



2020 YEAR IN REVIEW

PRINTED SEPTEMBER 2021

THE EMERGENCY DEPARTMENT PRACTICE MANAGEMENT ASSOCIATION

MISSION STATEMENT

The mission of the Emergency Department Practice Management Association is to advocate for Emergency Department physician groups and their business partners to enhance quality patient care through operational excellence and financial stability.

OVERVIEW

The Emergency Department Practice Management Association (EDPMA) is one of the nation's largest professional physician trade associations focused on the delivery of high-quality, cost-effective care in the emergency department. EDPMA's membership includes emergency medicine physician groups, as well as billing, coding, and other professional support organizations that assist healthcare providers in our nation's emergency departments. **Together, EDPMA's members deliver (or directly support) health care for about half of the 146 million patients that visit U.S. emergency departments each year.** We work collectively and collaboratively to deliver essential healthcare services, often unmet elsewhere, to an underserved patient population who often has nowhere else to turn.

EDPMA provides exceptional value to its members throughout the year. From advocacy to education, EDPMA provides unmatched access

to decision makers, advocates on federal and state issues, educates on best practices, and keeps its members up-to-date on the key issues and services affecting their bottom line. EDPMA members work together at committee meetings and on conference calls, with task forces and coalition partners, to find solutions to common industry problems. EDPMA members join forces to harness the opportunities and navigate the issues arising in this changing healthcare environment.

EDPMA is governed by a volunteer Board of Directors comprised of experts in the field of emergency medicine. EDPMA accomplishes its advocacy goals through a focused committee structure led by an active team of talented and entrepreneurial EDPMA members. The committees are open to all EDPMA members and their work is further detailed in the pages of this annual report.

"EDPMA is an extremely nimble and responsive organization. We utilize significant decision makers in each member organization, and routinely mobilize effective, large-scale responses to burning issues and emerging concerns that affect Emergency Medicine."

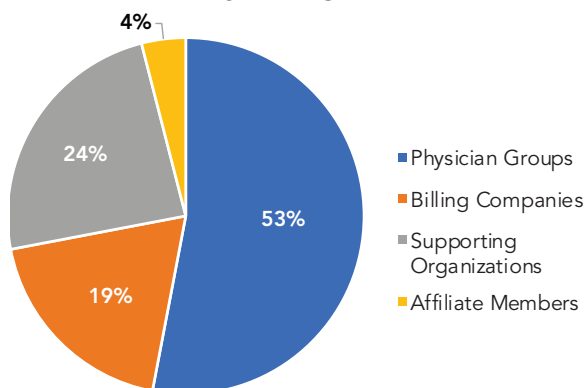
- **Randy Pilgrim, MD, FACEP**, Enterprise Chief Medical Officer, SCP Health

MEMBERSHIP

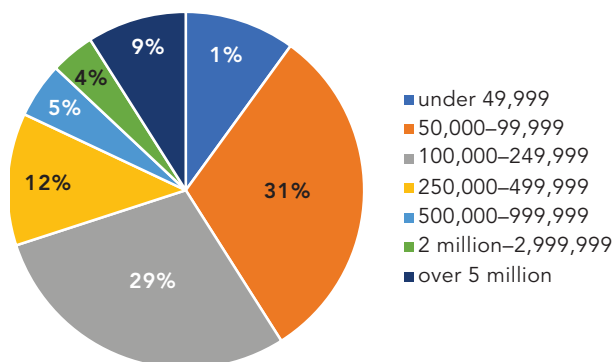
The Emergency Department Practice Management Association (EDPMA) represents emergency physician groups, billing companies, and supporting organizations of all sizes. Emergency physician groups and their practice partners work together, every day, to make the emergency department industry even stronger. We have a large footprint in the industry. **EDPMA members handle over half of the visits to emergency departments each year in the United States.**

In spite of the global pandemic, and the related financial challenges facing current members and prospective members, EDPMA experienced exceptional growth and high membership retention rates this year. This was due in large part to the fact that EDPMA provided timely information on how to pivot in the new COVID-19 environment. In 2020, EDPMA brought on 21 new corporate members and member retention rates were above normal. This was a great success because many members had experienced significant reductions in patient volumes and revenue due to COVID-19. So, we were concerned about losing members.

