Medicaid Advisory Hospital Group

Division of Medicaid Services

Bureau of Rate Setting

June 11, 2024

Wisconsin Department of Health Services

Agenda

1. Introduction and Welcome
2. Rate Year 2025 Hospital Payment Updates
3. EAPG 4.0
4. Potentially Preventable Readmissions
5. Additional Items
6. Questions

Rate Year 2025 Hospital Payment Updates

Rate Year (RY) 2025 Updates

- DHS will conduct annual grouper version updates for RY 2025 to be effective 1/1/2025:
  - Inpatient APR DRG **v41.0** (currently using v40.1)
  - Outpatient EAPG **v3.18.24** (**code set update only** - currently using v3.18)

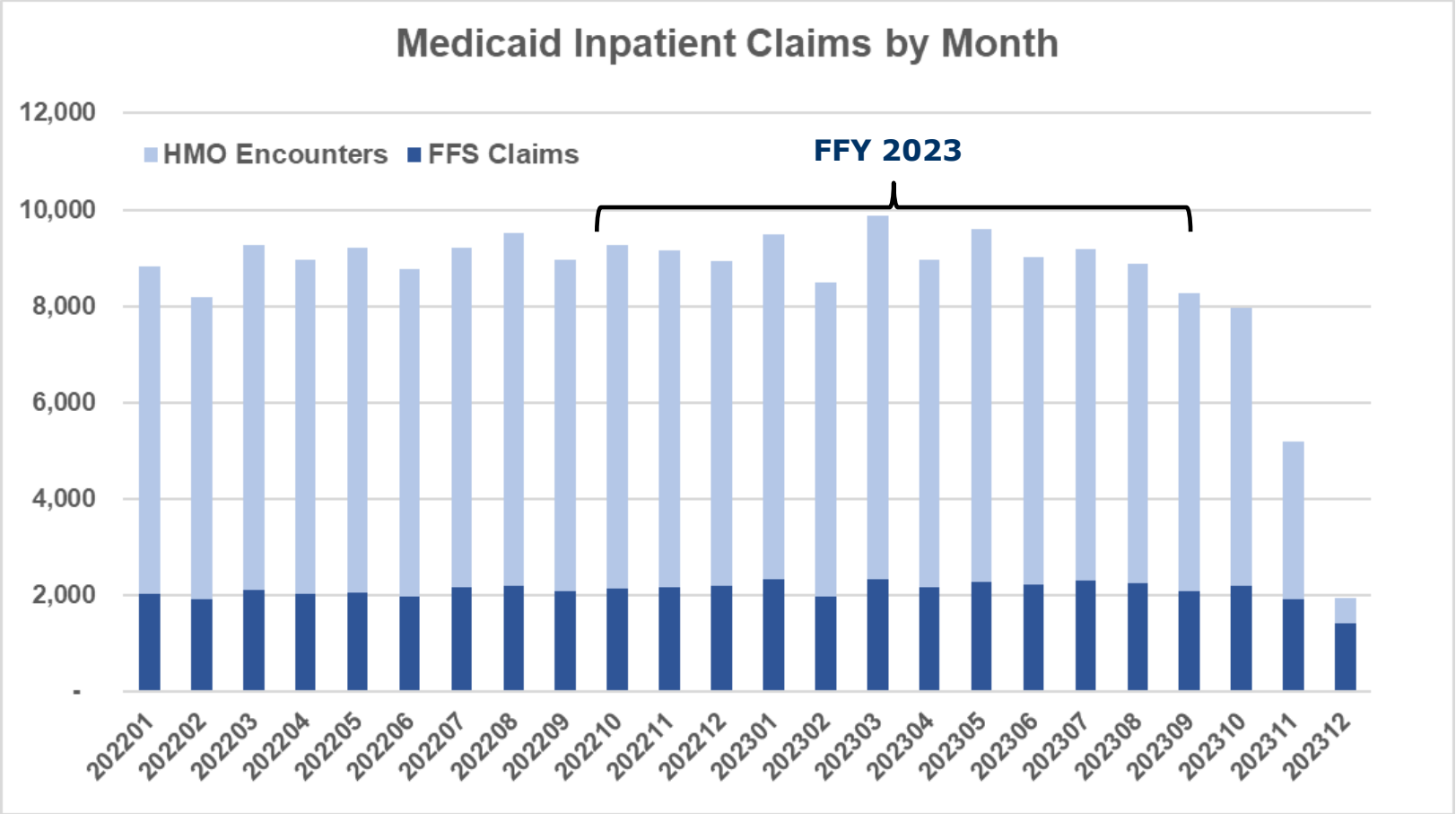
- RY 2025 model data to be relied upon:
  - Medicaid FFS claims and HMO encounter data with **Federal Fiscal Year (FFY) 2023** service dates (from 10/1/2022-9/30/2023) extracted from the MMIS in May
  - Most recent available Medicare cost report data from the 3/31/2024 CMS HCRIS release

