Medicaid Advisory Hospital Group

Division of Medicaid Services

Bureau of Rate Setting

June 11, 2025

Wisconsin Department of Health Services

Agenda

1. Introduction and Welcome
2. Rate Year 2026 Hospital Payment Updates
3. EAPG 4.0
4. P4P Programs
5. Supplemental Payments and Additional Items
6. Questions

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Introductions

Rate Year 2026 Hospital Payment Updates

Rate Year (RY) 2026 Updates

- DHS will conduct annual grouper version updates for RY 2026 to be effective 1/1/2026:
  - Inpatient APR DRG **v42.0** (currently using v41.0)
  - Outpatient EAPG **v3.18.25** (**code set update only** - currently using v3.18.24)

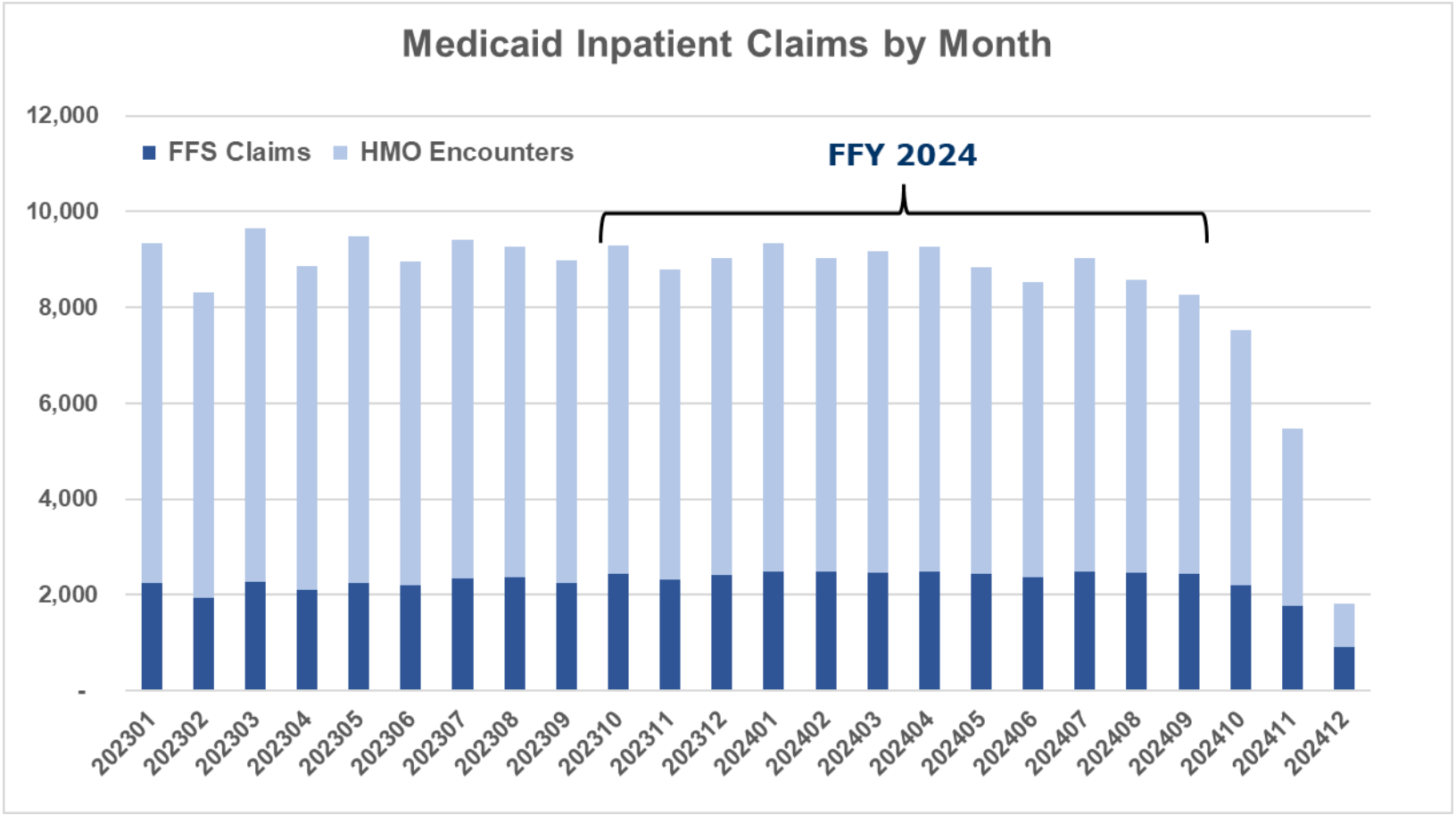
- RY 2026 model data will be based on:
  - Medicaid FFS claims and HMO encounter data with **Federal Fiscal Year (FFY) 2024** service dates (from 10/1/2023-9/30/2024) extracted from the MMIS in May of this year
  - Most recently available Medicare cost report data from the 3/31/2025 CMS HCRIS release

