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# MARY FELZKOWSKI

STATE SENATOR • 12<sup>TH</sup> SENATE DISTRICT

## **SB 826 Testimony**

Senator Mary Felzkowski

Senate Committee on Health

February 17, 2022 | 300 SE | 10:30 AM

Chairman Testin and Fellow Members of the Committee:

Thank you for giving me the opportunity to testify on Senate Bill 826, which would permit the state to use CMS-approved supplemental payment programs for both private and public EMS services.

Throughout Wisconsin, in rural and urban areas alike, EMS providers are struggling to fund and staff their departments – resulting in major concerns over the future of Emergency Medical Services and the viability of our communities to ensure that 911 calls do not go unanswered.

Senate Bill 826 will require the Department of Health Services (DHS) to submit a state plan amendment allowing Wisconsin EMS providers to take part in supplemental payment opportunities – essentially investing industry dollars to pull down a Medical Assistance (MA) match from the federal government. Those dollars will then be returned to the EMS industry, helping to alleviate some of their financial pressure.

Public EMS providers will have the option to participate by implementing a certified public expenditure (CPE) program where they can certify uncompensated costs, helping the state draw down federal matching funds associated with the unmet costs – a process that is used in 48 other states and other Wisconsin programs since 2004.

Private EMS providers will be required to take part in an ambulance service provider assessment program, helping the state draw down \$1.50 for every \$1 collected in federal matching funds. This money will then be distributed back to the private EMS service providers through the Medicaid program. Wisconsin currently uses this assessment model for hospitals and nursing homes.

Today, you are going to hear from industry experts who will discuss their plans to implement a program that would prevent private EMS service providers from receiving less funding than they pay into the program.

All in all, Senate Bill 826 will be an industry investment. By drawing down federal dollars to help alleviate some of the financial pressure on our EMS providers, our constituents will have a

greater assurance that an ambulance will show up in time, when they make that call everyone hopes will never have to be made.

There are two amendments that have been proposed to address some concerns that have arisen. Senate Amendment 1 would allow for DHS to take administrative costs out of the assessment, bringing down their fiscal estimate drastically. Senate Amendment 2 would clearly define that any public providers who have structured their EMS services into a non-profit organization would still be considered public providers and not private.

Thank you so much for allowing me to testify today. I'd be happy to answer any questions.



# Amy Loudenbeck

REPRESENTING WISCONSIN'S 31<sup>ST</sup> ASSEMBLY DISTRICT

## Testimony before the Senate Committee on Health Senate Bill 826 Rep. Amy Loudenbeck

Good morning, Mr. Chair and members. Thank you for holding this hearing on Senate Bill 826, relating to: emergency medical transportation services under Medical Assistance program and making an appropriation.

Emergency Medical Services (EMS) providers across Wisconsin are facing significant issues with funding and staffing, which is leading to problems with access or lack of coverage for many communities. These challenges are negatively impacting EMS providers in urban and rural areas alike. There isn't a one size fits all solution to address all of these issues, instead a multifaceted approach that helps communities of all sizes is going to be key in making sure the EMS system as a whole is viable and successful for years to come.

During the 2021-2023 biennial budget, we increased the Medicaid reimbursement rate for ambulance services and EMS providers which was necessary and long overdue. These additional dollars help, but reimbursement rates are still significantly lower than the cost of services, so providers still aren't breaking even for the cost of care and services they're providing to communities.

Other states have started using CMS approved supplemental payment programs for both private and public EMS services to pay effectively higher rates, without using additional state GPR funding. There are currently no comparable financing mechanisms for EMS providers in Wisconsin.

SB 826 would require DHS to submit a state plan amendment to allow for Wisconsin EMS providers to take part in supplemental payment opportunities for public and private EMS providers. If approved by CMS, these supplemental payments could help to alleviate some of the funding pressure on EMS service providers.

It's important to include both public and private EMS providers with these enhanced payment options because of the different service structures across Wisconsin. For example, some communities have their own EMS and ambulance services, some communities have contracts with a private service, and some communities use a combination of both.

The program for public ambulance providers is generally called GEMT or Ground Emergency Medical Transportation Supplemental Reimbursement. The State would allow the option for public providers (municipal, governmental) to implement a certified public expenditure (CPE) program where public EMS providers have the option to certify uncompensated costs and the state draws federal matching funds associated with those unmet costs. CPE programs are used in 48 other states and have been used in other Wisconsin programs since 2004.

The program for private ambulance services would be a self-assessment. All private (for-profit, non-profit) EMS providers would be required to take part in an ambulance service provider assessment program. Every dollar collected from this industry-backed self-assessment would generate \$1.50 in federal Medicaid match that would be returned to providers through the Medicaid program. Ambulance assessments are active in several states and have proven to be an effective way to ensure EMS providers have adequate funding to continue providing critical services.

Attached to my written testimony, I have included flow charts and step by step instructions with examples of both programs. It's certainly a little complicated to hear, so hopefully the additional documents will be helpful. We've also got stakeholders here today from both public and private ambulance services who will be able to speak further to the impact these programs would have.

I would also like to briefly explain the proposed amendments on the bill:

- Senate Amendment 1 would allow DHS to use a limited dollar amount from the ambulance assessment to pay for the administration of the program. This is structured similarly to the hospital assessment, and reduces the fiscal estimate submitted by DHS.
- Senate Amendment 2 is a technical fix clarifying an ambulance service that is organized as a nonprofit organization owned by a municipality or group of municipalities is considered a public ambulance service.

