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☞ Details: Use of Emergency Department Services by Medical Assistance Recipients

(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS

2003-04
(session year)

Joint
(Assembly, Senate or Joint)

Committee on Audit...

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
  (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
  (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

* Contents organized for archiving by: Stefanie Rose (LRB) (November 2012)

Assembly

Record of Committee Proceedings

Joint Legislative Audit Committee

Audit Letter Report (January 2004)
Use of Emergency Department Services by Medical Assistance Recipients

May 06, 2004 — Referred to Joint Legislative Audit Committee.

June 24, 2004 — **PUBLIC HEARING HELD**

Present: (9) Senators Roessler, Cowles, Darling, Plale and Lassa; Representatives Jeskewitz, Kaufert, Kerkman and Cullen.
Absent: (1) Representative Pocan.

Appearances For
- Alice O'Connor, Madison – Wisconsin Medical Society,

Appearances Against
- None.

Appearances for Information Only
- Janice Mueller, Madison – State Auditor, Legislative Audit Bureau,
- Kellie Monroe, Madison – Legislative Audit Bureau
- Mark Moody, Madison – Administrator, Department of Health and Family Services, Division of Health Care Financing
- Bill Bazan, Milwaukee – Wisconsin Hospital Association
- Howard Croft, Milwaukee – Wisconsin Chapter of American College of Emergency Physicians and Wisconsin Medical Society
- Richard Paul, Vernon Hills – Wisconsin Chapter of American College of Emergency Physicians
- Richard Shimp, MD, Milwaukee
- Kelly Rosati, Wisconsin Dells – WI Assoc. of Health Plans
- Senator Bob Jauch, Madison – Wisconsin State Senate

Registrations For
- Peggy Rosenzweig, Wauwatosa

Registrations Against
- None.

Pam Matthews
Committee Clerk

FORWARD
E PLURIBUS UNUM

Matthews, Pam

From: Handrick, Diane
Sent: Tuesday, May 18, 2004 2:14 PM
To: Matthews, Pam
Subject: Audit of ER Services

Please notify of ER Services audit hearings

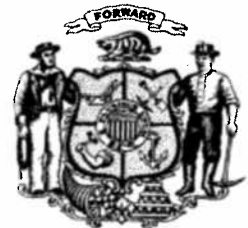
Marvin Leitze
516 S Center St
Deerfield WI 53531
608-764-8122

Thank you!
(I recommend US Mail, not phone call. :^)

Diane Handrick
Office of Rep. Sue Jeskewitz
314N, Capitol
608-266-3796
1-888-529-0024

Mailed 6/3/04

WISCONSIN STATE LEGISLATURE



Matthews, Pam

From: Handrick, Diane
Sent: Monday, June 07, 2004 4:44 PM
To: Matthews, Pam
Subject: Rich Paul

Follow Up Flag: Follow up
Flag Status: Flagged

hi...Rich Paul called from WI College of ER Physicians.
They would like to testify at Junew 24 hearing.
If you need to call him, 800-798-4911

Diane Handrick
Office of Rep. Sue Jeskewitz
314N, Capitol
608-266-3796
1-888-529-0024

FORWARD
E PLURIBUS UNUM

Joint Legislative Audit Committee
Hearing on June 24th 2004
Use of Emergency Department Services
By Medical Assistance Recipients

Sue's Comments/Questions:

Dr. Croft

- Only the tip of the iceberg, affects everyone, not just Medicaid patients.
- Don't have access to specialists, barriers to access – not easily solved
- Increasing co-pays, not a good solution – will be an additional barrier
- No easy solutions
- Increasing Primary Care and Urgent Care access is a good way to go
- Like to see a Joint Committee to look into this problem and potential solutions

Question regarding barriers to Primary Care – also limited hours, will increasing these hours as Bill Bazan mentioned be helpful?
**Probably very true. 16th St. Clinic turning over 80 patients a day away, those patients are being directed to ER's. Some are emergencies, but some are just trying to hook-up with a physician.
**We already have an Urgent Care system in place, we need to look at utilizing the infrastructure we already have more efficiently – expand hours of operation

Sue made statement made about her urgent care center.

Sen. Cowles – work w/colleagues from Chicago and around the country for solutions?
**We can network learn from others and we are looking at others.

Sen. Cowles – any recommendations for BadgerCare?
**Good program. Not that we shouldn't be covering our patients w/BC, but there aren't enough primary care providers for Medicaid patients, and there are 5% fewer providers than there were over the five year period the report looked at and the burden is growing.

Sue – compared this situation with the dental provider problem.

Sue – Difficulty in finding on-call specialists in ER's, and this is not just Medicaid patients, it's across the board. Is this because we are losing the number of specialists?
**There are a lot of different reasons. Decline in reimbursements is one. Off the cuff, difficult to motivate someone to want to come in at 3:00 a.m. to take care of someone who has been in a bar fight. Difficult problem even to get someone to do out-patient follow-up. Can spend hours just trying to get a hold of a specialist willing to do this. Frustrating system to navigate.

Sue – If you're on the phone, then you are not seeing other patients. I go back to the question of specialists. Are we seeing a decline of physicians in the state of WI.

**Can't really speak to that, I don't know. Decrease in the graduate medical education fund. A multi-factorial problem, not just Medicaid reimb. Lifestyle entering into the ..
We assume that when we go to an ER, everything we need is going to be there.

Dr. Shemp (?)

This is a multi-faceted problem. Tremendous ripple effect from what happens in the ER. Discouraging patients financially – those patients will need to go somewhere. This has an impact on everyone as was illustrated with the specialty care.

Another facet that hasn't been mentioned is the funnel effect to the ER departments. In the pre-hospital care setting, it is exceedingly rare for pre-hospital care providers, EMT, paramedics to refuse patient transport to a hospital. You could call an ambulance to get a Rx filled. Pre-hospital care – triage setting, if you were to call and ask for medical advice from the ER you can't get it. "Go to the ER, go to the ER." Every one around pre-empts conversations with if this is an emergency, go to the ER.

One more point on specialty back-up. EMPTALA does not require sub-specialists to see patients. Only at arrival to ER must they be seen by a physician.

Plale – Density of population in and around St. Mary's. Do you see different dynamic between urban and rural areas – travel time to hospital affect use?
**More rural areas difficult to have sub-specialty back-ups. More transfer agreements w/tertiary care agreements. In urban areas there is a "fast food" attitude and patients will leave one hospital for another if care takes too long. Will actually call 911 from the ER of one hospital to go to another.

WI Assoc. of Health Plans
Sue – Directives to due management care, right? Can you give us numbers, etc?
**Can provide a document on the extensive efforts being undertaken.

Sen. Jauch – testimony
Talked about the relationship between physician care and the ER. The ER is the safety net in our healthcare system. Talked extensively about ER utilization patterns that result form policy decisions government makes. People have no where to turn, but to the ER>

We need to ask ourselves, what is it we are doing that contributes to the ER burdens and what can we do to reduce non-urgent utilization?

ER use up due to inability to access primary care – Bill Bazan example, 80/day = 200,000 referred to ER's

We should be ashamed that we are only reimbursing .15 cents on the dollar. It was 18% two years ago. We have a responsibility to make sure these payments are reasonable if we want access to physicians. We are going in the wrong direction.

Not just Medicaid patients who use ER inappropriately.

Alice O'Connor – see testimony

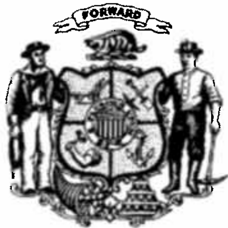
2 suggestions to improve the system – (1) Easy-to-read healthcare guide book that explains ER use and other things (California's called "What to do when your child gets sick" – had a 48% drop in ER visits) and (2) website to keep track of patient's Rx for use by doctors to better serve patients.

WI only one of six states not facing a medical mal-practice crisis.

Darling – 2 tough recommendations from ER docs in her district – 1) they should have a right to say this is not an emergency and we are not going to treat you here, this is for a doctor's – too many people abusing ER's. Of course, will err on the side of treating. 2) so many ambulances called to take people to the ER that are not emergencies, again the physicians should have the right to say this is not an emergency. The trained professional on the ambulance should be able to tell the person that this is not an emergency. *Anything the medical society would be interested in?*

**1) We have created a society that if you can't get into a physician you go to the ER. It is a re-education issue, if you look at the info provided on the California example. 2) Don't know what authority ambulance drivers have to make judgment calls.

WISCONSIN STATE LEGISLATURE



Emergency Medicine and Public Policy--Intersecting Goals
Speech Notes/Outline (15 minutes)

- Happy to approve audit and hold public hearing – important topic that needs public discussion.
- Audit requested due to concerns from hospitals that there was inappropriate use of the ER by MA patients.
    - Results did not find that to be true.
    - A small number of MA recipients visited the ER six or more times a year:
        - Fee-for service patients – 5.5%;
        - Managed Care patients – 2.8%.
    - Roughly 59% of all MA patients had only one visit.
- Audit raised some important issues that policy makers need to consider to address some of the pressures felt by Emergency room physicians:
    - Healthcare crisis in Wisconsin and nationwide
        - ***Sue-you compared this issue with the Dental provider program***
        - Cost shifting from the uninsured/MA to the insured
        - Lack of on-call specialists ***(Sue-you made comments about why this was a problem for all patients, not just MA patients and how time wasted trying to find that could be better spent seeing other patients)***
    - Medicaid rates/access to care – DHFS not recommending increase to Governor in next budget
    - Funding for physician training – We have been told that the Department requested same level of funding as last budget
- Several good ideas brought forward that don't require legislative action, such as:
    - Audit recommendation to dedicate small portion of ER to the treatment of minor injuries/illnesses;
    - Audit recommendation and WHA suggestion to work with high ED users for targeted case management;
    - WHA's initiative to increase access to Primary Care Physicians in Milwaukee County – applied for a 3-year, $8.85 million federal grant
    - WHA suggestion to develop a triage system to assure primary care follow-up;
    - Education on best place to seek care for different circumstances;
- Discuss your experiences and what you learned from shadowing Dr. Croft.
- Thank you for invitation to speak.
- Questions from audience.

FORWARD
E PLURIBUS UNUM

USE OF EMERGENCY DEPARTMENT SERVICES BY MEDICAL ASSISTANCE RECIPIENTS

Background Notes:

- Letter report issued 1/30/2004
- Audit conducted at the request of the co-chairs (see letter dated 5/29/03 to Sec. Nelson)
- Janice Mueller and Kellie Monroe will testify on behalf of LAB

1. (TO: Department) In fiscal year (FY) 2001-02, a total of 216,800 Medical Assistance recipients visited emergency departments at least once. That seems high – what can the Department of Health and Family Services do to reduce costs and use?

2. (TO: Department) Has the Department attempted to manage individual patients' chronic health conditions in other circumstances? If so, what have been the outcomes? (Does care improve? Do costs decrease?)

3. (TO: Department) Does the Department currently provide any educational materials for new enrollees in the Medical Assistance program in an effort to inform recipients about appropriate use of emergency departments?

4. (TO: Department) If chronic diseases are managed in a more appropriate manner (i.e., not on a triage basis in the emergency department), what is likely to happen to overall Medical Assistance costs?