EDPMA MEMBERSHIP PROFILE



NUMBER OF ANNUAL ED PATIENT VISITS



"Our organization had been asked to join EDPMA for several years. I could not immediately see the value for our company, as we are not a physician staffing or billing company directly impacted by legislative and billing issues. As time went on, it became apparent that whatever impacts the business of Emergency Medicine, impacts all those doing business in that area. Additionally, I quickly learned after joining that the real value in EDPMA is being on the cutting edge of awareness of changes occurring in EM which extend beyond billing and coding, as well as the ability to work directly with those that are the leaders in our industry."

Participation in EDPMA Committees has been a huge asset to achieving this awareness and allows you to network and get to know as friends the leading experts in their field. Within 3 years of joining EDPMA I became Chairman of the Membership Committee and was elected to the EDPMA Board. Both of these opportunities were extended to me through a genuine desire of the current members to have everyone benefit from the expertise and experience of the leaders in EM today. Participation has helped me grow as an individual and helped our company further its success through awareness of a rapidly changing environment in Emergency Medicine."

– **Dave Ernst, MD, FACEP**, President, EPOWERdoc, Co-Chair, EDPMA Membership Committee

2020 FINANCIAL PERFORMANCE

In 2020, the business of emergency medicine as well as the association industry faced many serious financial issues due to the COVID-19 pandemic. For instance, EDPMA had to cancel its signature event, the Solutions Summit and refund partnerships, sponsorships, exhibitors and registrations. Nevertheless, at the end of 2020, EDPMA's financial position was better than was expected if the pandemic had never happened (as illustrated by the budget which had been approved by the Board prior to the pandemic)! EDPMA was able to remain financially stable, and improve upon prepandemic expectations, because:

- EDPMA focused on increasing the value of membership and pivoted to the new economy. We ensured that members received timely information, education, and toolboxes. We advocated on a wide variety of issues important to the industry, including COVID provider

relief, surprise medical billing, and down coding based on diagnosis. We also created new networking opportunities such as virtual roundtables and parties;

- EDPMA created new virtual sponsorships, including the chance to speak with workshop attendees for 20 minutes between sessions about products and services, a virtual vendor showcase on the EDPMA website, and the opportunity to present your own educational webinar or roundtable;
- EDPMA had insured the Summit for lost expenses and lost profits if there was a pandemic; and
- EDPMA tried to reduce expenses wherever possible without impacting the value of an EDPMA membership.

"In an ever-changing payor and reimbursement world, EDPMA has been an invaluable resource for our group. From lobbying for balanced billing, to out-of-network payment standards, to bad payor behaviors such as non-emergent diagnosis denials, EDPMA continues to be the preeminent organization in protecting emergency medicine reimbursement."

- Don H Powell, DO, FACEP, President- Medical Management Specialists, Executive Committee - Emergency Care Specialists





ADVOCACY ACTIVITY IN 2020

In 2020, our advocacy team was led by the Federal Health Policy Committee; the State Regulatory and Insurance Committee; the Quality and Coding Committee; the Provider Enrollment Committee; EDPMA's Executive Director, Elizabeth Mundinger; EDPMA's State Government Relations Director, Michael Dole; and the team of experts at Hart Health Strategies Inc.. We focused on issues such as COVID-19 provider relief, regulatory waivers to ensure emergency care could be provided safely during a pandemic, surprise billing proposals at the federal and state level, and commercial insurers who were pending, denying, and down coding emergency claims based on diagnosis.

EDPMA's advocacy activity has been steadily increasing over the years. In 2020, EDPMA sent over 80 advocacy letters and action alerts. Additionally, EDPMA held 3 sets of leadership lobby days. Here is a summary of that advocacy:

COVID-19: 22 letters and 40 meetings

Other Federal Issues: 10 letters, 40 meetings, and 12 action alerts

State Issues: 23 letters, 2 meetings, and 8 action alerts

Down Coding Based on Diagnosis: 5 letters

"With over 150 out-of-network (OON) state bills seeking to regulate and/or restrict physician billing in the past 2 years, many without sufficient reimbursement safeguards, the EDPMA worked closely with other physician associations to positively engage stakeholders with solutions. EDPMA's volunteers and staff have been a vital part of their success in both defeating adverse OON outcomes and in advancing OON solutions that remove the patient from these disputes. Since its founding over 21 years ago, EDPMA has continued to lead efforts to defeat Medicaid managed care plans seeking to reverse the very prudent lay-person protections that EDPMA was jointly responsible for passing into law over 20 years ago."

