

Wisconsin Medicaid Supplemental Payment Programs for Emergency Ambulance Services: FAQ's

Provider Assessment Program for Private and Non-Profit Providers

What time periods are included/impacted under this program?

The Provider Assessment Program, enabled under 2021 WI Act 228, was approved in December 2024 with a retroactive start date of July 1, 2023. This means that there is a retroactive program period from 7/1/2023 – 12/31/2024.

Program activities (assessment invoicing and supplemental reimbursement) for the retroactive period (7/1/2023 – 12/31/2024), and the current program year (2025) commenced in January 2025. The program will run in perpetuity going forward.

Which payments are associated with which period?

The program was approved with a retroactive start date of 7/1/2023. Table 1 below details the timing of invoices for the retroactive periods (7/1/2023 – 12/31/2024), as well as anticipated payment dates for supplemental reimbursement for Medicaid Fee-for-Service transports. The program date range indicates the program period with which the invoices and corresponding supplemental reimbursements are associated.

Program Date Range	Program Quarter	Invoice Issue Date	Invoice Due Date	Target Payment Date	Anticipated Receipt Date
July 1, 2023 - Dec 31, 2023	2023(1) & 2023(2)	1/15/2025	2/5/2025	2/13/2025	2/19/2025
Jan 1, 2024 - June 30, 2024	24Q1 & 24Q2	1/15/2025	3/7/2025	3/13/2025	3/19/2025
July 1, 2024 - Dec 31, 2024	24Q3 & 24Q4	1/15/2025	4/6/2025	3/13/2025	3/19/2025

Table 1: Schedule for Supplemental Reimbursement Payments for Medicaid FFS Transports, Retroactive program periods

The schedule of invoices and due dates for the current program period (CY 2025), as well as anticipated payment dates for reimbursement for Medicaid Fee-for-Service transports, are detailed in Table 2 below:

Program Date Range	Program Quarter	Invoice Issue Date	Invoice Due Date	Target Payment Date	Anticipated Receipt Date
Jan 1, 2025 - March 31, 2025	25Q1	1/15/2025	3/1/2025	4/10/2025	4/16/2025
April 1, 2025- June 30, 2025	25Q2	1/15/2025	4/1/2025	7/10/2025	7/16/2025
July 1, 2025 - Sept 30, 2025	25Q3	1/15/2025	7/1/2025	10/9/2025	10/15/2025
Oct 1, 2025 - Dec 31, 2025	25Q4	1/15/2025	10/1/2025	1/15/2026	1/21/2026

Table 2: Schedule for Supplemental Reimbursement Payments for Medicaid FFS Transports, CY 2025

How are the assessment amounts calculated?

The annual assessment amount for a given program year is calculated as a uniform percentage of Net Patient Revenues (NPR) for emergency ambulance services in the preceding state fiscal year. NPR is collected by PCG directly from all eligible providers through the Data Collection Tool. The annual assessment is divided equally into four (4) quarterly assessments.

For example, the 2025 assessment is calculated as a uniform percentage of NPR reported for state fiscal year 2024. There are four identical quarterly invoices issued for 2025.

Why is the assessment percentage different for 2023, compared to 2024 and 2025?

HMO transports are only eligible for supplemental reimbursement from 1/1/2024. Therefore, a lower uniform assessment percentage (4.5%) is applied in 2023, as compared to 2024 and 2025 (6%).

How do I make my provider assessment tax payments?

Invoices are released, viewed and paid on the [Payment Reporting System \(PRS\)](#) hosted by DHS. To access the system, you will need to be loaded as a user. This requires a WAMS ID, which you will use as your login details.

Please contact WIGENT@pcgus.com with your WAMS ID, email address linked to the WAMS ID, full name, and organization name if you would like to be added as a user. You can create a WAMS ID [here](#).

Who should I contact if I experience issues with the PRS?

Please reach out to DHSDMSEMS@dhs.wisconsin.gov if you are experiencing issues within the PRS.

I am unable to view and pay my invoices within the PRS. How can I get access?

If the following message is displayed when logging in to the [PRS](#): “You do not have Rights to Access this application. Please ask Admin for Access Rights”, it means that you have not been added as a user on the system.

To access the system, you will need to be loaded as a user. This requires a WAMS ID, which you will use as your login details. Please contact WIGENT@pcgus.com with your (1) WAMS ID, (2) email address linked to the WAMS ID, (3) full name, and (4) organization name, if you would like to be added as a user. You can create a WAMS ID [here](#).

How do I create/recover my WAMS ID and login details?

You can create a WAMS ID [here](#). Each email address can only be linked to one (1) WAMS ID.

For account recovery support, please visit [this link](#).

Are dual-eligible claims/transportations eligible for supplemental reimbursement?

Dual-eligible patient transports (transports eligible for both Medicaid and Medicare) are *not* eligible for reimbursement under this program.

How was my reimbursement calculated and what data is this based on?

A per-transport supplemental rate add-on (reimbursement amount) is calculated at the outset of each year. Emergent and non-emergent transports for Medicaid beneficiaries enrolled under Fee-for-Service (FFS) and HMOs are eligible for the rate add-on. The rate add-on for non-emergent transports is half that of emergent transports.

The total supplemental reimbursement for a provider in a given year is equal to the number of eligible services they provided multiplied by the relevant rate add-on(s).

How will payments be made?

Supplemental reimbursement for Fee-for-Service (FFS) transports will be made directly by the Wisconsin Department of Health Services (DHS).

- For the retroactive periods (7/1/2023-1/1/2024), and the current program period CY 2025, lump sum payments will be issued.
- From 2026 onwards, supplemental reimbursements will be paid as per claim add-ons.
- Payments will be made via EFT if the payee is set up for EFT in MMIS. Otherwise, a paper check will be sent to the provider.

Supplemental reimbursement for HMO transports will be made directly by the HMOs. Please contact the HMOs directly for further information regarding the method for these payments.

How do I identify supplemental payments made from DHS for this program?

The supplemental payments disbursed by DHS for FFS transports will be delivered through the same method that other Medicaid FFS claim reimbursements have been historically. For example, if Medicaid reimbursements have come through a third-party billing vendor prior to the program, they will continue to do so in this program.

All providers should receive a remittance advice prior to the payment disbursement detailing the payment amount. All lump-sum payments will be stamped with reason code 3014/EMS Assessment, which looks like this on the PDF remittance:

`Reason Code/Description: 3014/EMS Assessment`

The remittance advice contains a check/EFT number, which should be used for tracking down the deposit of the payment in your bank account.

If you are still having trouble tracking down your supplemental payment, please contact WIGEMT@pcgus.com.

Will supplemental add-on amounts be indicated as a separate line item once paid on a per-claim basis?

The system capability to pay the supplemental rate add-on at the time of claim payment is still under development. The detail around what this will look like on provider remittances is not yet available. PCG and DHS will share further information as soon as possible.