60% only once – Managed Care –

$150 uninsured visits to reduce –

Chronic long term –

Primary – Management

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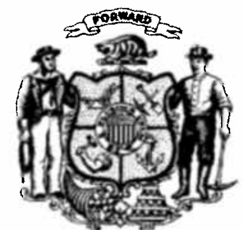


Covenant
HEALTHCARE

November 23, 2004

Representative Suzanne Jeskewitz
State Capitol - Rm 314 North
P.O. Box 8952
Madison, WI 53708-8952

Dear Suzanne,

No one *enjoys* going to the hospital emergency room. Beyond the obvious concerns loom specters of countless forms to complete and long waits for physicians, not to mention expensive bills. More than just frustrating and frightening, however, studies from health systems around the country have shown that lengthy processes in emergency departments can also result in health risks to patients. Still, most of us will inevitably face a visit to the Emergency Department at some point.

At Covenant, we appreciate that in many cases an Emergency Department visit is a patient's first interaction with our hospital. That's just one reason we continually strive to identify and remove the potential barriers to care that typically exist in the Emergency Department setting. Our goal is to ensure the patient's visit is as positive an experience as possible as well as to further manage rising health care costs through improved quality and efficiency.

Specifically, Covenant has implemented an aggressive initiative of Emergency Department best practices that have proven effective in other institutions. Significant efforts include:

- **Bedside Registration** – The registration process was reengineered to enable registrars to gather information from patients right at their bedside, eliminating a delay of treatment
- **Centralized bed control** – Allows up-to-the minute accounts of how many beds are available; facilitates faster patient in-take
- **Increased staffing** – More staff means fewer patients are diverted to other facilities or encounter longer wait times for care
- **Collaboration with other departments** – Ensuring other departments, such as the lab and radiology, are working at their most efficient levels and dedicating resources specifically to Emergency Department patients. This translates to faster turnaround of results and quicker discharges.

Covenant Healthcare System, Inc. • 400 West River Woods Parkway • P.O. Box 12076 • Milwaukee, Wisconsin 53212-0076 • 414.465.3000 • 414.465.3001 fax • www.covhealth.org
Sponsored by the Wheaton Franciscan and Felician Sisters

Led by our own employees, this research-backed change-process is producing significant quantifiable improvements in just its first year. Our sites are reporting the following successes:

- Average length of stay decreased 38%.
- The rate of patients leaving without being seen was cut by more than half.
- Ambulance diversion declined by 62%
- Time from a patient first being seen to time of treatment decreased by 67%.
- Lab turnaround times were reduced by 27%.
- **Overall patient satisfaction scores improved by 42%**

The benefits from these improvements are multifold. Improved quality and efficiency significantly reduce costs, enhance the quality of care, minimize stress on patients and employees, and increase measurable patient satisfaction. In fact, while all Covenant Emergency Departments have demonstrated impressive results, we are particularly proud of Elmbrook Memorial Hospital Emergency Department, which in 2003 was rated top in the nation in surveys of patients conducted by Professional Research Consultants.

Rising health care costs are a concern for every employer in our community. At Covenant, we believe the best way to control these costs is through improved processes and practices based on employee insight and patient feedback. The results from our Emergency Department optimization initiative validate how successful this strategy can be.

For more information, visit us online at www.covhealth.org. Or please feel free to contact me at (414) 456-2312 to further discuss how Covenant is managing health care costs, improving the quality of care, and heightening the satisfaction of our patients and employees.

Sincerely,

Paul Dell Uomo
President and CEO
Covenant Healthcare System

FORWARD
E PLURIBUS UNUM

What was my question to Bill?

Audit of Emergency Room Utilization
Discussion

The audit provides a statistical snapshot of emergency room utilization. It draws very little conclusion about specific patient behavior nor does it draw any conclusions regarding specific Legislative or Departmental initiatives.

- The report does create awareness of the connection between primary care and emergency room utilization.
- The report does broaden understanding of emergency room role and importance in providing safety net for health care delivery system
- The report and hearing will prompt further discussion, evaluation and resolution of various issues to protect quality of care in emergency rooms.

Hearing will draw pertinent Testimony (should take between hour and hour and half)

Audit Bureau staff—compiled and evaluated national and state statistical data and visited emergency rooms.

DHFS-Mark Moody and Dr. Sandra Mahkorn—will summarize Department understanding of utilization trends.

- Wisconsin er patterns are similar to national trends of emergency room utilization.
- Medical Assistance utilization increases are tied to economic factors and increased in caseload.
- Utilization behavior is not unique to Medical Assistance. Over-utilization or inappropriate use of emergency rooms occurs with private pay, managed care as well as medical assistance patients
- Mark will summarize utilization patterns and probably identify Department process of reviewing utilization.
- He will introduce Dr. Sandra Mahkorn who has been assigned a project at the Department to work with emergency room physicians and nursing staff to identify emergency room concerns and work to propose solutions.
- I believe he will acknowledge the burden from over utilization can come from restricted patient access to primary care.

WACEP-Wisconsin Association of the American College of Emergency Physicians. Dr. Howie Croft and Dr. Rick Shimp will testify. (There may be a resident who is joining them.)

- They will emphasize the role the emergency room departments play as a safety net for the health care delivery system.
- They will share a concern that emergency room staffs carry an undue burden in caring for many poor patients isolated from traditional health care delivery system.

What are we doing that increased usage?

- They will acknowledge their moral but legal responsibility to care for every patient under EMTALA. (federal law requiring treatment of every patient regardless of income or condition)
- They will express concerns about strains upon emergency rooms. (overcrowded conditions and strain in capacity due to caseload increases and other factors.
- They will identify specific difficulty and time that emergency room physicians spend attempting to get specialist care.
- They will emphasize a "shared destiny" philosophy with other health care providers. They are advocates for patients and hope that systemic issues in health care can be addressed to alleviate specific problems in emergency rooms.

Bill Bazan-Wisconsin Hospital Association

- The WHA has been working with 4 Milwaukee hospitals and Milwaukee FQHCs to create improvements in primary care capacity to reduce emergency room utilization. They are seeking Federal funds for a three year demonstration project. He will acknowledge that many demands upon emergency room care result from system wide flaws, restriction of access and inadequate reimbursement.
- He will also express concerns about inadequate reimbursement for emergency room phsycians. They receive only about 15% of charges from the Medical Assistance program.

HMO-Managed Care groups. (perhaps Nancy Wenzel and others)

- The Department established an HMO-Emergency Room work group to look at utilization patterns and consider programs to reduce unnecessary utilization.
- The Department is currently reviewing recommendations from the task force.
- There are some differences between HMO perspective and Emergency Physician perspective, both are very interested in working together to coordinate efforts to reduce utilization, lower costs and most importantly, improve patient care.

(32,000 slots) increase

Utilization problems are not unique to MA -

Walk in Clinics - Urgent Care Clinics -

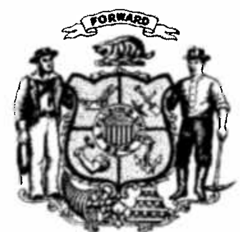
Rick Paul - National Assoc.

15% reimbursement to emergency doctors.

$100 Million Available for low interest loans for economic development -

$11 Million needed in Capital Costs -

WISCONSIN STATE LEGISLATURE



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- The Department is currently reviewing recommendations from the task force.
- There are some differences between HMO perspective and Emergency Physician perspective, both are very interested in working together to coordinate efforts to reduce utilization, lower costs and most importantly, improve patient care.

- Difficult to get Drs who will work after/late hours
- Shortage of Dr. - Specialists especially
- ER - 15% on the dollar - Medicaid reimb
  ↳ 58% on a reg visit
- 16th St. Community - refers to ER - not enough capacity @ clinic
  ↳ 40-50 patients per day

? - advertising "clinics"

FORWARD
E PLURIBUS UNUM

2003 EMS Data Analysis
Medicaid, GAMP, Self-Pay

Wisconsin Hospital Association

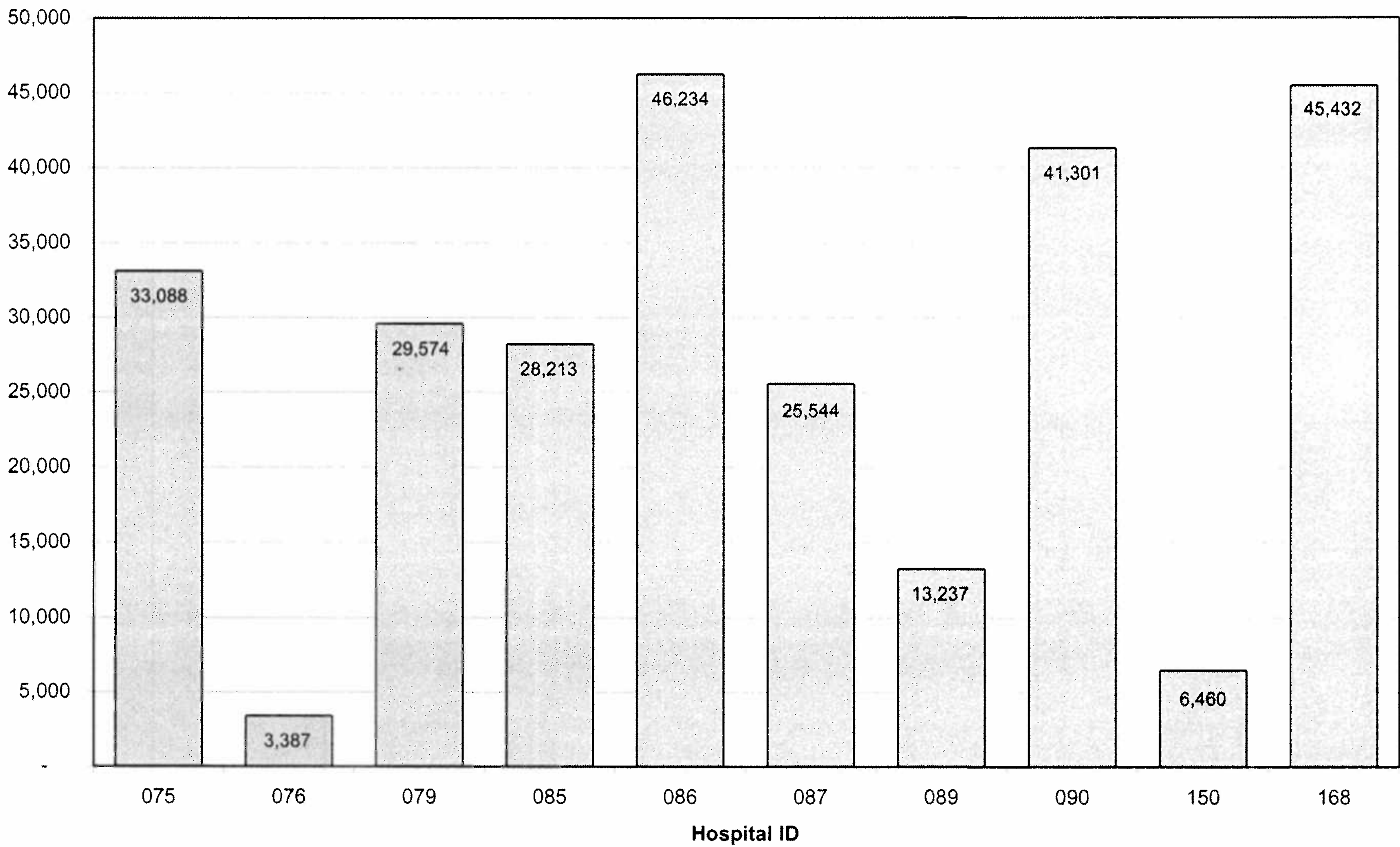
ID Number	Hospital	Volume
075	Children's Hospital of WI	33,088
076	Columbia St Mary's - Columbia	3,387
079	Froedtert Memorial Lutheran Hospital	29,574
085	St Francis Hospital	28,213
086	St Joseph's Hospital - Milwaukee	46,234
087	St Luke's Medical Center	25,544
089	St Mary's Hospital - Milwaukee	13,237
090	St Michael Hospital	41,301
150	West Allis Memorial Hospital	6,460
168	Aurora Sinai Medical Center Inc	45,432
	Total	**272,470**