RY 2025 Model Claims data

- FFY 2023 model claims represent the most recently available 12-month fiscal year of data with sufficient claim runout
  - Follows the traditional FFY model claims data basis, allowing for use of more recent cost report data
- Alternative timeframes would lack sufficient claim runout for a 12-month modeling period (e.g., calendar year 2023)
- Data included in this presentation is preliminary and has shorter claim runout in latter months

RY 2025 Model Inpatient Cases

- Preliminary summary based on January 2024 MMIS extract; will be updated using the May 2024 data extract



Notes: Totals exclude claims from dual eligibles.
Medicaid "unwinding" began June 2023.

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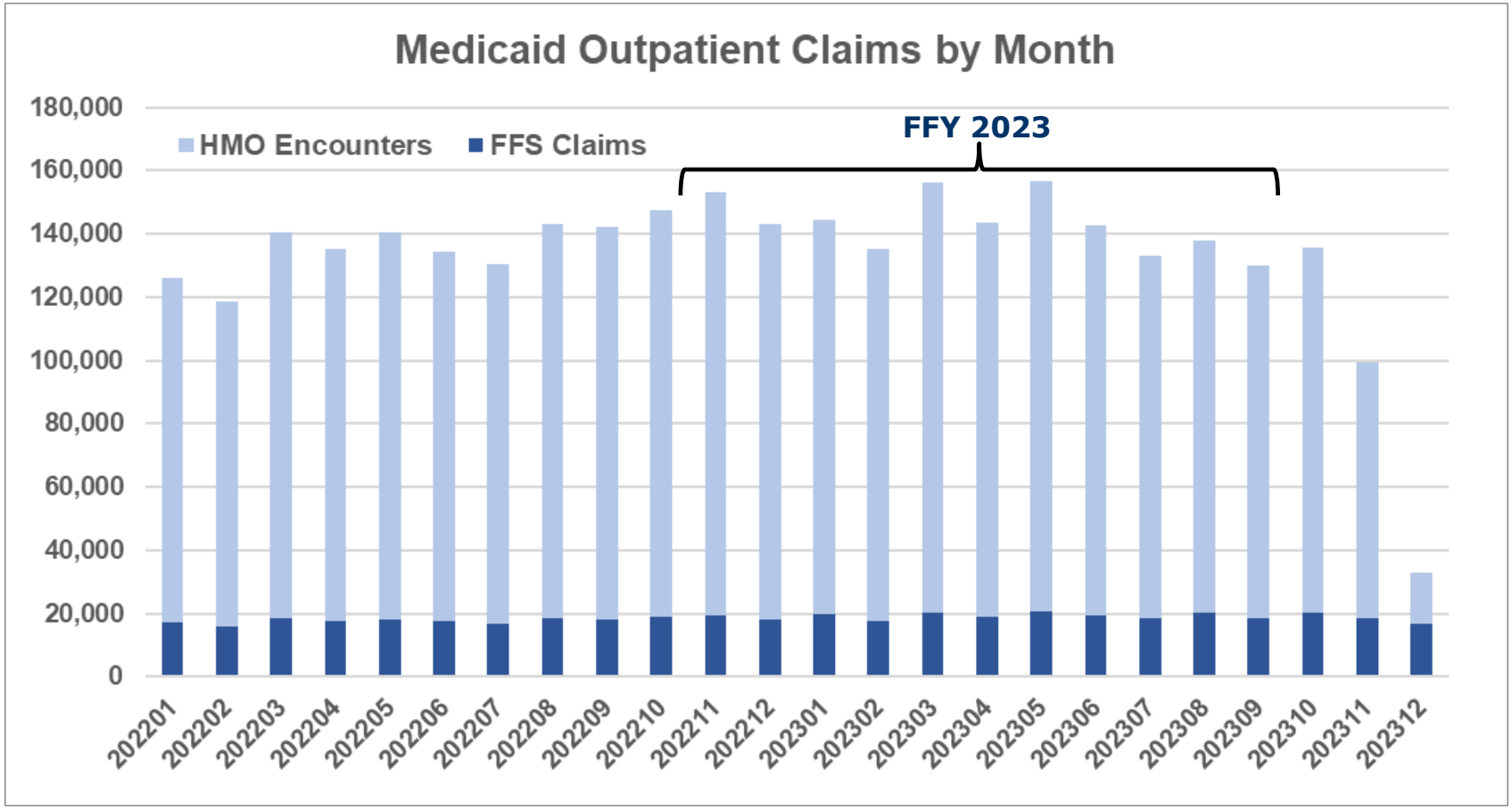
RY 2025 Model Outpatient Claims