- Ed Gaines, JD, CCP, Zotec Partners

ADVOCACY SUCCESSES

2020 was a busy year, with EDPMA sending over 80 advocacy letters and alerts and holding 3 sets of leadership lobby days. Fortunately, decision makers have responded favorably to many of our requests:

COVID-19 PROVIDER RELIEF

1. In addition to hospitals, independent physician groups are eligible for COVID-19 provider relief as EDPMA requested.
2. Initial tranche of provider relief was distributed quickly based on a simple formula based on 2019 Medicare revenue as EDPMA requested.
3. Second tranche (based on 2% of 2018 revenues) provided additional funds and transparency as EDPMA requested.
4. Third tranche (88% of reported losses over 6 months) breaks the previous 2% cap on relief and provides more relief to providers, like emergency physicians, who have more losses and expenses as EDPMA requested.
5. Allows providers to calculate losses by comparing 2020 actual revenue to budgeted revenue.
6. COVID balance billing ban was limited as EDPMA requested. HHS originally appeared to ban balance billing for actual and "possible" COVID-19 cases (all cases). After EDPMA wrote HHS, HHS changed the language to actual and "presumptive" COVID-19 cases. Further, HHS guidance clarified that "Not every possible case of COVID-19 is a presumptive case."
7. HHS clarified circumstances when balance billing for COVID care is appropriate as requested by EDPMA. HHS issued an updated FAQ stating that "if the health insurer is not willing to [reimburse out-of-network providers], the out-of-network provider may seek to collect from the patient out of-pocket expenses, including deductibles, copayments, or balance billing, in an amount that is no greater than what the patient would have otherwise been required to pay ... an in-network provider."
8. HRSA guidance allows acceptable diagnosis in any position as EDPMA requested.
9. HRSA clarified in writing that claims can be paid even when test results were unavailable or came back negative assuming all other requirements are met as EDPMA requested.
10. Commercial insurers not only cover COVID-19 testing (including professional services), as required by law, but also cover related diagnostic services, per CMS guidance, without cost sharing as EDPMA requested.
11. Blanket 1135 EMTALA waiver was approved as EDPMA requested.
12. Small Business Administration clarified that independent contractor physicians are eligible for PPP as EDPMA requested.

ADVOCACY SUCCESSES, CONTINUED

MEDICARE SUCCESSES

1. In response to EDPMA's call for relief from the 6% Medicare cut in the 2021 fee schedule, plus 2% sequestration (for a total 8% cut to EM), Congress:
 - Increased Medicare reimbursement ceiling by 3.75%.
 - Delayed implementation of an add-on code for office-based care for 3 years significantly reducing the Medicare cuts to EM over next 3 years,
 - Delayed 2% Medicare sequester for 3 months.
 - In response to EDPMA's letters, CMS increased ED E/M reimbursement to maintain historic relativity with office-based care
2. GPCI 1.0 Work Floor extended (through 1/1/24) as requested by EDPMA.
3. As requested by EDPMA, CMS finalized coverage and payment for Initiation of Medication Assisted Treatment (MAT) in the ED in 2021.
4. Interest rate lowered (from 10.25% to 4%) and repayment period extended (another 6 months) for Medicare loans made during COVID as EDPMA requested.
5. Emergency department services were added to the list of Medicare telehealth approved services during the pandemic as EDPMA requested. Further, CMS finalized a 2021 fee schedule where all five levels of ED E/M services can be furnished via telehealth through the end of 2021 as EDPMA requested. As recommended by EDPMA, these flexibilities were also extended to critical care and observation services.
6. HHS clarified that during the PHE clinicians who provide telehealth from home are reimbursed as EDPMA requested.
7. Telehealth virtual check-in services expanded to new patients as EDPMA requested.
8. Some freestanding emergency departments are eligible for Medicare reimbursement during the pandemic as EDPMA requested.
9. 2019 MIPS reporting deadline was delayed as EDPMA requested and CMS created exemptions for extreme and uncontrollable circumstances for both 2020 and 2021 reporting.

