



2015 YEAR IN REVIEW

PRINTED APRIL 2016

Dear Valued Members,

It has been a busy year!

2015 was a hugely successful year in advocacy. The Medicare Access and CHIP Reauthorization Act that became law early in the year contained many pieces of our advocacy agenda. It repealed the SGR, increased Medicare reimbursement rates, offered greater opportunity for group-level reporting, and fixed some barriers emergency medicine faced as we move further toward performance-based reimbursement. The bill also extended many programs EDPMA has advocated for throughout the years such as the Children’s Health Insurance Program, minimum Medicare reimbursement rates in rural areas, and a temporary moratorium on Recovery Audit Contractor audits. And, later in the year, EDPMA successfully worked to improve short stay regulations to allow for greater physician input and less input from RACs.

Unfortunately, there is still much more to be done. EDPMA spent much of 2015 advocating for fair reimbursement for out-of-network emergency care, urging decision makers to make sure insurance companies are providing adequate coverage so patients aren’t left paying more than their fair share. We are working closely with our coalition partners so we are speaking with a unified and louder voice on this important issue.

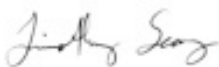
It was also a banner year for the EDPMA Solutions Summit with a record number of attendees and exhibitors. We offered in-depth committee workshops, a half-day focus on freestanding emergency centers, lots of educational sessions on practice management and reimbursement issues, and our first EDPMA golf event! And we added to our educational agenda with seven webinars offered throughout the year by EDPMA and Urgent Matters.

Membership continued to grow at a healthy pace despite the fact that our industry faces greater consolidation. Although our members continue to merge with one another, new members continue to join the organization and share their time and expertise with the association. We offered a record number of networking opportunities throughout 2015 so our members could meet, share ideas, and close some deals.

Much of our success this year goes to the EDPMA Staff, specifically Elizabeth Munding, our Executive Director, and Paul Gerard, Program Manager, Membership. Their work is behind the scenes and extensive. Many thanks to them and all the others at AMG that have helped our success.

EDPMA is very lucky to have such dedicated, expert, and hardworking member volunteers who have worked tirelessly to make sure EDPMA succeeds in its advocacy and offers helpful and entertaining educational and networking opportunities. Thank you all for your participation and we look forward to another successful year in 2016!

Sincerely,



Timothy Seay, M.D., FACEP
Chair, Emergency Department Practice Management Association

OVERVIEW

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 136 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, 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

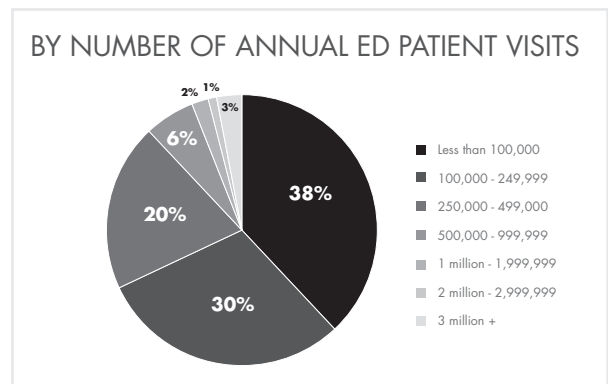
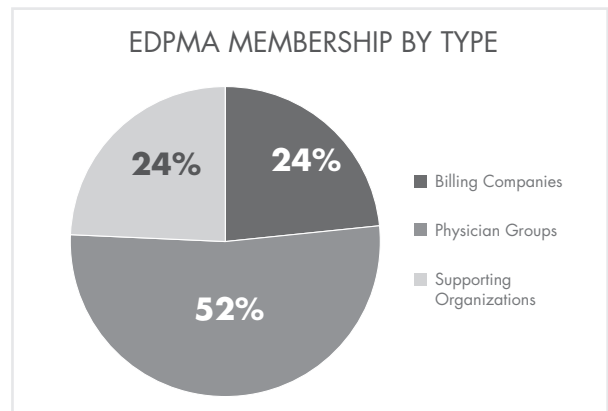
MEMBERSHIP

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 2015, **EDPMA welcomed 18 new members**. At the end of the calendar year, EDPMA had 104 members who, together, serve over half of the 136 million patients who visit Emergency Departments in the U.S. each year.