MDC Range	Grouping
001-139	Infectious & Parasitic
140-239	Neoplasms
240-279	Endocrine, Nutrition, Metabolic, Immunity
280-289	Blood & Blood Forming Organs
290-319	Mental & AODA
320-389	Nervous System or Sense Organs
390-459	Circulatory System
460-519	Respiratory System
520-579	Digestive System
580-629	Geritourinary System
630-676	Pregnancy, Childbirth
680-709	Skin, Subcutaneous Tissue
710-739	Musculoskeletal System, Connective Tissue
740-759	Congenital Anomalies
760-779	Perinatal Conditions
780-799	Symptoms, Signs, Ill-Defined Conditions
800-999	Poison, Violence, Injuries
V01-V83	Other Factors & Health Status

FYI

Sue - Please call me if you have any questions - Bill Bazan

2003 EMS Data Analysis
Medicaid, GAMP, Self-Pay



Milwaukee Facilities w/EMS Data **272,470 Total Visits**

ZIP Code	City	Count	Percent
53201	Milwaukee	402	0.15%
53202	Milwaukee	2,921	1.11%
53203	Milwaukee	282	0.11%
53204	Milwaukee	21,189	8.07%
53205	Milwaukee	7,936	3.02%
53206	Milwaukee	24,899	9.48%
53207	Milwaukee	6,728	2.56%
53208	Milwaukee	17,739	6.75%
53209	Milwaukee	23,991	9.13%
53210	Milwaukee	18,379	7.00%
53211	Milwaukee	1,933	0.74%
53212	Milwaukee	16,032	6.10%
53213	Milwaukee	3,133	1.19%
53214	Milwaukee	7,073	2.69%
53215	Milwaukee	21,243	8.09%
53216	Milwaukee	16,397	6.24%
53217	Milwaukee	1,230	0.47%
53218	Milwaukee	19,086	7.27%
53219	Milwaukee	4,872	1.85%
53220	Milwaukee	3,089	1.18%
53221	Milwaukee	6,079	2.31%
53222	Milwaukee	3,536	1.35%
53223	Milwaukee	6,431	2.45%
53224	Milwaukee	6,511	2.48%
53225	Milwaukee	9,127	3.47%
53226	Milwaukee	1,950	0.74%
53227	Milwaukee	3,133	1.19%
53228	Milwaukee	1,251	0.48%
53233	Milwaukee	5,964	2.27%
53234	Milwaukee	139	0.05%
53237	Milwaukee	21	0.01%
	Total	**262,696**	**100.00%**

Gender	Count	Percent
Female	153,464	56.32%
Male	119,006	43.68%
Total	**272,470**	**100.00%**

429,069 total
ER Encounters
for 2003.

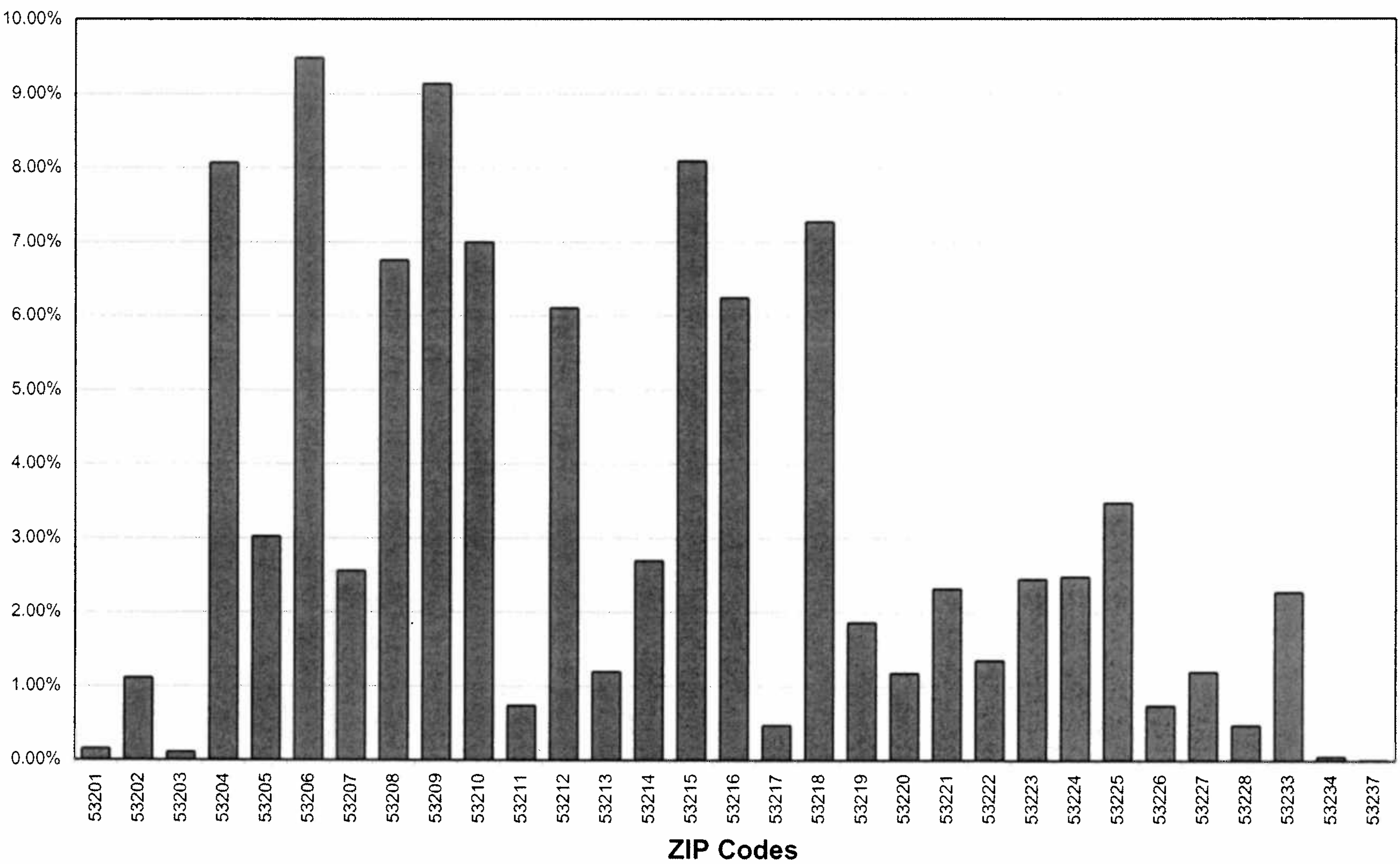
Day of Week	Count	Percent
Monday	41,296	15.16%
Tuesday	40,213	14.76%
Wednesday	39,675	14.56%
Thursday	37,600	13.80%
Friday	36,582	13.43%
Saturday	37,623	13.81%
Sunday	39,481	14.49%
Total	**272,470**	**100.00%**

Payer	Count	Percent
GAMP	11,657	4.28%
Medicaid/BadgerCare	130,367	47.85%
Self-Pay	130,446	47.88%
Total	**272,470**	**100.00%**

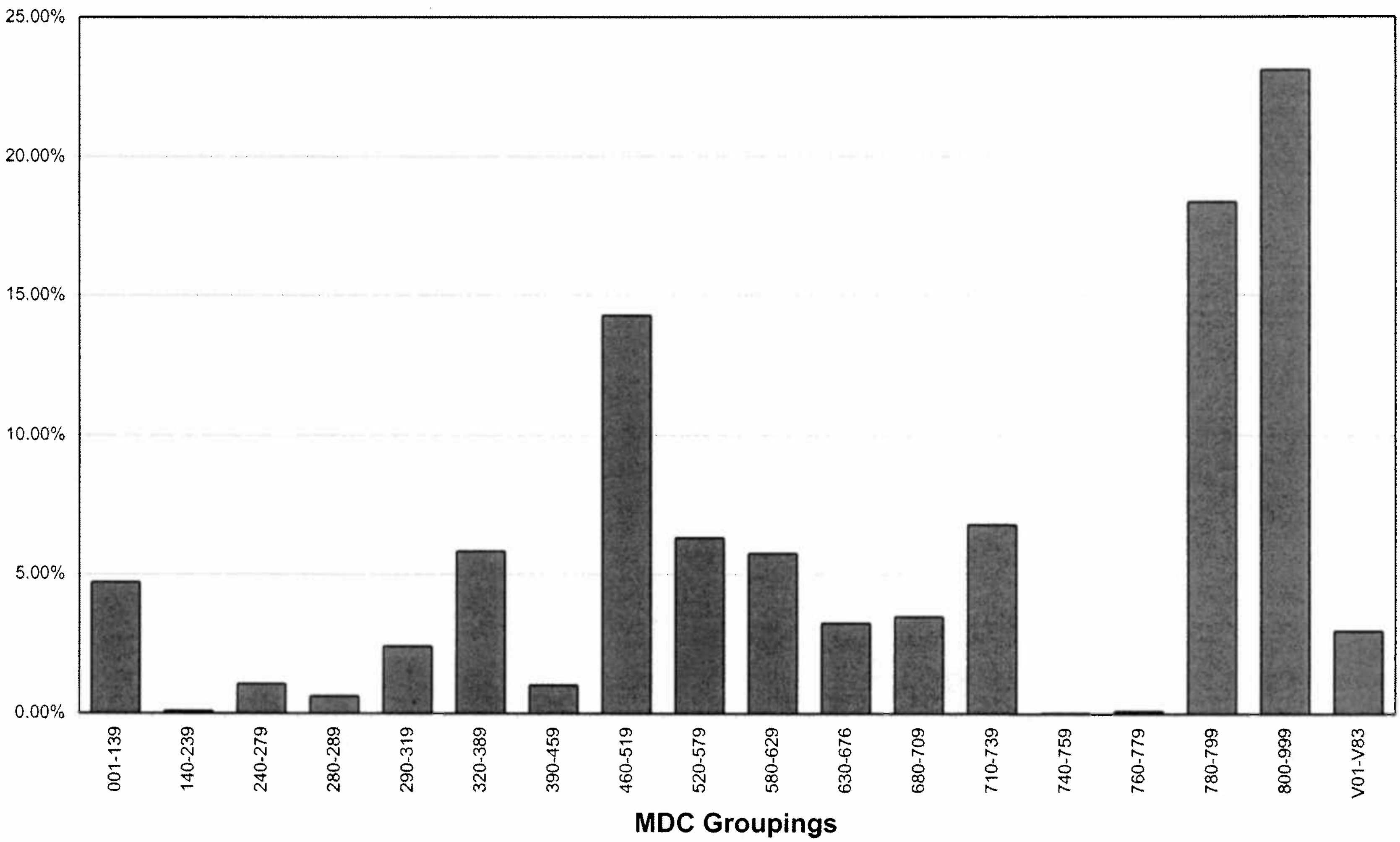
Age Group	Count	Percent
0 - 9	57,329	21.04%
10 - 19	39,844	14.62%
20 - 29	60,743	22.29%
30 - 39	45,293	16.62%
40 - 49	38,648	14.18%
50 - 59	17,932	6.58%
60 - 69	7,000	2.57%
70+	5,681	2.09%
Total	**272,470**	**100.00%**