ADVOCACY SUCCESSES, CONTINUED

FEDERAL SURPRISE BILLING SUCCESSES

1. Takes patients out of the middle of billing disputes as EDPMA requested.
2. Includes Independent Dispute Resolution (IDR) as EDPMA requested.
3. Removes monetary threshold for IDR as EDPMA requested (\$750 threshold would have excluded 95% of emergency claims).
4. Prohibits mediator from considering public reimbursement rates such as Medicare and Medicaid as EDPMA requested.
5. Requires mediator to consider most relevant factors offered by parties, including prior contracted rates (over the last 4 years).
6. Median in-network rate is tied to the past, and increased by inflation, to avoid recent manipulation as EDPMA requested.
7. Batching allowed to improve efficiencies as EDPMA requested.
8. Requires the insurer to either deny or pay the claim in 30 days.

DOWNCODING SUCCESSES

1. UHC delayed implementation of its April 1, 2020 policy that would have violated the Prudent Layperson Standard after EDPMA asked UHC not to implement it and filed complaints with 50 state insurance commissioners.
2. Illinicare (Centene) decreased down coding after EDPMA met with them and raised concerns with state regulators.

"As a result of EDPMA's advocacy efforts reversing the Medicaid downcoding policy in Kansas, Vituity expects to recover over \$130,000. The policy change also avoids future losses that would have occurred if the policy was not rescinded. EDPMA membership is worth several times the amount Vituity has paid in dues."

- Bing Pao, MD, Director of Provider Relations, Vituity

ADVOCACY SUCCESSES, CONTINUED

STATE ADVOCACY SUCCESSES

1. Texas confirmed that the OON arbitration portal supports multiple claim submissions as EDPMA and the Texas provider coalition requested. The Texas Department of Insurance released a report affirming the effectiveness of the arbitration portal and process.
2. Texas delayed its tax on medical billing as requested by EDPMA and others in the Texas provider coalition. The legislature will now have an opportunity to weigh in on the issue in 2021.
3. Virginia did not pass problematic surprise billing legislation based on Medicare rates and, instead, adopted legislation requiring OON reimbursement at the commercially reasonable rate with arbitration as EDPMA and others in the Virginia provider coalition requested.
4. Maine OON legislation references reimbursement rates from an “independent” database when data in the state database is insufficient, as requested by EDPMA and the Maine provider coalition.
5. Connecticut rescinded its executive order that would have blocked the effect of the model CT OON law during the pandemic as requested by EDPMA and the Connecticut provider coalition.
6. Louisiana did not pass problematic OON legislation in 2020.
7. Massachusetts House and Senate made changes EDPMA requested (using an unbiased database and adding an option based on the in-network rate to the standard based on Medicare).
8. Georgia State regulators are leaning towards selecting FAIRHealth as the reference database for their new OON law as EDPMA requested.



EDUCATION

Providing EDPMA members with valuable educational opportunities, news updates, in-depth analyses, and productive networking opportunities are all top priorities. In 2020, EDPMA pivoted from our in-person events to a significantly larger number of virtual educational opportunities. We offered significantly more webinars and offered both workshops on an inexpensive virtual platform. Due to the large number of new issues being addressed during COVID-19, we provided significantly more news alerts and summaries to ensure everyone received timely information on key issues. We continued to offer monthly Membership and Advocacy newsletters, monthly committee conference calls, task force calls, weekly news compilations, website updates, social media, and more.

SOLUTIONS SUMMIT

The Solutions Summit - EDPMA's signature event – is the premier conference for leaders in the business of emergency medicine. Each year it attracts hundreds of emergency department healthcare professionals from across the country. It offers a wide range of workshops, general sessions, briefings, and policy discussions. Led by leaders in the field, Solutions Summit presents practical solutions to the problems facing emergency medicine physician groups and their practice partners.