RY 2026 Model Claims data

- FFY 2024 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 2024)
- Data included in this presentation is preliminary and has shorter claim runout in latter months

RY 2026 Model Inpatient Cases

- Preliminary summary based on January 2025 MMIS extract; will be updated using the May 2025 data extract



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

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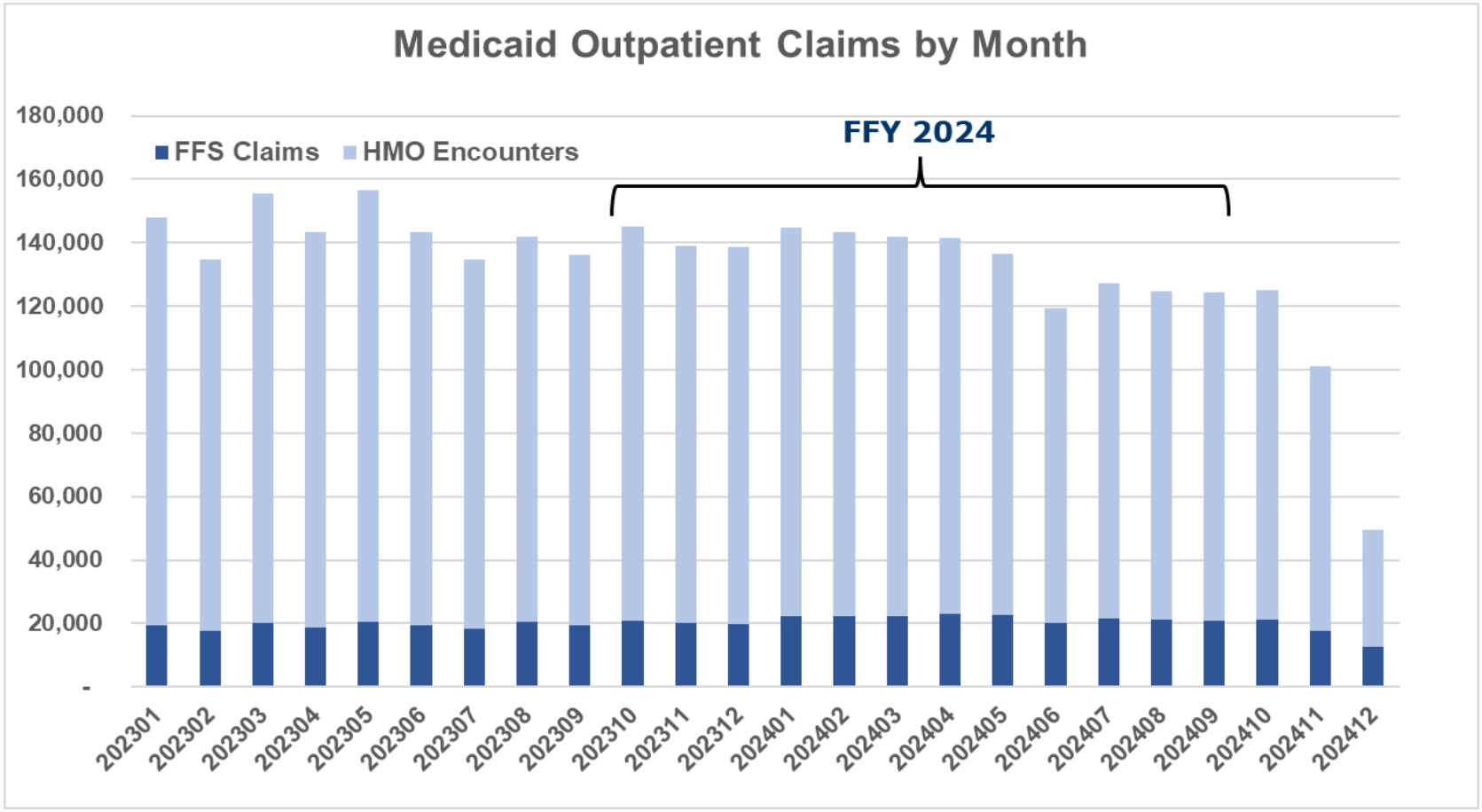
RY 2026 Model Outpatient Claims

