



# 2018 YEAR IN REVIEW

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Dear Valued Members of EDPMA:

As a result of holding a record number of advocacy meetings with key decision makers on a wide variety of issues, EDPMA enjoyed a high level of advocacy success in 2018. However, the work must continue as we face some of the most serious challenges to ensuring the safety net.

Our advocacy successes are described in detail in this report. One of the issues that was front and center was proposed limits on balance billing. We have been working to ensure that the patient is kept out of the middle, providers are reimbursed fairly, and patients continue to have access to the nation's healthcare safety net – the emergency department. On the federal level, we held over 50 meetings and successfully worked for appropriations report language improving the federal minimum benefit standard for out-of-network emergency care, funding for the Children's Health Insurance Program, an extension of important Medicare provisions that bolster reimbursement for emergency care and elimination of provisions that were harmful, faster payments from Veterans Affairs, and much more. On the state level, we improved many bills that address out-of-network reimbursement, helped stop many problematic bills from becoming law, and successfully encouraged states to improve their Medicaid waiver applications. We also advocated directly with commercial payers, some of whom listened and improved their problematic down coding policies.

The Solutions Summit in Fort Lauderdale, Florida, was a huge success with over 400 attendees and over 50 exhibitors. We had beautiful weather for beachfront networking events. EDPMA offered educational sessions on reimbursement, practice management, telemedicine, in-depth EDPMA committee workshops, and a special focus on problematic down coding policies implemented by commercial payors. EDPMA also held two workshops on Revenue Cycle Management, each with about 50 attendees. We also offered webinars on Medicare reimbursement and a minimum benefit standard for out-of-network reimbursement.

Members were kept informed about a wide variety of threats, successes, and other activities through our weekly ED Newsletter, monthly Membership and Advocacy Newsletters, News Alerts, and social media.

We welcomed 19 new members this year and members of EDPMA report a high level of satisfaction with the association.

We look forward to continuing to provide top-notch services to those in the business of emergency medicine.

Sincerely,

Andrea Brault, MD, MMM, FACEP, Chair of the Board  
Emergency Department Practice Management Association (EDPMA)

# OVERVIEW

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## 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 141 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.

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*"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, Schumacher Clinical Partners

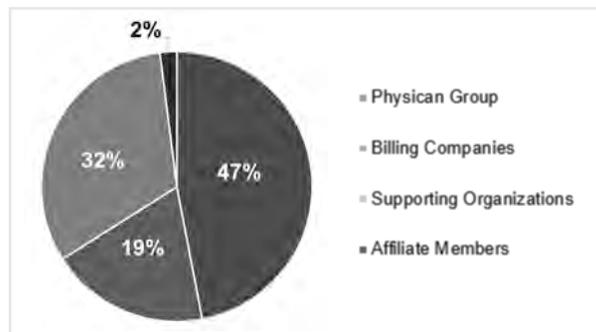
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# MEMBERSHIP

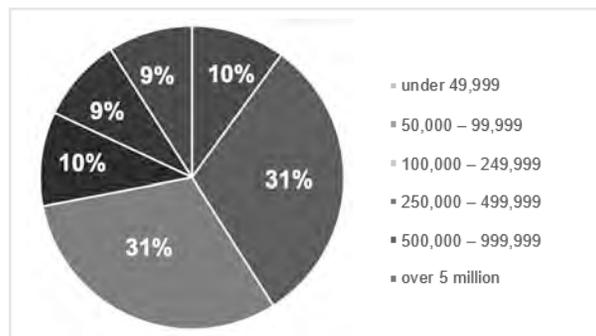
The Emergency Department Practice Management Association (EDPMA) represents emergency physician groups, billing companies, and supporting organizations of all sizes. Emergency physician groups and their practice partners work together, every day, to make the emergency department industry even stronger.

In 2018, EDPMA brought on **19** new members. Despite the fact that many of our members merged with each other we are maintaining membership numbers. Because those who merge stay on as members, we continue to serve a growing number of individuals each year. In 2018, EDPMA's membership growth and retention efforts continued to be led by the Membership Committee, Paul Gerard, Manager of Membership & Marketing, and Joanne Tanner, Membership Coordinator.

