WISCONSIN LEGISLATURE
P.O. BOX 8952 • MADISON, WI 53708

October 9, 2019

TO: Senate Committee on Health

FR: Senators Dale Kooyenga and Janet Bewley
Representatives Amy Loudenbeck and Deb Kolste

RE: Support for SB 380 – coverage of services under MA provided through telehealth

Thank you for holding a hearing on Senate Bill 380 and providing us with an opportunity to testify in favor of this bill.

Wisconsin health care providers are increasingly utilizing telehealth to improve access to essential care. Unfortunately, state laws and policies are not keeping pace with advances in technology and care delivery innovations and are preventing telehealth from reaching its true potential. The recent state budget included some positive reforms that will allow Medicaid to begin reimbursing for telehealth services such as remote patient monitoring and provider-to-provider consultations, but more needs to be done.

This bipartisan legislation was crafted in collaboration with the Wisconsin Hospital Association and the Department of Health Services (DHS) to make changes to how Medicaid covers telehealth. The legislation addresses recommendations from the WHA Telemedicine work group as well as DHS. Our legislation has four main goals to improve Medicaid coverage of telehealth:

1. Require Medicaid to treat telehealth the same as in-person services in terms of coverage for patients and reimbursement for providers.

2. Help Medicaid catch up to Medicare in the number of telehealth services it covers. There are currently more than 50 separate telehealth services Medicare covers that Medicaid does not.

3. Allow Medicaid patients to receive telehealth directly in their homes or other non-clinical settings.

4. Repeal the added layer of telehealth certification that has been a barrier to expanding access to behavioral health, mental health and substance use disorder counseling services for Medicaid patients.

Senate Amendment 1 is a technical amendment which all four authors worked on with DHS and WHA to clarify language in the bill that requires any telehealth service that Medicare covers to be covered by Medicaid as well. There are some services that Medicare covers that Medicaid does not, so this amendment adds guard rails to make sure the state isn't paying for non-federally reimbursed services.

A growing body of evidence suggests that you can expand access to telehealth without increasing costs. This is because telehealth is not adding a new type of health care service; rather, it is a different way to access health care services that are already available. We want to continue to support the development and testing of innovative health care payment and service delivery models that reduce the cost of healthcare to both the patient and the taxpayer.

There are several stakeholder groups here today with an interest in this legislation. They each serve a variety of patient populations who may use telehealth. We believe they'll be able to highlight the need for this legislation for their specific patient populations and delivery systems.

Thank you for hearing SB 380. We respectfully ask for your support.

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TO: **Members of the Senate Committee on Health and Human Services**

FROM: **Jon Hoelter, Director Federal & State Relations; Matthew Stanford, General Counsel**

DATE: **September 24, 2019**

RE: **WHA Supports SB 380 and Senate Amendment 1 – Bipartisan Legislation to Modernize Medicaid's Telehealth Policies**

The Wisconsin Hospital Association supports SB 380 and Senate Amendment 1, bipartisan legislation introduced by Senators Kooyenga and Bewley & Representatives Loudenbeck and Kolste that better leverages telehealth opportunities to improve access to care, enhance outcomes and reduce costs in the Medicaid program – especially for those living in underserved rural or urban communities.

In July, 90 lawmakers and staff attended a Capitol issue briefing from WHA, hosted by the same group of bipartisan co-authors spearheading Senate Bill 380, which showed real-world barriers associated with Wisconsin's current Medicaid telehealth policies. Health care providers talked about their desire to expand cost-saving telehealth services to more patients, but current barriers in Medicaid prevent them from receiving Medicaid reimbursement for providing these services. Behavioral health care was one area in particular where providers noted outdated, unnecessary regulatory barriers have slowed or halted expanding access to behavioral health services through telehealth technology.

SB 380 is the result of recommendations from WHA's Telehealth Work Group, which included participation from more than 36 WHA rural, suburban, and urban members across the state of Wisconsin. WHA's Telehealth Work Group has spent the past three years reviewing state laws and regulations while also engaging with DHS to find ways to leverage telehealth opportunities to improve access, enhance outcomes and lower costs for the Medicaid program. Through that review, the Work Group developed four recommendations articulated in this bill that will better align Wisconsin's Medicaid statute with past, current, and future advancements in telehealth:

1. **Treat Telehealth the same as in-person care.** Medicaid should allow all services it currently covers in person to be delivered via telehealth, if provided in a manner functionally equivalent in quality to an in-person visit.

2. **Catch up to Medicare telehealth-related coverage.** Medicare currently covers about 75 more telehealth-related procedure codes than Medicaid and tends to update new telehealth-related codes annually. Our work group recommended that it would be easier to offer telehealth services if clinicians knew both Medicaid and Medicare would cover the same telehealth-related services. This legislation would help Medicaid catch up and keep pace with Medicare in the new telehealth services it covers.

   Under this legislation and amendment, Medicare-covered, telehealth-related services automatically become reimbursable Medicaid covered services unless DHS promulgates a rule to exclude a Medicare-covered telehealth-related service.

3. **Cover in-home or community services.** Wisconsin's Medicaid program is one of only six states that does not allow for reimbursement in a home or community-based setting. Particularly for the Medicaid population, transportation challenges can be a significant barrier for accessing preventative and follow-up care that can avoid costly trips to an emergency department or hospitalization.

By enabling care through telehealth in a home or community-based setting, Wisconsin can improve outcomes and avoid high-cost health care utilization. In fact, WHA's In-Capitol briefing in mid-July provided concrete examples of hospital and health system members who are looking to add in-home telehealth options for Medicaid beneficiaries but have not yet because Medicaid doesn't reimburse for this care.

Under this legislation and amendment, in-home remote patient monitoring and asynchronous (store and forward) telehealth services are required to be reimbursable Medicaid covered services, unless DHS promulgates a rule excluding such service from reimbursement.

4. **Increase access to behavioral health.** Currently there is a statutory requirement that providers receive a separate telehealth certification, in addition to their provider licensure and Medicaid certification, if they want to provide behavioral health services via telehealth to Medicaid patients. No other health service covered by Medicaid requires a separate telehealth certification, creating an additional and unnecessary barrier to critically-needed behavioral health services.

   Under this legislation, the separate behavioral health telehealth certification is repealed. However, DHS may require by rule that the transmission of information through telehealth be of sufficient quality to be functionally equivalent to face-to-face contact.

Telehealth creates an opportunity for the Medicaid program to increase access and improve outcomes while maintaining or even reducing program costs.

Medicare, the State of Wisconsin Group Insurance Board, other states' Medicaid programs and private payers have embraced telehealth not only because it improves access to care, but because they have concluded that evidence shows utilization of telehealth improves access while maintaining or lowering the total cost of care.

