | N/A                   | NU       | No                     |
| L4100  | N/A               | N/A                   | NU       | No                     |
| L4110  | N/A               | N/A                   | NU       | No                     |
| L4130  | N/A               | N/A                   | NU       | No                     |
| L4350  | N/A               | N/A                   | NU       | No                     |
| L4360  | N/A               | N/A                   | NU       | No                     |
| L4361  | N/A               | N/A                   | NU       | No                     |
| L4370  | N/A               | N/A                   | NU       | No                     |
| L4386  | N/A               | N/A                   | NU       | No                     |
| L4387  | N/A               | N/A                   | NU       | No                     |
| L4392  | N/A               | N/A                   | NU       | No                     |
| L4394  | N/A               | N/A                   | NU       | No                     |
| L4396  | N/A               | N/A                   | NU       | No                     |
| L4397  | N/A               | N/A                   | NU       | No                     |
| L4398  | N/A               | N/A                   | NU       | No                     |
| L4631  | N/A               | N/A                   | NU       | No                     |
| L5000  | N/A               | N/A                   | NU       | No                     |
| L5010  | N/A               | N/A                   | NU       | No                     |
| L5020  | N/A               | N/A                   | NU       | No                     |
| L5050  | N/A               | N/A                   | NU       | No                     |
| L5060  | N/A               | N/A                   | NU       | No                     |

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| Wisconsin Department of Health Services<br>Codes Used to Identify Enhanced Match ARPA Claims |                   |                       |          |                        |
|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| L5100  | N/A               | N/A                   | NU       | No                     |
| L5105  | N/A               | N/A                   | NU       | No                     |
| L5150  | N/A               | N/A                   | NU       | No                     |
| L5160  | N/A               | N/A                   | NU       | No                     |
| L5200  | N/A               | N/A                   | NU       | No                     |
| L5210  | N/A               | N/A                   | NU       | No                     |
| L5220  | N/A               | N/A                   | NU       | No                     |
| L5230  | N/A               | N/A                   | NU       | No                     |
| L5250  | N/A               | N/A                   | NU       | No                     |
| L5270  | N/A               | N/A                   | NU       | No                     |
| L5280  | N/A               | N/A                   | NU       | No                     |
| L5301  | N/A               | N/A                   | NU       | No                     |
| L5312  | N/A               | N/A                   | NU       | No                     |
| L5321  | N/A               | N/A                   | NU       | No                     |
| L5331  | N/A               | N/A                   | NU       | No                     |
| L5341  | N/A               | N/A                   | NU       | No                     |
| L5400  | N/A               | N/A                   | NU       | No                     |
| L5410  | N/A               | N/A                   | NU       | No                     |
| L5420  | N/A               | N/A                   | NU       | No                     |
| L5430  | N/A               | N/A                   | NU       | No                     |
| L5450  | N/A               | N/A                   | NU       | No                     |
| L5460  | N/A               | N/A                   | NU       | No                     |
| L5500  | N/A               | N/A                   | NU       | No                     |
| L5505  | N/A               | N/A                   | NU       | No                     |
| L5510  | N/A               | N/A                   | NU       | No                     |
| L5520  | N/A               | N/A                   | NU       | No                     |
| L5530  | N/A               | N/A                   | NU       | No                     |
| L5535  | N/A               | N/A                   | NU       | No                     |
| L5540  | N/A               | N/A                   | NU       | No                     |
| L5560  | N/A               | N/A                   | NU       | No                     |
| L5570  | N/A               | N/A                   | NU       | No                     |
| L5580  | N/A               | N/A                   | NU       | No                     |
| L5585  | N/A               | N/A                   | NU       | No                     |
| L5590  | N/A               | N/A                   | NU       | No                     |
| L5595  | N/A               | N/A                   | NU       | No                     |
| L5600  | N/A               | N/A                   | NU       | No                     |
| L5610  | N/A               | N/A                   | NU       | No                     |
| L5611  | N/A               | N/A                   | NU       | No                     |
| L5613  | N/A               | N/A                   | NU       | No                     |
| L5614  | N/A               | N/A                   | NU       | No                     |
| L5616  | N/A               | N/A                   | NU       | No                     |
| L5617  | N/A               | N/A                   | NU       | No                     |
| L5618  | N/A               | N/A                   | NU       | No                     |
| L5620  | N/A               | N/A                   | NU       | No                     |
| L5622  | N/A               | N/A                   | NU       | No                     |
| L5624  | N/A               | N/A                   | NU       | No                     |
| L5626  | N/A               | N/A                   | NU       | No                     |
| L5628  | N/A               | N/A                   | NU       | No                     |
| L5629  | N/A               | N/A                   | NU       | No                     |
| L5630  | N/A               | N/A                   | NU       | No                     |
| L5631  | N/A               | N/A                   | NU       | No                     |
| L5632  | N/A               | N/A                   | NU       | No                     |
| L5634  | N/A               | N/A                   | NU       | No                     |
| L5636  | N/A               | N/A                   | NU       | No                     |
| L5637  | N/A               | N/A                   | NU       | No                     |
| L5638  | N/A               | N/A                   | NU       | No                     |
| L5639  | N/A               | N/A                   | NU       | No                     |