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 Inc., CoChair, EDPMA Membership Committee**

# 2018 FINANCIAL PERFORMANCE

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In 2018, the business of emergency medicine faced numerous challenges at the state and federal level, so we hired an additional advocacy consultant and expected expenses for the year to significantly exceed revenue. However, staff was able to keep expenses down, EDPMA brought in more new members than expected, and the Solutions Summit and workshops were more profitable than expected. So, we ended the year with significantly more revenue than expenses and these funds can now be devoted to EDPMA's activities in future years.

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"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

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# ADVOCACY ACTIVITY IN 2018

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In 2018, 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 Manager, Michael Dole; and the team of experts at Hart Health Strategies Inc. and Oldaker & Willison, LLP. With this expanded team, we focused on federal issues, state issues, and commercial payers who instituted problematic reimbursement policies. EDPMA has been steadily increasing its advocacy issues and activities, including letters, meetings, and action alerts, over the last few years. In 2018, EDPMA accomplished the following:

**Out-of-Network Reimbursement:** over 50 meetings (federal only), 14 letters (5 federal and 9 state), and 5 action alerts

**Problematic Downcoding Policies:** 5 letters and 5 meetings

**Medicare:** 8 letters and 1 meeting

**Medicaid/CHIP:** 4 letters and 2 meetings

**Veterans Administration:** 1 letter

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"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**

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# SNAPSHOT OF 2018 ADVOCACY SUCCESSES

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## **COMMERCIAL POLICIES: OUT-OF-NETWORK REIMBURSEMENT:**

- Report language in Federal funding bills for 2018 and 2019 direct the Trump Administration to clarify the meaning of “usual, customary and reasonable” (UCR) reimbursement and recommend tying the definition to an unbiased charge database as EDPMA requested.
- U.S. Rep. Harris endorsed EDPMA’s proposed FAQ’s which would implement the above clarification.
- In New Mexico, the Superintendent of Insurance amended its draft legislation to set the minimum benefit standard at the usual, customary, and reasonable rate as EDPMA requested.
- A New Mexico Committee quoted one of EDPMA’s advocacy letters during a hearing.
- The Alaska House Committee on Health and Human Services passed legislation that restated in statutory language the regulatory minimum benefit standard which is set at 80th percentile of charges as EDPMA requested. Unfortunately, this bill was not finalized before the legislature adjourned for the year.
- Health Policy News for the West Coast quoted EDPMA’s letter supporting the minimum benefit standard in Alaska.
- Alaska, Georgia, Washington, Rhode Island, Kentucky, Massachusetts, Pennsylvania, Connecticut, and California did not pass harmful legislation on out-of-network reimbursement after EDPMA and others advocated on the issue.
- Although New Hampshire and Oregon established problematic minimum benefit standards, those standards were better than alternatives that were based on a percentage of Medicare.

## **COMMERCIAL POLICIES: PROBLEMATIC DOWNCODING:**

- Anthem improved its problematic policy retroactively denying coverage for care provided in the ED after EDPMA wrote a letter. Anthem now reviews the medical record before denying the claim and has expanded its list of circumstances when it will “always pay” for care provided in the ED.
- Consumer Reports cited EDPMA and our data when discussing the extent of the Anthem problem in Georgia.
- Centene in Indiana retroactively rescinded its ED policy which automatically downcoded based on a diagnosis list. Centene in California suspended this same policy.
- Florida BCBS admitted in conference calls with EDPMA and FL ACEP that it must review the medical record to determine if a high level of care was appropriately charged for a low level diagnosis. (EDPMA is continuing to work to have them review the record before - not after - an appeal is filed.)
- Texas BCBS delayed a problematic ED policy where claims are downcoded, in part due to diagnosis, after EDPMA and others wrote a letter. TX BCBS clarified that the medical record would be reviewed prior to denial.