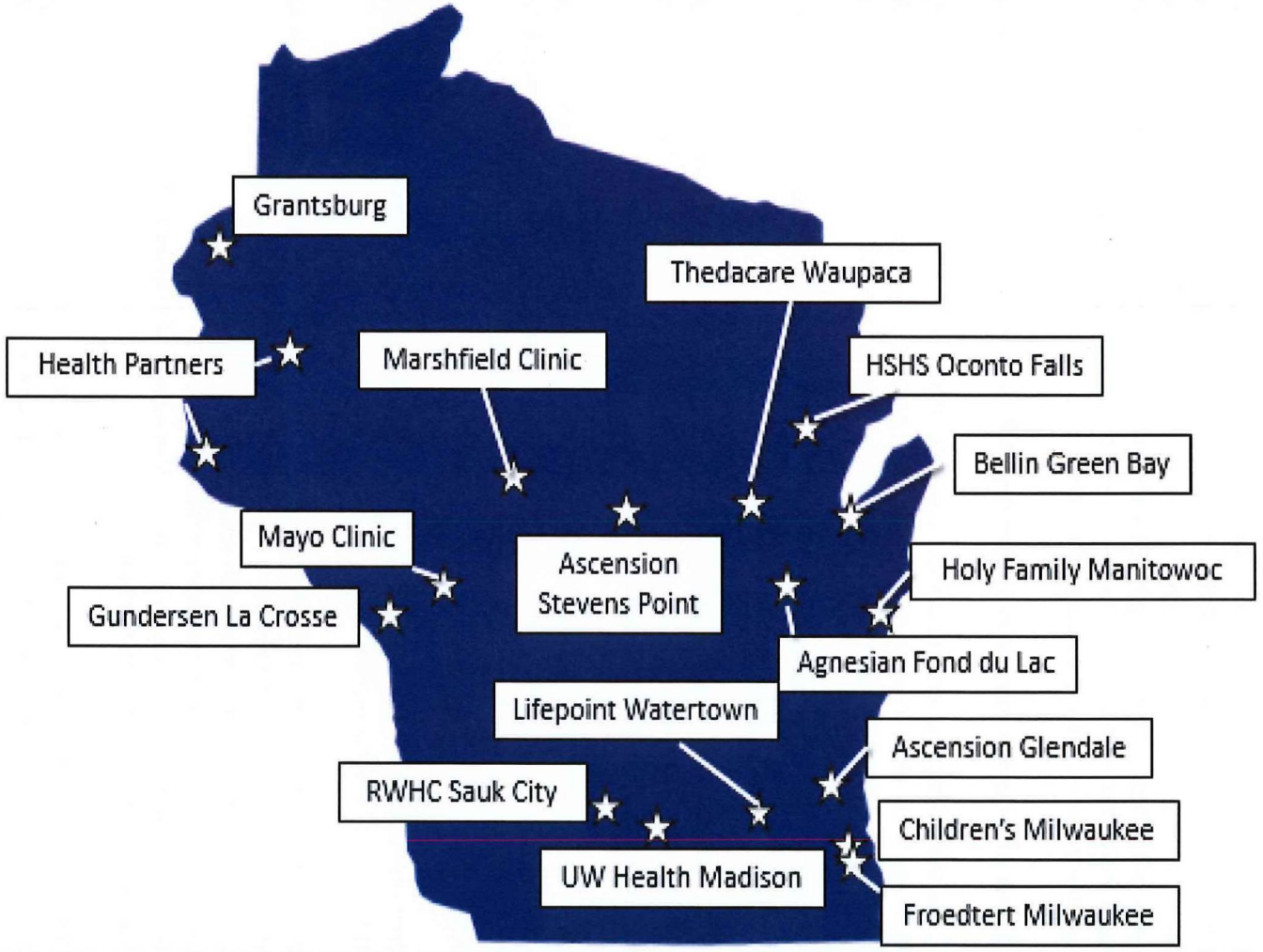
WHA has reviewed, compiled and attached to this testimony multiple sources of evidence that point to a conclusion that the expansion of telehealth services in the Medicaid program will result in no additional net program costs or will lower net program costs. Particularly for underserved Medicaid populations that have travel challenges and chronic conditions, having telehealth options enabled by this bill increases the likelihood that low-cost treatment and management services will be utilized to avoid high cost emergency or hospitalization services.

For example: an expecting, single mom who has a child at home may choose to skip her pre-natal appointment because she's struggling to fit it into her work schedule. Prenatal services, if provided through telemedicine to be delivered at home or even while at work, will provide a more flexible option for a mom trying to juggle a hectic schedule and make ends meet. This basic interaction can encourage prenatal care and help prevent an even more complicated pregnancy or delivery, which can cost the Medicaid program tens or even hundreds of thousands of dollars.

Additionally, telemedicine can directly reduce Medicaid expenditures for non-emergency medical transportation for Medicaid enrollees. On an annual basis, Wisconsin's Medicaid program pays $100 million to cover transportation costs for Medicaid enrollees – a cost that could be reduced by care being delivered via telemedicine rather than in person.

One primary goal you often hear from health care providers is to deliver "the right care, in the right place, and at the right time" to patients. We are pleased to support this bipartisan telehealth legislation that will advance that goal for patients throughout Wisconsin.

WHA Telehealth Work Group



36 WHA members participated, Representing hospitals and health systems from all over Wisconsin.

Appendix

Evidence on Cost Impacts for Telehealth Benefit Expansion Points to a Net $0 Impact or Cost Savings on Total Medicaid Benefit Costs

1) The Wisconsin Group Insurance Board concluded that telehealth coverage would not increase program costs.

In May 2018, the Wisconsin Group Insurance Board approved a change to the 2019 state employee health plan that would result in complete coverage of telehealth services. In calculating the cost of adding telehealth as a covered benefit, the Group Insurance Board budgeted the change as having an estimated net program cost of $0. Some argue that any new telehealth benefits might not accrue to a program in the form of reduced utilization of higher acuity and cost services for multiple years. However, the Group Insurance Board, which budgets on a year to year basis, rejected that theory when it estimated 2019 net costs at $0.

2) The Federal Medicare program has begun scoring the addition of telehealth benefits at $0 net cost.

In April 2019, the Medicare program published a final rule[i] implementing "additional telehealth benefits" for Medicare Advantage plans that resulted in HHS ultimately reaching the same conclusion as the Wisconsin Group Insurance Board – HHS scored the additional telehealth benefits as a net $0 impact on the cost of overall benefits.[ii]

Notably, the Medicare program drew on comments from the experience of Medicare Advantage insurers themselves to reach its conclusions regarding cost:

> We received numerous comments from several sources, and the commenters were overwhelmingly supportive. The comments were not subjective but evidence-based, reflecting MA plans' first-hand experience with telehealth in some of their existing products.[iii]
>
> Many of the commenters cited similar studies or their own experience. These articles and comments point to a quantitative savings in health care. Although, as mentioned previously, in the early years of telehealth there was concern for overutilization which would raise costs, this does not seem to be a major issue today.[iv]

Medicare noted one study that purported to show that telehealth increases costs; however, Medicare dismissed that study for several reasons:

> Only one article raised this [overutilization] concern, and the article itself listed several drawbacks to its conclusion. More specifically, the article –
> ++ Used data from only one telehealth company;
> ++ Used data on only specific medical conditions;
> ++ Referenced a population study that had a "low uptake of telehealth;" and
> ++ Was from an early period in telehealth.[v]

Conversely, Medicare provided examples of specific telehealth savings. For example, its review found that using telehealth for transitional care programs for discharged Medicare patients saved $1,333 per beneficiary, half of which was due to reduced inpatient follow-up care.