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| Wisconsin Department of Health Services<br>Codes Used to Identify Enhanced Match ARPA Claims |                   |                       |          |                        |
|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| L5640  | N/A               | N/A                   | NU       | No                     |
| L5642  | N/A               | N/A                   | NU       | No                     |
| L5643  | N/A               | N/A                   | NU       | No                     |
| L5644  | N/A               | N/A                   | NU       | No                     |
| L5645  | N/A               | N/A                   | NU       | No                     |
| L5646  | N/A               | N/A                   | NU       | No                     |
| L5647  | N/A               | N/A                   | NU       | No                     |
| L5648  | N/A               | N/A                   | NU       | No                     |
| L5649  | N/A               | N/A                   | NU       | No                     |
| L5650  | N/A               | N/A                   | NU       | No                     |
| L5651  | N/A               | N/A                   | NU       | No                     |
| L5652  | N/A               | N/A                   | NU       | No                     |
| L5653  | N/A               | N/A                   | NU       | No                     |
| L5654  | N/A               | N/A                   | NU       | No                     |
| L5655  | N/A               | N/A                   | NU       | No                     |
| L5656  | N/A               | N/A                   | NU       | No                     |
| L5658  | N/A               | N/A                   | NU       | No                     |
| L5661  | N/A               | N/A                   | NU       | No                     |
| L5665  | N/A               | N/A                   | NU       | No                     |
| L5666  | N/A               | N/A                   | NU       | No                     |
| L5668  | N/A               | N/A                   | NU       | No                     |
| L5670  | N/A               | N/A                   | NU       | No                     |
| L5671  | N/A               | N/A                   | NU       | No                     |
| L5672  | N/A               | N/A                   | NU       | No                     |
| L5673  | N/A               | N/A                   | NU       | No                     |
| L5676  | N/A               | N/A                   | NU       | No                     |
| L5677  | N/A               | N/A                   | NU       | No                     |
| L5678  | N/A               | N/A                   | NU       | No                     |
| L5679  | N/A               | N/A                   | NU       | No                     |
| L5680  | N/A               | N/A                   | NU       | No                     |
| L5681  | N/A               | N/A                   | NU       | No                     |
| L5682  | N/A               | N/A                   | NU       | No                     |
| L5683  | N/A               | N/A                   | NU       | No                     |
| L5684  | N/A               | N/A                   | NU       | No                     |
| L5685  | N/A               | N/A                   | NU       | No                     |
| L5686  | N/A               | N/A                   | NU       | No                     |
| L5688  | N/A               | N/A                   | NU       | No                     |
| L5690  | N/A               | N/A                   | NU       | No                     |
| L5692  | N/A               | N/A                   | NU       | No                     |
| L5694  | N/A               | N/A                   | NU       | No                     |
| L5695  | N/A               | N/A                   | NU       | No                     |
| L5696  | N/A               | N/A                   | NU       | No                     |
| L5697  | N/A               | N/A                   | NU       | No                     |
| L5698  | N/A               | N/A                   | NU       | No                     |
| L5699  | N/A               | N/A                   | NU       | No                     |
| L5700  | N/A               | N/A                   | NU       | No                     |
| L5701  | N/A               | N/A                   | NU       | No                     |
| L5702  | N/A               | N/A                   | NU       | No                     |
| L5703  | N/A               | N/A                   | NU       | No                     |
| L5704  | N/A               | N/A                   | NU       | No                     |
| L5705  | N/A               | N/A                   | NU       | No                     |
| L5706  | N/A               | N/A                   | NU       | No                     |
| L5707  | N/A               | N/A                   | NU       | No                     |
| L5710  | N/A               | N/A                   | NU       | No                     |
| L5711  | N/A               | N/A                   | NU       | No                     |
| L5712  | N/A               | N/A                   | NU       | No                     |
| L5714  | N/A               | N/A                   | NU       | No                     |