As proposed, these two supplemental payment opportunities would help minimize typical losses when providing Medicaid covered services. Allowing Wisconsin's EMS providers to take part in these programs will be beneficial to the patients they're serving, as better funding can increase access and quality outcomes, ensuring proper care in the right place, at the right time, with the right solutions. This will also be beneficial to taxpayers, as many communities are facing increased costs related to providing critical EMS services which can cause local units of government to potentially reduce expenditures in other areas or raise property taxes. Unfortunately, due to these cost increases, there are some communities where an ambulance may not come if you call 911, and we need to take action to ensure that doesn't happen.

Thank you for your consideration of this important matter.

**Senate Bill 826**  
**Rep. Amy Loudenbeck**

**Public Ambulance Providers Program:**

**GEMT (Ground Emergency Medical Transportation) Supplemental Reimbursement**

The State would allow the option for public providers (municipal, governmental) to implement a certified public expenditure (CPE) program where public EMS providers have the option to certify uncompensated costs and the state draws federal matching funds associated with those unmet costs. CPE programs are used in 48 other states and have been used in other Wisconsin programs since 2004.

**Step 1:** Provider completes cost report for the prior period. This is typically done annually but it could be done quarterly so that the supplemental payments can be made more frequently.

*During 2020, the City of Racine responded to a total of 3,350 calls for Medicaid patients. To determine Medicaid-specific costs, it would be typical to look at total costs for the period divided by total trips to determine cost per trip. The total costs for these calls was \$2,393,548.18 or roughly \$714.49 per call. Racine received a reimbursement rate of \$156.68 per call. At this rate, Racine currently has uncompensated costs of over \$550 per call or more than \$1.8 million annually.*

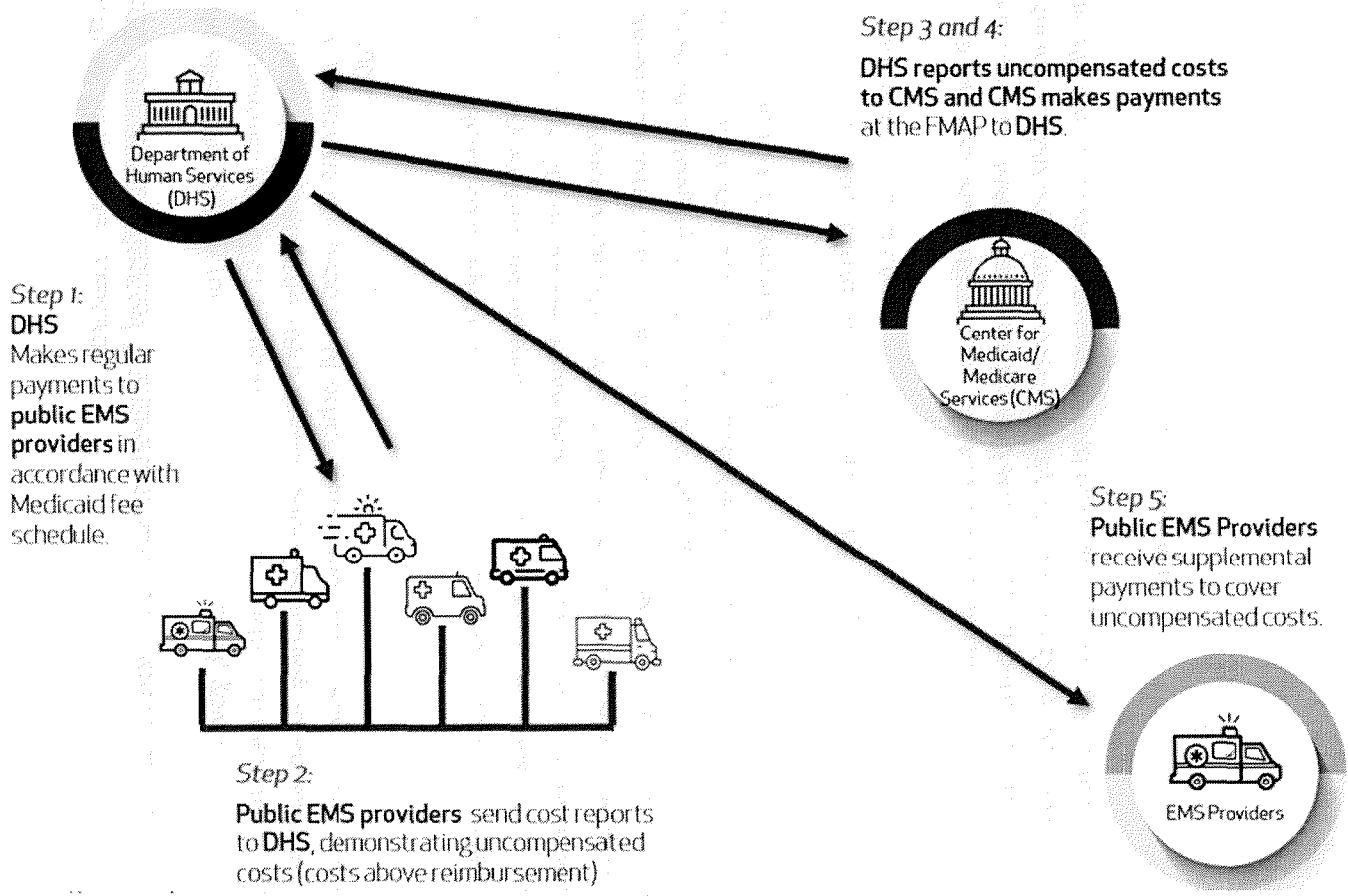
**Step 2:** Provider submits report/information to DHS. DHS may do some form of validation of the cost reports before they send to CMS.

