



# 2014 YEAR IN REVIEW

PRINTED APRIL 2014

Dear Valued Members,

I cannot believe how fast two years have passed. It seems like only yesterday when I was preparing to take over from Dr. Packard and suddenly my term is over. Like life, it passes much too quickly!

When I became chair I had three goals that I wanted to accomplish:

1. Strengthen the basic organization by bringing on a new Executive Director. I believe that, with the addition of Elizabeth Munding, we have positioned the organization to not only deliver on the daily tasks, which are multiple, but to become a much stronger organization.
2. Enhance our visibility and influence within Emergency Medicine. I believe with our close relationship with ACEP and other groups such as Health Affairs, Urgent Matters and ACOEP we have made significant progress.
3. Increase our value proposition to our members. This is described more fully in this report, but I believe we have made significant progress through the tireless work of staff, committee members, and chairs.

In the last two years our advocacy footprint has grown substantially. We tripled the number of advocacy letters from 5 in 2012 to 15 last year. And we have enjoyed significant success; CMS and Congress agreed to include many of the provisions and changes we suggested in legislation, final rules and guidance. These successes are detailed in this report.

In the area of education, the 2014 summit had record attendance of over 350 attendees and we are poised to beat that number significantly this year. EDPMA /Urgent Matters offered members 4 webinars this year. Our informative newsletters provide in-depth and timely analysis of current issues that impact your bottom line. There was a 50% increase in readership in 2014.

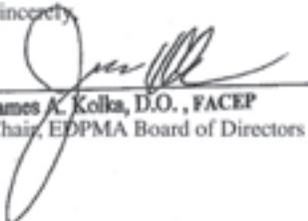
At the end of 2014 we had a record number of members (108), a 97% renewal rate and membership grew by 14% in 2014 (16 members). Much of this may be attributed to a decision the Board made to employ a part time membership staffer.

Finally, let me say that an organization of this size and complexity can only thrive with an extremely dedicated staff and member volunteers. Our Board has been so supportive and they dedicate endless hours of time and talent for free. I have never been on a Board with the immense depth and breadth of talent as this one, truly fantastic people that have supported me and your organization.

The committee chairs and members are what drive the value of the organization and I must thank each and every one of them for the dedication of their time, they do a tremendous job keeping all of us on the front line of constant change in this rapidly evolving environment.

Lastly, I need to thank Elizabeth Munding who always had my back and kept me focused and on task, Aron Goldfeld my assistant chair who gave me guidance on almost every issue that arose, and Randy Pilgrim and Dighton Packard who were my predecessors and mentors without whom I could not have done this. And to you, all of the member organizations who supported the association with your membership and time, thank you.

I am sure I leave the organization in good hands as Dr. Seay takes over, please support him as you did me.

Sincerely,  
  
James K. Kolka, D.O., FACEP  
Chair, EDPMA Board of Directors

# OVERVIEW

---

## MISSION STATEMENT

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

## OVERVIEW

EDPMA is the national trade association representing the emergency physician practice groups, billing and coding companies, and others behind the quality care delivered every day in Emergency Departments across the country. EDPMA members serve over half of the 136 million patients who visit emergency rooms in the U.S. each year.

EDPMA provides exceptional value to its members throughout the year. From advocacy to education, EDPMA provides unmatched access to decision makers, monitors federal and state activity,

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 and to address the issues that affect the industry the most. 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, Chief Medical Officer, Schumacher Group**