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| Wisconsin Department of Health Services<br>Codes Used to Identify Enhanced Match ARPA Claims |                   |                       |          |                        |
|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| L5716  | N/A               | N/A                   | NU       | No                     |
| L5718  | N/A               | N/A                   | NU       | No                     |
| L5722  | N/A               | N/A                   | NU       | No                     |
| L5724  | N/A               | N/A                   | NU       | No                     |
| L5726  | N/A               | N/A                   | NU       | No                     |
| L5728  | N/A               | N/A                   | NU       | No                     |
| L5780  | N/A               | N/A                   | NU       | No                     |
| L5781  | N/A               | N/A                   | NU       | No                     |
| L5785  | N/A               | N/A                   | NU       | No                     |
| L5790  | N/A               | N/A                   | NU       | No                     |
| L5795  | N/A               | N/A                   | NU       | No                     |
| L5810  | N/A               | N/A                   | NU       | No                     |
| L5811  | N/A               | N/A                   | NU       | No                     |
| L5812  | N/A               | N/A                   | NU       | No                     |
| L5814  | N/A               | N/A                   | NU       | No                     |
| L5816  | N/A               | N/A                   | NU       | No                     |
| L5818  | N/A               | N/A                   | NU       | No                     |
| L5822  | N/A               | N/A                   | NU       | No                     |
| L5824  | N/A               | N/A                   | NU       | No                     |
| L5826  | N/A               | N/A                   | NU       | No                     |
| L5828  | N/A               | N/A                   | NU       | No                     |
| L5830  | N/A               | N/A                   | NU       | No                     |
| L5840  | N/A               | N/A                   | NU       | No                     |
| L5845  | N/A               | N/A                   | NU       | No                     |
| L5848  | N/A               | N/A                   | NU       | No                     |
| L5850  | N/A               | N/A                   | NU       | No                     |
| L5855  | N/A               | N/A                   | NU       | No                     |
| L5910  | N/A               | N/A                   | NU       | No                     |
| L5920  | N/A               | N/A                   | NU       | No                     |
| L5925  | N/A               | N/A                   | NU       | No                     |
| L5930  | N/A               | N/A                   | NU       | No                     |
| L5940  | N/A               | N/A                   | NU       | No                     |
| L5950  | N/A               | N/A                   | NU       | No                     |
| L5960  | N/A               | N/A                   | NU       | No                     |
| L5961  | N/A               | N/A                   | NU       | No                     |
| L5962  | N/A               | N/A                   | NU       | No                     |
| L5964  | N/A               | N/A                   | NU       | No                     |
| L5966  | N/A               | N/A                   | NU       | No                     |
| L5968  | N/A               | N/A                   | NU       | No                     |
| L5970  | N/A               | N/A                   | NU       | No                     |
| L5971  | N/A               | N/A                   | NU       | No                     |
| L5972  | N/A               | N/A                   | NU       | No                     |
| L5974  | N/A               | N/A                   | NU       | No                     |
| L5975  | N/A               | N/A                   | NU       | No                     |
| L5976  | N/A               | N/A                   | NU       | No                     |
| L5978  | N/A               | N/A                   | NU       | No                     |
| L5979  | N/A               | N/A                   | NU       | No                     |
| L5980  | N/A               | N/A                   | NU       | No                     |
| L5981  | N/A               | N/A                   | NU       | No                     |
| L5982  | N/A               | N/A                   | NU       | No                     |
| L5984  | N/A               | N/A                   | NU       | No                     |
| L5985  | N/A               | N/A                   | NU       | No                     |
| L5986  | N/A               | N/A                   | NU       | No                     |
| L5987  | N/A               | N/A                   | NU       | No                     |
| L5988  | N/A               | N/A                   | NU       | No                     |
| L6000  | N/A               | N/A                   | NU       | No                     |
| L6010  | N/A               | N/A                   | NU       | No                     |