- Preliminary summary based on January 2024 MMIS extract; will be updated using the May 2024 data extract



Notes: Totals exclude claims from dual eligibles.
Medicaid "unwinding" began June 2023.

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RY 2025 Inflation Adjustments

- Similar to prior years, DHS plans to apply annual inflation updates to the acute hospital APR DRG and EAPG standardized amounts, subject to evaluation of budget availability and expenditure impacts
  - Approach is subject to change based on the biennial budget outcome
- Preliminary modeled RY 2025 acute hospital standardized amount inflation adjustment factor is **2.93%**
  - Inflation increase will not result in a **2.93%** aggregate inpatient payment increases due to impact of outlier payments, net medical education add-ons, and new wage index factors
  - Based on changes from RY 2024 to RY 2025 in CMS' Hospital Market Basket price index levels published April 2024; **will update based on CMS' next quarterly release in July**
- Basis for cost-based rates will be based on more recent data, with inflation applied to RY 2025

RY 2025 Wage Index Adjustments

- Per state plan requirements, DHS will adjust the labor portion of RY 2025 acute hospital DRG base rates by each's hospital wage index using values from the federal fiscal year (FFY) 2024 Medicare inpatient prospective payment system (IPPS)
  - For hospitals included in the FFY 2024 Medicare IPPS, RY 2025 wage indices are based on the FFY 2024 Medicare IPPS Final Rule "Wage Index With Quartile and Cap" (which includes reclassifications)
  - For hospitals not included in the FFY 2024 Medicare IPPS, RY 2025 wage indices are imputed based on the average wage index in the hospital's county (weighted based on inpatient model claim payments)

- FFY 2024 Medicare IPPS labor portion percentages are:
  - **67.6%** if hospital wage index **greater 1.0**
  - **62.0%** if hospital wage index **less than or equal to 1.0**

- Preliminary RY 2025 wage indices have been shared for provider review and validation (see handout 3)

Rate Year 2025 APR DRG v41.0

- APR DRG v41.0 changes from v40.1 (Handout 1)

APR DRG	APR DRG Description
New DRGs Under v41.0 (no deletions)	
851	"Gender related procedures"
Revised DRG Descriptions Under v41.0	
098	"Other ear, nose, mouth, throat, **craniofacial, and neck** procedures" (changed bolded)
650	**"Splenic procedures"** changed from "Splenectomy"

APR DRG v41.0 National Weights

- DHS proposes to continue to use 3M/Solventum "standard" national weights for its RY 2025 APR DRG v41.0 relative weights

- 3M/Solventum APR DRG v41.0 relative national weights are based on approximately 12 million inpatient claims from the National Inpatient Sample (NIS) Agency 2019 and 2020 research datasets of ICD-10 coded claims data(1)
  - The NIS is drawn from all States participating in HCUP **including Wisconsin**, covering more than 97% of the U.S. population
  - The NIS approximates a 20% stratified sample of discharges from U.S. community hospitals (excluding rehabilitation and long-term acute care hospitals)

Source: (1) 3M/Solventum APR DRG v41.0 national weight file "Readme" worksheet.