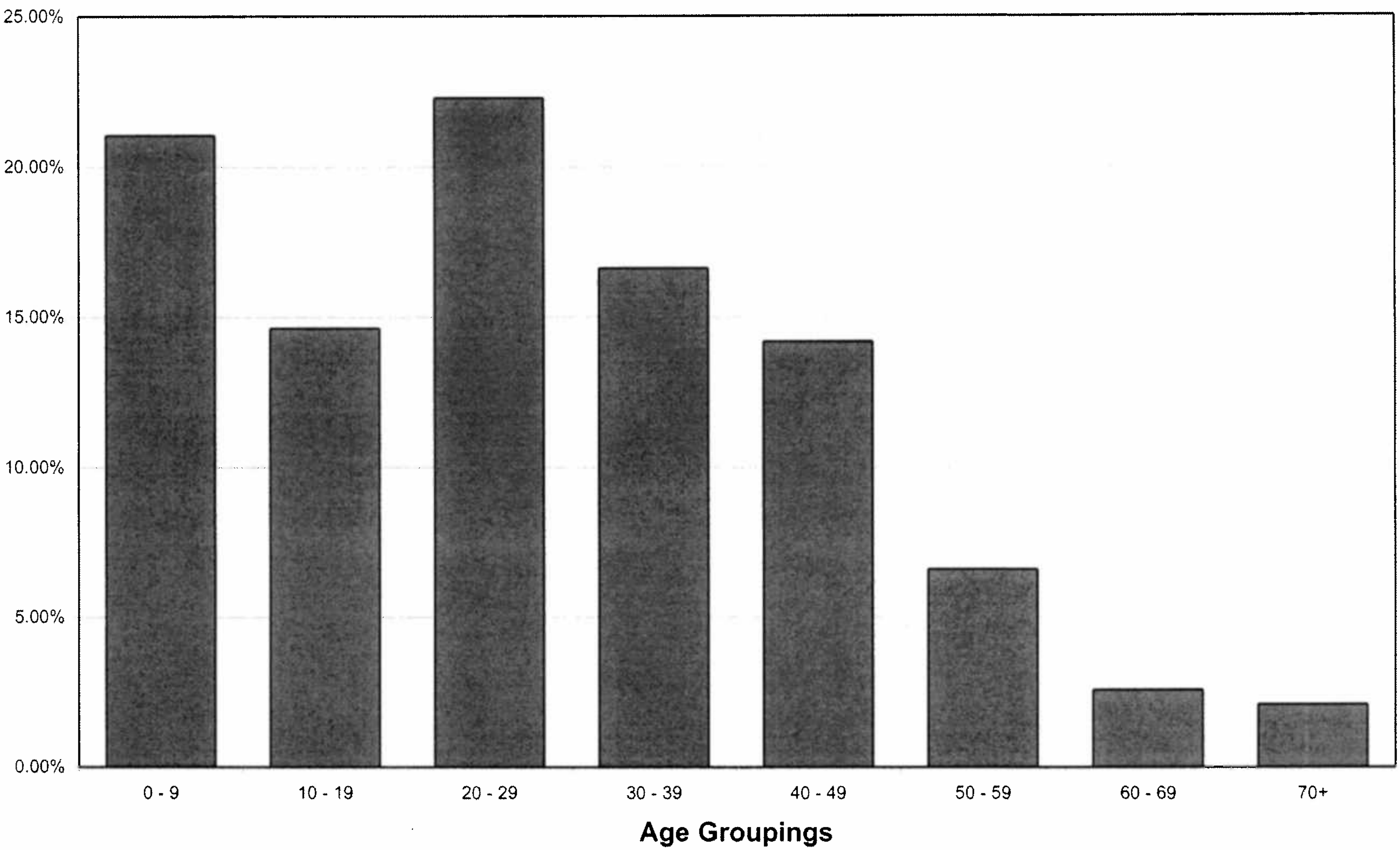
MDC	Count	Percent
001-139	12,814	4.70%
140-239	241	0.09%
240-279	2,863	1.05%
280-289	1,677	0.62%
290-319	6,545	2.40%
320-389	15,850	5.82%
390-459	2,765	1.01%
460-519	38,870	14.27%
520-579	17,165	6.30%
580-629	15,645	5.74%
630-676	8,842	3.25%
680-709	9,457	3.47%
710-739	18,457	6.77%
740-759	69	0.03%
760-779	266	0.10%
780-799	49,978	18.34%
800-999	62,916	23.09%
V01-V83	8,050	2.95%
Total	**272,470**	**100.00%**

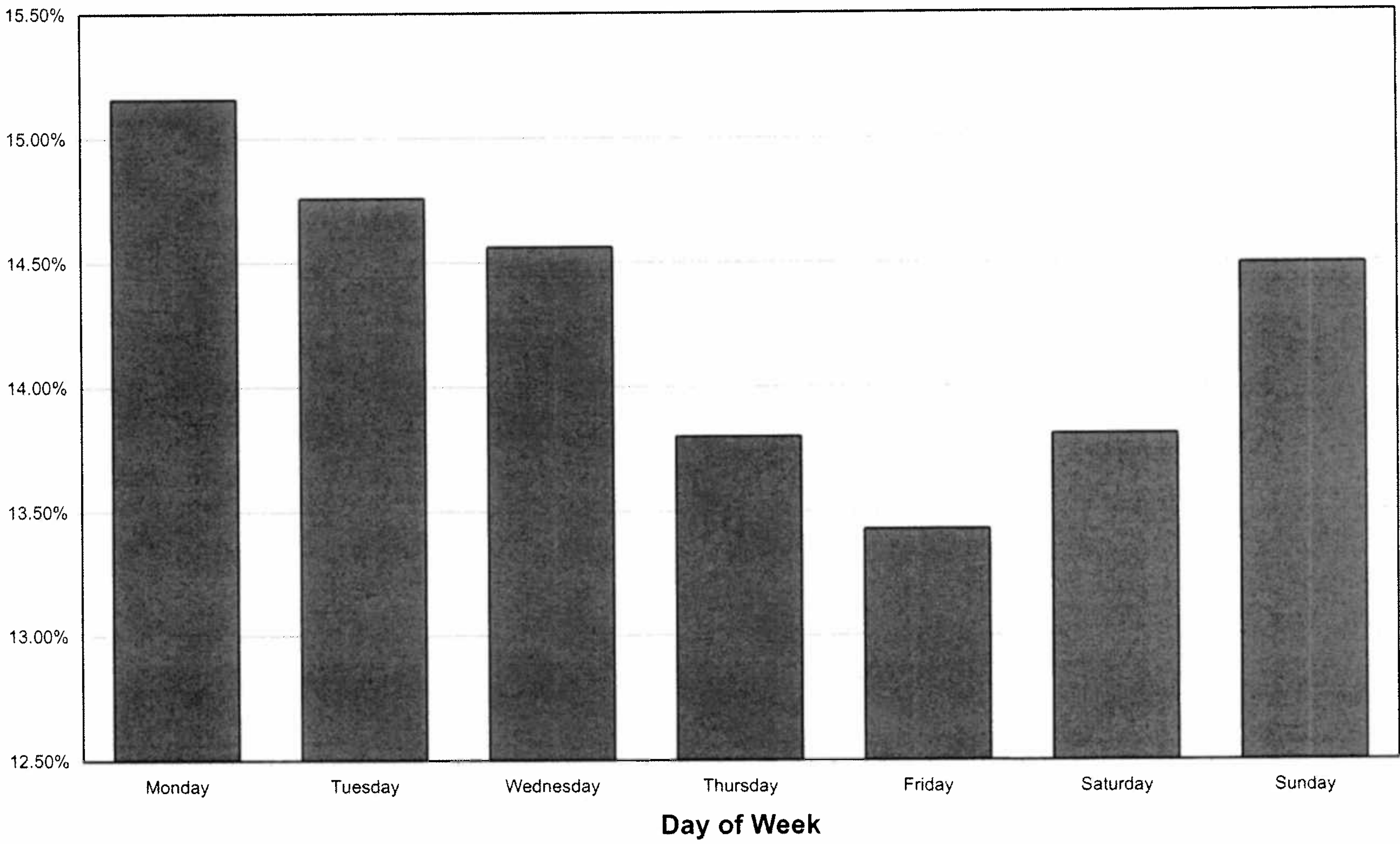
2003 EMS Data Analysis
Medicaid, GAMP, Self Pay



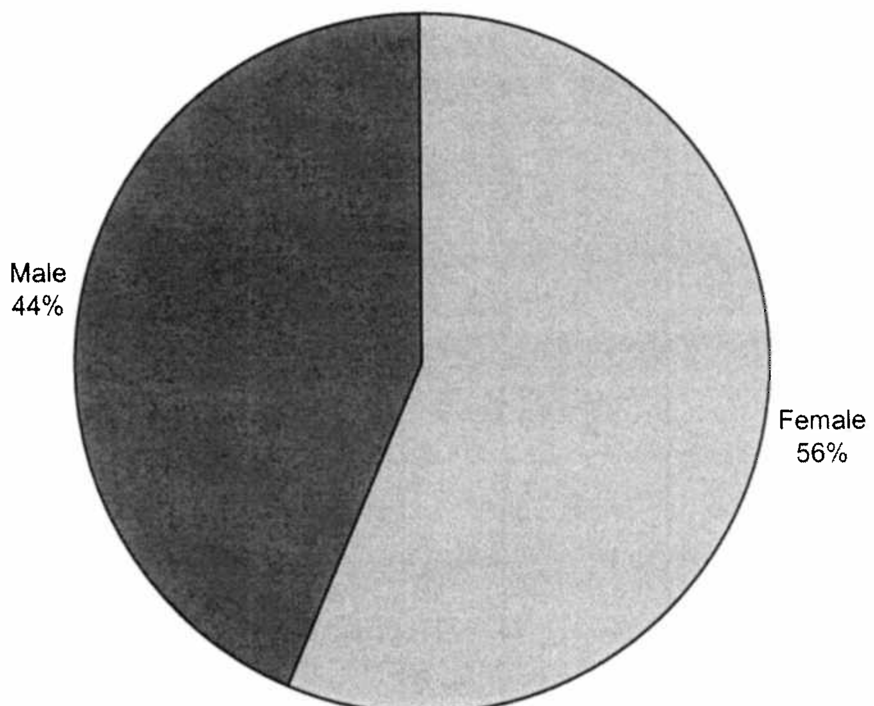
2003 EMS Data Analysis
Medicaid, GAMP, Self Pay