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| Wisconsin Department of Health Services<br>Codes Used to Identify Enhanced Match ARPA Claims |                   |                       |          |                        |
|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| L6020  | N/A               | N/A                   | NU       | No                     |
| L6026  | N/A               | N/A                   | NU       | No                     |
| L6050  | N/A               | N/A                   | NU       | No                     |
| L6055  | N/A               | N/A                   | NU       | No                     |
| L6100  | N/A               | N/A                   | NU       | No                     |
| L6110  | N/A               | N/A                   | NU       | No                     |
| L6120  | N/A               | N/A                   | NU       | No                     |
| L6130  | N/A               | N/A                   | NU       | No                     |
| L6200  | N/A               | N/A                   | NU       | No                     |
| L6205  | N/A               | N/A                   | NU       | No                     |
| L6250  | N/A               | N/A                   | NU       | No                     |
| L6300  | N/A               | N/A                   | NU       | No                     |
| L6310  | N/A               | N/A                   | NU       | No                     |
| L6320  | N/A               | N/A                   | NU       | No                     |
| L6350  | N/A               | N/A                   | NU       | No                     |
| L6360  | N/A               | N/A                   | NU       | No                     |
| L6370  | N/A               | N/A                   | NU       | No                     |
| L6380  | N/A               | N/A                   | NU       | No                     |
| L6382  | N/A               | N/A                   | NU       | No                     |
| L6384  | N/A               | N/A                   | NU       | No                     |
| L6386  | N/A               | N/A                   | NU       | No                     |
| L6388  | N/A               | N/A                   | NU       | No                     |
| L6400  | N/A               | N/A                   | NU       | No                     |
| L6450  | N/A               | N/A                   | NU       | No                     |
| L6500  | N/A               | N/A                   | NU       | No                     |
| L6550  | N/A               | N/A                   | NU       | No                     |
| L6570  | N/A               | N/A                   | NU       | No                     |
| L6580  | N/A               | N/A                   | NU       | No                     |
| L6582  | N/A               | N/A                   | NU       | No                     |
| L6584  | N/A               | N/A                   | NU       | No                     |
| L6588  | N/A               | N/A                   | NU       | No                     |
| L6590  | N/A               | N/A                   | NU       | No                     |
| L6600  | N/A               | N/A                   | NU       | No                     |
| L6605  | N/A               | N/A                   | NU       | No                     |
| L6610  | N/A               | N/A                   | NU       | No                     |
| L6615  | N/A               | N/A                   | NU       | No                     |
| L6616  | N/A               | N/A                   | NU       | No                     |
| L6620  | N/A               | N/A                   | NU       | No                     |
| L6621  | N/A               | N/A                   | NU       | No                     |
| L6623  | N/A               | N/A                   | NU       | No                     |
| L6625  | N/A               | N/A                   | NU       | No                     |
| L6628  | N/A               | N/A                   | NU       | No                     |
| L6629  | N/A               | N/A                   | NU       | No                     |
| L6630  | N/A               | N/A                   | NU       | No                     |
| L6632  | N/A               | N/A                   | NU       | No                     |
| L6635  | N/A               | N/A                   | NU       | No                     |
| L6637  | N/A               | N/A                   | NU       | No                     |
| L6638  | N/A               | N/A                   | NU       | No                     |
| L6640  | N/A               | N/A                   | NU       | No                     |
| L6641  | N/A               | N/A                   | NU       | No                     |
| L6642  | N/A               | N/A                   | NU       | No                     |
| L6645  | N/A               | N/A                   | NU       | No                     |
| L6646  | N/A               | N/A                   | NU       | No                     |
| L6647  | N/A               | N/A                   | NU       | No                     |
| L6648  | N/A               | N/A                   | NU       | No                     |
| L6650  | N/A               | N/A                   | NU       | No                     |
| L6655  | N/A               | N/A                   | NU       | No                     |