**Step 3 and 4:** DHS submits that information to CMS. CMS pays the federal portion of the uncompensated costs at FMAP (not the administrative match of 50%) to DHS.

*Using Racine's 2020 uncompensated cost of \$1,868,659.82, if the FMAP is 60%, Racine could be eligible to receive a supplemental payment of over \$1 million.*

**Step 5:** DHS makes the payment to the ambulance provider.

**\*\* Flip the page for the flow chart \*\***



**Senate Bill 826**  
**Rep. Amy Loudenbeck**

**Private Ambulance Service Program: Self-Assessment Supplemental Payments**

All private (for-profit, non-profit) EMS providers would be required to take part in an ambulance service provider assessment program. Every dollar collected from this industry-backed self-assessment would generate \$1.50 in federal Medicaid match that would be returned to providers through the Medicaid program. Ambulance assessments are active in several states and have proven to be an effective way to ensure EMS providers have adequate funding to continue providing critical services.

**Step 1:** Providers pay assessment, up to six percent of total net operating revenue, to generate the state Medicaid share. The state agency (DHS) would typically determine assessment amount on an annual basis and then send quarterly invoices to each provider.

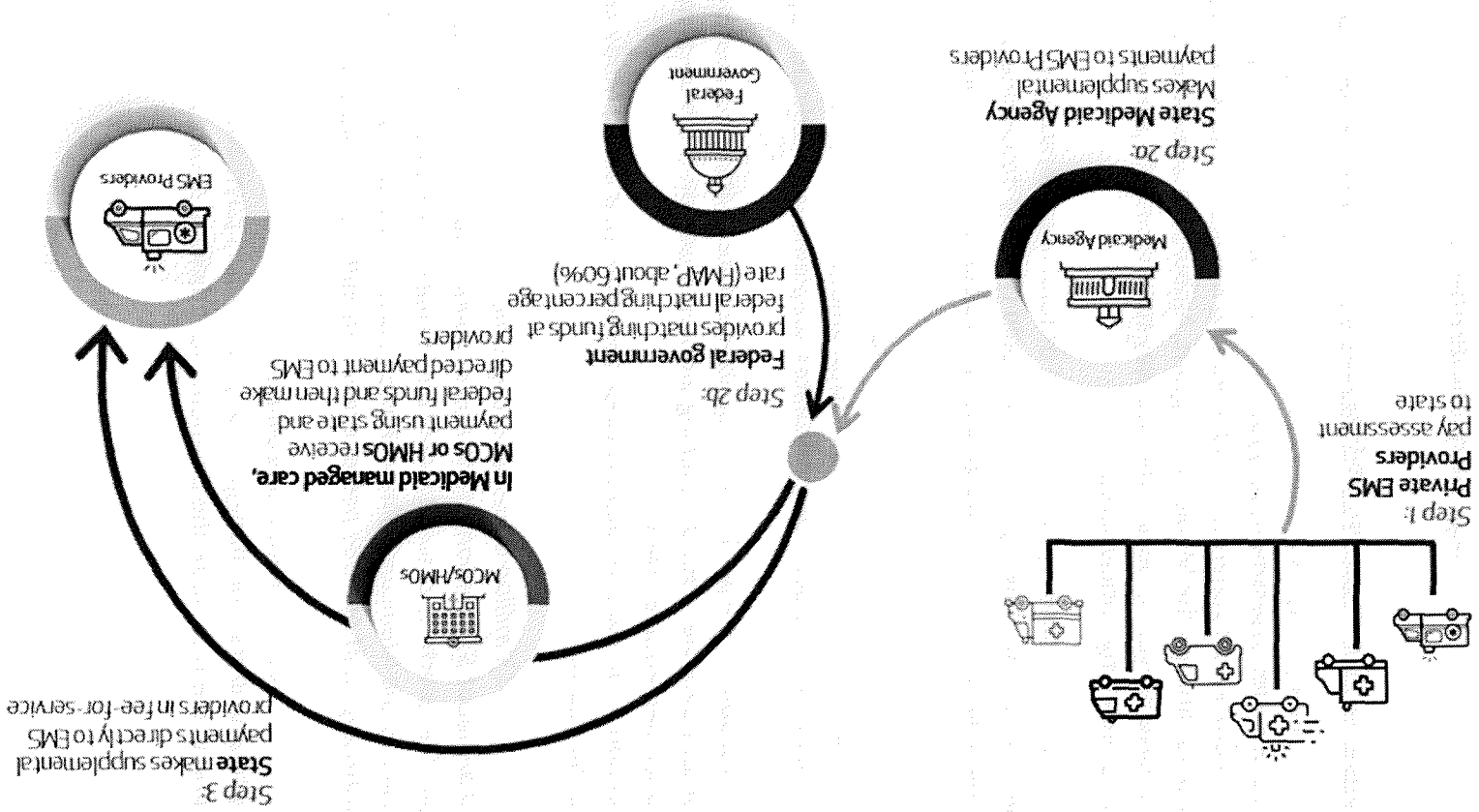
**Step 2:** The combination of the revenue from the assessment (state share generated by providers) and federal matching dollars forms a total amount that can be used to make supplemental payments to providers. DHS calculates supplemental Medicaid payment amounts based on:

- a. Funds available in the pool, which equals the state share generated by the assessment plus the federal matching amount based on the federal medical assistance percentage (FMAP).
- b. The portion to be paid to each provider based on their actual Medicaid volume during the quarter.