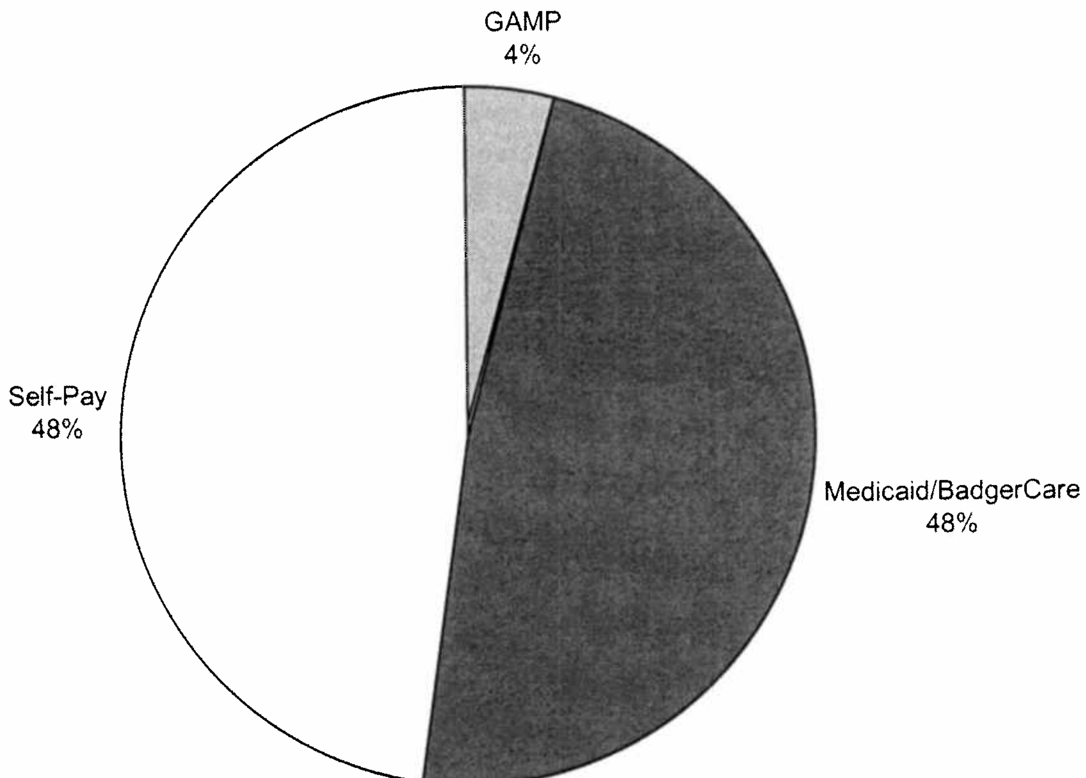

Age Analysis
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
0 - 9
10 - 19
20 - 29
30 - 39
40 - 49
50 - 59
60 - 69
70+
Age Groupings


Activity by Day of the Week
15.50%
15.00%
14.50%
14.00%
13.50%
13.00%
12.50%
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday
Day of Week

Gender Analysis



Payer Analysis



2003 EMS Data Analysis
Medicaid, GAMP, Self-Pay

075 Children's Hospital of WI **33,088 Total Visits**

ZIP Code	City	Count	Percent
53201	Milwaukee	40	0.13%
53202	Milwaukee	83	0.27%
53203	Milwaukee	7	0.02%
53204	Milwaukee	2,580	8.36%
53205	Milwaukee	636	2.06%
53206	Milwaukee	1,692	5.48%
53207	Milwaukee	690	2.24%
53208	Milwaukee	1,916	6.21%
53209	Milwaukee	2,063	6.69%
53210	Milwaukee	1,722	5.58%
53211	Milwaukee	274	0.89%
53212	Milwaukee	1,090	3.53%
53213	Milwaukee	991	3.21%
53214	Milwaukee	1,416	4.59%
53215	Milwaukee	2,524	8.18%
53216	Milwaukee	1,673	5.42%
53217	Milwaukee	413	1.34%
53218	Milwaukee	2,177	7.06%
53219	Milwaukee	912	2.96%
53220	Milwaukee	578	1.87%
53221	Milwaukee	772	2.50%
53222	Milwaukee	865	2.80%
53223	Milwaukee	942	3.05%
53224	Milwaukee	1,172	3.80%
53225	Milwaukee	1,550	5.02%
53226	Milwaukee	685	2.22%
53227	Milwaukee	699	2.27%
53228	Milwaukee	347	1.12%
53233	Milwaukee	337	1.09%
53234	Milwaukee	3	0.01%
53237	Milwaukee	4	0.01%
	Total	**30,853**	**100.00%**

Gender	Count	Percent
Female	15,126	45.71%
Male	17,962	54.29%
Total	**33,088**	**100.00%**

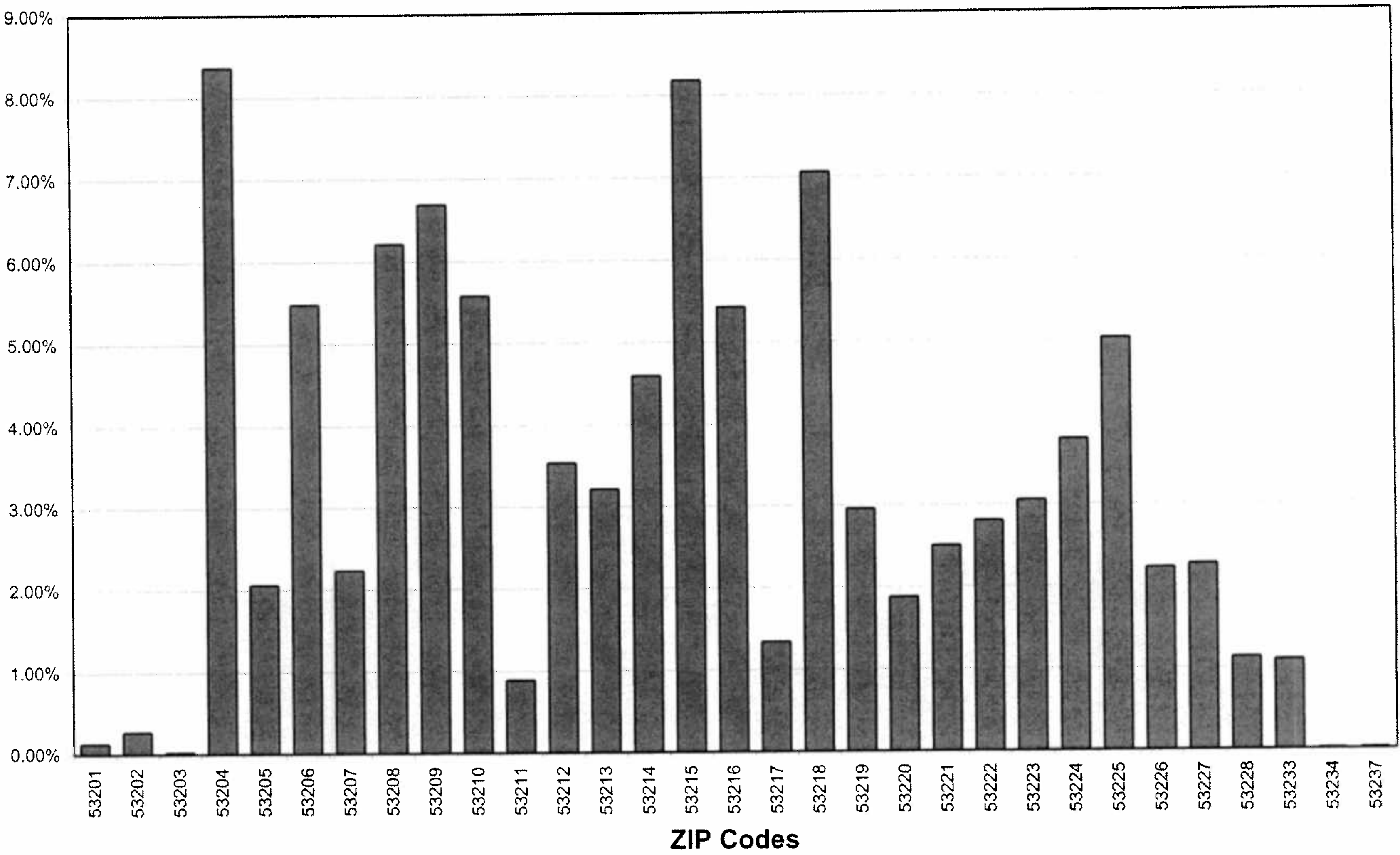
Day of Week	Count	Percent
Monday	4,990	15.08%
Tuesday	4,822	14.57%
Wednesday	4,672	14.12%
Thursday	4,603	13.91%
Friday	4,377	13.23%
Saturday	4,560	13.78%
Sunday	5,064	15.30%
Total	**33,088**	**100.00%**

Payer	Count	Percent
GAMP	197	0.60%
Medicaid/BadgerCare	14,290	43.19%
Self-Pay	18,601	56.22%
Total	**33,088**	**100.00%**

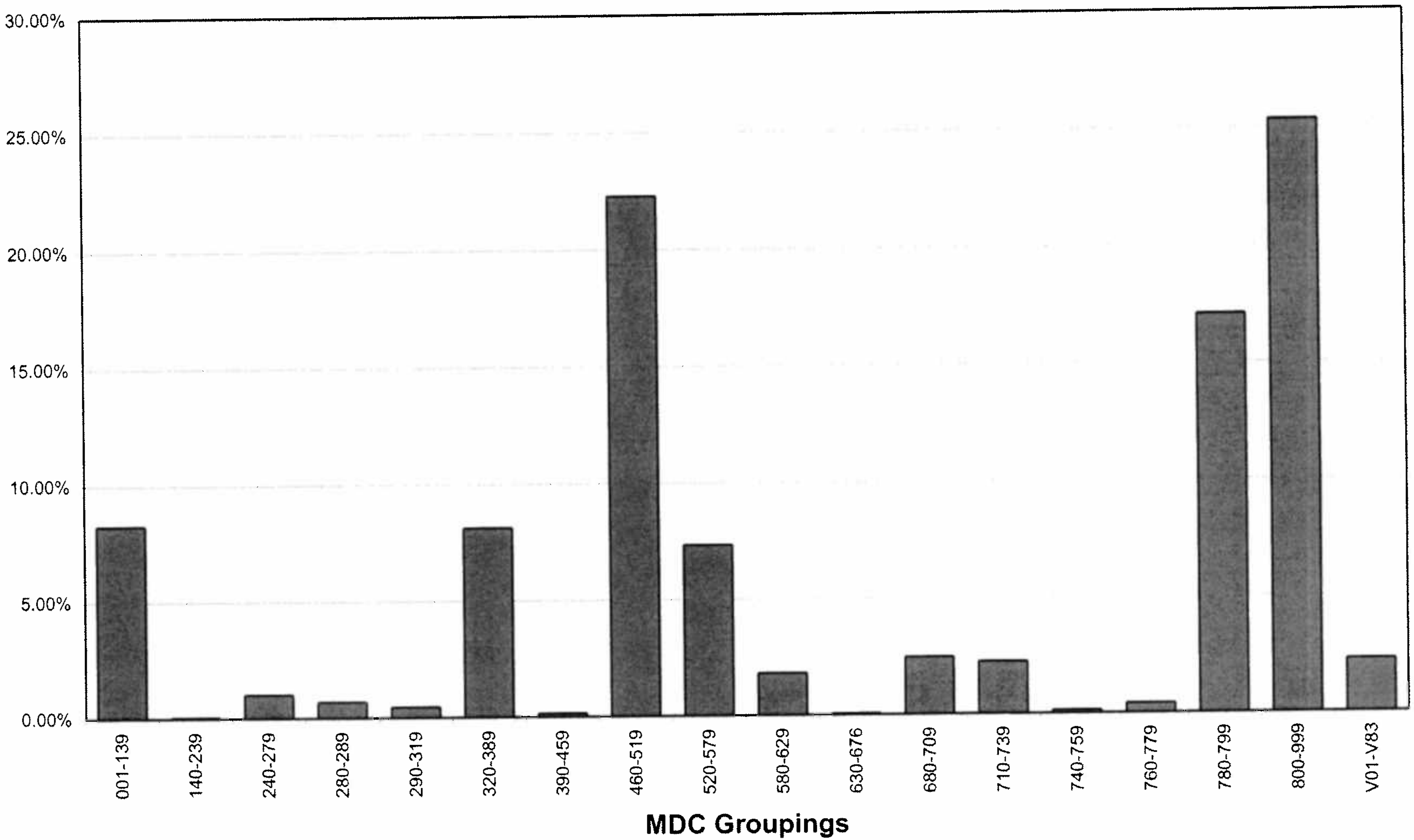
Age Group	Count	Percent
0 - 9	25,090	75.83%
10 - 19	7,937	23.99%
20 - 29	47	0.14%
30 - 39	9	0.03%
40 - 49	3	0.01%
50 - 59	2	0.01%
60 - 69	0	0.00%
70+	0	0.00%
Total	**33,088**	**100.00%**