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## APPENDIX D ENHANCED FMAP IDENTIFICATION CRITERIA

| Wisconsin Department of Health Services<br>Codes Used to Identify Enhanced Match ARPA Claims |                   |                       |          |                        |
|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| L6660  | N/A               | N/A                   | NU       | No                     |
| L6665  | N/A               | N/A                   | NU       | No                     |
| L6670  | N/A               | N/A                   | NU       | No                     |
| L6672  | N/A               | N/A                   | NU       | No                     |
| L6675  | N/A               | N/A                   | NU       | No                     |
| L6676  | N/A               | N/A                   | NU       | No                     |
| L6677  | N/A               | N/A                   | NU       | No                     |
| L6680  | N/A               | N/A                   | NU       | No                     |
| L6682  | N/A               | N/A                   | NU       | No                     |
| L6684  | N/A               | N/A                   | NU       | No                     |
| L6686  | N/A               | N/A                   | NU       | No                     |
| L6687  | N/A               | N/A                   | NU       | No                     |
| L6688  | N/A               | N/A                   | NU       | No                     |
| L6689  | N/A               | N/A                   | NU       | No                     |
| L6690  | N/A               | N/A                   | NU       | No                     |
| L6691  | N/A               | N/A                   | NU       | No                     |
| L6692  | N/A               | N/A                   | NU       | No                     |
| L6693  | N/A               | N/A                   | NU       | No                     |
| L6694  | N/A               | N/A                   | NU       | No                     |
| L6695  | N/A               | N/A                   | NU       | No                     |
| L6696  | N/A               | N/A                   | NU       | No                     |
| L6698  | N/A               | N/A                   | NU       | No                     |
| L6703  | N/A               | N/A                   | NU       | No                     |
| L6704  | N/A               | N/A                   | NU       | No                     |
| L6706  | N/A               | N/A                   | NU       | No                     |
| L6707  | N/A               | N/A                   | NU       | No                     |
| L6708  | N/A               | N/A                   | NU       | No                     |
| L6709  | N/A               | N/A                   | NU       | No                     |
| L6711  | N/A               | N/A                   | NU       | No                     |
| L6712  | N/A               | N/A                   | NU       | No                     |
| L6713  | N/A               | N/A                   | NU       | No                     |
| L6714  | N/A               | N/A                   | NU       | No                     |
| L6721  | N/A               | N/A                   | NU       | No                     |
| L6722  | N/A               | N/A                   | NU       | No                     |
| L6805  | N/A               | N/A                   | NU       | No                     |
| L6810  | N/A               | N/A                   | NU       | No                     |
| L6881  | N/A               | N/A                   | NU       | No                     |
| L6882  | N/A               | N/A                   | NU       | No                     |
| L6890  | N/A               | N/A                   | NU       | No                     |
| L6895  | N/A               | N/A                   | NU       | No                     |
| L6900  | N/A               | N/A                   | NU       | No                     |
| L6905  | N/A               | N/A                   | NU       | No                     |
| L6910  | N/A               | N/A                   | NU       | No                     |
| L6915  | N/A               | N/A                   | NU       | No                     |
| L6920  | N/A               | N/A                   | NU       | No                     |
| L6925  | N/A               | N/A                   | NU       | No                     |
| L6930  | N/A               | N/A                   | NU       | No                     |
| L6935  | N/A               | N/A                   | NU       | No                     |
| L6940  | N/A               | N/A                   | NU       | No                     |
| L6945  | N/A               | N/A                   | NU       | No                     |
| L6950  | N/A               | N/A                   | NU       | No                     |
| L6955  | N/A               | N/A                   | NU       | No                     |
| L6960  | N/A               | N/A                   | NU       | No                     |
| L6965  | N/A               | N/A                   | NU       | No                     |
| L6970  | N/A               | N/A                   | NU       | No                     |
| L6975  | N/A               | N/A                   | NU       | No                     |
| L7040  | N/A               | N/A                   | NU       | No                     |