*As an example, if \$13 million is raised through the assessment annually, the federal match will be about \$19 million and the total dollars available to be paid would be about \$32 million. The quarterly amount would be \$8 million. If Provider A was responsible for three percent of the Medicaid volume in the quarter, that provider would get a supplemental payment of three percent times \$8 million, or \$240,000.*

**Step 3:** DHS makes enhanced payments to providers. For fee-for-service, DHS makes the payments directly to providers. For managed care, DHS makes payments to each Medicaid health plan and directs them to make the payments to individual providers.

**\*\* Flip the page for the flow chart \*\***







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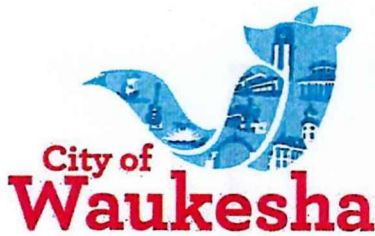
To: Assembly Committee on Local Government  
From: Curt Witynski, J.D., Deputy Director, League of Wisconsin Municipalities  
Toni Herkert, Government Affairs Director, League of Wisconsin Municipalities  
Date: February 17, 2022  
Re: SB 826, Payment for Emergency Medical Transportation services under Medical Assistance (Medicaid) program

The League of Wisconsin Municipalities supports SB 826, enabling municipalities to recover a greater amount of the cost they incur when providing ambulance services to Medicaid patients. Currently, only a portion of each Medicaid call is reimbursed by the Medicaid program, which creates significant budgeting challenges for municipal EMS departments serving a high percentage of Medicaid patients. SB 826 establishes a process involving the state and federal governments that allows local EMS systems to obtain supplemental Medicaid reimbursement payments.

Nearly 80 percent of the emergency medical services in Wisconsin are owned, operated, or supported by city, village, and town governments. Many of these municipal EMS departments serve varying percentages of Medicaid patients. This bill offers valuable help for funding a vital local government service.

The League applauds and thanks Sen. Mary Felzkowski and Rep. Amy Loudenbeck and their staff for working with a broad range of stakeholders to draft this legislation.

We urge the committee to recommend passage of SB 826. Thanks for considering our comments.



**Office of the Mayor**  
201 Delafield Street  
Waukesha, Wisconsin 53188-3633

**Shawn N. Reilly, Mayor**  
[sreilly@waukesha-wi.gov](mailto:sreilly@waukesha-wi.gov)  
1-262-524-3700

**To:** Honorable Senator Patrick Testin and members of the Senate Committee on Health  
**From:** Mayor Shawn Reilly  
**Subject:** Testimony in Support of SB 826 Relating to: emergency medical transportation services under Medical Assistance program and making an appropriation.  
**Date:** February 17, 2022

Chairman Testin and members of the Committee on Health, as Mayor of the City of Waukesha, I thank you for the opportunity to speak on this important subject.

I ask for the Committee's support of SB 826 because it will provide additional revenue to communities throughout Wisconsin and strengthen our ability to provide high quality emergency medical services to our residents and visitors. This legislation will provide the largest dollar benefit to those communities with larger populations of Medicaid dependent residents, but every Wisconsin community that provides emergency medical services will benefit. This legislation will help relieve property taxpayers, as they now supplement the cost of care not covered by current Medicaid reimbursement rates.

Adoption of this Bill will greatly impact Waukesha. Using 2020 numbers, (the most recent full year of data), our percentage of patients with Medicaid as their insurance was 25% of all medical calls. Medicaid currently only pays a fraction of the cost for service for our emergency medical calls. It costs Waukesha approximately \$1,900 for an Advanced Life Support call and \$1,800 for a Basic Life Support call. Under the current Medicaid Fee Reimbursement Rate, the City is compensated \$346 for an Advanced Life Support call and \$291 for a Basic Life Support call. This results in uncompensated costs of \$1.8 million. These unreimbursed costs are covered by our tax levy.

Approving this legislation will increase the State's costs slightly, but it will increase the reimbursement rate for all our communities much more. Waukesha's increase is estimated to be \$1.1 million per year.

There are currently more than 5.6 million people covered by Medicaid in Wisconsin, which is roughly 17% of the population. The funding mechanism proposed in this legislation is used in nearly every other state and has been used in hospitals and nursing facilities in Wisconsin since 1997.

I strongly urge you to pass SB826. Thank you for your consideration of this important legislation.

Respectfully,

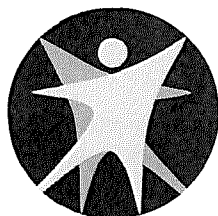
Shawn N. Reilly  
Mayor

**SUPPLEMENTAL PAYMENT ANNUAL ESTIMATE FOR CITY OF WAUKESHA\***

| <b>Base Rate</b> | <b>Medicaid Transport Volume</b> | <b>Estimate of Cost Per Transport</b> | <b>Medicaid Fee Schedule Payment Per Base Rate</b> | <b>Total Cost for all Medicaid Transports</b> | <b>**Medicaid Fee Schedule Payments for ALS and BLS Transports</b> | <b>Total Uncompensated Costs</b> | <b>60% of Uncompensated Cost - Supplemental Payment that City of Waukesha could receive</b> |
|------------------|----------------------------------|---------------------------------------|--|---|--|----------------------------------|---|
| ALS              | 348                              | \$1,900.00                            | \$346  | \$661,200                                     | \$120,318  | \$540,882                        | \$324,529   |
| BLS              | 894                              | \$1,800.00                            | \$291  | \$1,609,200                                   | \$260,288  | \$1,348,912                      | \$809,347   |
|                  |                                  |                                       |  |   |  |                                  | <b>\$1,133,877</b>  |