# SNAPSHOT OF 2018 ADVOCACY SUCCESSES CONTINUED

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## **MEDICARE:**

- Extended GPCI work floor of 1.0 through the end of 2019. This work floor protects reimbursement from dropping too low in some communities, especially rural areas.
- Eliminated IPAB.
- Reduced the weight of the cost performance category in MIPS.
- Dropped its proposal to cut reimbursement by identifying misvalued codes.
- Streamlined the process for developing physician-focused APMs. Later, ACEP's APM model moved forward in the process after EDPMA endorsed it.
- Reduced the number of inpatient quality measures that must be reported and eliminated some problematic measures.
- Eliminated a documentation requirement for admission.
- Recognized the need to develop ways to reward hospital-based physicians who are not eligible for EHR incentives.
- Removed HCAHPS questions on pain.
- Dropped proposal to include outpatient E/Ms on the list of procedures subject to the MPPR for surgery, which would have resulted in a 50% reduction in payments for many E/M services performed on the same day as other procedures (for example, many E/Ms billed with a Modifier 25).

## **MEDICAID/CHIP:**

- CHIP reauthorized and fully funded for 10 years after EDPMA wrote letters.
- BadgerCare 1115 waiver approved after EDPMA successfully urged removal of a proposal to charge higher copays for subsequent visits to the ED even when the subsequent visit was appropriate.
- Kancare retroactively rescinded its ED policy which had downcoded based on diagnosis list after EDPMA and others weighed in and after CMS weighed in at EDPMA's request.

## **OTHER:**

- Veteran's Administration responded to EDPMA letter on delays in processing claims by offering rapid response teams, a process to easily check claims status (including a Vendor Inquiry System), and an increase in the number of claims processed by 600% in April 2018.
- Comprehensive opioid legislation was signed into law.

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"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**

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# KNOWLEDGE & LEARNING

Providing EDPMA members with valuable education and training opportunities, news updates, in-depth analyses, and productive networking opportunities are all top priorities. In 2018, EDPMA accomplished these goals in a variety of ways including the Solutions Summit, the Revenue Cycle Management (RCM) Workshop, New CMS Fee Schedule – New Opportunities Workshop, monthly Membership and Advocacy newsletters, monthly committee conference calls, website updates, social media, webinars, and more.

## SOLUTIONS SUMMIT

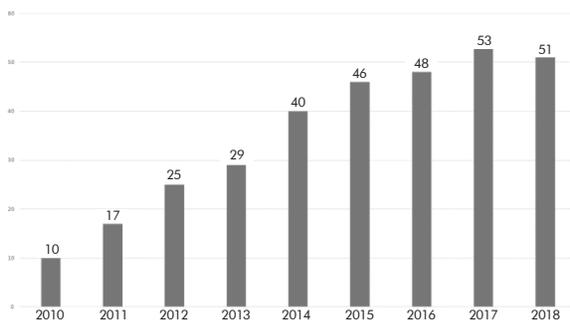


The Solutions Summit - EDPMA's signature event – is the premier conference for leaders in the business of emergency medicine. This effort is led by the Conference Planning Committee; Caryn Pepper, Meetings Manager; Elizabeth Munding, Executive Director; and Paul Gerard, Meetings and Marketing Manager. 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.

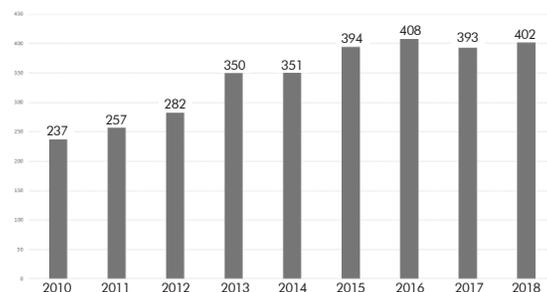
### The EDPMA Solutions Summit XXI

– *Endless Boundaries & New Frontiers: Lead from Where You Are* – was held at Marriott Harbor Beach Resort & Spa in Fort Lauderdale, Florida, April 29 – May 2, 2018. This Summit had over 400 attendees and over 50 exhibitors. As in 2017, EDPMA committees held in-depth workshops for all registrants (including nonmembers) on the first day and the last day was a special focus on Bad Payer Behavior. We fortunately had great sunny windy weather in Florida and enjoyed two outside networking events: a party on the beach and one with beach games and specialty drinks. These events were in addition to our successful networking events in the Exhibit Hall throughout the Summit.