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## APPENDIX D ENHANCED FMAP IDENTIFICATION CRITERIA

| Wisconsin Department of Health Services<br>Codes Used to Identify Enhanced Match ARPA Claims |                   |                       |          |                        |
|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| L7045  | N/A               | N/A                   | NU       | No                     |
| L7170  | N/A               | N/A                   | NU       | No                     |
| L7180  | N/A               | N/A                   | NU       | No                     |
| L7185  | N/A               | N/A                   | NU       | No                     |
| L7186  | N/A               | N/A                   | NU       | No                     |
| L7190  | N/A               | N/A                   | NU       | No                     |
| L7191  | N/A               | N/A                   | NU       | No                     |
| L7360  | N/A               | N/A                   | NU       | No                     |
| L7362  | N/A               | N/A                   | NU       | No                     |
| L7364  | N/A               | N/A                   | NU       | No                     |
| L7366  | N/A               | N/A                   | NU       | No                     |
| L7367  | N/A               | N/A                   | NU       | No                     |
| L7368  | N/A               | N/A                   | NU       | No                     |
| L7400  | N/A               | N/A                   | NU       | No                     |
| L7600  | N/A               | N/A                   | NU       | No                     |
| L7700  | N/A               | N/A                   | NU       | No                     |
| L8000  | N/A               | N/A                   | NU       | No                     |
| L8010  | N/A               | N/A                   | NU       | No                     |
| L8015  | N/A               | N/A                   | NU       | No                     |
| L8020  | N/A               | N/A                   | NU       | No                     |
| L8030  | N/A               | N/A                   | NU       | No                     |
| L8031  | N/A               | N/A                   | NU       | No                     |
| L8032  | N/A               | N/A                   | NU       | No                     |
| L8033  | N/A               | N/A                   | NU       | No                     |
| L8040  | N/A               | N/A                   | NU       | No                     |
| L8041  | N/A               | N/A                   | NU       | No                     |
| L8042  | N/A               | N/A                   | NU       | No                     |
| L8043  | N/A               | N/A                   | NU       | No                     |
| L8044  | N/A               | N/A                   | NU       | No                     |
| L8045  | N/A               | N/A                   | NU       | No                     |
| L8046  | N/A               | N/A                   | NU       | No                     |
| L8047  | N/A               | N/A                   | NU       | No                     |
| L8049  | N/A               | N/A                   | NU       | No                     |
| L8300  | N/A               | N/A                   | NU       | No                     |
| L8310  | N/A               | N/A                   | NU       | No                     |
| L8320  | N/A               | N/A                   | NU       | No                     |
| L8330  | N/A               | N/A                   | NU       | No                     |
| L8400  | N/A               | N/A                   | NU       | No                     |
| L8410  | N/A               | N/A                   | NU       | No                     |
| L8415  | N/A               | N/A                   | NU       | No                     |
| L8417  | N/A               | N/A                   | NU       | No                     |
| L8420  | N/A               | N/A                   | NU       | No                     |
| L8430  | N/A               | N/A                   | NU       | No                     |
| L8435  | N/A               | N/A                   | NU       | No                     |
| L8440  | N/A               | N/A                   | NU       | No                     |
| L8460  | N/A               | N/A                   | NU       | No                     |
| L8465  | N/A               | N/A                   | NU       | No                     |
| L8470  | N/A               | N/A                   | NU       | No                     |
| L8480  | N/A               | N/A                   | NU       | No                     |
| L8485  | N/A               | N/A                   | NU       | No                     |
| L8500  | N/A               | N/A                   | NU       | No                     |
| L8501  | N/A               | N/A                   | NU       | No                     |
| L8507  | N/A               | N/A                   | NU       | No                     |
| L8509  | N/A               | N/A                   | NU       | No                     |
| L8510  | N/A               | N/A                   | NU       | No                     |
| L8511  | N/A               | N/A                   | NU       | No                     |
| L8603  | N/A               | N/A                   | NU       | No                     |