3) Telehealth coverage for Medicaid directly reduces unique Non-Emergency Medical Transportation costs for the Medicaid Program.

Unlike private insurance, the state employee health plan and Medicare, the Medicaid program provides a transportation benefit to Medicaid beneficiaries that has been an annual all funds expense of $100 million. Also,

unlike other health plans, every time a Medicaid enrollee substitutes a telehealth service – either from home or from a facility closer to home – Medicaid sees a direct cost reduction in the transportation benefit.

4) **California analysis of telehealth expansion in the Medicaid program found significant savings to the Medicaid Program.**

In 2011, California enacted the Telehealth Advancement Act that allows coverage of telehealth regardless of where it takes place, including programs that employ in-home telemonitoring devices. A cost analysis commissioned during consideration of the bill examined potential savings that would accrue to California's Medicaid program (Medi-Cal) regarding heart failure and diabetes management. It found that:

- In-home telemonitoring for heart failure patients could save $929 million annually for Medi-Cal ($8,600 per beneficiary per year).
- In-home telemonitoring for diabetics could save $417 million annually for Medi-Cal ($939 per beneficiary per year).[vi]

5) **Alaska began covering home telemonitoring of daily vital signs in 2007. They found a return on investment of nearly 1,500%.**

Beginning in 2007, Alaska implemented a home telemonitoring (HTM) program to mitigate substantial geographic barriers to care access in the largely rural state. In the first six years of the program, annual cost of care for program participants fell $634,365 (from $676,782 to $42,417 per year) through reductions in Medivacs, emergency room visits, and hospital readmissions.[vii]

6) **Colorado legislation in 2010 authoring reimbursement for remote monitoring received a fiscal note estimating savings to the Colorado Medicaid program.**

In 2010, Colorado's Medicaid program began reimbursing for "the remote monitoring of clinical data through electronic information processing technologies." The fiscal note affixed to the authorizing legislation estimated in-home telemonitoring would save Colorado Medicaid by reducing hospitalizations 10% and keeping Coloradans out of the emergency room.[viii]

7) **A study of Kansas telehealth expansion in the Medicaid program found $26,000 in cost savings per patient per year attributable solely from reduced hospitalizations.**

In 2010, the Center for Telemedicine & Telehealth at the University of Kansas Medical Center published the results from a three-year study tracking outcomes, costs, and utilization associated with Medicaid in-home telemonitoring services provided through a federal waiver. The results demonstrated the use of in-home telemonitoring reduced the rate of emergency room visits, inpatient hospitalizations, nursing facility placements, and associated health care costs. The authors of the study found over $26,000 in cost savings per patient per year from reduced hospitalizations. In comparison, the cost of equipment was $816 per patient per year.[ix]

8) **Louisiana's Department of Health and Hospitals examined available research and concluded that new telehealth applications reduce overall costs.**

In 2013, the Louisiana Department of Health and Hospitals wrote the following to the House and Senate Health and Welfare Committee chairmen:

> Research cites three methods telehealth can produce an economic benefit. The first is patients can avoid hospital transfers by receiving telehealth consultation services, therefore reducing transportation expenses. In emergency situations, like stroke care, telehealth can provide guidance to physicians to administer life-saving drug therapy. The second method is home monitoring of patients with chronic diseases which can result in decreased hospitalizations. Finally, telehealth can enhance the marketability of rural health facilities and keep more health care dollars in the local economy...In addition to telehealth economic benefits, results in patient

health outcomes have been optimal. Recent studies have found that new telehealth applications, such as remote patient monitoring, have reduced overall costs, and improved health outcomes for target populations.[x]

9) A New York Study of 53 patients with high hospital utilization found telehealth produced a 42% drop in medical costs.

In 2010, the New York Eddy Visiting Nurse Association (VNA) completed a one-year study of 53 patients with two or more hospitalizations or emergency room visits in the last 12 months that had telehealth units installed in their homes. The study reported the following results:

- 55% drop in the number of hospitalizations, from 178 to 80;
- 29% reduction in emergency visits, from 137 to 97;
- 42% drop in medical costs, from $3 million to $1.7 million.[xi]

10) In 2013, Texas authorized Medicaid coverage of in-home telemonitoring services. In the fiscal note authorizing that coverage, the Deputy Executive Commissioner for Financial Services for the Texas Medicaid program concluded the change would result in cost savings.

The fiscal note determined that the first five-year period of the new coverage would result in cost savings "as the addition of telemonitoring as a Medicaid benefit is anticipated to result in fewer hospital readmissions and emergency room visits." The note did not identify exact savings that would accrue, but "the report unequivocally states the policy would result in anticipated cost savings."[xii]

11) A study of Iowa's use of telehealth for congestive heart failure management found nearly $3m in savings in a demonstration program for the Iowa Medicaid program.

A demonstration project of 266 Iowa Medicaid members utilizing telehealth in the management of congestive heart failure found a 24% reduction in hospital admissions, a 22% decrease in total bed days, and nearly $3m in savings from reduced health care service utilization. [xiii]

12) A 2015 study concluded that telehealth for individuals with mental health needs improves care and reduces costs.

A study by researchers at the University of Michigan, University of Kentucky, and University of California Davis concluded:

> "The published scientific literature on [telemental health] reveals strong and consistent evidence of the feasibility of this modality of care and its acceptance by its intended users, as well as uniform indication of improvement in symptomology and quality of life among patients across a broad range of demographic and diagnostic groups. Similarly, positive trends are shown in terms of cost savings. Conclusion: There is substantial empirical evidence for supporting the use of telemedicine interventions in patients with mental disorders."[xiv]

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[i] Department of Health and Human Services, "Medicare and Medicaid Programs; Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Programs of All-Inclusive Care for the Elderly (PACE), Medicaid Fee-For-Service, and Medicaid Managed Care Programs for Years 2020 and 2021," 84 Fed. Reg. 15680 (April 16, 2019) https://www.govinfo.gov/content/pkg/FR-2019-04-16/pdf/2019-06822.pdf

[ii] HHS did score a $6.1m and $6.1m cost to the Medicare Trust Fund in 2020 and 2021 respectively due to the additional telehealth benefits in the rule for approximately 22 million beneficiaries. However, HHS explains that those costs are not due to the additional benefits but from a transfer of costs from rebates to the Medicare Trust Fund because of a change in classification of the benefits from supplemental benefits to basic benefits.

[iii] Id at 15811.

[iv] Id.

[v] Id. at 15810- 158112.

[vi] Connecticut General Assembly (CGA). 2015. Survey of states providing coverage for in-home telemonitoring services. Hartford, CT: CGA.

https://www.cga.ct.gov/hs/tfs/20151008_Medicaid%20Rates%20for%20Home%20Health%20Care%20Working%20Group/20151109/Survey%20of%20States%20Providing%20Coverage%20for%20Telemonitoring.pdf

[vii] Id.

[viii] Id.

[ix] Id.

[x] Id.

[xi] Id.

[xii] Id.