EDPMA's part-time staff person who focuses on membership recruitment, continued to successfully recruit new members despite EDPMA sustaining some membership losses due in large part to member mergers.

In 2015, EDPMA developed a new membership dues structure to ensure fairness by asking large groups and companies to contribute more than medium-sized members and asking all members to contribute to our growing advocacy agenda, while keeping dues levels as low as possible. The new dues structure was implemented when we invoiced members for their 2016 dues.



EDPMA also improved its membership marketing materials. We designed new booth materials which are used to advertise membership benefits at conferences. We also developed two marketing videos: one markets the benefits of membership; the other markets the Solutions Summit.

"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, and Provider Enrollment 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, participated in numerous industry meetings, urged members to weigh in with state and federal decision makers through action alerts, and held a successful Leadership Lobby Day on Capitol Hill.

Our growing footprint in the advocacy world has led to a **large number of advocacy successes in 2015**. In April, Congress passed the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) which includes a large number of Medicare provisions EDPMA had been advocating for over the years. It repealed and replaced the Medicare reimbursement formula based on the Sustainable Growth Rate (SGR) which had threatened significant cuts to physician reimbursement for many years. During the transition to the new formula which will take effect in 2019, MACRA provides for annual positive updates to physician reimbursement. The new Medicare reimbursement formula that will take effect in 2019 includes many EDPMA priorities, including exemptions from measures that do not apply to emergency medicine, allowing group level reporting on quality clinical data registries, and encouraging the development of alternative payment models for specialties other than primary care. Furthermore, MACRA extended key programs that EDPMA has been advocating for such as minimum Medicare payment rates in rural areas (1.0 GPCI work floor), the Childrens Health Insurance Program (CHIP), and the temporary moratorium on Recovery Audit Contractor (RAC) reviews.

In addition to improving and ensuring passage of MACRA, we also successfully urged the Centers of Medicare & Medicaid Services (CMS) to improve reimbursement for short stays by allowing physicians greater flexibility when complying with the two-midnight rule and improving the review process for short stays by limiting the involvement of Recovery Audit Contractors.

In addition, EDPMA successfully urged CMS to improve reimbursement for advanced care planning.

Moreover, EDPMA supported improvements to technology for locating 911 calls so patients can receive emergency care more quickly

Throughout the year, 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.

In 2015, EDPMA and ACEP created a joint task force to work together to address the growing number of state-level bills and regulations that threaten emergency physician reimbursement and patient access such as limits on balance billing and unfairly low out-of-network and Medicaid reimbursement rates. The joint task force worked diligently to respond to the many threats posed throughout the year.

In August 2015, EDPMA parted ways with Joyce Cowan, Esq., a partner in the Healthcare Practice at Morgan, Lewis & Bockius, who had been providing outside counsel and government relations services to EDPMA since it was established. EDPMA hired a team of policy analysts and lobbyists from Hart Health Strategies, Inc.. This larger team will help us address our growing advocacy agenda.

A SNAPSHOT OF EDPMA'S ADVOCACY SUCCESSES IN 2015

2015 was a hugely successful year in advocacy. EDPMA sent 14 letters to CMS, Congress, and other decision makers, held over 25 meetings, and distributed numerous action alerts urging members to advocate on important issues.

As a result, EDPMA successfully urged Congress to:

- permanently repeal the Sustainable Growth Rate (SGR) formula for Medicare which would have mandated deep cuts in physician reimbursement,
- adopt important modifications to the new Medicare reimbursement formula (which will take effect in 2019) that
 - provide for annual updates of 0.5% through 2019,
 - reduce prejudice against physicians, like ED physicians, who do not receive performance scores in programs that measure value such as meaningful use and the value-based modifier,
 - leave the door open to allowing hospital-based physicians to elect to use appropriate hospital value scores,
 - allow group-level reporting of quality measures in Qualified Clinical Data Registries (QCDRs) in 2016 which will allow groups to report at a group level on quality measures developed by the specialty,
 - encourage the development of alternative payment models (APMs) for specialties like emergency medicine,

- extend the Children's Health Insurance Program (CHIP),
- extend the 1.0 Work Floor for the Geographic Practice Cost Index which ensures that reimbursement rates do not drop too low in certain regions, especially rural areas, and
- extend the temporary RAC audit moratorium relating to claims for short stays.

