

**PUBLIC NOTICE**  
**Department of Health Services**  
**Disproportionate Share Hospital Payment Modification**

The State of Wisconsin reimburses providers for services provided to Medical Assistance recipients under the authority of Title XIX of the Social Security Act and ss. 49.43 to 49.47, Wisconsin Statutes. This program, administered by the State's Department of Health Services (the Department), is called Medical Assistance (MA) or Medicaid. In addition, Wisconsin has expanded this program to create the BadgerCare Plus programs under the authority of Title XIX and Title XXI of the Social Security Act and s. 49.471 of the Wisconsin Statutes. Federal statutes and regulations require that a state plan be developed that provides the methods and standards for reimbursement of covered services. A plan that describes the reimbursement system for the services (methods and standards for reimbursement) is in effect.

**Disproportionate Share Hospital Payment Modification**

Disproportionate share hospitals (DSH) payments are allocated to hospitals that serve a disproportionate share of low-income patients and meet eligibility requirements.

The change will be effective December 11, 2019 and will apply to DSH payments on or after that date. The change to Medical Assistance is projected to result in increased annual expenditures of \$49.2 million all funds (AF), composed of \$29.2 million federal match (FED) and \$20.0 million state funds/general purpose revenue (GPR).

**Copies of Changes**

Copies of the disproportionate share hospital payment modification Medicaid State Plan amendment may be obtained free of charge by calling or writing:

Mail:  
Laura Brauer  
Bureau of Benefits Management  
Division of Medicaid Services  
P.O. Box 309  
Madison, WI 53701-0309  
(608) 266-5368

Fax:  
(608) 266-1096  
Attention: Laura Brauer

E-Mail:  
[DHSDMSSPAPublicFeedback@dhs.wisconsin.gov](mailto:DHSDMSSPAPublicFeedback@dhs.wisconsin.gov)

Copies of the state plan change will be made available for review at the main office of any county department of social services or human services.

**Written Comments**

Written comments are welcome. Written comments on the proposed changes may be sent by FAX, e-mail, or regular mail to the Division of Medicaid Services. The FAX number is (608) 266-1096. The e-mail address is [DHSDMSSPAPublicFeedback@dhs.wisconsin.gov](mailto:DHSDMSSPAPublicFeedback@dhs.wisconsin.gov). Regular mail can be sent to the above address. All written comments will be reviewed and considered.

The written comments will be available for public review between the hours of 7:45 a.m. and 4:30 p.m. daily in Room 350 of the State Office Building, 1 West Wilson Street, Madison, Wisconsin. Revisions may be made in the proposed change based on comments received.