[xiii] http://www.iowaccc.com/wp-content/themes/iccc/pdf/Congestive_Heart_Failure.pdf

[xiv] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4744872/pdf/tmj.2015.0206.pdf

HSHS

St. Vincent St. Mary's St. Nicholas St. Clare

Good Morning members of the committee:

My name is Shana Kettunen, I am the Director of Business Development and Telemedicine for Hospital Sisters Health System, Eastern Wisconsin Division which includes St. Vincent and St. Mary's Hospitals in Green Bay, St. Nicholas Hospital in Sheboygan, and St. Clare Memorial in Oconto Falls. On behalf of our four hospitals, we appreciate the opportunity to submit these comments on telehealth. We first started offering telehealth services in 2016 with a telestroke program at St. Nicholas Hospital, and that year, we had a total of 80 telehealth patient visits. Today in 2019, we are facilitating over 200 telehealth visits per month at our hospitals. We do not view telehealth as technology, it is a vehicle to deliver valuable care to our patients. With the use of telehealth we have seen improved access to specialty care for our patients, by bringing the specialist directly to the patient when and where it is needed which has led to better patient outcomes, better patient and provider satisfaction, and decreased costs for subsequent care. At this time, I would like to show you a video that demonstrates a few of the telehealth programs we currently offer in our hospitals.

As you saw in the video, we offer a variety of telehealth services including telestroke. When we started the telestroke program we saw a lot of success. With every minute someone is having a stroke, 1-2 million brain cells die. It is critically important that we treat the patient quickly since time is brain. With telestroke we are able to treat patients more quickly by bringing the Neurologist right to the patient bedside via telemedicine and they are able to assess the patient in real time and develop a plan of care with the emergency department physician. We saw a 30 minute reduction in the door to needle time, the time from when the patient arrived to our Emergency Department to when they received the clot busting drug tPA in the first year of the program. This reduction in time to treatment saved each patient an estimated 30-60 million brain cells. With TeleStroke at some of our hospitals, patients now have access to a specialty service like Neurology that they would not have had access to without telemedicine because there are not enough Neurologists to cover every rural hospital and recruitment can be difficult.

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St. Vincent St. Mary's St. Nicholas St. Clare

Another telehealth service I would like to discuss today is our substance use treatment program through Libertas, our nonprofit, fully licensed and accredited, substance use treatment provider. Libertas is based on the philosophy that addiction is an identifiable and treatable disease.

In 2015, Libertas in collaboration with Prevea Health, received the WI Department of Health Services Heroin Opioid Prevention Education (HOPE) Grant. This grant provides HOPE services to residents of Florence, Marinette, Menominee and Oconto Counties. In 2018, Libertas was also awarded a WI Public Service Commision Telemedicine Equipment Grant to expand HOPE services to 10 locations via telehealth in these counties. The telehealth program would allow patients with opioid and methamphetamine use disorders in rural and underserved northeastern Wisconsin to access abstinence-based treatment or medication-assisted treatment with substance use counseling. This telehealth equipment will remove a significant travel obstacle for HOPE individuals, which can be over 1 hour each way and help patients overcome addictions with best practice, evidence based treatment, by giving them access to Libertas clinicians at multiple locations closer to home. The goals of our Libertas telehealth program are to improve patient access to care and reduce travel time to appointments in order to save lives and improve outcomes in rural areas with limited resources.

Since being awarded the telehealth equipment grant in 2018, we have been working to implement our telehealth program. We have deployed the telehealth equipment to the 10 sites and now are working on the regulatory requirements. In order to provide behavioral care telehealth services we need to certify all 10 telehealth locations as branch sites under both our Libertas and Prevea Health certifications. In addition to the branch site certifications, we need to complete the WI Medicaid Behavioral Health Telehealth Certification again for both Libertas and Prevea Health. This certification is a duplication of many of the requirements we already need to obtain for the branch site certification and includes other telehealth specific elements as well. This includes adding a requirement that any room that will be used for telehealth has a lock on the door, which can be a safety risk for our healthcare team, creating telehealth specific policies, annual telehealth training which includes the history of telehealth, and listing any providers that would be participating in telehealth visits. This has added

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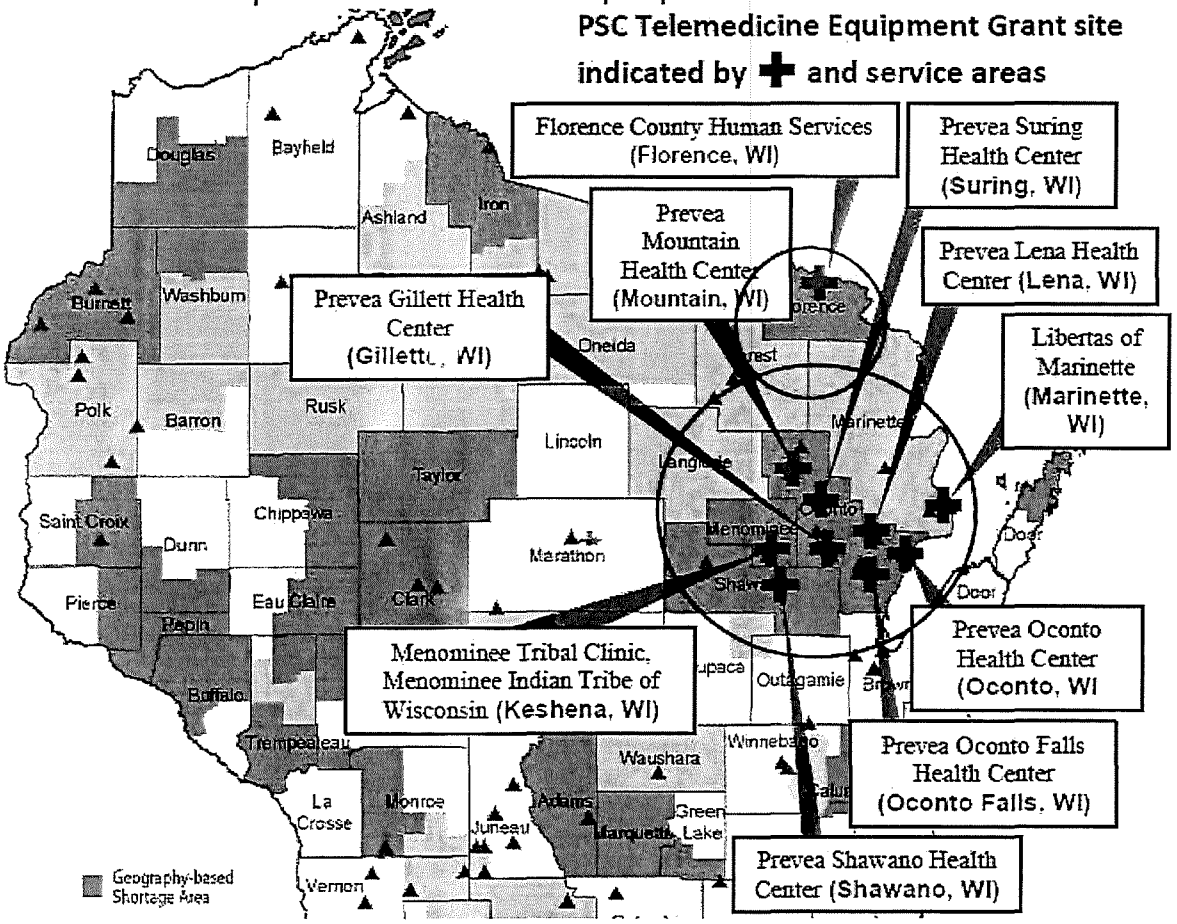
additional steps to implementing the telehealth program and has delayed our launch in an area with a critical need.