---

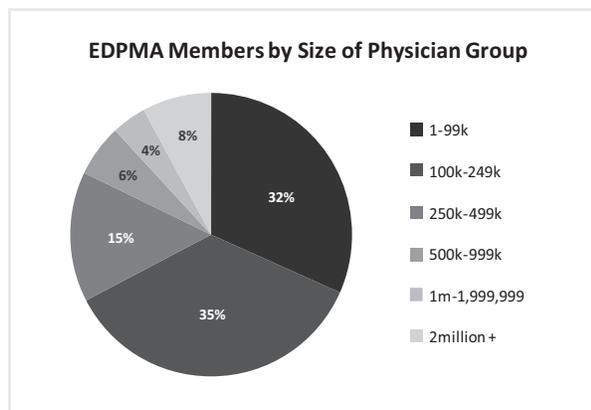
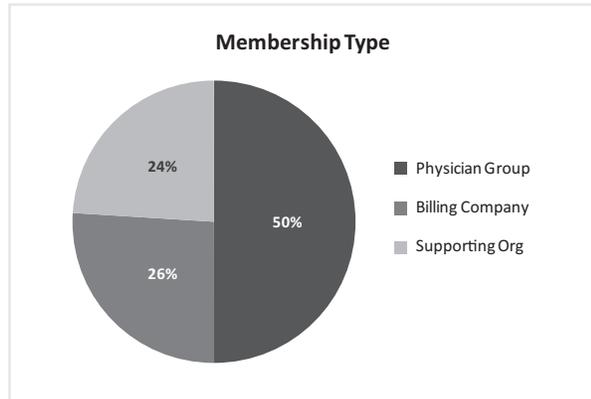
# MEMBERSHIP

---

Members of the Emergency Department Practice Management Association (EDPMA) are a diverse and cohesive team of emergency department physician groups and their practice partners working together, every day, to make the emergency department industry even stronger. EDPMA represents physician groups, billing companies, and supporting organizations of all sizes.

In 2014, **97% of EDPMA's members renewed** their membership. In addition, **EDPMA's membership grew 14%**, welcoming **16 new members**. At the end of 2014, EDPMA had a record **108 members** who, together, serve over half of the 136 million patients who visit Emergency Departments in the U.S. each year.

In 2014, EDPMA developed a new member recruitment video and other recruitment materials that highlight member benefits and the return on investment. We also hired a part-time staff member who is focused on membership recruitment.




---

"It is impressive to see EDPMA members banding together to address issues that plague the business of Emergency Medicine. Members put aside their competitive nature and work cohesively regardless of the size of their organization. Recently, our billing company had an issue with audits. By participating in the EDPMA State Regulatory and Insurance Committee calls, we found we were not alone. Committee members shared best practices and we successfully overturned 100% of the negative audit findings in our appeal!

As a new member of EDPMA, it took very little time to become acquainted with other members and benefit from all EDPMA offers. Everyone I met at the Solutions Summit conference was genuinely interested in me and my role within my company. It was easy to develop friendships and networking contacts. As a result, I am able to perform and provide better results for my emergency physician clients and our company."

**- Andrea Halpern, Account Executive, Client Relations, Ciproms**

---

# ADVOCACY

---

EDPMA accomplished an aggressive legislative and regulatory advocacy agenda by closely monitoring the issues and lobbying a variety of decision makers. Much of this work begins at the committee level, primarily in the Federal Health Policy, State Regulatory and Insurance, Provider Enrollment, Coding and Documentation, and Quality, Value and Performance committees.

EDPMA monitored state and federal action, urged Congress to pass important legislation, met with Administration officials, submitted comments in response to a myriad of proposed regulations, and participated in numerous industry meetings. Our level of engagement and proactive efforts significantly increased this year with a total of 15 advocacy letters which is **50% more letters than last year and triple the number sent two years ago.**

Our growing footprint in the advocacy world has led to a **large number of advocacy successes in 2014 including:**

- retaining claims-based quality measures that CMS proposed to eliminate,
- extending the 1.0 GPCI work floor which was scheduled to expire,
- improving Medicare provider enrollment processes,

- ensuring that state legislation limiting balance billing was not enacted,
- improving Medicaid guidance on cost-sharing,
- funding the fight against the Ebola epidemic, and
- improving coverage for emergency medicine in State health plans.

In 2014, we also worked closely with Congressional committee staff to include many provisions that would improve the bipartisan bill permanently repealing the Sustainable Growth Rate (SGR) formula. Unfortunately, the bipartisan bill did not become law in 2014. However, the legislative language - including the provisions EDPMA requested - was used as the basis of the SGR repeal legislation that was negotiated in 2015.