\*Based on volume and payer mix from 1/1/20-12/31/20 dates of service to date

\*\*Based on 2022 Wisconsin Medicaid Fee Schedule



State of Wisconsin  
Department of Health Services

Tony Evers, Governor  
Karen E. Timberlake, Secretary-Designee

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**TO:** Members of the Senate Committee on Health

**FROM:** HJ Waukau, Legislative Director Wisconsin Department of Health Services

**DATE:** February 17, 2022

**RE:** Senate Bill 826, relating to: emergency medical transportation services under Medical Assistance program and making an appropriation.

The Wisconsin Department of Health Services (DHS) would like to thank the Committee for the opportunity to submit written testimony for information only on Senate Bill 826 (SB 826), regarding the creation of new supplemental reimbursement models for ambulance service providers. SB 826 would create two new supplemental reimbursement models: one for public ambulance service providers and another for private ambulance service providers. The supplemental reimbursement for public providers would create a certified public expenditure (CPE) program whereby public providers would have the option to draw down the applicable federal financial participation for uncompensated ground emergency medical transportation costs. The private ambulance service provider assessment on the other hand would create a new assessment for all private emergency medical service (EMS) providers operating in the state. This private assessment would then be used to fund a supplemental payment to all private EMS providers based on their percentage of Medicaid member volume relative to all other eligible providers. SB 826 also requires DHS to seek federal approval for both assessment models through either a waiver or state plan amendment.

EMS providers have been on the frontlines in their communities responding to COVID-19 and DHS recognizes the struggles and difficulties that EMS providers are experiencing across the state. To help offset the financial burdens borne by EMS providers and to bolster the outstanding care and service they provide, Governor Evers recently announced over \$27.4 million in new EMS funding. Beginning on February 17, 2022, \$7.4 million All Funds (\$3.9 million GPR) is being put towards increasing Medicaid ambulance transport rates by 16 percent. This is on top of, and in addition to, the most recent 2022 rate increase. Additionally, Governor Evers is allocating another \$20 million in American Rescue Plan Act (ARPA) funds for EMS providers. \$8 million is being designated to the EMS Funding Assistance Program (FAP) for public, volunteer fire, and non-profit EMS providers. Eligible EMS providers will be able to apply for the new FAP funds beginning in May 2022 with disbursements starting the first week of July 2022. An additional \$12 million in new grant opportunities will also be awarded to EMS providers who don't qualify for FAP funding such as private EMS providers, though both municipal and non-profit EMS providers will also be eligible for the new grant funds. Recipients of the new grant funds will be able use the funds to procure new materials and supplies for their operations or to expand their existing services.

Regarding SB 826, for private ambulance service providers, the structure of the supplemental reimbursements would effectively amount to a tax on providers. DHS has similar provider assessments for both hospitals and nursing homes. Per 42 CFR § 433.68 such assessments are required to be uniformly redistributive. As structured under SB 826 the supplements paid to private EMS providers would be contingent on the volume of Medicaid members they serve. Providers with higher volumes of Medicaid services would receive higher reimbursements and those with lower levels of Medicaid services would be required to pay more than the initial assessment created under SB 826, effectively creating a loss. At this time it is unknown how many providers would be negatively impacted by the new assessment under SB 826 as DHS would need to collect data from providers to model the new supplemental reimbursement structure.

As currently constructed, SB 826 lacks specific authorization for DHS to use a portion of the assessment revenue to fund DHS administrative costs. In order to administer the two supplemental reimbursements DHS would incur both one-time and ongoing administrative costs. DHS is estimating a one-time cost of \$800,000 (\$200,000 GPR) for the development of the new assessment methodology. Annual costs are estimated to be \$792,000 (\$396,400 GPR) and will cover the contracting and administration of provider revenue surveys for the fee assessment, calculation of provider payments for the CPE program, and gathering data to calculate the average commercial rate for both the assessment and CPE programs. These costs would need to be GPR funded unless the bill authorizes DHS to use SEG funds. SB 826 as currently constructed does not provide either additional funding or authorization to use SEG funds for the purposes of administering the new supplemental reimbursements and they can't be absorbed within DHS's existing budget.

To help address the financial burdens for both public and private ambulance service providers DHS has recently increased its rates. On January 1, 2021 the base rates for ambulance services were increased to 80 percent of applicable Medicare Part B rates. An additional rate increase was signed into law by Governor Evers in the most recent biennial budget, and made effective on January 1, 2022, raising the rates for ground ambulance transport services to 80 percent of the 2021 Medicare urban base rates. Governor Evers has since further increased the updated 2022 rates by 16 percent as mentioned above. While these rate increases are both merited and needed it is worth noting that the state is getting closer to reaching an "upper-payment limit" for Medicaid EMS rates. Should the state reach the upper-payment limit it would stop receiving federal matching funds for any portion of the rate that is above the limit. The state could decide to fund a supplemental payment with other non-federal revenue sources such as GPR or SEG funds, but that determination would need to be made at the time the state rate crosses the upper-payment limit threshold. It is unknown at this time how close the state is to reaching the upper-payment limit as that figure is based on the average commercial cost of a service, and can only be determined through a survey of EMS providers.