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| Wisconsin Department of Health Services<br>Codes Used to Identify Enhanced Match ARPA Claims |                   |                       |          |                        |
|--|-------------------|-----------------------|----------|------------------------|
| Procedure Code   | Provider Contract | Billing Provider Type | Modifier | Reimbursement Increase |
| L8604  | N/A               | N/A                   | NU       | No                     |
| L8605  | N/A               | N/A                   | NU       | No                     |
| L8606  | N/A               | N/A                   | NU       | No                     |
| L8614  | N/A               | N/A                   | NU       | No                     |
| L8615  | N/A               | N/A                   | NU       | No                     |
| L8616  | N/A               | N/A                   | NU       | No                     |
| L8617  | N/A               | N/A                   | NU       | No                     |
| L8618  | N/A               | N/A                   | NU       | No                     |
| L8619  | N/A               | N/A                   | NU       | No                     |
| L8621  | N/A               | N/A                   | NU       | No                     |
| L8622  | N/A               | N/A                   | NU       | No                     |
| L8623  | N/A               | N/A                   | NU       | No                     |
| L8624  | N/A               | N/A                   | NU       | No                     |
| L8625  | N/A               | N/A                   | NU       | No                     |
| L8629  | N/A               | N/A                   | NU       | No                     |
| L8680  | N/A               | N/A                   | NU       | No                     |
| L8685  | N/A               | N/A                   | NU       | No                     |
| L8686  | N/A               | N/A                   | NU       | No                     |
| L8687  | N/A               | N/A                   | NU       | No                     |
| L8688  | N/A               | N/A                   | NU       | No                     |
| L8690  | N/A               | N/A                   | NU       | No                     |
| L8691  | N/A               | N/A                   | NU       | No                     |
| L8692  | N/A               | N/A                   | NU       | No                     |
| L8693  | N/A               | N/A                   | NU       | No                     |
| L8694  | N/A               | N/A                   | NU       | No                     |
| S1040  | N/A               | N/A                   | NU       | No                     |
| S8270  | N/A               | N/A                   | NU       | No                     |
| S8420  | N/A               | N/A                   | RR       | No                     |
| S8420  | N/A               | N/A                   | NU       | No                     |
| S8421  | N/A               | N/A                   | NU       | No                     |
| S8422  | N/A               | N/A                   | RR       | No                     |
| S8422  | N/A               | N/A                   | NU       | No                     |
| S8423  | N/A               | N/A                   | RR       | No                     |
| S8423  | N/A               | N/A                   | NU       | No                     |
| S8424  | N/A               | N/A                   | NU       | No                     |
| S8425  | N/A               | N/A                   | RR       | No                     |
| S8425  | N/A               | N/A                   | NU       | No                     |
| S8426  | N/A               | N/A                   | RR       | No                     |
| S8426  | N/A               | N/A                   | NU       | No                     |
| S8427  | N/A               | N/A                   | NU       | No                     |
| S8428  | N/A               | N/A                   | NU       | No                     |
| S8999  | N/A               | N/A                   | NU       | No                     |
| T5001  | N/A               | N/A                   | RR       | No                     |
| V2623  | N/A               | N/A                   | NU       | No                     |
| V2624  | N/A               | N/A                   | NU       | No                     |
| V2625  | N/A               | N/A                   | NU       | No                     |
| V2626  | N/A               | N/A                   | NU       | No                     |
| V2627  | N/A               | N/A                   | NU       | No                     |

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## APPENDIX E

### Actuarial Certification

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This report assumes the reader is familiar with the State of Wisconsin's Medicaid program, Wisconsin Medicaid benefits, and rate setting principles. The report was prepared solely to provide assistance to DHS to set 2022 capitation rates for the SSI Medicaid managed care programs. It may not be appropriate for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. This report should only be reviewed in its entirety.

**State of Wisconsin Department of Health Services**  
Calendar Year 2022 Capitation Rate Development  
SSI Medicaid Managed Care Programs

December 15, 2021



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Shelly S. Brandel, FSA, MAAA  
Principal and Consulting Actuary

shelly.brandel@milliman.com

December 15, 2021

**Wisconsin Department of Health Services  
SSI Medicaid Managed Care Programs  
January through December 2022 Capitation Rates  
Actuarial Certification**

I, Shelly S. Brandel, am associated with the firm of Milliman, Inc. and am a member of the American Academy of Actuaries and meet its Qualification Standards for Statements of Actuarial Opinion. I have been retained by the Wisconsin Department of Health Services (DHS) to perform an actuarial certification of the SSI Medicaid managed care program capitation rates for January through December 2022 for filing with the Centers for Medicare and Medicaid Services (CMS). I reviewed the calculated capitation rates and am familiar with the relevant requirements of 42 CFR 438, the CMS "Appendix A, PAHP, PIHP, and MCO Contracts Financial Review Documentation for At-risk Capitated Contracts Ratesetting," the 2021 - 2022 Medicaid Managed Care Rate Development Guide, and Actuarial Standard of Practice (ASOP) 49.

To the best of my information, knowledge, and belief, the 2022 SSI capitation rates offered by DHS are in compliance with the relevant requirements of § CFR 438.3(c), 438.3(e), 438.4, 438.5, 438.6, and 438.7.

The attached actuarial report describes the capitation rate setting methodology.

In my opinion, the capitation rates are actuarially sound, as defined in ASOP 49, were developed in accordance with generally accepted actuarial principles and practices, and are appropriate for the populations to be covered and the services to be furnished under the contract.