EDPMA worked closely with its coalition partners including the American College of Emergency Physicians (ACEP), American College of Osteopathic Emergency Physicians (ACOEP), Healthcare Billing and Management Association (HBMA) and others outside the association who share our interests. EDPMA also continues to work with Joyce Cowan, Esq., a partner in the Healthcare Practice at Morgan, Lewis & Bockius, who has been providing outside counsel and government relations services to EDPMA since it was established, and her colleague, Jacob Harper.

---

“Our physician group has benefited immensely from our involvement as a founding member of EDPMA. The strong relationships we’ve developed over the years with industry leaders from across the country have enabled us to form a state coalition to advocate on behalf of emergency medicine in Texas. Our success at the state level is heavily influenced by the individuals we’ve known and the organizational structure modeled by EDPMA.”

**- Cheryl Conner, RN, Chief Executive Officer, Emergency Service Partners, L.P. Member, EDPMA Board of Directors and Executive Committee**

---

# A SNAPSHOT OF EDPMA'S ADVOCACY SUCCESSES IN 2014

---

## **CLAIMS-BASED REPORTING OF EMERGENCY MEDICINE QUALITY MEASURES**

On July 3, 2014, CMS proposed to eliminate claims-based reporting of a number of quality measures including three measures often reported by emergency physicians. Under the proposal, ED physicians would need to report these measures via registry or EHR. On September 2, EDPMA filed extensive comments urging CMS to retain claims-based reporting for ED quality measures because ED physician groups need more time to transition to registry or EHR reporting. On October 31, CMS released the final rule which acknowledged the need to retain claims-based reporting for some specialties and retained claims-based reporting for the three emergency medicine quality measures.

## **EBOLA FUNDING**

On November 19, 2014, EDPMA urged Congress to appropriate emergency funds to fight Ebola, including funds that would benefit emergency physician groups fighting Ebola at home. At the end of the year, Congress passed a funding bill which includes over \$5 billion to fight Ebola, including over \$700 million for hospitals who did treat or will treat Ebola patients or need to renovate facilities to prepare for the epidemic.

## **GPCI WORK FLOOR**

On March 24, 2014, EDPMA urged Congressional Leadership to extend the 1.0 Work Floor for the Geographic Practice Cost Indices (GPCI) which was set to expire. A short time later, Congress extended the 1.0 work floor through April 1, 2015. The work floor prevents deep cuts to reimbursement rates in some regions, especially rural areas.

## **BASIC HEALTH PLANS**

On March 12, 2014, CMS published the final rule implementing state basic health plans that responded to EDPMA's 2013 comment letter favorably by affirming that the "base benchmark plan will necessarily include emergency services based on the prudent layperson standard" and requiring a public comment period on a state's proposed blueprint.

## **MEDICAID COST SHARING**

In 2014, CMS released guidance on Medicaid cost-sharing which addressed some of the concerns raised in EDPMA's 2/21/13 comment letter. For instance, the guidance states that cost-sharing and differential payment rates should only be applied to treatment provided after hospitals fulfill their EMTALA obligations.

## **PROVIDER ENROLLMENT**

In April, June, and October 2014, EDPMA's Provider Enrollment Committee urged the Center for Medicare and Medicaid Services (CMS) to improve Medicare enrollment and revalidation processes. Several of the issues have since been resolved by CMS.

## **BALANCE BILLING**

In response to an EDPMA Action Alert, EDPMA members urged the California Senate to oppose a bill that would have made it more difficult to balance bill in the Emergency Department. The Senate did not pass the bill before its legislative session concluded.

# A SNAPSHOT OF EDPMA'S ADVOCACY SUCCESSES IN 2014

---

## **IMPROVEMENTS TO BIPARTISAN LEGISLATION TO PERMANENTLY REPEAL AND REPLACE THE SGR**

In February 2014, Congressional leadership in both parties in both the House and Senate agreed on legislative language to permanently repeal and replace the Medicare physician reimbursement formula that is based on the Sustainable Growth Rate (SGR). Although that bill did not become law in 2014, it was used as the basis of the 2015 SGR repeal bill. The legislation introduced in 2014 included the following provisions that EDPMA requested (note that, in 2015, EDPMA successfully lobbied to add even more provisions; however, those additional 2015 provisions are not discussed here):

