



MEDICAID
FINANCIAL SERVICES
6406 BRIDGE ROAD
MADISON WI 53784

Jim Doyle
Governor

Telephone: 608-221-4746, extension 80063

State of Wisconsin

Karen E. Timberlake
Secretary

Department of Health Services

TY:866-824-3753
www.forwardhealth.wi.gov
www.forwardhealth.wi.gov/members

40251

**RONALD D LEONHARDT
CITY OF MILWAUKEE
200 E WELLS ST RM 205
MILWAUKEE, WI 53202-3515**

CITY OF MILWAUKEE
2009 NOV 17 AM 11:54
RONALD D. LEONHARDT
CITY CLERK

November 13, 2009

Dear Provider:

Per the 2003 Wisconsin biennial budget (2003 Wisconsin Act 33, Section 1393c.), we are enclosing a supplemental payment for medical care transportation services anticipated to be provided to Medicaid-eligible recipients between July 1, 2009, and June 30, 2010.

The payment is for ambulance services where a comparable Medicare procedure code exists. The Department of Health and Family Services uses the Medicare payment methodology to determine the payment rate for this supplemental payment.

Refer to the Wisconsin Department of Revenue November 2009 shared revenue payment letter for information on a related shared revenue payment adjustment.

Should you have questions concerning this payment, please contact Wisconsin Medicaid Financial Services at (608) 221-4746, extension 80063.

Sincerely,

Financial Services

Enclosure

Wisconsin Department of Revenue
November Distribution of 2009 Shared Revenues and Expenditure Restraint

November 9, 2009

RONALD D LEONHARDT
CITY OF MILWAUKEE
200 E WELLS ST RM #205
MILWAUKEE WI 53202-3515

Municipality MILWAUKEE
County of MILWAUKEE
County Code 40
Municipal Code 251

Dear Clerk,

This notice shows the details of your municipality's or county's final total 2009 payment amounts for shared revenue and expenditure restraint, the payment already made on July 27, 2009, any required payment adjustments and the amount of your November 16th final 2009 payment.

DETAILS OF FINAL 2009 PAYMENT

1. Base shared revenue payment	\$ 229856534.27
2. Utility payment	\$ 1,000,471.15
3. Final 2009 shared revenues (sum of lines 1 and 2)	\$ 230857005.42
4. Final 2009 expenditure restraint	\$ 7,621,483.24
5. Final 2009 total payment (sum of lines 3 and 4)	\$ 238478488.66
6. July payment (not including other adjustments)	\$42,252,752.92
7. November, 2009 payment before adjustments (line 5 less line 6)	\$ 196225735.74
8. Adjustments to your November payment:	
A. Correction of 2008 shared revenues	\$ 0.00
B. Correction of 2008 expenditure restraint	\$ 0.00
C. 2008 or remaining 2007 levy limit penalty	\$ 0.00
D. Other adjustments (includes medical care transportation services supplemental payment per s. 79.02 (3) (c) 3.)	\$ -554,900.00
E. Total adjustments	\$ -554,900.00
9. November 16, 2009 payment (sum of lines 7 and 8E)	\$ 195670835.74

Your check for the amount on line 9 will be dated November 16th and will be mailed about November 13th. If you are signed up for electronic transfer to your designated account or to the state local government investment pool, the ACH transfer date will be November 16.

If you have any questions about this notice, please contact Sue Nelson, Dept. of Revenue, P.O. Box 8971, Madison, WI 53708. Telephone: (608) 266-8618.

cc: Treasurer

Stan Hook, Chief
Local Government Services