MDC	Count	Percent
001-139	2,733	8.26%
140-239	15	0.05%
240-279	333	1.01%
280-289	226	0.68%
290-319	148	0.45%
320-389	2,689	8.13%
390-459	49	0.15%
460-519	7,372	22.28%
520-579	2,420	7.31%
580-629	593	1.79%
630-676	16	0.05%
680-709	808	2.44%
710-739	740	2.24%
740-759	44	0.13%
760-779	133	0.40%
780-799	5,647	17.07%
800-999	8,379	25.32%
V01-V83	743	2.25%
Total	**33,088**	**100.00%**

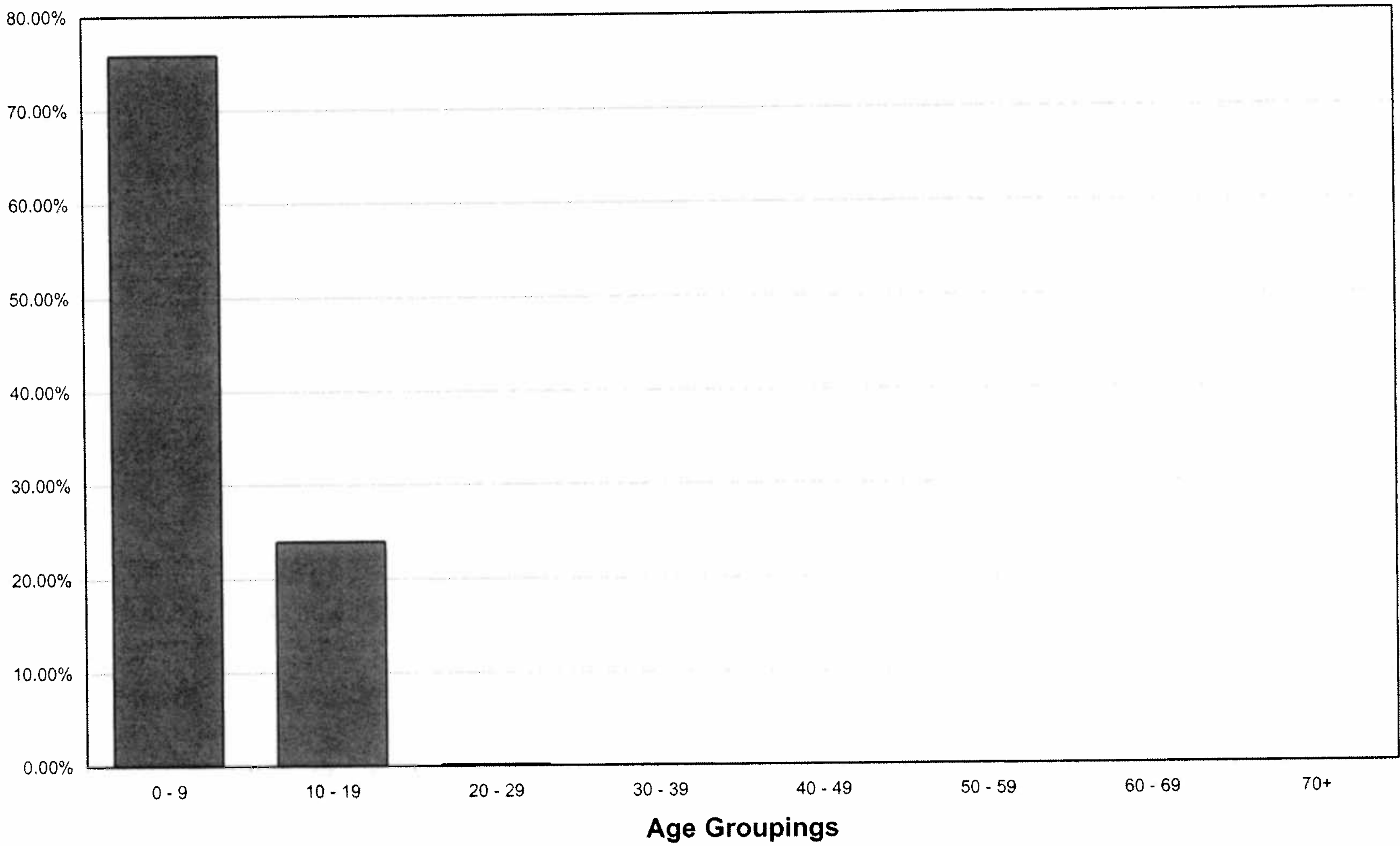
2003 EMS Data Analysis
Medicaid, GAMP, Self Pay
075 Children's Hospital



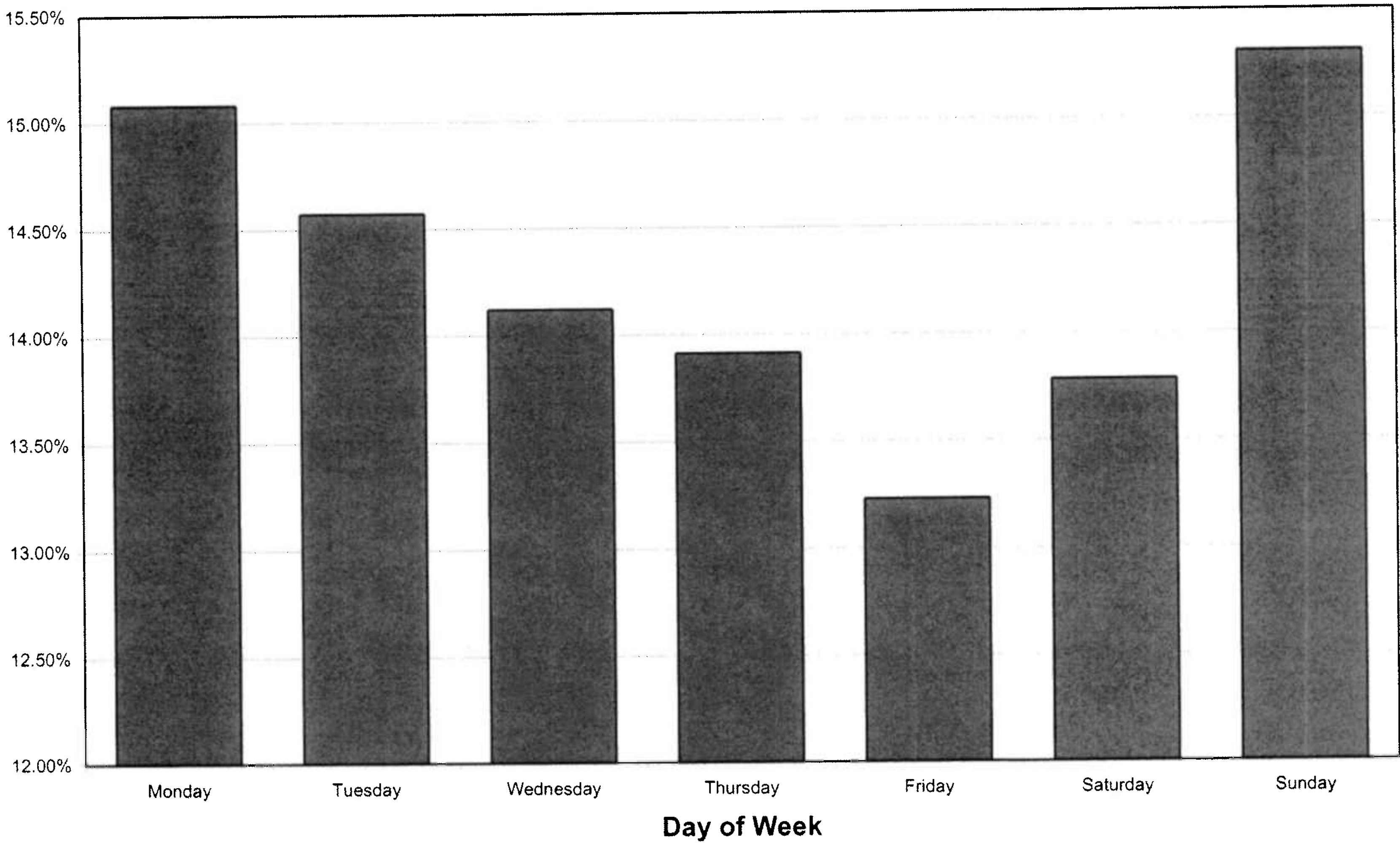
2003 EMS Data Analysis
Medicaid, GAMP, Self Pay
075 Children's Hospital



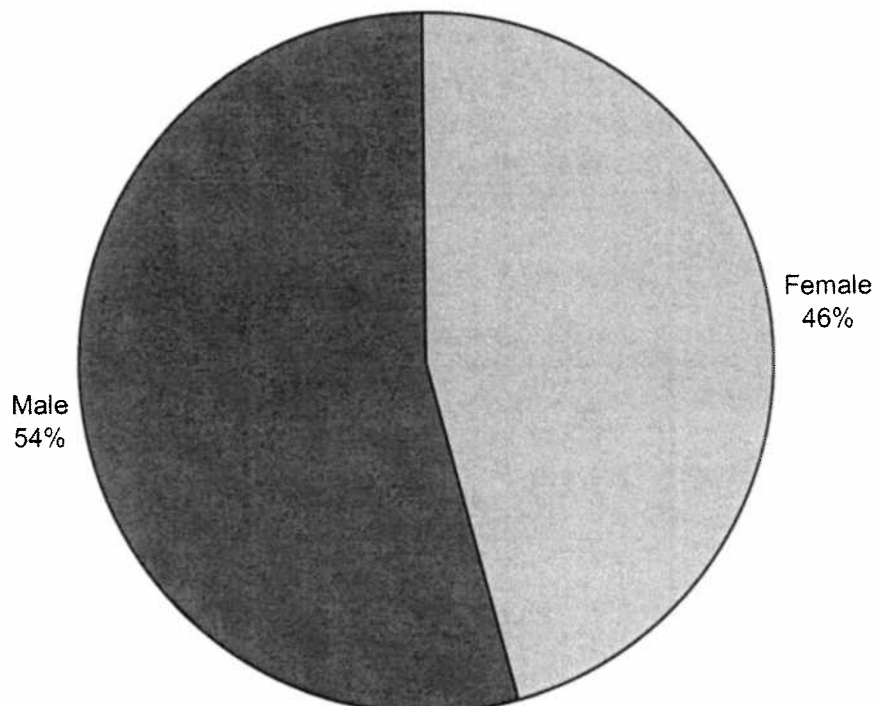
2003 EMS Data Analysis
Medicaid, GAMP, Self Pay
075 Children's Hospital