- Provisions ensuring that the new formula for measuring a provider's merit-based performance does not prejudice ED physicians who are not eligible for meaningful use incentives. HHS can assign a weight of zero to a value performance category - such as meaningful use - if that category is not appropriate for that provider type. This change would allow Emergency Physicians to receive a higher overall merit-based score and a higher payment.
- EDPMA urged Congress to address the current unfairness in the Value-Based Payment Modifier program which subjects ED groups to negative adjustments for not reporting, yet

doesn't allow for certain positive adjustments because patients are not attributed to ED physicians. The February 2014 agreement provides that HHS develop new attribution methodology based on the episode of care or the patient's relationship with the physician.

- EDPMA urged Congress to clarify the option of using an affiliated hospital's value scores and allow ED physicians to elect to use appropriate scores. In response, the new language allows HHS to consider an affiliated hospital's "quality" or "resource use" measures.
- EDPMA urged Congress to develop an Alternative Payment Model (APM) that would work well for ED physician groups. The agreement provides that HHS focus on developing and approving APM's for physicians other than primary care physicians.
- EDPMA urged Congress to provide for positive updates to fee-for-service (FFS) reimbursement rates during the transition period and the agreement includes a 0.5% update each year for 5 years.
- EDPMA urged Congress to quickly pass legislation that permanently repeals the SGR formula (which mandates more than a 20% cut in reimbursement rates) and the agreement provides for permanent repeal.

# EDPMA ADVOCACY ACTIVITY — A CHRONOLOGICAL OVERVIEW

---

- In **January 2014**, EDPMA met with key Congressional committee staff to urge further improvements to proposals to permanently repeal and replace the SGR formula for Medicare physician reimbursement.
- On **March 24, 2014**, EDPMA urged Congressional Leadership to immediately pass legislation that permanently repeals and replaces the SGR formula for Medicare physician reimbursement.
- On **March 24, 2014**, EDPMA urged Congressional Leadership to extend the 1.0 GPCI Work Floor which ensures that Medicare reimbursement levels do not drop too low in some regions, especially in rural areas.
- On **April 17, 2014**, EDPMA's Provider Enrollment Committee urged the Centers for Medicare and Medicaid Services (CMS) to improve Medicare enrollment and revalidation processes.
- On **May 9, 2014**, EDPMA supported the Federal Communication Commission's (FCC) proposal to improve technology used to locate 911 calls made from cell phones inside buildings.
- On **June 10, 2014**, EDPMA urged Congress to extend Medicare-Medicaid parity for primary care, including qualifying care provided in the Emergency Department.
- On **June 20, 2014**, EDPMA's Provider Enrollment Committee held a teleconference with CMS and urged them to improve Medicare enrollment and revalidation processes.
- On **June 30, 2014**, EDPMA urged CMS to amend its Proposed 2015 Update to the Inpatient Prospective Payment System (IPPS) by improving reimbursement policy for short-stays and the two-midnight rule.
- On **August 26, 2014**, EDPMA urged the California State Senate to oppose a balance billing ban.
- On **September 2, 2014**, EDPMA urged CMS to make numerous improvements to the Proposed 2015 Medicare Physician Fee Schedule, including retaining claims-based reporting and improving proposed quality provisions.
- On **September 2, 2014**, EDPMA urged CMS to improve the Proposed 2015 Update to the Outpatient Prospective Payment System (OPPS).
- On **September 19, 2014**, EDPMA urged Members of the U.S. House of Representatives to cosponsor bills extending Medicare-Medicaid parity for primary care, including qualifying care provided in the Emergency Department.
- On **September 24, 2014**, EDPMA urged MedPAC to consider EDPMA's views on short stays (see 6/30/14 letter to CMS) when considering the issue in upcoming meetings.
- On **September 26, 2014**, EDPMA urged CMS to improve the implementation and enforcement procedures for the Greatest-of-Three policy.