APR DRG v41.0 Weight Normalization

- DHS proposes to continue to **normalize** the 3M/Solventum APR DRG national weights for RY 2025, consistent with prior years
  - Per 3M/Solventum: "Payers and other users of 3M/Solventum relative weights must therefore be careful to scale (up or down) the 3M/Solventum relative weights to fit the characteristics of each payer's unique population. In particular, payers should perform a financial simulation to ensure that the combination of APR DRG groups, relative weights, DRG base rates (as set by the payer), and other payment policies align with the payer's target for total spending."(1)
  - Changes in modeled aggregate case mix between v40.1 and v41.0 national weights (when using the same model claims dataset) represents **a change in scale, not actual acuity increases**
- Normalizing the weights involves the application of a statewide adjustment factor to the v41.0 national weights so that the aggregate modeled case mix is the same as v40.1 case mix
- Normalizing the national weights **reduces volatility** in year-over-year changes in DRG base rates

Source: (1) 3M/Solventum APR DRG v41.0 national weight file "Readme" worksheet.

APR DRG v41.0 Weight Normalization

- Preliminary RY 2025 APR DRG weight normalization factor calculation:

	Modeled RY 2024 v40.1 (Normalized)	Preliminary Modeled RY 2025 v41.0 (Unnormalized)	Preliminary Modeled RY 2025 v41.0 (Normalized)
Normalization factor	1.1684	1.0000	1.1831
Modeled case mix using FFY 2023 data	1.0032	0.8402	1.0032

- *Normalization calculation note: Preliminary factors based on FFY 2023 FFS claims and HMO encounters paid under APR DRGs for non-CAH hospitals, excluding transfer cases, extracted from the MMIS in January 2024. This analysis will be updated with more recent encounter submissions from the May 2024 MMIS extract before finalizing.*
- *Source: Milliman "Rate Year 2025 Preliminary Supporting Analyses Report" dated June 7, 2024*

Other RY 2025 APR DRG Updates

Component	DHS Proposed Approach
DRG base rate inflation	▪ DHS plans to apply an annual inflation update based on changes in CMS input price index levels (subject to budget availability), and will evaluate expenditure impacts
DRG base rate wage index adjustments	▪ Will update based on the FFY 2024 Medicare IPPS correction notice (see handout 3 in Milliman report for validation purposes) ▪ Medicare IPPS exempt hospitals' wage index based on the county average (weighted by base payments)
DRG base rate GME add-ons	▪ Will update based on most recently available Medicare cost report data from 3/31/2024 HCRIS extract (see handout 3 Milliman report for validation purposes)
Outlier payment parameters	▪ Will update outlier cost-to-charge ratios (CCRs) based on the March 2024 Medicare IPPS provider-specific file (see handout 3 in Milliman report for validation purposes) ▪ Will evaluate the impact of other current factors
DRG policy adjusters	▪ No planned methodology changes – will evaluate the impact of current factors ▪ Will update list of acute care hospitals with a DHS 61.71 certified inpatient behavioral health unit eligible to receive behavioral health service adjuster.

Rate Year 2025 EAPG v3.18.24

- To prepare for the release of EAPG 4.0, 3M/Solventum have not released a new grouper version for this year
- EAPG version 3.18.24, works with the newest set of ICD-10 codes and contains a new set of EAPG weights without any changes to the underlying EAPG grouping logic or EAPG assignments

V3.18.24 Change	EAPG Description
New EAPGs	No new or deleted EAPGs
Revised EAPG Descriptions	No revised EAPG descriptions

EAPG v3.18.24 changes from v3.18 (Handout 2)

EAPG v3.18.24 National Weights

- DHS proposes to continue to use 3M/Solventum EAPG national weights for its RY 2025 update to v3.18.24
  - 3M/Solventum's v3.18.24 EAPG national weights are based on 108 million CY 2022 Medicare OPPS claims
- DHS proposes to continue to **normalize** the 3M/Solventum EAPG national weights for RY 2025
  - Per 3M/Solventum: "Care must therefore be taken to scale (up or down) the relative weights provided within the calculation to fit the average spend of the target population…Those using the national weights…should **make sure that the absolute value of relative weights** match the expected pattern for approved local spending and, if need be, **scale relative weights** so as to match that expectation while keeping relative differences constant."(1)
  - Normalizing the weights involves the application of a statewide adjustment factor to the v3.18.24 national weights so that the aggregate modeled case mix is the same as v3.18 case mix

Note: (1) 3M/Solventum Enhanced Ambulatory Patient Groups (EAPG) Summary of Changes, version 3.18.24, 1/1/2024.