DHS recognizes and applauds the vital service of our EMS providers who are the backbone of our emergency care. It is the hope and the intention of both the Governor and DHS that the recently announced funding enhancements will augment and improve the ability of Wisconsin's EMS providers to continue to provide the high quality care and service they are known for. DHS again thanks the Committee for the opportunity to provide written testimony for information only and offers itself as a resource for the Committee for any questions it may have.

# Wisconsin EMS Association

Serving Those Who Serve Others



Wisconsin EMS Association

To: Senator Patrick Testin, Chair  
Members, Senate Committee on Health  
From: Alan DeYoung, Executive Director  
Date: Thursday, February 17, 2022  
Re: **Support for Senate Bill 826**

On behalf of the 6,000+ members and over 320 services that comprise the Wisconsin EMS Association, we are asking for your support of Senate Bill 826, which would assist ambulance services with obtaining greater Medicaid reimbursement to close the gap on uncompensated costs for emergency medical services (EMS).

Please understand that SB-826 is part of the long-term solution of increasing Medicaid reimbursement to EMS providers.

2021 Wisconsin Act 58, the biennial state budget, included much needed increases for EMS Medicaid reimbursement – and we are truly grateful of the State Legislature for that. And, with additional Medicaid rate increase announcements – we need to ensure there is a long-term solution in place that can help maximize Medicaid reimbursement in EMS – so that reimbursement can cover the actual cost of care and services provided.

Further, municipal budgets continue to be under significant pressure and for some the ability to address EMS financial challenges is insurmountable. The greatest challenges facing local EMS today are staffing and financing. Wisconsin EMS is financed through local municipal budgets and service call charges that are paid for by individual payment or reimbursement from private insurance, Medicare or Medicaid.

EMS services are predominantly, nearly 80%, provided or contracted for by municipal governments (towns, villages, cities and some counties). In addition, nearly 80% of EMS is volunteer based, meaning these services rely upon volunteer EMTs to staff an ambulance 24-hours \ 7-days a week.

When someone dials 911, there is an expectation that life-saving services will arrive. The ability for EMS to respond in many areas of the state has become a challenge – and, in some cases nonexistent. Various strategies are needed. Assembly Bill 874 represents one piece of that bigger solution puzzle.

The Medicaid methodologies being employed in AB-874 rely upon mechanisms to recognize municipal investments in public EMS or assessments of private EMS services – both of which the State will be able to use to access additional federal Medicaid matching dollars. The intent of this legislation is to maximize the ability of the State and EMS to get closer to reimbursing the actual costs for EMS care and services.

If you have any questions, please feel free to contact myself or our lobbyist, Forbes McIntosh.

Thank you.

26422 Oakridge Drive, Wind Lake, WI 53185-1402  
414-431-8193 | [www.WisconsinEMS.com](http://www.WisconsinEMS.com)

# GUNDERSEN HEALTH SYSTEM®

February 17, 2022

Senator Patrick Testin, Chair  
Room 8 South  
State Capitol  
PO Box 7882  
Madison WI 53707

Senator Dale Kooyenga, Vice Chair  
Room 310 South  
State Capitol  
PO Box 7882  
Madison WI 53707

**Re: Support for Senate Bill 826**

Dear Chair Testin, Vice-Chair Kooyenga, and members of the Senate Committee on Health:

On behalf of Gundersen Health System, I am writing to share our support for Senate Bill 826. Gundersen Health System operates two non-profit ambulance organizations which provide 911 and interfacility response for numerous communities in Western and Southwestern Wisconsin. As you are aware, the EMS profession in Wisconsin is experiencing extreme hardship. Challenges such as staff recruitment and retention, high operating costs, decreasing reimbursement, and steadily increasing response numbers have been worsened by the COVID-19 pandemic. Similar to our peers across the state, Gundersen Health System ambulance services are no exception to these challenges.

While our organizations and the EMS industry in general continue to work through these obstacles, the issue of inadequate reimbursement for our vital services continues to be a common denominator. As an example, our mostly rural ambulance service has suffered a financial operating deficit each year since 2016. We know first-hand from our colleagues and partner ambulance agencies that such deficits are increasingly more common in Wisconsin as reimbursement for services has been significantly outpaced by operating costs. We appreciate the Medicaid increase passed in the 2021-22 biennial budget as this will reduce our deficit slightly, but more needs to be done.

Please support Senate Bill 826, which will help ensure sustainability for Wisconsin ambulance services and prevent a reduction in emergency medical services for Wisconsin residents. If passed, the federal monies which will be allotted to our ambulance services will go directly into ensuring high quality and responsive ambulance services to the numerous communities we serve.

Sincerely,



Tom Tornstrom

Executive Director, Ambulance Services, Gundersen Health System





Greenfield Fire Department  
4333 South 92<sup>nd</sup> Street  
Greenfield, Wisconsin 53228

February 16, 2022

Senate Committee on Health:

Thank you for holding a hearing on SB826. I am Jon Cohn representing the Wisconsin Fire Chiefs Association. I also serve as the President of the Milwaukee County Fire Chiefs Association and locally as the Chief of Greenfield Fire-Rescue.

Emergency Medical Services have been struggling for quite some time, but we have maneuvered through low reimbursements, increasing call volumes, increasing costs, a pandemic and recruitment/retention issues. We continue to provide our important services, but we need your help.