# EDPMA ADVOCACY ACTIVITY — A CHRONOLOGICAL OVERVIEW

---

- On **October 30, 2014**, EDPMA's PEC urged CMS to improve provider enrollment procedures.
- On **November 19, 2014**, EDPMA sent a letter to Congressional Leadership in support of the Administration's supplemental budget request for Ebola.
- On **November 19, 2014**, EDPMA sent a letter to Congressional Leadership urging them to pass the bipartisan, bicameral policy agreement to permanently repeal and replace the SGR before the end of the year.
- On **December 1, 2014**, EDPMA sent a letter to Congressional Leadership urging them to extend Medicaid Parity for Primary Care, including qualifying care in the ED.
- On **December 8, 2014**, EDPMA and ACEP sent a joint letter to CMS urging them to address the backlog in RAC audits by improving the RAC process.
- On **December 10, 2014**, EDPMA urged those developing an Emergency Medicine patient satisfaction survey for the government (RAND) to improve the survey.
- On **December 22, 2014**, EDPMA and ACEP sent a joint letter to CMS on its proposed rule regarding 2016 qualified health plans. The comment letter focused on Greatest-of-Three policy for out-of-network payments.
- **Throughout 2014**, EDPMA's State Regulatory and Insurance Committee (SRIC) tracked and helped direct key state-level activity on important issues such as Medicaid expansion, Medicaid co-pays, balance billing, state health exchanges, and national and regional payer issues.

In addition, EDPMA keeps its membership up-to-date on important policy activities such as proposed legislation, Congressional actions, court decisions, proposed rules, final rules, and guidance through email alerts, a weekly update of key news articles on emergency medicine, a monthly advocacy newsletter, and updates to our web site.

# KNOWLEDGE & LEARNING



Providing EDPMA members with valuable education and training, news updates, in-depth analysis, and productive networking opportunities are all top priorities. In 2014, EDPMA accomplished these goals in a variety of ways including the Solutions Summit, newsletters, committee conference calls, website updates, educational videos, social media, webinars, and more.

## SOLUTIONS SUMMIT

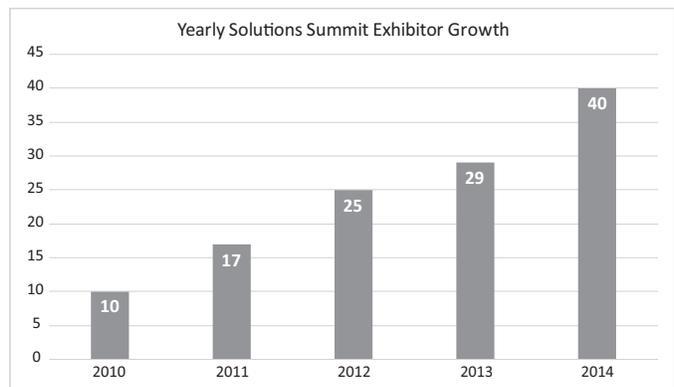
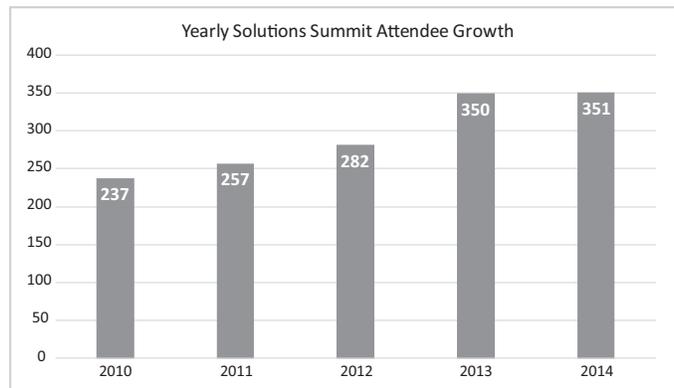
The *Solutions Summit* - EDPMA's signature event - is the premier conference for leaders in the business of emergency medicine. Each year it attracts hundreds of emergency department healthcare professionals from across the country. It offers a wide range of workshops, general sessions, briefings and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



The EDPMA **Solutions Summit XVII** - *The Transformation of Emergency*

*Medicine* - was held at the Roosevelt New Orleans, New Orleans, Louisiana, May 4-7, 2014. This Summit was EDPMA's largest with record attendance with over 350 attendees, record number of exhibitors, and record profits. In 2014, EDPMA created a new video describing the value of the Solutions Summit and encouraging both members and non-members to attend.