EAPG v3.18.24 Weight Normalization

- Preliminary RY 2025 EAPG weight normalization factor calculation:

	Modeled RY 2024 v3.18 (Normalized)	Preliminary Modeled RY 2025 v3.18.24 (Unnormalized)	Preliminary Modeled RY 2025 v3.18.24 (Normalized)
Normalization factor	2.0 x 1.0819 = 2.1638	2.0000	2.0 x 1.0693 = 2.1386
Modeled case mix using FFY 2023 data	1.8846	1.7624	1.8846

- *Normalization calculation note: Preliminary factors based on FFY 2023 outpatient FFS claims and HMO encounters paid under EAPGs for non-CAH hospitals extracted from the MMIS in January 2024, and will be updated with more recent encounter submissions from the May 2024 MMIS extract before finalizing*
- *Source: Milliman "Rate Year 2025 Preliminary Supporting Analyses Report" dated June 7, 2024*

Other RY 2025 EAPG Updates

Component	DHS Proposed Approach
EAPG base rate inflation	▪ DHS plans to apply an annual inflation update based on changes in CMS input price index levels, and will evaluate expenditure impacts
EAPG base rate GME add-ons	▪ Will update based on most recently available Medicare cost report data from 3/31/2024 HCRIS extract (see handout 3 in Milliman report for validation purposes)
Outpatient dental deep sedation add-on	▪ Will review the $700 per visit add-on payments made since January 2023 implementation and update for RY 2025 as needed to achieve the $1.5M aggregate target spend under 2019 WI Act 9, §9119(9)

❑ *Actual RY 2025 experience will vary from the modeled assumptions used for the preliminary weights*

RY 2025 Cost-Based and other Rate Updates

- Will update cost-based rates using FFY 2023 FFS claims and HMO encounter data and Medicare cost report data with matching cost reporting periods
  - Psychiatric inpatient per diems
  - Psychiatric outpatient EAPG base rates
  - Rehabilitation inpatient per diems
  - LTAC inpatient per diems
  - CAH DRG base rates
  - CAH EAPG base rates
  - Department of Corrections Cost-to-Charge Ratio (CCR)
- No planned cost-based rate methodology changes; DHS will evaluate expenditure impacts
- Brain injury and ventilator service rates will receive inflationary payment adjustment

Upcoming EAPG 4.0

3M/Solventum are in the process of redesigning the EAPG grouper system and payment methodology under the redesigned **EAPG 4.0** to be released in **May 2025**

- EAPG 4.0 will increase alignment of 3M/Solventum reimbursement and patient classification methodologies where relevant according to differences between the inpatient and outpatient settings
- EAPG 4.0 will create extended emergency department and observation EAPGs, along with other new EAPGs for per diem behavior health services
- Additional changes to significant procedure consolidations, EAPG drug groups, visit and claim type hierarchy, and the additions of claim type service lines

Upcoming EAPG 4.0

Implementation of EAPG 4.0 may represent a major change to outpatient classifications and discounting logic and would occur no earlier than **RY 2026**

- DHS is carefully evaluating the impact of EAPG 4.0 as more information is released
- DHS plans to provide additional information at the October MAHG meeting as information is published by 3M/Solventum (no EAPG v4.0 classification lists or national weights are currently available)

Potentially Preventable Readmissions (PPR)

MY 2023 Preliminary Readmission Rates

- Measurement Year (MY) 2023 preliminary readmission results based on PPR grouper output have been calculated for each hospital's HMO and FFS claim experience
- Provider-specific exhibits will be distributed by DHS by June 21, 2024
  - MY 2023 results are subject to change based on the next quarterly MMIS extract and do not represent the final PPR analyses and withholding impacts
- Final MY 2023 readmission results to be published in August and final MY 2023 P4P FFS payments to be published in September