Behavioral Care is the only telehealth program that requires a separate telehealth certification. Healthcare is already highly regulated and telehealth services are just a different way we are providing healthcare for our patients. This certification is only adding additional regulations and costs for us to care for an underserved, vulnerable patient population.

We hope you will help us change the telehealth law so more services can be covered and more people in Wisconsin can be served. Thank you for considering this bill and the impact it will have on the people of Wisconsin.



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Senate Committee on Health and Human Services
Testimony in support of SB-380
Provided by Rachel Zorn, UW Health Manager, Telehealth
October 9, 2019

Dear Chairman Testin and members of the committee:

Thank you for the opportunity to appear before you today. We are representing UW Health where I serve as the Telehealth Manager. I am joined by Dr. Thomas Brazelton, Medical Director of the Telehealth Program and President of the Medical Staff. We are here in support of Senate Bill 380 and our goal is to explain the direct impact this bill would have on our ability to embed telehealth services into our health care model to better meet the needs of our patients and communities. We hope the information we share will convince you to join us in support.

As currently written, SB-380 would remove state Medicaid policies that limit telehealth coverage of otherwise reimbursable Medicaid-covered services. It would also require Medicaid to reimburse for telehealth services when delivered to the patient's home or other non-clinical environments. We wholeheartedly support this as it would help to decrease (a) long wait times patients currently experience to see their provider, (b) time off from work for patients (c) long distances traveled to receive health care services, and (d) the additional burden on family members who often coordinate and/or accompany patients to and from appointments.

At UW Health we developed a program, using evidence-based telehealth technology, to provide same-day access to non-dilated eye screening for adult patients with diabetes. A retinal camera is co-located with primary care clinics and the images are sent via store and forward technology to an Ophthalmologist to interpret. With this program we reduce patient travel and time away from work for a separate appointment with the specialist. We can also increase the efficiency for patients who need to be seen in Ophthalmology clinic as we convert clinically-appropriate in-person visits to high quality, efficient telehealth modalities. Ophthalmology is a growing need in our community, especially for individuals with diabetes. Diabetic retinopathy is the leading cause of blindness in working-age Wisconsin adults and ninety percent of blindness can be prevented through early identification and treatment. Currently, only 50% of diabetic adults meet screening guidelines for retinal evaluation every one or two years, mostly because of the delays associated with in-person screening.

Within the first year of our Dane County program we identified diabetic retinopathy in 17% of screenings and improved access to services from *weeks* to see an Ophthalmologist in person to 2.1 days with the Teleophthalmology service. Financially this amounts to $6,680 in annual cost savings per patient due to earlier detection and treatment. The Teleophthalmology program is succeeding not only because there is an evidence-based, telemedicine technical solution to address a growing patient and community need, but also because there is policy and payment to support this model of care. Wisconsin Medicaid and most commercial insurers

cover this preventive service, providing our patients and providers an appropriate incentive to meet the standard of care and improve patient access.

SB-380 would allow us to replicate this success we have seen in Teleophthalmology to other essential, and no less impactful, areas. For telehealth, improved patient access leads to better outcomes and can only support the health and economic vitality of our communities, especially in the rural areas where access to specialty care is so limited.

Other examples of where expanded access to telehealth will improve outcomes include:

1. **Prenatal visits:** Offer telehealth to women with low risk pregnancies; provide more convenient options to support women through a healthy pregnancy while still participating in the workforce. Telehealth can reduce the burden to decide between taking time off work to travel for in-person prenatal care or the potential impact of missed appointments on her and her child's health.
2. **Children with complex needs:** Telehealth brings the specialized care to patients residing in rural and physician shortage areas and diminishes the disruption to normal daily living for the patient, care givers, and siblings. reducing time off from work for parents and legal guardians, school absences for the patient and siblings, and need for additional childcare coverage.
3. **Specialty eConsults**: Primary care providers often need specialty consults but they historically have required the patient to see the specialist in person. With eConsults, the primary care provider can have those questions answered within 2 days, saving the patient weeks of angst while waiting for the specialist appointment, often saving the need for specialty appointments and unnecessary or repeat testing.
4. **Complex patients in the home:** With remote patient monitoring, our most fragile and medically complex patients can be managed in their homes safely, reducing unnecessary clinic or ER visits and decreasing readmissions by up to 75%, improving their quality of life while reducing the cost of their care.

In conclusion, we support this bill because it helps us improve the way we deliver care to our Medicaid patients, which in turn supports healthier, more productive communities. Enactment of SB-380 will mean an opportunity to expand health care through increased access, uncompromised quality of care, patient-and family centered services, delivered at the right time and to the right place.

Thank you for your time and your interest in our support for SB-380. We are happy to respond to questions.

Selected References:

American Optometric Association. Evidence-based clinical practice guideline. In: Evidence-based Optometry Guideline Development Group. Eye care of the patients with diabetes mellitus. St. Louis, MO: American Optometric Association, 2014:2–83.

Liu Y, Rajamanickam VP, Parikh RS, et al. Diabetic Retinopathy Assessment Variability Among Eye Care Providers in an Urban Teleophthalmology Program. *Telemed J E Health*. 2019;25(4):301–308. doi:10.1089/tmj.2018.0019.

Wittenborn, J, Rein, D. Cost of Vision Problems: The Economic Burden of Vision Loss and Eye Disorders in the United States. Ophthalmology. 2013 Sep;120(9):1728-35. doi: 10.1016/j.ophtha.2013.01.068. Epub 2013 Apr 28.

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Public Hearing of the Senate Committee on Health and Human Services
Testimony in support of SB-380
Provided by Thomas B. Brazelton, III, MD, MPH, FAAP
Professor of Pediatrics, University of Wisconsin School of Medicine and Public Health
October 9, 2019

Thank you Chairman Testin and members of the committee for the opportunity to testify in support of Senate Bill 380 related to expanding coverage for telehealth services in the Medicaid program. I appreciate your time and attention. I work closely with the Telehealth Program at UW Health and I have seen first-hand the many ways this legislation could benefit our providers and patients.

We are one of only 3 states in the country without payment reform for telehealth but Wisconsin has a long tradition of doing the right thing and we believe that, in taking the time to see the course of other states and their telehealth payment and parity policies, we have the opportunity to not just do the right thing but to do it the right way as well.

We face a crisis in medicine, from all fronts, but probably the most destructive to our state is the impending loss of critical access and rural hospitals. This safety net for our rural communities is being worn down by economies of scale and an inability to *locally* provide essential but specialized services. We believe this safety net can be re-woven with a telehealth infrastructure. Rebuilt by a network of specialists from major medical centers, rural access hospitals could provide capabilities they only dreamed of heretofore, at lower costs and with better outcomes.

