



Emergency Physicians are the FIRST to care for patients suffering from heart attack, acute mental illness, trauma, stroke and the current opiate 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 from 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 on Wisconsinites' 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, Division President
HSHS Wisconsin

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 McCall, MD
Wisconsin Specialist Physician



TO: Members of the Wisconsin Legislature
FROM: Wisconsin Chapter American College of Emergency Physicians (WACEP)
DATE: May 5, 2021
RE: Emergency Physician MA Emergency and Critical Care Code Reimbursement

As you know, we are frontline caregivers and the **only medical professionals that are always open for the public to seek care** related to the pandemic and, of course, all other emergency related visits that occur during these unprecedented times. We gladly accept and embrace the mandated care we provide.

Emergency physicians provide treatment and care for Wisconsin patients across the state experiencing a medical emergency 24 hours a day, 365 days a year. **By federal mandate through the EMTALA law we provide diagnostic examination and stabilizing treatment regardless of the patient's ability to pay. We are unique among medical specialties in that regard and that distinction has been especially evident during the COVID-19 public health crisis.**

In the 2019-21 Biennial Budget, Medicaid rate increases were included for a number of physicians and certain behavioral health providers. This resulted in an increase for "Problem Focused and Preventive" evaluation and management (E&M) codes and additional increases for selected reimbursement services for psychiatrists. These increases were important and necessary to preserve and improve access to services for Medicaid patients. Medicaid rates for emergency care, however, were not addressed even though our reimbursement has been the **lowest in the nation** for years and has **not been increased since the early 1990's**.

The pandemic caused enormous financial strains on providers and facilities across the board. Emergency physicians have not only endured the struggles and perils of pandemic response, but a downturn in non-COVID emergency department visits has caused lasting damage. Emergency physicians are in a particularly vulnerable position as nearly half of WACEP's members are in independent group practice. These emergency physicians are not hospital employees and in most cases bill Medicaid directly. Many independent group practices benefited from CAPP (CARES Act Provider Payments) fund, which kept practices afloat. Yet, the existing deficiency in Medicaid rates is an ongoing challenge for independent practice groups and health systems alike, thus all emergency physicians.

We are very pleased that in his Executive Budget Governor Evers recommended **a rate increase** for emergency physician services **of \$1.983m GPR resulting in \$5.218m all funds**. While this investment would increase the evaluation and management (E/M) codes to 50% of Medicare rates and move us closer to our goal of parity with Medicare, Wisconsin would still remain in the 45th ranking nationally in terms of Medicaid reimbursement.

WACEP requests a permanent rate increase to emergency services and critical care codes 99281, 99282, 99283, 99284, 99285, 99291, 99292 and our historic goal is and continues to be parity with federal Medicare rates.

Thank you for your consideration of this request. If you have any questions, please feel free to contact Greg Hubbard (608) 334-6603 or Dan Romportl (608) 386-4867.