Statewide Readmission Rates - FFS

FFS Amount	Final MY 2019	Final MY 2020	Final MY 2021	Final MY 2022	Preliminary MY 2023
Readmission Rate	7.18%	7.73%	8.11%	7.34%	7.30%
Full benchmark (100%)	7.12%	7.25%	7.66%	7.74%	7.72%
Actual to Full Benchmark ratio	**1.008**	**1.066**	**1.060**	**0.948**	**0.946**
Target benchmark (92.5%)	6.59%	6.71%	7.08%	7.16%	7.14%
Actual to Target Benchmark ratio	**1.090**	**1.153**	**1.146**	**1.025**	**1.022**

- Final MY 2023 FFS readmission benchmark percentage for determining P4P payments to be determined by DHS

Sources:
Final MY 2019: DHS September 25, 2020 MAHG meeting presentation
Final MY 2020: Milliman September 8, 2021 report "Hospital Measurement Year 2020 Final Readmissions Results"
Final MY 2021: Milliman September 20, 2022 report "Hospital Measurement Year 2021 Final Readmissions Results"
Final MY 2022: Milliman September 27, 2023 report "Hospital Measurement Year 2022 Final Readmissions Results"
Preliminary MY 2023: Milliman June 10, 2024 report "Hospital Measurement Year 2023 Preliminary Readmissions Results"

Statewide Readmission Rates - HMO

HMO Amount	Final MY 2019	Final MY 2020	Final MY 2021	Final MY 2022	Preliminary MY 2023
Badger Care Plus Readmission Rate	4.24%	4.32%	4.45%	4.45%	4.81%
SSI Readmission Rate	13.48%	11.58%	10.73%	12.10%	12.53%

Sources:
Final MY 2019: DHS September 25, 2020 MAHG meeting presentation
Final MY 2020: Milliman September 8, 2021 report "Hospital Measurement Year 2020 Final Readmissions Results"
Final MY 2021: Milliman September 20, 2022 report "Hospital Measurement Year 2021 Final Readmissions Results"
Final MY 2022: Milliman September 27, 2023 report "Hospital Measurement Year 2022 Final Readmissions Results"
Preliminary MY 2023: Milliman June 10, 2024 report "Hospital Measurement Year 2023 Preliminary Readmissions Results"

PPR Dashboard Access Process

- Milliman has created a new online PPR dashboard using PowerBI
- Interactive dashboard contains:
  - MY 2019 Final (with 2017 benchmark)
  - MY 2020 Final (with 2018 benchmark)
  - MY 2021 Final (with 2019 benchmark)
  - MY 2022 Final (with 2020 benchmark)
  - MY 2023 Q4 (with 2021 benchmark)

PPR Dashboard Access Process

1. Submit request via email to DHS at **DHSDMSBRS@wi.gov** and provide:
   - Full Name
   - Organization Name
   - Email Address
   - Phone Number
   - *Hospital only:* Requested hospital name(s) and Medicaid ID(s)
   - *MCO Only:* Requested MCO name(s) and MCO ID(s)
2. Once approved by DHS, Milliman will provide a temporary password via email (see User Guide)
3. PPR dashboard can be accessed at **https://app.powerbi.com/** (see User Guide)
4. Users must review and accept the user agreement

HMO PPR Overview

- Initiative applies only to BC+
- $9 million potential reward to HMOs
- HMOs required to share 85% of their incentive with providers
- PPR reduction targets are set using 3M PPR software
- 3M Software calculates:
  - Qualifying Admissions
  - Baseline Readmissions
  - Baseline Year Actual to Benchmark Ratio (ABR)
    - Adjusted for severity of illness level per HMO

HMO PPR Methodology

- The ABR compares the HMO-specific benchmark initial admissions to the actual initial admissions for that year(1):
  - **ABR = 1** HMO's PPR performance was the same as the state-wide average PPR performance;
  - **ABR < 1** HMO's PPR performance was below (i.e., better than) the state-wide average PPR performance;
  - **ABR > 1** HMO's PPR performance was above (i.e., worse than) the state-wide average PPR performance;

Note: (1) Initial admissions are those determined to be followed by a PPR.