Telehealth in our country is in an exponential growth curve and for good reason: it is truly patient-focused in how it offers convenience but it also provides the standard of care for many conditions without additional brick-and-mortar. We have an opportunity to re-invent and re-define how healthcare is delivered: to package specific disease conditions, to envelope patients and their families in novel care systems, to integrate with technology and electronic information systems to develop what's been called an "ecosystem" of care that isn't medical center- or location-specific.

It may sound too good to be true but many health systems across the country are reporting these kinds of gains and it's keeping patients, families and providers in their communities, where they belong, obviating the need for long travel times, days off work, costly and unnecessary testing, and long wait times to get into busy urban clinics. The gains for the medical centers are less crowded clinics and capability to see clinically appropriate patients---specialists see who they NEED to see rather than anyone who is sent to them because the referring provider is unsure but wants to be safe. Through eConsults, the traditional "pre-

authorization" can now be performed by the clinicians, not the insurers, to determine if the patient truly needs that referral to the specialist.

Telehealth parity opens up this avenue to patient access because it will provide the financial seed money for Wisconsin-based health care systems and their insurance products to get into this space, insuring out-of-state companies that lack allegiance to our local communities don't exploit our already fragile systems of care. Our collective ownership of the health of our ALL of our communities through a reimagination of how we deliver healthcare is the epitome of the Wisconsin Idea---we are applying new technologies to solve problems and improve the health and quality of life for all citizens of our fine state.

Thank you for your time and for your support of SB-380.

Thomas B. Brazelton, III, MD, MPH, FAAP
Medical Director, Telehealth Program, UW Health
Professor and Vice Chair for Quality
Department of Pediatrics
UW School of Medicine and Public Health

Wisconsin Association of Health Plans

The Voice of Wisconsin's Community-Based Health Plans

Senate Bill 380
Senate Committee on Health and Human Services
October 9, 2019

Chairman Testin, members of the Committee, thank you for the opportunity to testify today. My name is Tim Lundquist and I am the Director of Government and Public Affairs at the Wisconsin Association of Health Plans. The Association is the voice of 12 Wisconsin community-based health plans that provide employers and individuals across Wisconsin access to high-quality health care. Many of these health plans partner with the state through Medicaid Managed Care, where they collectively serve 220,000 individuals in Wisconsin's Medicaid programs.

Community-based health plans recognize the value and promise of telehealth, and support expanded coverage and reimbursement of telehealth services in Medicaid. However, we have questions about how payment parity will work in practice, and how the additional provisions included in Senate Bill 380 will impact Wisconsin's Medicaid Managed Care program.

Senate Bill 380 adds new telehealth benefits and includes a "payment parity" provision that requires the Department of Health Services (DHS) to reimburse for telehealth services at the same rate as in-person services. It is not clear how these provisions will be incorporated into the Medicaid Managed Care program, through which the majority of individuals in Medicaid access health care services. The inclusion of payment parity also has the potential to limit the full promise of telehealth services in Medicaid. It is likely the case that some telehealth services should be paid more, some services should be paid less, and some services should be paid at parity, as conditions dictate.

Association staff is working with DHS regarding agency plans for the coverage and reimbursement provisions of Senate Bill 380.

Specifically, health plans seek to understand:

- How will DHS account for new telehealth benefits, and therefore costs, in the Medicaid Managed Care Program? How will health plans pay for and be reimbursed for telehealth services in the first several years of implementation? How and why would this process change after several years of experience with utilization of telehealth benefits?
- How will the HMO contract be changed to require coverage of the new telehealth benefits established under the bill? What process will the Department follow to develop this language?
- What is the process and timing for inclusion of newly-added telehealth benefits in managed care capitation rates?

Senate Bill 380 represents an important opportunity to advance overage and reimbursement of telehealth services in Medicaid. We look forward to working with lawmakers and DHS to realize the promise of innovation in telehealth for the Medicaid program. I am happy to answer any questions you may have at this time.

State of Wisconsin
Department of Health Services
Tony Evers, Governor
Andrea Palm, Secretary-designee

TO: Members of the Senate Committee on Health and Human Services

FROM: Lisa Olson, Legislative Director

DATE: October 8, 2019

RE: 2019 Senate Bill 380, relating to coverage of services under Medical Assistance provided through telehealth

Good afternoon, Chairman Testin and members of the Senate Committee on Health and Human Services. My name is Lisa Olson. I am the Legislative Director at the Wisconsin Department of Health Services. I am pleased to provide testimony in support of SB 380, which will support the Department in expanding health care access through telehealth services.

The way health care is delivered is changing rapidly in Wisconsin. Leaders across the state are developing new and innovative ways to deliver high-quality care to patients at the right time and in the right place, and they are eager to begin or continue leveraging new telehealth technologies.

Currently, Medicaid reimburses health care providers for services delivered via telehealth in limited circumstances. For example, Medicaid can only pay for certain services as long as patients receive care from certain providers in certain locations—but not their home. Further complicating this dynamic, mental health providers are required to obtain an additional telehealth certification from the Department's Division of Quality Assurance.

Governor Evers' budget required the Department to expand access to telehealth services for Medicaid recipients. Specifically, he directed the Department to develop policies to allow payment for provider-to-provider consultations and other asynchronous transmissions of digital clinical information to capture services that are not delivered at the same time.

Building on the Governor's leadership, SB 380 includes a number of fundamental changes to increase use of telehealth services. First, the bill will allow Medicaid to reimburse for remote patient monitoring services. It will ensure that Medicaid can reimburse for the same telehealth services that Medicare covers, and will also ensure that existing Medicaid services are reimbursed if they are delivered via telehealth. Second, the bill will allow patients to receive telehealth services at home or at school, or other locations, meaning Medicaid will no longer be required to restrict payment based on the location of the Medicaid member. Lastly, the bill removes outdated telehealth provider certification requirements, which go beyond what is required for providers seeing patients face-to-face. We at the Department believe these changes will increase access to vital services, including behavioral health services, for people living across the state, in rural and urban locations alike.

We have heard from Medicaid providers that they are eager to begin using telehealth more broadly, particularly in the behavioral health space.

This legislation will repeal the prohibition on providing treatment for opioid use disorder via telehealth, which will allow more people to receive treatment, including those that live in more rural parts of the state with fewer behavioral health providers. This change – and the others included in this legislation – aligns with the Department's broader effort to address the opioid crisis.
We expect that this legislation, if passed, will allow for more people, in more areas of the state to receive these critical, life-saving treatments.

The Department has prioritized increasing access to treatment services in high need areas. This bill is an important next step in not only closing the treatment gap in resource deficient areas, but also increasing access among communities statewide. By expanding access through the Medicaid program, SB 380 will spread resources to areas where they are most needed.

We have appreciated the opportunity to work with the bill authors throughout the development of this legislation, and also appreciate the Governor for paving the way for this discussion. Thank you for hearing this important bill and for the opportunity to testify. We are happy to answer any questions you may have.