EXHIBITORS AT SOLUTIONS SUMMIT



SOLUTIONS SUMMIT ATTENDANCE



# KNOWLEDGE & LEARNING CONTINUED

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## WORKSHOPS

EDPMA held two workshops. Workshop planning was led by the Education Committee; the Workshop Task Force; and Michael Dole, State Government Relations Manager. The workshops included:



EDPMA's **"Revenue Cycle Management (RCM) Workshop"** on May 23 and 24, 2018, in Dallas, TX, was a big success. Over 50 registrants heard from presenters who shared the latest developments in revenue cycle management.



EDPMA's **"Arm Yourself: New CMS Fee Schedule - New Opportunities"** on November 28 and 29, 2017, in Nashville, TN also had about 50 attendees who heard from speakers

who discussed the latest developments around the 2019 Final Medicare Physician Fee Schedule including updates on MIPS and APMS, revenue cycle topics, and more.

## EDPMA KEEPS MEMBER'S 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 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, the prudent layperson standard, 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, and EDPMA letters sent to decision makers.

## WEBINARS

In 2018, EDPMA offered webinars on:

- The Medicare Fee Schedule Final Rule, and
- Minimum Benefit Standards for Out-of-Network Reimbursement.

# EDPMA COMMITTEES & CHAIRS, 2018

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## **FEDERAL HEALTH POLICY**

Co-Chairs - Randy Pilgrim and Dighton Packard

This committee tackles the association's response to proposed federal rules, regulations, bills and policies regarding 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 – Mark E. Owen, Jim Blakeman, 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 downcoding 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: Beth Cesta and Bing Pao

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.

## **PROVIDER ENROLLMENT**

Co-Chairs: Derise Woods and Denise O'Brien

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.

## **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

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 2017–2018

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### **Brault**

Andrea Brault, MD,  
MMM, FACEP, Chair

### **TeamHealth**

Aron Goldfeld, JD,  
MBA, Vice Chair

### **Vituity**

Bing Pao, MD, FACEP,  
Chair-Elect

### **Intermedix**

Jackie Willett, CHBME,  
Treasurer

### **BSA Healthcare**

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

### **Edelberg & Associates**

Caral Edelberg, CPC,  
CPMA, CCS-P, CHC,  
CAC, Member of the  
Executive Committee

### **Emergency Care Specialists**

Don Powell, DO,  
FACEP, Member of the  
Executive Committee

### **EPOWERdoc, Inc.**

David Ernst, MD,  
FACEP, Member of the  
Executive Committee

### **Zotec Partners**

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

### **ACUTE CARE**

Paul Hudson, FACHE

### **America's ER**

Mark A. Feanny, MD

### **CIPROMS Medical Billing, Inc.**

Andrea Halpern-Bryan

### **Envision Healthcare**

Bob Kneeley

### **Gottlieb**

Shanna Howe

### **Medical Coding Solutions**

Mark E. Owen

### **Reimbursement Technologies, Inc.**

Gary Gelbart, MBA

### **Schumacher Clinical Partners**

Randy Pilgrim, MD,  
FACEP

### **St. Vincent Emergency Physicians**

William Freudenthal,  
MD, FACEP

### **US Acute Care Solutions**

Aaron Snyder,  
MD, FACEP

## EXECUTIVE OFFICE STAFF AND CONSULTANTS

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**Elizabeth Mundinger, JD**  
Executive Director



**Paul Gerard**  
Manager of Membership &  
Marketing



**Michael Dole**  
State Government Relations  
Manager



**Caryn Pepper**  
Meetings Manager



**Joanne Tanner**  
Membership Coordinator



**Robert S. Jasek, Esq.**  
Vice President, Coverage and  
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### **David McNitt**

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