- Preliminary summary based on January 2025 MMIS extract; will be updated using the May 2025 data extract



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

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RY 2026 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 2026 acute hospital standardized amount inflation adjustment factor is **3.18%**
  - Inflation increase will not result in a **3.18%** 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 2025 to RY 2026 in CMS' Hospital Market Basket price index levels published April 2025; **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 2026

RY 2026 Wage Index Adjustments

- Per state plan requirements, DHS will adjust the labor portion of RY 2026 acute hospital DRG base rates by each's hospital wage index using values from the federal fiscal year (FFY) 2025 Medicare inpatient prospective payment system (IPPS)
  - For hospitals included in the FFY 2025 Medicare IPPS, RY 2026 wage indices are based on the FFY 2025 Medicare IPPS Final Rule "Wage Index With Quartile and Cap" (which includes reclassifications)
  - For hospitals not included in the FFY 2025 Medicare IPPS, RY 2026 wage indices are imputed based on the average wage index in the hospital's county (weighted based on inpatient model claim payments)

- FFY 2025 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 2026 wage indices have been shared for provider review and validation (see handout 3)

Rate Year 2026 APR DRG v42.0

- APR DRG v42.0 changes from v41.0 (Handout 1)

APR DRG	APR DRG Description
New APR DRGs Under v42.0 (eight DRGs total)	
299	Multiple level combined anterior and posterior spinal fusion except cervical
300	Single level combined anterior and posterior spinal fusion except cervical
428	Genetic disorders
448	Other kidney, urinary tract and related percutaneous procedures
485	Prostatectomy procedures
520	Other GYN procedures for malignancy
761	Schizoaffective disorders
762	Obsessive compulsive disorders

Rate Year 2026 APR DRG v42.0

- APR DRG v42.0 changes from v41.0 (Handout 1)

APR DRG	APR DRG Description
Deleted APR DRGs Under v42.0 (Three DRGs total)	
480	Major male pelvic procedures
510	Pelvic evisceration, radical hysterectomy and other radical gynecological procedures
754	Depression except major depressive disorder

Rate Year 2026 APR DRG v42.0

- APR DRG v42.0 changes from v41.0 (Handout 1)

APR DRG	APR DRG Description
Revised APR DRGs Under v42.0 (13 total)	
167	Other cardiothoracic and thoracic circulatory procedures
178	External heart assist devices
181	Lower extremity vascular procedures
312	Skin graft for musculoskeletal and connective tissue diagnoses
447	Other kidney, urinary tract and related non-percutaneous procedures
750	Schizophrenia and other severe psychotic disorders
751	Depressive disorders
752	Personality disorders
755	Adjustment disorders
756	Acute anxiety and stress syndromes
757	Organic mental health conditions and disturbances
758	Disorders of impulse control & development
760	Other mental health conditions and disorders

APR DRG v42.0 National Weights

- DHS proposes to continue to use Solventum "traditional" national weights for its RY 2026 APR DRG v42.0 relative weights

- Solventum APR DRG v42.0 national relative weights are based on approximately 12 million inpatient claims from the National Inpatient Sample (NIS) Agency 2020 and 2021 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) Solventum APR DRG v42.0 national weights file "Readme" worksheet.

APR DRG v42.0 Weight Normalization

- DHS proposes to continue to **normalize** the Solventum APR DRG national weights for RY 2026, consistent with prior years
  - Per Solventum: "Payers and other users of Solventum relative weights must therefore be careful to scale (up or down) the 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 v41.0 and v42.0 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 v42.0 national weights so that the aggregate modeled case mix is the same as v41.0 case mix
- Normalizing the national weights **reduces volatility** in year-over-year changes in APR DRG base rates

Source: (1) Solventum APR DRG v42.0 national weights file "Readme" worksheet.