## SOLUTIONS SUMMIT ATTENDEE AND EXHIBITOR GROWTH



## Solutions Summit XVIII

- *Navigating Uncharted Waters in Emergency Medicine*

- is being held at The Omni Plantation Resort, Amelia Island, Florida, April 26-29, 2015.

"If your business is involved in the field of Emergency Medicine, EDPMA's Solution Summit should be at the top of your list."

- **Mark E. Owen, Senior Vice President, Nicka & Associates, Inc.**

# KNOWLEDGE & LEARNING

---

## 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, summaries of pertinent discussions in EDPMA's committees, 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 alerts on urgent issues,
- 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, and
- Regular tweets and updates to EDPMA's LinkedIn and Facebook pages.

Newsletter readership increased by 50% in 2014. EDPMA also significantly increased the number of tweets and posts to its social media sites. The number of associations, groups, and individuals following EDPMA has grown exponentially.

The EDPMA website was fully revamped and updated in 2014. Our 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. The web site also includes tool kits and various educational and advocacy resources to help members learn best

practices and advocate successfully. 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, the services they provide, and the state(s) in which they do business.

## WEBINARS

EDPMA offers webinars on a variety of issues throughout the year. In some cases, the webinars are offered only to EDPMA members. In others, the webinars are offered through Urgent Matters. In July 2013, EDPMA began serving on the Urgent Matters Editorial Board. Urgent Matters distributes a quarterly newsletter and offers webinars addressing the issue of patient flow in emergency departments. The Editorial Board is comprised of various associations that represent providers of emergency care. Dr. Wes Curry is EDPMA's representative on the Urgent Matters Editorial Board. EDPMA helps develop Urgent Matters webinars and newsletters; therefore, EDPMA members can access them for free.

In 2014, EDPMA offered the following webinars either through EDPMA or Urgent Matters:

- Cost-Effective Care Strategies in Emergency Medicine
- Drug Shortages
- Point-of-Care Testing in the Emergency Department
- Impact of Mid-Term Elections on EDPMA's Policy Priorities

# FINANCIAL PERFORMANCE

---



EDPMA continues to be financially solid. Although we had a particularly aggressive advocacy agenda in 2014, we did not spend more than we earned. Moreover, in 2014, we were able to invest some of the funds we do not expect to spend in the short term. Because of our secure financial status, we did not need to increase membership dues for 2015.