In making my opinion, I relied upon the accuracy of the underlying records, data summaries, and calculations prepared by DHS, as well as encounter data and financial data summaries prepared by the participating HMOs. A copy of the reliance letter received from DHS is attached and constitutes part of this opinion. I did not audit the data and calculations, but did review them for reasonableness and consistency and did not find material defects. In other respects, my examination included such review of the underlying assumptions and methods used and such tests of the calculations as I considered necessary.

The capitation rates developed may not be appropriate for any specific HMO. Any HMO will need to review the rates in relation to the benefits provided. Each HMO should compare the rates with its own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with DHS. The HMO may require rates above, equal to, or below the actuarially sound capitation rates.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to-time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.

It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions. Actual costs will be dependent on each contracted HMO's situation and experience.



This Opinion assumes the reader is familiar with the Wisconsin Medicaid program, Medicaid eligibility rules, and actuarial rating techniques. The Opinion is intended for the State of Wisconsin and Centers for Medicare and Medicaid Services and should not be relied on by other parties. The reader should be advised by actuaries or other professionals competent in the area of actuarial rate projections of the type in this Opinion, so as to properly interpret the projection results.

A handwritten signature in black ink that reads "Shelly Brandel".

---

Shelly S. Brandel  
Member, American Academy of Actuaries

December 15, 2021



Tony Evers  
Governor



**DIVISION OF MEDICAID SERVICES**

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PO BOX 309  
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Karen E. Timberlake  
Secretary

**State of Wisconsin**  
Department of Health Services

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December 1, 2021

Ms. Shelly S. Brandel, FSA  
Principal and Consulting Actuary  
Milliman, Inc.  
15800 Bluemound Road, Suite 100  
Brookfield, WI 53005

**RE: January 1, 2022 through December 31, 2022 Wisconsin Medicaid BadgerCare Plus and Supplemental Security Income (SSI) Managed Care Rate Development Data Reliance Letter**

Dear Shelly:

I, Grant Cummings, Director of the Bureau of Rate Setting for the Wisconsin Department of Health Services (DHS), hereby affirm that the data prepared and submitted to Milliman, Inc. (Milliman) for the purpose of certifying Wisconsin Medicaid BadgerCare Plus and Supplemental Security Income (SSI) rate development for 2022 were prepared under my direction, and to the best of my knowledge and belief are accurate and complete. This includes the following information supporting the rate development:

1. Data files supporting the January – December 2022 capitation rate development, including:
  - a. Fee-for-service claim data
  - b. HMO encounter data
  - c. Eligibility data
  - d. 2021 and 2022 APR-DRG and per diem payment rates and parameters for the Wisconsin Medicaid FFS program
  - e. 2021 and 2022 EAPG and non-EAPG outpatient facility payment rates and parameters for the Wisconsin Medicaid FFS program
  
2. Other supporting data, including:
  - a. Monthly identification of ventilator-dependent members
  - b. HMO financial data
  - c. 2022 provider access payment funding amounts
  - d. Historical performance withhold payments
  - e. Information regarding program changes effective prior to December 31, 2022 including Medicaid fee schedule changes
  - f. Details regarding the scope of HMO covered services and eligible recipients
  - g. Identification of claims eligible for enhanced federal match
  - h. 2022 directed payment preprints submitted to CMS
  - i. Other computer files and clarifying correspondence

I understand that Milliman relied on DHS for the collection and re-pricing of the FFS and encounter data to the Medicaid fee schedule amount at the time of each incurred claim. I understand that Milliman relied on the HMOs to provide accurate financial data as certified by the HMOs. I further understand that Milliman did not audit the data, but assessed the data for reasonableness.

Sincerely,

A handwritten signature in black ink, appearing to read "Grant Cummings". The signature is written in a cursive style with a large initial "G".

Grant Cummings  
Director, Bureau of Rate Setting  
Wisconsin Department of Health Services  
12/1/2021

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please visit us at:

[milliman.com](http://milliman.com)



Milliman is among the world's largest providers of actuarial and related products and services. The firm has consulting practices in life insurance and financial services, property & casualty insurance, healthcare, and employee benefits. Founded in 1947, Milliman is an independent firm with offices in major cities around the globe.

[milliman.com](http://milliman.com)

#### CONTACT

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