APR DRG v42.0 Weight Normalization

- Preliminary RY 2026 APR DRG weight normalization factor calculation:

	Modeled RY 2025 v41.0 (Normalized)	Preliminary Modeled RY 2026 v42.0 (Unnormalized)	Preliminary Modeled RY 2026 v42.0 (Normalized)
Normalization factor	1.1828	1.0000	1.1883
Modeled case mix using FFY 2024 data	1.0252	0.8627	1.0252

- *Normalization calculation note: Preliminary factors based on FFY 2024 FFS claims and HMO encounters paid under APR DRGs for non-CAH hospitals, excluding transfer cases, extracted from the MMIS in January 2025. This analysis will be updated with more recent encounter submissions from the May 2025 MMIS extract before finalizing.*
- *Source: Milliman "Rate Year 2026 Preliminary Supporting Analyses Report" dated June 11, 2025*

Other RY 2026 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 2025 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 3/31/2025 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 2025 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 and review the adjuster value, currently set at 1.8.

Rate Year 2026 EAPG v3.18.25

- To prepare for the release of EAPG 4.0, Solventum has not updated its EAPG v3.18 grouper algorithm this year
- EAPG version 3.18.25, 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

V3.18.25 Change	EAPG Description
New EAPGs	No new or deleted EAPGs
Revised EAPG Descriptions	No revised EAPG descriptions

EAPG v3.18.25 changes from v3.18.24 (Handout 2)

EAPG v3.18.25 National Weights

- DHS proposes to continue to use Solventum EAPG national weights for its RY 2026 update to v3.18.25
  - Solventum's v3.18.25 EAPG national weights are based on 105 million CY 2023 Medicare OPPS claims
- DHS proposes to continue to **normalize** the Solventum EAPG national weights for RY 2026
  - Per 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 v3.18.25 national weights so that the aggregate modeled case mix is the same as v3.18.24 case mix

Note: (1) Solventum Enhanced Ambulatory Patient Groups (EAPG) Summary of Changes, version 3.18.25, 1/1/2025.

EAPG v3.18.25 Weight Normalization

- Preliminary RY 2026 EAPG weight normalization factor calculation:

	Modeled RY 2025 v3.18.24 (Normalized)	Preliminary Modeled RY 2026 v3.18.25 (Unnormalized)	Preliminary Modeled RY 2026 v3.18.25 (Normalized)
Normalization factor	2.0 x 1.0705= 2.1410	2.0000	2.0 x 1.0627 = 2.1254
Modeled case mix using FFY 2024 data	1.8492	1.7401	1.8492

- *Normalization calculation note: Preliminary factors based on FFY 2024 outpatient FFS claims and HMO encounters paid under EAPGs for non-CAH hospitals extracted from the MMIS in January 2025, and will be updated with more recent encounter submissions from the May 2025 MMIS extract before finalizing*
- *Source: Milliman "Rate Year 2026 Preliminary Supporting Analyses Report" dated June 11, 2025*

Other RY 2026 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 3/31/2025 HCRIS extract (see handout 3 in Milliman report for validation purposes)
Outpatient dental deep sedation add-on	▪ Will review the RY 2025 $1,075 per visit add-on payments and update for RY 2026 as needed to achieve the $1.5M aggregate target spend under 2019 WI Act 9, §9119(9)

❑ *Actual RY 2026 experience will vary from the modeled assumptions used for the preliminary weights*

RY 2026 Cost-Based and other Rate Updates

- Will update cost-based rates using FFY 2024 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

Solventum is redesigning the EAPG grouper logic and payment methodology under the redesigned **EAPG 4.0**; software scheduled to be released in **August 2025**

- All EAPG classification numbering, along with EAPG type assignments, will change under EAPG 4.0
- EAPG 4.0 will increase alignment of Solventum reimbursement and patient classification methodologies where relevant according to differences between the inpatient and outpatient settings
- EAPG 4.0 will include new extended emergency department and observation EAPGs (for 8+ hours of observation), along with new EAPGs for per diem behavior health services, intended to bundle payment for each service date
- 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 will represent a major change to outpatient classifications and discounting logic and would occur no earlier than **RY 2027**