2003 EMS Data Analysis
Medicaid, GAMP, Self Pay
075 Children's Hospital

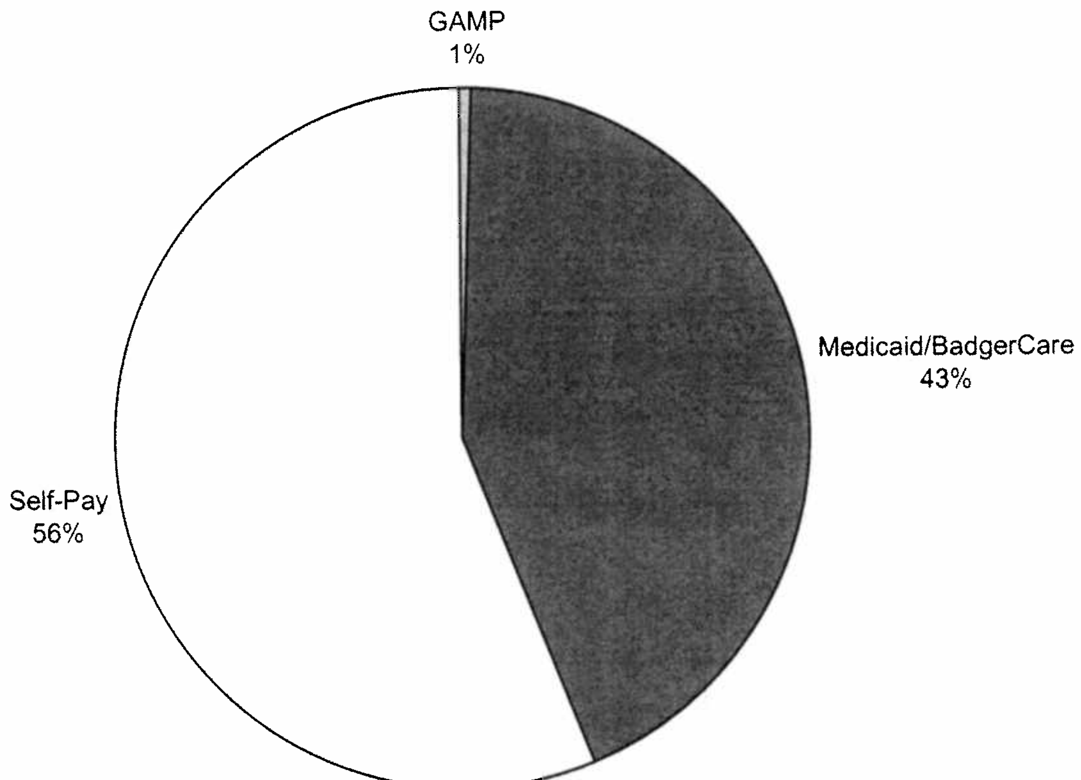


Gender Analysis



2003 EMS Data Analysis
Medicaid, GAMP, Self Pay
075 Children's Hospital

Payer Analysis



2003 EMS Data Analysis
Medicaid, GAMP, Self-Pay

076 Columbia St Mary's - Columbia

3,387 Total Visits

ZIP Code	City	Count	Percent
53201	Milwaukee	12	0.36%
53202	Milwaukee	198	5.90%
53203	Milwaukee	6	0.18%
53204	Milwaukee	53	1.58%
53205	Milwaukee	55	1.64%
53206	Milwaukee	329	9.80%
53207	Milwaukee	20	0.60%
53208	Milwaukee	118	3.52%
53209	Milwaukee	294	8.76%
53210	Milwaukee	112	3.34%
53211	Milwaukee	453	13.49%
53212	Milwaukee	813	24.22%
53213	Milwaukee	26	0.77%
53214	Milwaukee	25	0.74%
53215	Milwaukee	66	1.97%
53216	Milwaukee	169	5.03%
53217	Milwaukee	79	2.35%
53218	Milwaukee	179	5.33%
53219	Milwaukee	11	0.33%
53220	Milwaukee	14	0.42%
53221	Milwaukee	32	0.95%
53222	Milwaukee	20	0.60%
53223	Milwaukee	75	2.23%
53224	Milwaukee	48	1.43%
53225	Milwaukee	76	2.26%
53226	Milwaukee	7	0.21%
53227	Milwaukee	8	0.24%
53228	Milwaukee	9	0.27%
53233	Milwaukee	49	1.46%
53234	Milwaukee	1	0.03%
53237	Milwaukee	0	0.00%
	Total	**3,357**	**100.00%**

Gender	Count	Percent
Female	2,047	60.44%
Male	1,340	39.56%
Total	**3,387**	**100.00%**

Day of Week	Count	Percent
Monday	511	15.09%
Tuesday	506	14.94%
Wednesday	500	14.76%
Thursday	468	13.82%
Friday	451	13.32%
Saturday	486	14.35%
Sunday	465	13.73%
Total	**3,387**	**100.00%**

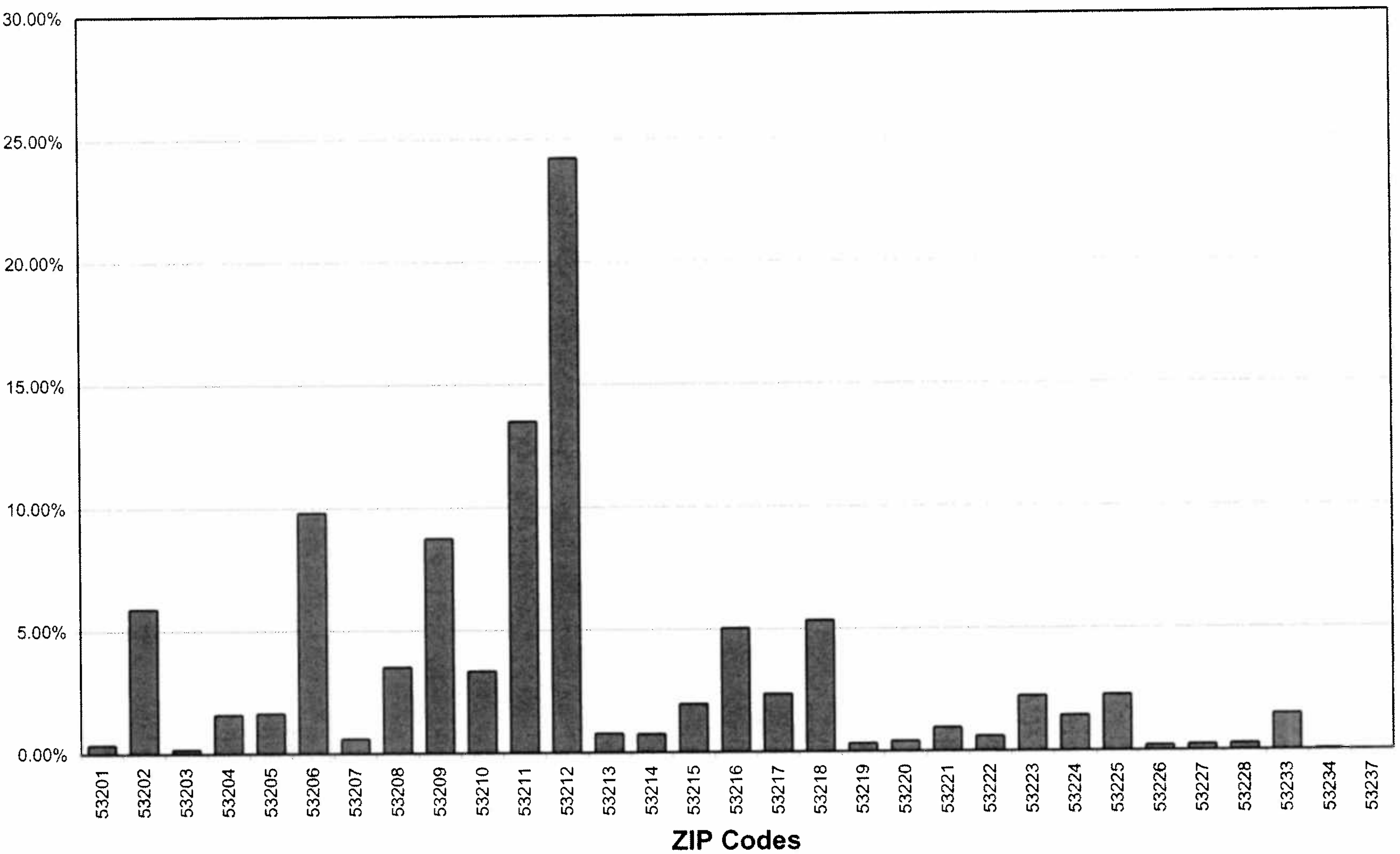
Payer	Count	Percent
GAMP	2	0.06%
Medicaid/BadgerCare	2,457	72.54%
Self-Pay	928	27.40%
Total	**3,387**	**100.00%**

Age Group	Count	Percent
0 - 9	310	9.15%
10 - 19	360	10.63%
20 - 29	815	24.06%
30 - 39	599	17.69%
40 - 49	555	16.39%
50 - 59	293	8.65%
60 - 69	156	4.61%
70+	299	8.83%
Total	**3,387**	**100.00%**

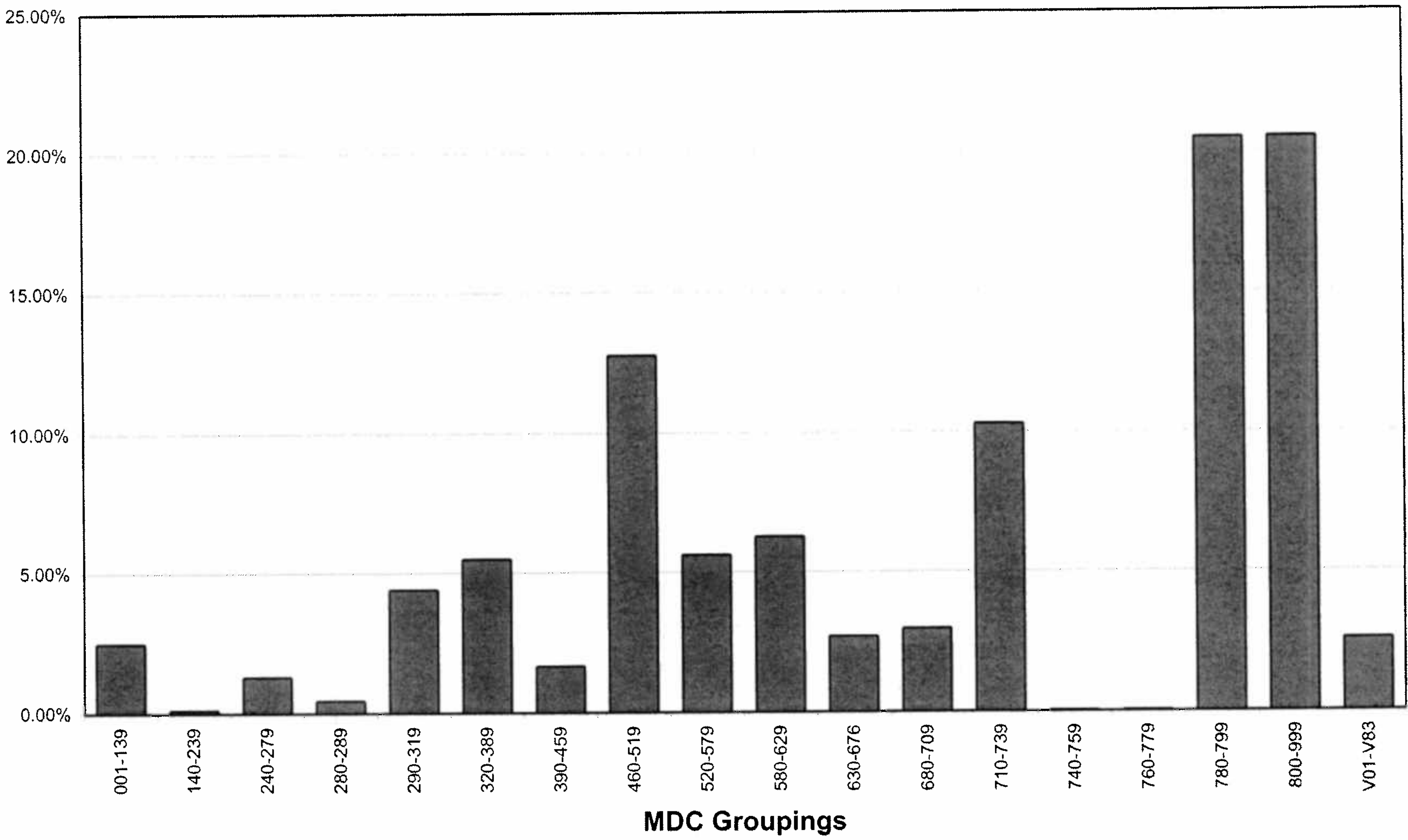
MDC	Count	Percent
001-139	84	2.48%
140-239	4	0.12%
240-279	44	1.30%
280-289	15	0.44%
290-319	149	4.40%
320-389	186	5.49%
390-459	56	1.65%
460-519	432	12.75%
520-579	190	5.61%
580-629	212	6.26%
630-676	91	2.69%
680-709	100	2.95%
710-739	348	10.27%
740-759	1	0.03%
760-779	1	0.03%
780-799	693	20.46%
800-999	694	20.49%
V01-V83	87	2.57%
Total	**3,387**	**100.00%**

