Emergency Physicians are the FIRST to care for patients suffering from heart attack, acute mental illness, trauma, stroke and the current opioid epidemic. However, Wisconsin’s Emergency Physicians are LAST in the United States in Medicaid-related compensation. Lower Reimbursement for Medicaid patients causes a cascading series of unfortunate events:

- Physicians leaving the state because of low reimbursements
- Difficulty recruiting board certified Emergency Physicians to non-urban areas of Wisconsin
- Lack of specialty coverage and long transportation times for patients outside of Milwaukee and Madison
- Long and potentially dangerous wait times for ALL Emergency Department patients

Wisconsin Medicaid pays far less than all neighboring states and less than West Virginia, Mississippi and New Mexico—creating a weak safety net of physician services for Medicaid patients. Low reimbursement also creates access-to-care barriers for Medicare and privately insured patients in all communities. It would be unacceptable to be last in the nation in manufacturing, dairy, education, or unemployment rates—why does Wisconsin accept the lowest ranking for Medicaid reimbursements?

**Low Medicaid Reimbursement Leaves Safety Net Flailing**

Although many physicians are employed by hospitals, a higher percentage of Emergency Physicians work in an independent group practice.

Hospitals contract with these independent groups to provide care. Since most Emergency Physicians are not hospital employees, more often than not, they bill Medicaid directly.

Emergency departments are required by federal law to serve any person who walks in the door—whether they are insured or not. While hospitals may be able to offset their losses, independent physicians cannot rely on income from other hospital departments to offset their Medicaid losses.

**Access to Emergency Care: A Challenge for Medicaid Patients**

Specialists are typically on call for emergency departments, willing to step in to help stabilize patients. However, with reimbursement from Medicaid so much lower than other insurance companies, departments that see a high portion of Medicaid patients are having trouble getting specialists to be on call. Some patients have to travel farther or be transferred to receive specialty care, creating waste in the healthcare system.

**Hospitals Reeling in Competition with Neighboring States**

In areas such as Chippewa Falls in northwestern Wisconsin, hospitals are having a hard time recruiting trained emergency physicians against neighboring states such as Iowa and Minnesota, where the Medicaid reimbursement for emergency services is 1.5-2 times what it is in Wisconsin. The poor reimbursement rate has large ripple effects onWisconsinites’ ability to access high quality emergency care.

**TESTIMONY FROM THE FRONT LINES**

“As the physician group providing the most emergency care to Wisconsin’s Medicaid enrollees, our small business is torn every day between our ongoing passion for caring for patients in underserved communities and surviving financially so we can provide care in the future.”

- Beth Griffin, MD, President
Emergency Medicine Specialists, SC

“As a hospital CEO, physician recruiting is always a top priority. Our physician Medicaid fee schedule puts us at a disadvantage in attempting to attract talented young physicians to practice in our area. This issue is made even more difficult when we are competing with neighboring states for talent.”

- Andrew J. Bagnall, President & CEO
HSHS Sacred Heart Hospital, Eau Claire

**SPECIALIST SPEAKS OUT**

“More and more, emergency room call is something to be avoided. As specialists drop ER coverage, or drop participation in Medicaid entirely, a larger burden is placed upon those practitioners remaining in the programs.”

- Tracy M, MD
Wisconsin Specialist Physician