Here are some simple breakdowns on why EMS finances are struggling:

- For a call coded as a "basic" emergency the average reimbursement are as follows:
  - o Medicare pays on average under \$400
  - o And Medicaid pays about \$300.
  - o But the true all-in itemized cost of this transport is close to \$1,500.
  
- For a call coded as an "advanced" emergency the average reimbursements are as follows:
  - o Medicare pays about \$450
  - o And Medicaid pays about \$350.
  - o But the true all-in itemized cost of this transport is likely over \$1,750.

Additionally, EMS demands are up which are outpacing our budgets. Last year we overspent on fuel and disposable supplies. Disposable supplies were budgeted at \$70,000 and we spent nearly \$110,000. This does not include expensive durable supplies as a single defibrillator can cost \$35,000 and ambulance stretchers systems over \$50,000.

Medicaid match programs similar to SB826 are currently utilized in Wisconsin to provide adequate reimbursements to dentist, nursing homes and hospitals. We are asking that EMS be treated similarly. EMS is important to all of our communities.

We have locally estimated that SB826 will create \$350,000 in additional Medicaid to Greenfield. We need this to not grow our agencies but sustain the important medical services we currently provide.

EMS is struggling. There is no magic pill but SB826 will provide a sustainable funding element that will truly improve Medicaid reimbursements, In turn, SB826 will assist in helping stabilize EMS funding and the important medical services we provide to our communities.

Please support SB826, fire departments, EMS agencies and your constituents in ensuring that Wisconsin can continue to provide strong Emergency Medical Services throughout our communities.

Respectfully,

Jon Cohn, Fire Chief

**Jon Petroskey**  
**Fire Chief**  
[ipetroskey@antigo-city.org](mailto:ipetroskey@antigo-city.org)



**Eric Roller**  
**Public Safety Director**  
[eroller@antigo-city.org](mailto:eroller@antigo-city.org)

## City of Antigo Fire Department

February 15, 2022

Dear Senator Testin and Committee on Health:

I am writing this letter to be part of the hearing testimony and requesting support of SB 826. The City of Antigo Fire Department operates the ambulance service for 16 different municipalities, which encompasses over two-thirds of Langlade County. Our ambulance service relies on fees for services to operate and to help reduce the tax burden to all the citizens in Langlade County. The City of Antigo estimates our billing fees for service to be around \$895,000 this year and an estimated \$1,155,500 is funded through taxes from the 16 area municipalities.

With the numbers and information listed above, you can see the reason I am requesting support of SB 826 to help our ambulance service and reduce the tax burden. By supporting SB 826 the City of Antigo could increase our Medicaid reimbursements which will reduce the large amount of write-offs we currently have in transporting Medicaid patients. Below is the data for the City of Antigo to transport Medicaid patients in 2021 and 2020. Between the two years, the City of Antigo has written-off over \$550,000 for just Medicaid patients.

| 2020                  | 2021                  |
|-----------------------|-----------------------|
| Billed - \$359,981    | Billed - \$335,290    |
| Write-off - \$287,090 | Write-off - \$267,001 |
| Received - \$72,891   | Received - \$68,288   |

Thank you for your time to hear the concerns about this very important topic and I sincerely hope you support SB 826.

Sincerely,

Jon Petroskey;  
Fire Chief

700 Edison Street  
Antigo, Wisconsin 54409

715-350-7350  
[www.antigo-city.org/AFD](http://www.antigo-city.org/AFD)



**Bayfield County Administrator**  
117 E 5<sup>th</sup> Street, PO Box 878, Washburn, WI 54891  
Ph: 715-373-6181 Fx: 715-373-6153

Mark Abeles-Allison, *County Administrator*  
Kristine Kavajecz, *Human Resources Director*  
Paige Terry, *Clerk*

February 8, 2022

Senate Committee on Health  
Ashley Czaja, Committee Clerk  
Ashley.czaja@legis.wisconsin.gov

**Re: Support for SB 826**

Dear Committee Clerk:

Please accept this letter of support for this legislation.

We represent Bayfield County as the County Administrator and County Board Supervisors. Our county has nine separate EMS agencies. Geographically we are the second largest county in the state. Our small resident population is the oldest aged population in the state. This makes providing EMS to our residents and visitors very challenging.

With a large Medical Assistance population, EMS expenses often go unreimbursed. AB874 will provide supplemental financial assistance through MA. Additional financial assistance and reimbursements are critical for the continued survival of EMS in rural areas.

Over the past two years our region was rocked with a lack of volunteers and extreme financial challenges resulting in portions of our region going without an EMS provider. The idea of not having a dedicated emergency response to residents and visitors alike is unfathomable for many, but a reality for us.

This bill will reduce losses for runs with Medical Assistance eligible patients. Additional resources for Rural EMS are critical.

Thank you for your support of SB 826.

Sincerely

Mark Abeles-Allison  
Bayfield County Administrator

Fred Strand  
Bayfield County Board Vice Chair

BAYFIELD-ASHLAND COUNTIES EMS COUNCIL



PO Box – Ashland, WI 54806

Date: February 16, 2022  
To: Senator Patrick Testin, Chair  
Senate Committee on Health  
From: Jan Victorson, Secretary  
Bayfield-Ashland Counties EMS Council  
Subject: Testimony – SB 826

My name is Jan Victorson. I am Secretary to the Bayfield-Ashland Counties EMS Council (BAC-EMS), a coalition led by ambulance services, that includes hospital, medical helicopter services, 9-1-1 centers, medical director, and emergency management services that serve Ashland and Bayfield Counties. We are unable to attend the public hearing in Madison. Please accept this written memo as support for SB 826 in lieu of our testimony in person.