# EDPMA BOARD OF DIRECTORS 2014–2015

---

## **Midwest Emergency Associates Management of TeamHealth**

James Kolka, DO, CPE, FACEP, Chair of the  
EDPMA Board

## **TeamHealth**

Aron Goldfeld, JD, MBA, Vice Chair of the  
EDPMA Board

## **Greater Houston Emergency Physicians**

Tim Seay, MD, FACEP, Chair-Elect of the  
EDPMA Board

## **EmCare, Inc.**

Dighton Packard, MD, FACEP, Immediate Past  
Chair of the EDPMA Board

## **Intermedix**

Jackie Willett, CHBME, Treasurer of EDPMA

## **BSA Healthcare**

Jeffrey Bettinger, MD, FACEP, Member of the  
Executive Committee of EDPMA

## **Zotec Partners**

Ed Gaines, JD, CCP, Member of the Executive  
Committee of EDPMA

## **ACUTE CARE**

Paul Hudson, FACHE

## **CEP America**

Wes Curry, MD, FACEP, FAAEM

## **Edelberg & Associates**

Caral Edelberg, CPC, CPMA, CCS-P, CHC, CAC

## **Emergency Groups' Office**

Andrea Brault, MD, MMM, FACEP

## **Emergency Physicians Medical Group**

John P. Mulligan, MD, MBA, FACEP

## **Emergency Service Partners, LP**

Julie Sullivan, MD, FACEP

## **Martin Gottlieb & Associates**

Mike Drinkwater

## **Nicka & Associates, Inc.**

Sharon L. Nicka, RN

## **Premier Physician Partners**

Gary Katz, MD, FACEP

## **Reimbursement Technologies, Inc.**

Gregory Hufstetler, CPA, MBA, FHFMA

## **Schumacher Group**

Randy Pilgrim, MD, FACEP

## **T-System, Inc.**

Bob Hitchcock, MD, FACEP

# EDPMA COMMITTEES & CHAIRS, 2014–2015

---

## **FEDERAL HEALTH POLICY**

### **Co-Chairs - Randy Pilgrim & Dighton Packard**

This committee tackles the association's response to proposed federal rules, regulations, bills and policies on the implementation of the Affordable Care Act (ACA) 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.

## **PROVIDER ENROLLMENT**

### **Co-Chairs – Derise Woods & Tammy Davis**

This Committee connects members and their employees who focus primarily on enrolling providers for participation in Medicare and Medicaid programs. It works with CMS and other policymakers and industry partners to improve provider enrollment processes for emergency medicine physician groups and agencies that bill for emergency medicine services. The committee has had many successes including extending the time practices have to submit an enrollment application; allowing E-signatures for online enrollment; reducing MAC processing times for 855 applications; implementing easy-button revalidation; and allowing bank accounts to be located in a different state than the practice.

## **QUALITY, VALUE & PERFORMANCE**

### **Chair – Joe Danna**

This Committee leads on all things related to quality measures, value, and performance in Emergency Medicine. How will EM, its providers and support companies have to change to succeed in this massive transformation in health care. Beyond our traditional performance in providing quality care, our hospitals and systems will look at us very differently as they try to establish themselves as medical homes for the millions of patients entering exchanges. "Population Management" and the "Continuum of Care" may redefine our value.

## **CODING AND DOCUMENTATION**

### **Co-Chairs - Jack Turner & Mark E. Owen**

This Committee keeps EDPMA members apprised of ongoing coding and documentation issues affecting emergency medicine. If you or your organization

is concerned about a payers' use and abuse of the CMS and Marshfield E/M documentation guidelines, the sometimes unfair interpretation by payers of AMA/CPT guidelines, or how ICD-10 will affect documentation and coding, and you want to work with a group to protect the best practices for emergency medicine documentation and coding, then you will want to join this committee. This Committee played a significant role in preventing the 1997 CMS Guidelines from being the only acceptable guidelines by retaining the 1995 Guidelines as an alternative. The Committee analyzes payer audit trends and discusses techniques for Providers to defend their documentation and coding when under audit.

## **STATE REGULATORY & INSURANCE**

### **Co-Chairs – Andrea Brault & Mark E. Owen**

This committee works with EDPMA members at the state level to keep each other apprised of critical regulatory and insurance issues, including state-level activity on Medicaid expansion, health exchanges, bad payer behavior, Medicaid copays, and balanced billing. When appropriate, EDPMA takes action to advocate at the state level on these issues.

## **CONFERENCE PLANNING**

### **Chair – Beth Cesta**

This committee develops the Solutions Summit agenda, invites speakers, and oversees the planning of the Solutions Summit.

## **MEMBERSHIP**

### **Chair – Andrea Halpern**

This committee helps ensure that EDPMA's membership continues to grow at a healthy pace each year. It also oversees EDPMA's efforts to retain current members.

## **EDUCATION**

### **Chair - Paul Hudson**

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.

# EXECUTIVE OFFICE STAFF AND CONSULTANTS

---



**Elizabeth Munding, Esq.**  
Executive Director



**Joyce Cowan, Esq.**  
Partner, Morgan, Lewis &  
Bockius, Healthcare Practice



**Paul Gerard**  
Program Manager, Membership



**Jacob J. Harper**  
Associate, Morgan, Lewis &  
Bockius, Healthcare Practice



**Kristy Cartier**  
Membership Coordinator



**Rebecca I. Fazzari, CMP**  
Associate Director of Vendor  
Relations & Meetings

---

## **Emergency Department Practice Management Association**

8400 Westpark Drive  
2nd Floor  
McLean, VA 22102  
Tel: (703) 610-0314  
Fax: (703) 995-4678