The EDPMA **2020 Solutions Summit** – Fine Tuning Emergency Medicine: Amplify Your Performance – was supposed to be held at the Renaissance Nashville Hotel in Nashville, TN, May 3-6, 2020. Unfortunately, due to the pandemic, EDPMA was forced to cancel the 2020 Summit. Partnerships, sponsorships, and registrations were refunded.

WORKSHOPS

Due to the pandemic, EDPMA pivoted from live workshops to two virtual ones in 2020, one in August and the second in December. The workshops were offered to members for free, were well attended, and received high marks in the satisfaction surveys:



EDPMA's "**Optimizing Your Practice for a Pandemic or Other Critical Access Crisis**" Virtual Workshop, August 11-12, 2020, was an amazing success. Around 172 participants heard from industry experts that shared their experiences through the height of the pandemic on issues such as finance, telehealth, and setting up your practice for success.



EDPMA's "**Adapting to a New Reality. Success in the Era of COVID-19.**" Virtual Workshop, December 9-10, 2020, was a huge success. Around 136 attendees heard from industry experts that presented on topics such as HRSA, telemedicine, Paycheck Protection Program, and more.

EDUCATION, CONTINUED

WEBINARS

In 2020, EDPMA offered the following 8 webinars:

- COVID-19 Reimbursement: Telehealth, Medicare, and CARES Act Funding for Providers
- Group Practice Strategies for Financially Surviving COVID-19
- Solutions for Ever-Increasing Self-Pay Receivables in a COVID 19 World: Let's Get It Right!
- The Future of Emergency Medicine
- Trends, Innovations and Challenges: The Patient's Financial Experience in 2021 and Beyond
- How Emergency Medicine (EM), the Crown Jewel of the US Healthcare System, Developed & Responding to Threats that Seek to Squander EM
- Are Advanced Practice Practitioners a Disruptive Innovation?
- State Advocacy 101: How We Did, How You Can Do It

ROUNDTABLES AND NETWORKING

In 2020, EDPMA added roundtables as a new membership benefit. Roundtables offer an individual or an organization the opportunity to lead a discussion on a particular topic. Additionally, EDPMA held other networking events. In 2020, EDPMA held 3 roundtables or other networking events.

- EDPMA's Virtual Cinco de Mayo Party
- Uninsured Claims and Other COVID-19 Coding Issues
- Telemedicine During a Pandemic



EDUCATION, CONTINUED

EDPMA KEEPS MEMBERS INFORMED

EDPMA keeps its members fully informed in a variety of ways, including:

- a monthly membership newsletter which shares association news;
- a monthly advocacy newsletter which provides in-depth analyses of policy proposals, reminders of approaching deadlines, and updates on EDPMA's advocacy efforts;
- a weekly compilation of news articles from major media outlets that address issues impacting the business of emergency medicine;
- same-day news and action alerts;
- regular tweets and updates to EDPMA's LinkedIn and Facebook pages; and
- monthly committee meetings where members keep each other informed about a variety of issues impacting reimbursement, provider enrollment, federal and state policy proposals and more.

EDPMA's newsletters and alerts are not only sent via email, but are available on our website so members can access the information when it is convenient for them. EDPMA members can network and find each other through a searchable database which is also located on our website. This on-line directory helps people find basic information about EDPMA member companies and the services they provide. We also have a New Member Spotlight in the Membership Newsletter each month.

EDPMA provides toolboxes on a wide range of topics including out-of-network reimbursement (federal and state), problematic payors, statistics in emergency medicine, Medicare reimbursement, Medicaid, and more. The toolboxes include summaries of and links to legislation, briefing memos, key documents to leave behind with legislators, EDPMA letters sent to decision makers, and their responses.

EDPMA COMMITTEES & CHAIRS, 2020

FEDERAL HEALTH POLICY

Co-Chairs – Andrea Brault, Rebecca Parker, and Randy Pilgrim

This committee tackles the association's response to proposed federal rules, regulations, bills and policies regarding surprise billing, COVID-19 Provider Relief, the Affordable Care Act (ACA), Medicare, Medicaid, and other key legislative and regulatory issues occurring at the federal level. It coordinates federal advocacy efforts with other EDPMA committees and reviews, edits, and approves letters to Congress, CMS and other decision makers.