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Senate Committee on Health and Human Services

10/9/19

Sue Dierksen

AARP Testimony in Support of SB 380

Good Afternoon. I am Sue Dierksen from Gleason WI. Thank you for allowing me to testify today. I am here to encourage the committee's support for SB 380, the Telehealth Bill. I serve as one of the volunteer advocates for AARP Wisconsin. Many of our 840,000 members in Wisconsin would benefit from the expanded availability of telehealth practically our isolated rural members and those who do not drive and face transportation challenges getting to a clinic or other health care provider. Today I wish to comment on why AARP Wisconsin supports SB 380 and to share my observations on telehealth from my perspective as a nurse who has practiced in Rural Wisconsin.

AARP WI has a history of supporting increasing access to health care and has supported the use of technology to insure isolated seniors and those with transportation challenges can access quality care. Telehealth is the reason that AARP has been so supportive of broadband expansion. Reliable telehealth availability is a key to better health opportunity for all Northwoods citizens. Health care monitoring via telehealth provides efficient and timely care through face to face discussion with the provider, ability for the provider to visually interact with the patient to assess the overall condition and adjust the plan of care. People/patients can benefit from access to additional telehealth services such as mental health, health education programs and post hospital discharge follow up and monitoring.

In my career as a Registered Nurse I have worked at the corporate level as part of the health benefits team selecting employee health insurance products in addition to implementing effective wellness programs. For the past six (6) years I have lived in northern Wisconsin and worked for a large healthcare system. In my role as Director for Business Health I worked with all the system medical providers and clinics throughout the region to assist local employers in providing better access and timely health care for their employees and families. Through these interactions and my role on various committees and work groups in the health system I became more aware of the barriers patients and providers face in our rural regions related to health care. I also learned of the opportunities that exist through virtual technology to improve healthcare access and health outcomes.

WI has some of the best quality healthcare in the nation, but access to that care is not equally available across the state especially in rural areas such as the northern tier of the state.

The WI population is aging with a large percentage of the population being over 50 y/o and generally experiencing increased chronic health issues as they age. As people age they often forgo driving and therefore transportation becomes an even greater barrier to accessing care.

We understand that Health systems struggle to recruit providers to rural areas adding to the stress of underserved regions and an overload for existing providers.

Urgent care/walk-in care is not meant to treat chronic conditions and therefore are limited in the ability to have a lasting impact on overall health improvement. Yet people will postpone medical care until it is an immediate need and then access an urgent care or an emergency department for care.

Cell phone and/or computer access is increasing for all age groups. Older individuals, generally, are more comfortable with personal face to face or voice to voice communication regarding health care concerns. The information shared and instructions given are more readily retained with a personal interaction. Telehealth provides such interaction in the home setting reducing the stress and need to physically go to a clinic for care.

Telehealth offers an avenue to health care and health education regardless of physical location and transportation barriers. This is a benefit to all citizens regardless of age.

Monitoring of patients with chronic conditions does not necessarily need to be in a clinic to interact with a provider. Multiple computerized medical devices now available provide real time health information to providers but must have reliable internet service to work. The ability to connect via telehealth with the provider to be "examined", review clinic monitoring, and discuss overall health monitoring and adjustments can be very effectively done creating a win-win for all in administering better health care, reducing cost of transportation and services for the patient.

Health systems have also added online/virtual acute care offering for specific common health concerns, leading to faster access, no travel cost and cost effective care.

I believe that reliable telehealth availability is a key to better health opportunity for all Northwoods citizens and other Wisconsinites. Health care monitoring via telehealth provides efficient and timely care through face to face discussion with the provider, ability for provider to visually interact with the patient to assess overall condition and adjust the plan of care. People/patients can benefit from access to additional telehealth services such as mental health, health education programs and post hospital discharge follow up and monitoring.

Please vote to support SB 380. Thank you for your time and consideration.

GWaar
Greater Wisconsin
Agency on Aging Resources, Inc.

Date: October 9, 2019

To: Chair Testin, Vice-Chair Kooyenga, and Members of the Senate Committee on Health and Human Services

From: Janet L. Zander, Advocacy & Public Policy Coordinator

Re: Support for SB 380 – Relating to: coverage of services under Medical Assistance provided through telehealth and other technologies, extending the time limit for emergency rule procedures, and granting rule-making authority. (FE)

The Greater Wisconsin Agency on Aging Resources (GWAAR), is one of three Area Agencies on Aging in Wisconsin. We provide training and technical assistance to support the successful delivery of aging programs and services in 70 counties (all but Dane and Milwaukee) and the 11 tribes in Wisconsin. GWAAR is also a member of the Wisconsin Aging Advocacy Network (WAAN), a collaborative group of older adults and professional aging associations and organizations – including the Wisconsin Association of Area Agencies on Aging, the Wisconsin Association of Senior Centers, the Wisconsin Association of Nutrition Directors, the Wisconsin Association of Benefit Specialist, the Aging & Disability Professionals Association of Wisconsin (representing aging unit/ADRC directors and managers), the Wisconsin Adult Day Services Association, the Alzheimer's Association Wis. Chapter, the Wisconsin Institute for Healthy Aging (WIHA), the Wisconsin Senior Corps Association (WISCA), and the Wisconsin Tribal Aging Unit Association.

Thank you for this opportunity to share testimony on SB 380 relating to coverage of services under Medicaid provided through telehealth and other technologies. "Telehealth" - a practice of health care delivery, diagnosis, consultation, treatment, or transfer of medically relevant data by means of audio, video, or data communication - has long been a covered service under Medicare. In fact, there are more than 50 separate telehealth services covered by Medicare. Many state Medicaid programs also cover an increasing number of telehealth services. Wisconsin's current Medicaid policies limit coverage of telehealth services. SB 380 aims to remedy this by "requiring the Department of Health Services to provide reimbursement under the Medical Assistance program for any benefit that is covered under the Medical Assistance program, delivered by a certified Medical Assistance program, and provided through interactive telehealth." Additionally, the legislation allows patients enrolled in Medicaid to receive telehealth directly in their homes or other non-clinical settings.

Telehealth is a different way to access health care services (not a new type of service). Telehealth services offer patients (especially those living in rural areas or those who are homebound) an option to receive basic, on-demand care without the transportation costs and time needed for a customary in-person office visit. Telehealth services may be more convenient and accessible for some patients who, under this bill, would now be able to receive care via video conferencing, smartphone apps, and online management systems. Receiving care when it is needed, rather than waiting for an office

appointment, has been shown to reduce unnecessary non-urgent emergency room visits. Telehealth also offers patients in rural or remote areas quicker and more convenient access to specialist care without the need to travel long distances (and without the Medicaid program paying for non-emergency medical transportation for patients who need it).

Advances in technology and care delivery innovations have helped to increase access to essential care for many older adults receiving Medicare benefits. We support SB 380 to help improve access to care by providing Medicaid coverage of telehealth services for low-income, older adults (some of whom are not yet eligible for Medicare) and Medicaid participants of all ages.

Thank you for your consideration of these comments supporting SB 380.