2003 EMS Data Analysis
Medicaid, GAMP, Self Pay
076 Columbia St Mary's

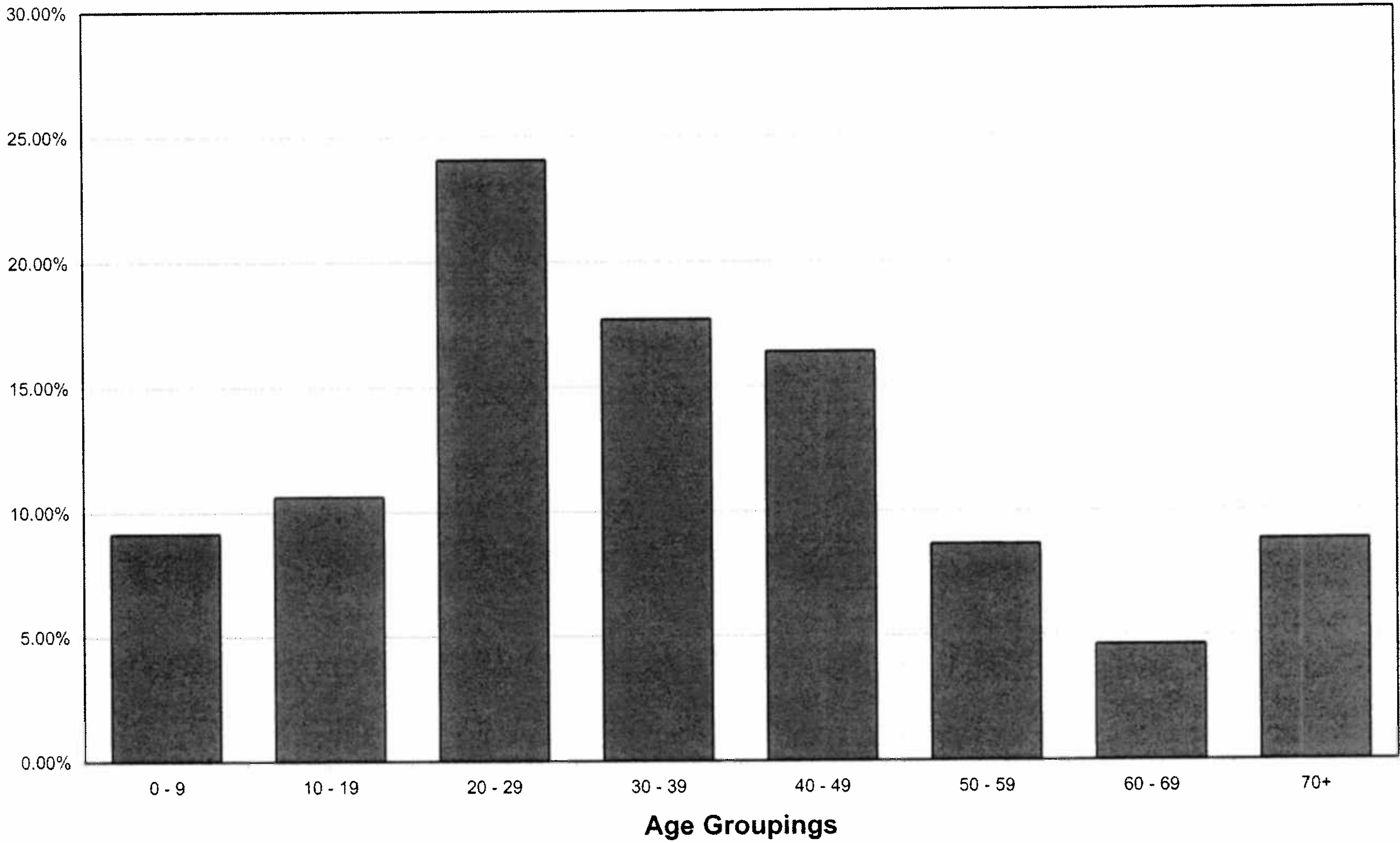
Milwaukee ZIP Code Analysis



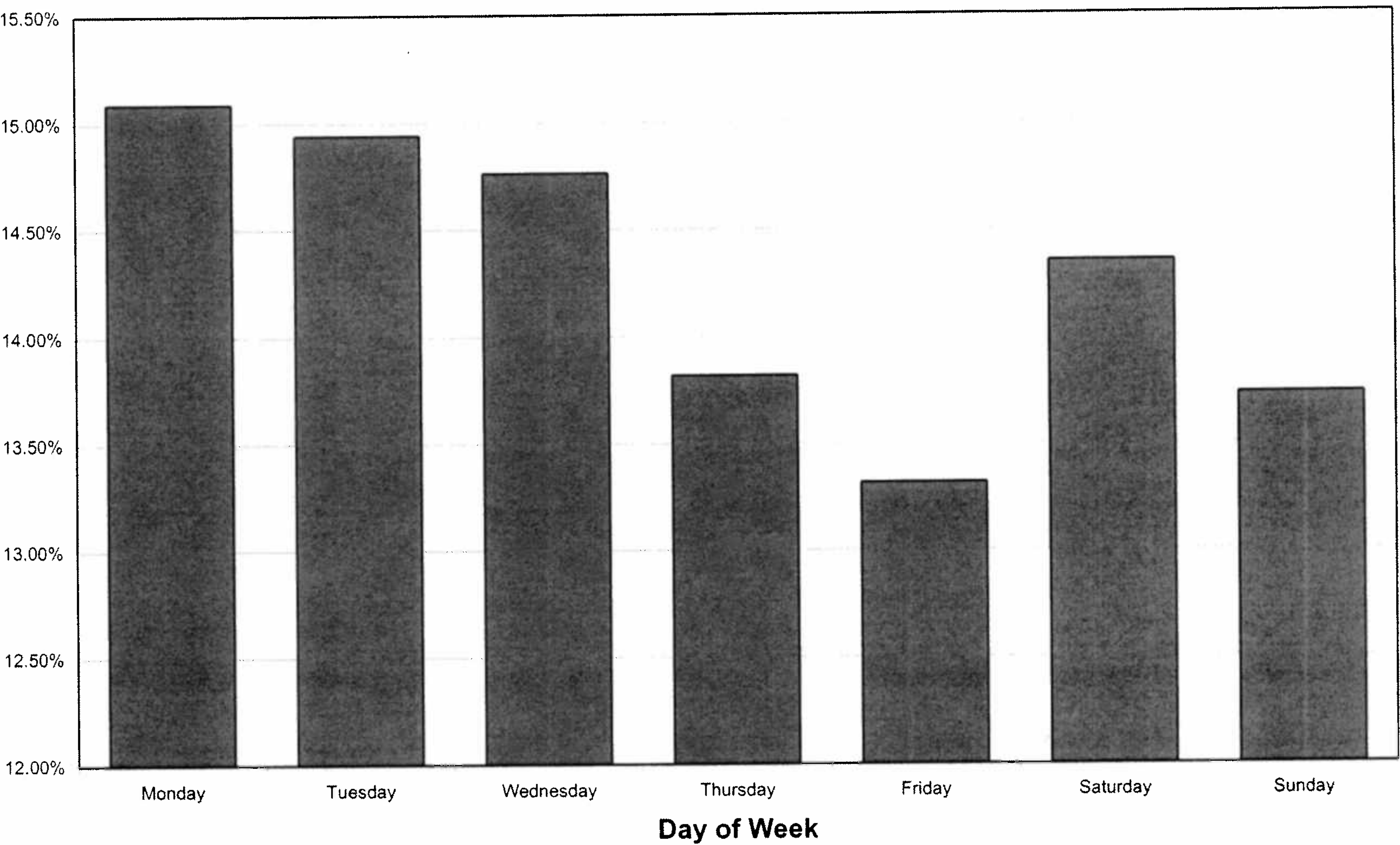
2003 EMS Data Analysis
Medicaid, GAMP, Self Pay
076 Columbia St Mary's



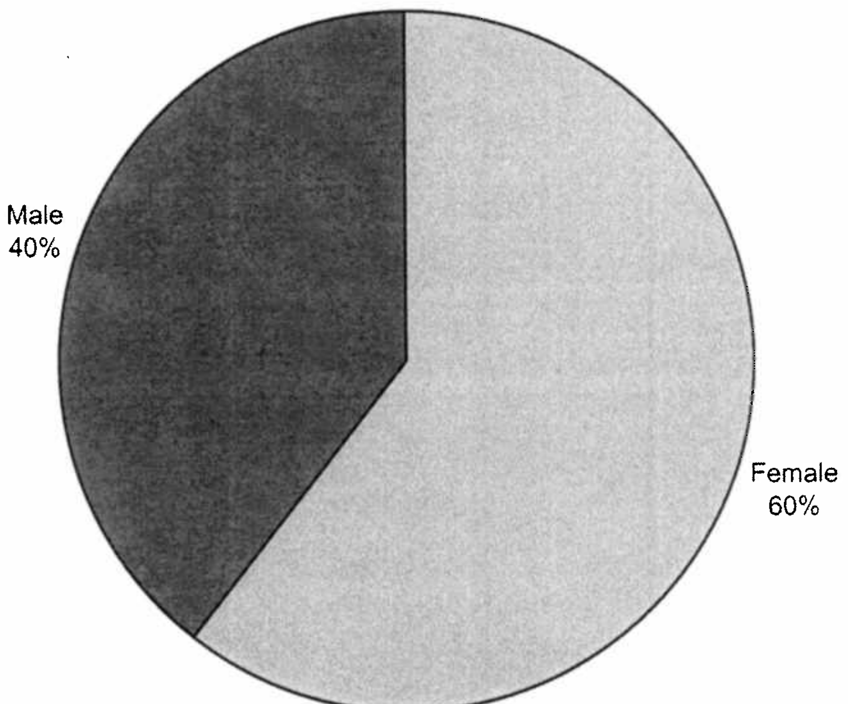
2003 EMS Data Analysis
Medicaid, GAMP, Self Pay
076 Columbia St Mary's



2003 EMS Data Analysis
Medicaid, GAMP, Self Pay
076 Columbia St Mary's



Gender Analysis



2003 EMS Data Analysis
Medicaid, GAMP, Self Pay
076 Columbia St Mary's

Payer Analysis