QUALITY, CODING & DOCUMENTATION COMMITTEE

Co-Chairs – Jim Blakeman, Mark E. Owen, and Hamilton Lempert

This committee focuses on quality, coding, and billing issues such as the Merit-Based Incentive Payment System (MIPS), coding and documentation, inappropriate down coding policies proposed by private payers, avoiding and preparing for audits, developing registries for Emergency Medicine, and more. It develops toolboxes, white papers and workshops to help EDPMA members respond to various issues.

STATE REGULATORY & INSURANCE

Co-Chairs: Nancy Dumas and Shanna Howe

This committee's primary objective is to identify and develop the appropriate response to legislative and regulatory challenges at the state level, including limits on balance billing and surprise billing, Medicaid waivers and copays, and more.

PRACTICE MANAGEMENT COMMITTEE

Co-Chairs: Douglas Brosnan, Alan Eisman, Denise O'Brien, and Mark Jones

This is EDPMA's newest committee addressing a wide variety of issues including gathering data that supports our advocacy efforts, legal compliance, provider enrollment, rural health, alternative payment models, telehealth and emerging ED technology, medical bad debt, and more.

CONFERENCE PLANNING COMMITTEE

Chair: Iva Lee Clement

This committee develops the agenda for the upcoming Solutions Summit, invites Summit speakers, and oversees all aspects of the Solutions Summit.

MEMBERSHIP

Co-Chairs: David Ernst and Juli Forde

This committee helps ensure that EDPMA's membership continues to grow at a healthy pace each year. It also oversees member satisfaction and retention.

EDUCATION

Chair: Paul Hudson and Iva Lee Clement

This Committee works year-round to provide valuable education and training opportunities for EDPMA members, including the Solutions Summit, interactive webinars, and educational workshops. The committee reviews upcoming opportunities to keep EDPMA members apprised of the issues impacting the business of emergency medicine.

EDPMA BOARD OF DIRECTORS, 2020

Vituity

Bing Pao, MD, FACEP
Chair

BSA Healthcare

Jeffrey Bettinger, MD, FACEP
Vice Chair

Brault

Andrea Brault, MD, MMM, FACEP
Immediate Past Chair

Emergency Care Specialists

Don Powell, DO, FACEP
Chair-Elect

R1

Jackie Willett, CHBME
Treasurer

EPOWERdoc, Inc.

David Ernst, MD, FACEP
Executive Committee

TeamHealth

Aron Goldfeld, JD, MBA
Executive Committee

Zotec Partners

Ed Gaines, JD, CCP
Executive Committee

ACUTE CARE

Paul Hudson, FACHE

CIPROMS Medical Billing, Inc.

Andrea Halpern-Bryan

Envision Healthcare

Robert Kneeley

Gottlieb

Shanna Howe

LogixHealth

Elijah Berg, MD, FACEP

Medical Coding Solutions

Mark E. Owen

Rev4ward, LLC

Juli Forde

Schumacher Clinical Partners

Randy Pilgrim, MD, FACEP

Sound Physicians

Mike Presley, MD, FACEP

St. Vincent Emergency Physicians

William Freudenthal, MD, FACEP

US Acute Care Solutions

L. Anthony Cirillo, MD, FACEP

EXECUTIVE OFFICE STAFF AND CONSULTANTS



Elizabeth Munding, JD
Executive Director



Lisa DiBenedetto
Director, Meetings & Events



Paul Gerard
Manager of Membership & Marketing



Kate O'Donnell
Senior Vice President, Marketing/
Communications



Michael Dole
State Government Relations
Director



Katie Lashmet
Senior Coordinator, Marketing



Joanne Tanner
Membership, Sponsorship &
Exhibits Coordinator



Robert S. Jasak, JD
Hart Health Strategies Inc.
Government Relations Consultant



Greg Hufstetler
Data Collection Specialist

Emergency Department Practice Management Association

1420 New York Avenue NW

5th Floor

Washington D.C., 20005

Tel: (202) 868-6769

Fax: (202) 280-1363