Contact: Janet Zander, Advocacy & Public Policy Coordinator
Greater Wisconsin Agency on Aging Resources
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WPHCA
Wisconsin Primary Health Care Association

October 9, 2019

TO: Chairman Patrick Testin
Members of the Senate Committee on Health and Human Services

RE: 2019 Senate Bill 380 (2019 Assembly Bill 410); coverage of services under Medical Assistance provided through telehealth and other technologies

On behalf of the Wisconsin Primary Health Care Association (WPHCA), I am writing to express support for 2019 Senate Bill 380 (Assembly Bill 410).

WPHCA is the membership association for Community Health Centers (also known as Federally Qualified Health Centers, FQHCs) in Wisconsin. Community Health Centers are private, non-profit organizations that are federally mandated to be governed by the patients they serve. They are also required to be located in or serve a Medically Underserved Area or Population. This means that they are also in federally recognized Health Professional Shortage Areas. Thus, Community Health Centers are always struggling with the shortage of providers. This gives us a vested interest in this telehealth legislation as a way of opening up access in the rural and underserved areas that Health Centers serve.

The Wisconsin Primary Health Care Association believes that this legislation opens up avenues to increase patient and provider utilization of telehealth services for Medicaid/BadgerCare patients. More specifically it:

- Increases access to care for Medicaid/BadgerCare patients by reducing transportation, physical distance and mobility barriers.
- Increases the ability of Community Health Centers and other providers to provide telehealth services by reimbursing them for telehealth services at their Medicaid rate for in-person services and removing administrative barriers.
- Increases patient access to mental health and substance use disorder services.

Increases Access to Care by Reducing Patient Barriers

Community Health Centers serve over 300,000 patients in communities throughout the state. 57% of those patients receive health coverage through Medicaid.[1] Per federal law, Health Centers are required to provide comprehensive services in high need areas, where many patients face geographic, economic, transportation, and other barriers to health care. Patients, especially those in rural, sparsely populated areas face long travel times between their home and a health care provider. Increasing patient access to health care via telehealth is an important step in reducing barriers to care.

[1] Health and Human Services, Health Resource Services Administration Uniform Data System.

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Increases the Ability of Community Health Centers to Provide Telehealth Services through Adequate Reimbursement and the Removal of Administrative Barriers

Over the years Community Health Centers across the nation have begun offering telehealth services in their centers to increase care access avenues for their clients. Nationally, roughly 40% of Health Centers offer needed services or help patients monitor their chronic conditions through telehealth.[2] Health Centers in rural communities have been quick to see the benefits of telehealth for their patients, and nationally nearly half of health centers in rural communities utilized telehealth for services outside the clinic.[3] However, reimbursement policy in Wisconsin has hindered the ability for the majority of Community Health Centers to offer their patients telehealth services.

This legislation would reimburse Community Health Centers for telehealth services at their Medicaid rate, allowing them to expand access to care to more people. Along with reducing administrative barriers, this is a critical step in promoting the expansion of telehealth and ensuring long-term sustainability of these services in Community Health Centers.

Increases Access to Mental Health and Substance Use Disorder Services

Community Health Centers have increased their capacity to provide mental health and substance use disorder treatment and recovery services in response to the needs of their communities. Patient visits for these services have tripled since 2003. The need for these services coupled with provider shortages have Community Health Centers searching for alternative strategies to meet the demand. This legislation will allow Health Centers to use telehealth and particularly telepsychiatry for patients who may otherwise not be able to access mental health and substance use services.

Community Health Centers are continuously seeking creative and cost-effective ways to remove barriers to care for their patients. Expanding Medicaid coverage for telehealth services will help Community Health Centers and other providers increase access to a range of quality health care services for more communities experiencing provider shortages and barriers to care.

Sincerely,

Stephanie Harrison

Stephanie Harrison, CEO
Wisconsin Primary Health Care Association

ABOUT WPHCA:
WPHCA is the membership association for Wisconsin's 17 Federally Qualified Health Centers (FQHCs) also known as Community Health Centers (CHCs). Community Health Centers work to create healthier

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[2] The National Association of Community Health Centers. "Snapshot: The Health Center Program is Increasing Access to Care through Telehealth." February 2018. http://www.nachc.org/wp-content/uploads/2018/02/Telehealth_Snapshot_FINAL_2.22.18.pdf

[3] Ibid

communities by improving access, providing quality health care and reducing health disparities for Wisconsin's underserved and low-income populations. Our aim is to ensure that all Wisconsinites achieve their highest health potential. We execute our mission and focus our aim through providing training and technical assistance to Wisconsin's Community Health Centers and advocating on their behalf.

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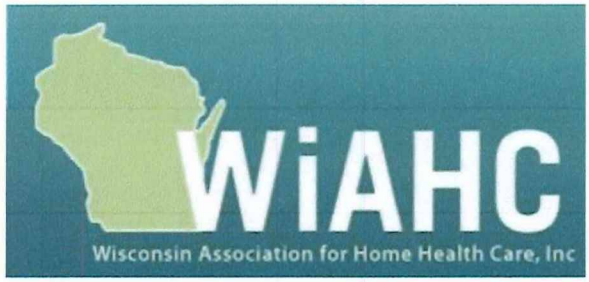

TO: Members of the Senate Committee on Health and Human Services
FROM: The Wisconsin Association for Home Health Care
DATE: October 9, 2019
RE: Please Support Senate Bill 380

The Wisconsin Association for Home Health Care (WiAHC) is a membership-based association that represents home health care agencies and their staff. WiAHC helps to support the common interests of its members to promote home health care as a quality, cost-effective health care option in our state. In Wisconsin there are over 14,000 home health employees that have garnered $386 million in wages.

Home health care comprises a variety of health care services that can be provided in a patient's home to address an illness or injury. Home care is a convenient option for the individual who can be at home but needs the extra assistance for short-term or long-term care that cannot be provided solely by family or friends. Numerous studies have established that 9 out of 10 people prefer home care over nursing home care.

Workforce availability is an ongoing issue for the healthcare industry. Unfortunately, home health agencies regularly lose highly skilled nurses to other sectors, mostly due to compensation potential. In Wisconsin, RNs are disproportionately represented in nearly all other areas within the healthcare industry. Wisconsin is also well below the national average when it comes to RNs working in home health settings. RNs working in home health settings make up just 6% of the total nursing workforce in the state, according to the Wisconsin Center for Nursing. Nationally, RNs working in home health settings make up nearly 13% of the total nursing workforce, according to the Bureau of Labor Statistics.

Allowing home health agencies to seek Medicaid reimbursement for telehealth services innovatively addresses nursing workforce issues. An average home health agency nurse has a case load of 25 to 30 patients and sees on average 5 to 6 patients per day. Utilizing telehealth would increase access and utilization by allowing nurses to see 8 to 10 patients per day. Additionally, utilizing telemonitoring allows home health agencies to monitor patient health data 24 hours per day. Other states including Minnesota, Indiana, Nebraska, Kansas, and Texas are already utilizing such technology.

Allowing home health agencies to seek Medicaid reimbursement for telehealth services would alleviate financial strain on Wisconsin's home health agencies and address workforce shortages. Please support Senate Bill 380 and this innovative solution to workforce issues. If you have any questions, please contact WiAHC's government affairs team Tim Hoven and Erik Kanter at 608-310-8833.