Of the thirteen ambulance services who are members of BAC-EMS Council, three have primary service areas larger than five counties south in Wisconsin. We are in the very north, an area with a population just over 10 people per square mile. This of course limits our tax base and other resources. Availability of funds and funding sources has been identified as a huge issue by our local services.

An increase in Medicare/Medicaid reimbursement could have a positive impact on local services throughout the state. This is a statewide issue.

Most rural service directors are volunteers, managing ambulance services/responding to calls while holding full-time jobs to support their families. Although we support the potential increase in payments directly to ambulance services, we also ask that the process to receive those payments be simplified.

I will summarize the lost revenue information provided by six of our volunteer member services: Barnes, Bayfield, Iron River, Mason, Mellen and Washburn

Lost revenues:

|      |           |
|------|-----------|
| 2020 | \$173,097 |
| 2021 | \$218,760 |

This totals a loss of \$391,857 in revenues for only these six rural services.

More detailed information related to reimbursements is also attached. The information was provided by the ambulance services listed above.

Thank you for your attention.

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Member Ambulance Services: Ashland – Barnes – Bayfield – Glidden – Great Divide – Iron River -  
Madeline Island – Marengo – Mason – Mellen - Red Cliff - South Shore - Washburn

ATTACHMENT – SB 826

Revenue loss information – Bayfield-Ashland Counties EMS Council

BARNES AMBULANCE

Brett Frierhood, Director

4 Medicaid patients in 2020 totaling \$4799.29 in charges, of which \$1272.49 was received. 10 Medicaid patients in 2021 totaling \$17,536.44 in charges, of which \$3454.94 was received. Total for the 2 years is \$4727.43 received out of \$22,335.73 billed, or just over 21%.

Not sure if it is helpful, but Medicare has a much bigger impact than Medicaid as far as actual dollars. For Medicare there were 30 patients in 2020, totaling \$32,999.53, and receiving \$15,484.62. There were 35 patients in 2021, totaling \$48,428.74, and receiving \$17,906.83. This is a total of \$33,391.45 received out of \$81,428.27, or about 41%.

BAYFIELD AMBULANCE

Lyn Cornelius, Director

2020

Billed

|                             |             |
|-----------------------------|-------------|
| Medicaid Fee for Service    | \$14,256.18 |
| Medicaid managed care (HMO) | 7,069.47    |
| Total                       | \$21,325.65 |

Received

|                             |             |
|-----------------------------|-------------|
| Medicaid Fee for Service    | \$ 4,130.30 |
| Medicaid managed care (HMO) | 2,398.43    |
| Total                       | \$ 6,528.73 |

Mandatory Adjustments

|                             |             |
|-----------------------------|-------------|
| Medicaid Fee for Service    | \$16,077.74 |
| Medicaid managed care (HMO) | 6,884.52    |
| Total                       | \$22,961.26 |

|          |             |
|----------|-------------|
| Billed   | \$21,325.65 |
| Received | 6,528.73    |
| Deficit  | \$14,796.92 |

2021

Billed

|                             |             |
|-----------------------------|-------------|
| Medicaid Fee for Service    | \$12,914.19 |
| Medicaid managed care (HMO) | 3,477.28    |
| Total                       | \$16,391.47 |

Received

|                             |             |
|-----------------------------|-------------|
| Medicaid Fee for Service    | \$ 2,609.04 |
| Medicaid managed care (HMO) | 1,392.23    |
| Total                       | \$ 4,001.27 |

Mandatory Adjustments

|                             |             |
|-----------------------------|-------------|
| Medicaid Fee for Service    | \$10,364.36 |
| Medicaid managed care (HMO) | 3,319.70    |
| Total                       | \$13,684.06 |

|          |             |
|----------|-------------|
| Billed   | \$16,391.47 |
| Received | 4,001.27    |
| Deficit  | \$12,390.20 |

**IRON RIVER AMBULANCE**

Sam Gilbert, Director

2020

|                             |             |
|-----------------------------|-------------|
| Mandatory Adjustments       |             |
| Medicaid Fee for Service    | \$ 9,506.93 |
| Medicaid managed care (HMO) | 17,636.33   |
| Medicare Fee for Service    | 43,306.27   |
| Medicare Managed Care       | 9,458.91    |
| Total                       | \$79,908.44 |

Amount billed that will not be paid.

2021

|                             |             |
|-----------------------------|-------------|
| Mandatory Adjustments       |             |
| Medicaid Fee for Service    | \$ 9,877.67 |
| Medicaid managed care (HMO) | 20,669.51   |
| Medicare Fee for Service    | 41,188.23   |
| Medicare Managed Care       | 19,061.56   |
| Total                       | \$90,797.03 |

Amount billed that will not be paid.

**MASON AMBULANCE**

Joe Schick, Director

2020

Billed Medicaid \$6,473.57  
Got Paid \$2,619.13  
40.46 %

2021

Billed Medicaid \$15,499.14  
Got Paid \$4,843.60  
31.25%

**MELLEN FIRE and RESCUE**

Tony Huber, Chief

The City of Mellen just received our report from Life Quest on this for 2020 wrote off 6542.05 and for 2021 wrote off 11,417.65.

**WASHBURN AMBULANCE**

Jeff Bellile, Director

Records at Washburn City Hall indicated the following losses:

2020 - \$38,860.70  
2021 - \$97,603.30