HMO PPR Methodology

- DHS Calculates:
  - HMO tier level based on Baseline ABR
    - Tier 1 = High performance HMO; Baseline ABR <= 0.95
    - Tier 2 = Middle performance HMO; Baseline ABR => 0.96 but <= 1.05
    - Tier 3 = Low performance HMO; Baseline ABR => 1.06
  - Percent reduction in the Actual to Benchmark Ratio (ABR) compared to baseline year

$$\%\ reduction\ in\ ABR = \frac{[Baseline\ ABR - MY\ ABR]}{[Baseline\ ABR]}$$

  - HMO performance and amount of incentive earned per HMO

HMO PPR Methodology

- Tiers help recognize the starting point (Baseline Year) for each HMO by setting different reduction targets and tying those targets to appropriate incentive proportions

Table: PPR Reduction Targets			
Proportion of Potential Incentive Share that is earned by the HMO	Baseline Tier (based on ABR)		
	Tier 1 - High performance HMOs	Tier 2 - Middle performance HMOs	Tier 3 - Low performance HMOs
1.00	5% or more	7% or more	10% or more
0.75	3% to 4.9%	4% to 6.9%	7% to 9.9%
0.50	1% to 2.9%	2% to 3.9%	4% to 6.9%
0.25	0.25% to 0.9%	0.5% to 1.9%	1.5% to 3.9%

- More HMO PPR information is available in the HMO Quality Guide

HMO PPR MY 2022 Results

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10	Column 11
HMO	**Qualifying Admissions in Baseline Year (2020)**	**Share of Qualifying Admissions**	**Potential Incentive**	**Baseline ABR (MY 2020)**	**Tier in Baseline Year (MY 2020)**	**MY 2022 ABR**	**% Reduction in ABR from Baseline**	**Proportion of Incentive Earned**	**Incentive Earned**	**15% HMO share**
Anthem	8,855	14.3%	$ 1,283,044.08	1.13	Low	0.82	27.69%	100%	$ 1,283,044	$ 192,457
CCHP	8,922	14.4%	$ 1,292,752.04	1.10	Low	0.92	16.07%	100%	$ 1,292,752	$ 193,913
Dean	3,063	4.9%	$ 443,812.99	0.97	Middle	0.97	-0.28%	0%	$ -	$ -
GHC - EauClaire	3,071	4.9%	$ 444,972.15	0.98	Middle	1.00	-1.10%	0%	$ -	$ -
GHC - SouthCentral[1]	438	0.7%	$ 63,463.95	0.72	High	0.85	-18.07%	100%	$ 63,464	$ 9,520
iCare	2,154	3.5%	$ 312,103.55	1.24	Low	0.96	22.13%	100%	$ 312,104	$ 46,816
MercyCare	1,196	1.9%	$ 173,294.27	0.91	High	1.33	-45.67%	0%	$ -	$ -
MHS	3,467	5.6%	$ 502,350.52	1.14	Low	0.76	33.08%	100%	$ 502,351	$ 75,353
Molina[1]	3,994	6.4%	$ 578,710.11	0.78	High	0.76	2.79%	100%	$ 578,710	$ 86,807
MyChoice	1,807	2.9%	$ 261,825.03	1.11	Low	0.74	20.33%	100%	$ 261,825	$ 39,274
NHP	3,401	5.5%	$ 492,787.46	0.94	High	0.82	13.10%	100%	$ 492,787	$ 73,918
Quartz	3,069	4.9%	$ 444,682.36	1.20	Low	0.96	21.26%	100%	$ 444,682	$ 66,702
Security	4,492	7.2%	$ 650,867.76	1.19	Low	0.94	38.02%	100%	$ 650,868	$ 97,630
United HC	14,185	22.8%	$ 2,055,333.74	1.10	Low	0.88	19.55%	100%	$ 2,055,334	$ 308,300
State-wide	**62,114**	**100.00%**	**$ 9,000,000.00**					**88%**	**$7,937,921**	**$ 1,190,688**

[1]HMOs who have an ABR of <= 0.85 in both the baseline year and measurement year automatically receive 100% of their potential incentive.

