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AMENDMENT TO THE
LETTER OF AGREEMENT (LOA)

between

SAUK COUNTY DEPARTMENT OF HUMAN SERVICES

and

UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

Effective January 1, 2026 the Letter of Agreement between Sauk County Department of Human Services (“SCDHS”) and University of Wisconsin Hospitals and Clinics Authority (“UWHC”) is amended to the extent set forth below.

1. The following Exhibit A, Compensation Schedule for 2026 shall replace the “Exhibit A, Compensation Schedule” for 2025 in its entirety.

All other terms and conditions not specifically addressed herein shall remain in full force and effect.

For Sauk County Department of Human Services

For University of Wisconsin Hospitals
And Clinics Authority

Signed by:
Jessica Mijal
AGF4125B0F1F41A...

DocuSigned by:
Mark Johnson
B62D6E7B4324437

Jessica Mijal
Director

Mark Johnson
VP, Managed Care Contracting

9/30/2025

9/30/2025

Date
Signed by:
Lisa Wilson
739A5BE0A6634BF...

Date

Lisa Wilson
County Administrator

9/30/2025

Date

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EXHIBIT A
COMPENSATION SCHEDULE
Reimbursement for Inpatient Psychiatric Services
January 1, 2026 – December 31, 2026

SCDHS shall pay UWHC and UWMF at the applicable rate(s) specified below subject to the timeliness of payment provision of this Letter of Agreement.

The Hospital (UWHC) per diem rate for 2026 is as follows:

Per Diem	<u>\$3,222.00</u>
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The Physician (UWMF) rates for 2026 are as follows:

(Includes telephone court testimony while Inpatient)

Psychiatric Diagnostic Evaluation w/ Medical Services (Procedure Code 90792)	<u>\$536.00</u>
Group Psychotherapy (Procedure Code 90853)	<u>\$167.00</u>
Initial Hospital Care (Procedure Code 99221)	<u>\$413.00</u>
Initial Hospital Care, Level II (Procedure Code 99222)	<u>\$555.00</u>
Initial Hospital Care, Level III (Procedure Code 99223)	<u>\$680.00</u>
Subsequent Hospital Care, Level I (Procedure Code 99231)	<u>\$194.00</u>
Subsequent Hospital Care, Level II (Procedure Code 99232)	<u>\$245.00</u>
Subsequent Hospital Care, Level III (Procedure Code 99233)	<u>\$406.00</u>
Observation/Hospital Care, Level III (Procedure Code 99234)	<u>\$466.00</u>
Observation/Hospital Care, Level IV (Procedure Code 99235)	<u>\$663.00</u>
Observation/Hospital Care, Level V (Procedure Code 99236)	<u>\$795.00</u>
Discharge Day, 30 min or less (Procedure Code 99238)	<u>\$285.00</u>
Discharge Day, more than 30 min.	<u>\$487.00</u>

Purchaser shall remit payment for procedure codes billed other than those listed above at ninety percent (90%) of UWMF's usually-billed charges.

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Reimbursement for Evaluation of Eligible Clients Not Admitted for Inpatient Hospital and Physician Psychiatric Services:

UWHC (HOSPITAL CHARGE)

UWHC will bill SCDHS one hundred percent (100%) of its usually-billed charges. SCDHS shall remit payment to UWHC at ninety percent (90%) of UWHC's usually-billed charges.

UWMF (PHYSICIAN CHARGE)

UWMF will bill SCDHS one hundred percent (100%) of its usually-billed charges. SCDHS shall remit payment to UWMF at ninety percent (90%) of UWMF's usually-billed charges.

The following charges are not subject to the rates set forth herein:

1. Charges for services which are non-covered services.
2. Charges for copies of medical records requested for any purpose other than what is required to adjudicate a specific claim, i.e., Clean Claim. Charges for copies of medical records will be billed directly by UWHC's and/or UWMF's duplicating vendor. Prices are subject to change annually but shall not exceed the amount set forth in Wis. Stat. § 146.83.