- 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 Solventum (no EAPG v4.0 classification lists or national weights are currently available)
- Discussions of EAPG 4.0 changes, policy considerations, and modeled payment impacts will occur throughout 2026
- **DHS plans to hold an additional MAHG meeting in late 2025 to discuss EAPG 4.0 with hospital stakeholders**

Pay-for-Performance (P4P) Programs

MY 2024 Preliminary Readmission Rates

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

Statewide Readmission Rates - FFS

FFS Amount	Final MY 2020	Final MY 2021	Final MY 2022	Final MY 2023	Preliminary MY 2024
Readmission Rate	7.73%	8.11%	7.28%	7.29%	7.24%
Full benchmark (100%)	7.25%	7.66%	7.69%	7.68%	7.16%
Actual to Full Benchmark ratio	**1.066**	**1.060**	**0.946**	**0.949**	**1.011**
Target benchmark (92.5%)	6.71%	7.08%	7.12%	7.11%	6.62%
Actual to Target Benchmark ratio	**1.153**	**1.146**	**1.022**	**1.026**	**1.093**

- Final MY 2024 FFS readmission benchmark percentage for determining P4P payments to be determined by DHS

Sources:
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 November 17, 2023 report "Hospital Measurement Year 2022 Final Readmissions Results"
Final MY 2023: Milliman December 6, 2024 report "Hospital Measurement Year 2023 Final Readmissions Results"
Preliminary MY 2024: Milliman June 2, 2025 report "Hospital Measurement Year 2024 Preliminary Readmissions Results"

Statewide Readmission Rates - HMO

HMO Amount	Final MY 2020	Final MY 2021	Final MY 2022	Final MY 2023	Preliminary MY 2024
Badger Care Plus Readmission Rate	4.32%	4.45%	4.45%	4.79%	4.55%
SSI Readmission Rate	11.58%	10.73%	12.12%	12.49%	12.72%

Sources:
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 November 17, 2023 report "Hospital Measurement Year 2022 Final Readmissions Results"
Final MY 2023: Milliman December 6, 2024 report "Hospital Measurement Year 2023 Final Readmissions Results"
Preliminary MY 2024: Milliman June 2, 2025 report "Hospital Measurement Year 2024 Preliminary Readmissions Results"

PPR Dashboard Access Process

- Milliman has created a new online PPR dashboard using PowerBI
- Interactive dashboard contains:
  - MY 2020 Final (with 2018 benchmark)
  - MY 2021 Final (with 2019 benchmark)
  - MY 2022 Final (with 2020 benchmark)
  - MY 2023 Final (with 2021 benchmark)
  - MY 2024 Preliminary (with 2022 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

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HMO PPR Program Overview

- 9 million potential reward to HMOs.
  - HMOs required to share 85%.
- Initiative applies only to BCPlus population.
- PPR calculation and reduction targets are set using 3M PPR software.
- Performance is determined by comparing benchmark IAs to current measurement year IAs.

MY2023 HMO PPR 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 (2021)**	**Share of Qualifying Admissions**	**Potential Incentive**	**Baseline ABR (MY 2021)**	**Tier in Baseline Year (MY 2021)**	**MY 2023 ABR**	**% Reduction in ABR from Baseline**	**Proportion of Incentive Earned**	**Incentive Earned**	**15% HMO share**
Anthem	9,876	14.4%	$ 1,294,722.58	0.89	High	0.92	-2.71%	0%	$ -	$ -
CCHP	9,586	14.0%	$ 1,256,704.20	0.99	Middle	1.04	-5.93%	0%	$ -	$ -
Dean	3,153	4.6%	$ 413,351.59	0.80	High	1.03	-28.90%	0%	$ -	$ -
GHC - EauClaire	3,238	4.7%	$ 424,494.91	0.75	High	0.89	-19.32%	0%	$ -	$ -
GHC - SouthCentral	496	0.7%	$ 65,024.54	0.83	High	0.93	-11.71%	0%	$ -	$ -
iCare	2,416	3.5%	$ 316,732.46	1.05	Low	1.12	-6.30%	0%	$ -	$ -
MercyCare	1,228	1.8%	$ 160,988.19	0.78	High	1.31	-67.54%	0%	$ -	$ -
MHS	3,865	5.6%	$ 506,693.27	0.78	High	0.96	-22.42%	0%	$ -	$ -
Molina[1]	4,176	6.1%	$ 547,464.71	0.85	High	0.85	0.30%	100%	$ 547,465	$ 82,120
MyChoice	1,810	2.6%	$ 237,287.15	1.02	Middle	1.16	-13.31%	0%	$ -	$ -
NHP	3,954	5.8%	$ 518,360.99	0.82	High	1.01	-22.66%	0%	$ -	$ -
Quartz	3,452	5.0%	$ 452,549.85	1.03	Middle	1.06	-2.76%	0%	$ -	$ -
Security	5,074	7.4%	$ 665,190.60	0.92	High	1.18	-28.56%	0%	$ -	$ -
United HC	16,327	23.8%	$ 2,140,434.95	0.86	High	1.03	-20.23%	0%	$ -	$ -
State-wide	**68,651**	**100.00%**	**$ 9,000,000.00**					**6%**	**$ 547,465**	**$ 82,120**