HIE P4P Updates

- MY 2023
  - Payments made April 28, 2023
- MY 2024
  - Program deadline: December 31, 2024
  - Hospitals must be enrolled and obtain a "Live" status in order to receive an incentive
  - Last year of HIE "introductory phase"

HIE P4P Updates

- MY 2025
  - Program will shift to a withhold-based structure
    - 1.5% withhold on IP and OP claims for most providers
    - 1% for psych hospitals – exempt from Lab/Path/Rad interface
  - Hospitals with eligible interfaces in "Live" status by the end of December 31, 2025 will earn 1/3 of withhold back per interface
  - Hospitals that do not earn back incentive will have that portion of withheld funds placed in an incentive pool
  - The incentive pool will be reallocated to hospitals who have earned a "Live" status in all three interfaces, in addition to earning back all of their withheld funds.

DSH Updates

- SFY 2020 Reallocation
  - Payments made 6/7/24
  - Reallocation amounts will be published on ForwardHealth Portal in the coming weeks
- SFY 2021 Examination
  - Results will be communicated to hospitals in July
- SFY 2024 Q4 Payments
  - Payments scheduled for 6/17/2024, will be received by providers mid-week
- SFY 2025 payment limit calculation in progress
  - Results will be provided to DHS by September

DSH Updates

- SFY 2022 Examination Timeline
  - MSLC possesses documentation for most providers. Examination on course to begin in first quarter (Jan – Mar) of 2025
- SFY 2023 Examination/SFY 2025 payment limit calculation timeline
  - Plan to send out surveys and data between October and December
- Change to Standard ("Little") DSH Qualifications
  - Hospital must be located within the state of Wisconsin to qualify for "Little" DSH payments effective SFY 2025

Hospital Assessment

- Upcoming hospital tax assessment re-calculation for SFY 2025
- Annual hospital SFY assessment verification email will be sent to MAHG contact list in August

Access Payment Updates

- SFY 2024 Fee-For-Service (FFS) claims "shut-off" is projected for mid-September
  - FFS claims processed after that shutoff date for SFY 2024 dates of service will not have an access payment applied
- SFY 2024 Reconciliation Process will begin in September 2024

Access Payment Updates

- SFY 2023 Access reconciliation payments were made February 5, 2024
  - There were no recoupments for the SFY2023 Access reconciliation
- Upcoming SFY 25 Access Payment Rates
  - New rates are expected to be applied by late August/early September
  - Retroactive adjustments to occur shortly after

DHS Graduate Medical Education (GME) Grant Opportunities

GME Expansion Grant

- **Purpose:** Expand residency positions in existing GME Programs.
- **Priority specialties** include primary care, general surgery and psychiatry. Other specialties may also be considered.
- **Grant period:** Length of residency or fellowship, dependent on proposal.
- **Funding:** Up to $150,000 per new resident position with a maximum of three full-time grant-funded positions at any one time, i.e., maximum of $450,000 per year/hospital/program.
- Annual DHS GME Expansion Grant Request for Applications **(RFA) to be released July 2024.**

DHS Graduate Medical Education (GME) Grant Opportunities

GME Program Development Grant

- **Purpose:** Assist hospitals in developing accredited GME programs in medical specialties in rural and underserved areas of Wisconsin.
- Grants may also be used to establish new fellowship programs or to develop rural tracks.
- **Grant Period:** up to five years.
- **Funding:** Up to cumulative total $1,000,000, per grantee
- Annual DHS GME Program Development Request for Applications **(RFA) to be released February 2025.**

- Assessment and GME grant opportunity questions can be directed to Randy McElhose at: **Randy.McElhose@dhs.Wisconsin.gov**.

Public Health Emergency Unwinding

- The Federal COVID-19 emergency ended May 11th, 2023
  - Wisconsin Medicaid disenrollments began on June 1, 2023
- As of April 2024, total Wisconsin Medicaid enrollment has declined by approximately 18%
- Provider unwinding resources are available on the ForwardHealth Portal along with updates on pandemic policy and a public renewal data dashboard

Questions

Questions on today's presentation and comments from review of preliminary RY 2025 model inputs shown in handouts can be sent by email to: DHSDMSBRS@dhs.Wisconsin.gov

Wisconsin Department of Health Services

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The terms of Milliman's contract #435400-O21-0818RATESET-00 with DHS apply to this presentation and its use. The results shown in these analyses are preliminary for discussion purposes only, and do not represent final rate year (RY) 2025 model rates, weights, or other factors. The RY 2025 hospital rate-setting work is still on-going and DHS has not made any final policy decisions.

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