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

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HIE P4P Updates

- CY 2024
  - Payments made April 4, 2025.
  - Final year of incentive only introductory phase.
- CY 2025
  - Beginning 1/1/2025, 1.5% withhold applied to all IP and OP FFS claims for most hospitals.
    - In addition to current 3% PPR withhold.
    - 1% withhold for psychiatric hospitals.
  - Withheld funds received per interface by obtaining "Live" status.
  - "Live" status in all interfaces will earn an incentive payments.
  - Hospitals are encouraged to contact WISHIN by July 1, 2025 to ensure compliance.

Supplemental Payments and Additional Items

Hospital Assessment

- Upcoming hospital tax assessment re-calculation for SFY 2026
- Annual hospital SFY assessment verification email will be sent to MAHG contact list in August

Access Payment Updates

- SFY 2024 Access Reconciliation payments were made February 14, 2025
- SFY 2025 Fee-for-Service (FFS) claims "shut-off" is projected for September 2025
  - Claims processed after shut-off date for SFY 2025 dates of service will not have an access payment applied.
  - ForwardHealth Update will be released to communicate shut-off date.
- SFY 2026 Access Payment Rates
  - New rates expected to be applied by early September.
  - Retroactive adjustments to occur shortly after.

DSH Updates

- SFY 2021 Reallocation
  - Payments made 3/3/25
  - Reallocation amounts published on the ForwardHealth portal
- SFY 2022 Examination
  - Results will be communicated to providers in August
- SFY 2025 Q4 Payments
  - Payments scheduled for 6/16/2025
- SFY 2026 payment limit calculation in progress
  - Results will be provided to DHS in September

DSH Updates

- SFY 2023 Examination Timeline
  - MSLC possesses documentation for most providers. Examination on course to begin in first quarter (Jan. - Mar.) of CY 2026
- SFY 2024 Examination/SFY 2026 payment limit calculation timeline
  - Plan to send out surveys and data between October and December
- Submission of Schedule of Information and Records of Data Needed for DSH
  - Required to submit directly to DHS to maintain DSH eligibility

General Policy Updates

- Clarification that in-state hospitals are not eligible for negotiated payments
  - State plan amendment will remove reference to in-state hospitals to eliminate confusion.
- Reimbursement of outpatient services is permitted for Medicaid participants currently admitted for an inpatient stay at another hospital (eff. 4/1/25).
  - Outpatient and inpatient providers can now submit separate claims

DHS Graduate Medical Education (GME) Grant Opportunities

- **GME Program Development Grants**
  - **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, dependent on proposal.
  - **Funding:** Up to a cumulative total $1,000,000, per grantee.
  - Annual DHS GME Program Development Request for Applications **(RFA) to be released in February 2026.**

- Hospital assessment and GME grant opportunity questions can be directed to **Randy.McElhose@dhs.Wisconsin.gov**

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Graduate Medical Education (GME) Grant Opportunities

GME Residency Expansion Grants

- **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 annual resident position, with a maximum of five full-time grant positions at any one time (i.e., $750,000 annual max)
- Annual DHS Request for Applications **(RFA) to be released in July 2025.**

Questions

Questions on today's presentation and comments from review of preliminary RY 2026 model inputs shown in handouts can be sent by email to: DHSDMSBRS@dhs.Wisconsin.gov

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Caveats and Limitations

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) 2026 model rates, weights, or other factors. The RY 2026 hospital rate-setting work is still on-going and DHS has not made any final policy decisions.

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