EDPMA successfully urged the Centers for Medicare & Medicaid Services (CMS) to:

- provide for greater flexibility regarding the two-midnight rule by allowing admissions (and inpatient reimbursement) - on a case-by-case basis - for some stays that are not expected to span more than two midnights,
- improve the short stay review process by having Quality Improvement Organizations (QIOs) review the claims instead of MACs, and
- establish a separate code and improved payment for advance care planning that recognizes the additional practitioner time needed to conduct these conversations.

EDPMA also successfully convinced the Federal Communications Commission to foster technology that would make it easier to locate 911 calls in large buildings.

EDPMA ADVOCACY ACTIVITY — A CHRONOLOGICAL OVERVIEW

- On **February 5, 2015**, EDPMA sent a letter to the Medicaid and CHIP Payment and Access Commission (MACPAC) urging it to recognize evidence of the benefit of the Medicaid parity for primary care program (which provides incentive payments for primary care, including qualifying care provided in the Emergency Department).
- On **February 25, 2015**, CMS Administrator Marilyn Tavenner wrote EDPMA regarding the concerns raised in the December 8, 2014 EDPMA/ACEP joint letter urging CMS to address the backlog in RAC audits and appeals by improving the RAC process.
- On **March 5, 2015**, EDPMA's Provider Enrollment Committee followed up with CMS regarding ongoing issues with Medicare enrollment and revalidation processes.
- On **March 9, 2015**, EDPMA sent a letter urging Congress to permanently repeal the SGR formula which would have mandated a 21% cut in Medicare reimbursement rates on April 1, 2015. ACOEP cosigned the letter.
- On **March 9, 2015**, EDPMA sent a separate letter urging Congress to:
 - extend CHIP;
 - extend the 1.0 GPCI work floor; and
 - reinstate Medicaid parity for primary care including qualifying care provided in the ED.ACOEP cosigned our letter.
- **March 23 – 27, 2015**, EDPMA sent Action Alerts urging members to contact their Congressional delegations to support permanent repeal and replacement of the SGR.
- On **April 16, 2015**, the President signed into law a bill permanently repealing and replacing the Medicare SGR reimbursement formula (MACRA).
- On **June 12, 2015**, EDPMA endorsed the Improving Access to Medicare Coverage Act which would limit medical liability when providing emergency care.
- On **June 12, 2015**, EDPMA endorsed the Health Care Safety Net Enhancement Act which would allow a patient's time in observation to count toward the 3 days of inpatient care needed to qualify for Medicare coverage of skilled nursing care.
- On **June 16, 2015**, EDPMA filed a comment letter with the Centers for Medicare & Medicaid Services (CMS) on its proposed 2016 update to the Medicare Inpatient Prospective Payment System (IPPS) urging improvements to its quality measures that relate to emergency care.
- On **July 27, 2015**, EDPMA urged the Centers for Medicare & Medicaid Services (CMS) to establish regulations that would ensure that Medicaid reimbursement rates in each state are high enough to support appropriate provider participation in Medicaid.
- On **August 31, 2015**, EDPMA filed a comment letter with the Centers for Medicare & Medicaid Services (CMS) on its proposed rule updating the Outpatient Prospective Payment System (OPPS) for 2016. Among other things, this letter urged changes to the two-midnight rule to allow for inpatient stays of less than two-midnights.
- On **September 8, 2015**, EDPMA filed a comment letter with the Centers for Medicare & Medicaid Services (CMS) requesting numerous changes to its proposed 2016 Medicare Physician Fee Schedule (MPFS).

EDPMA ADVOCACY ACTIVITY — A CHRONOLOGICAL OVERVIEW

- On **November 4, 2015**, EDPMA’s Board and Committee Chairs participated in EDPMA’s Leadership Lobby Day with over 25 meetings with members of Congress and key Congressional Committee staff on the importance of protecting patients by ensuring appropriate insurance coverage including fair reimbursement from insurers for out-of-network emergency care.
- On **November 17, 2015**, EDPMA filed comments with the Centers for Medicare & Medicaid Services (CMS) encouraging improvements to Medicare reimbursement under the new formula established by the Medicare Access and CHIP Reauthorization Act (MACRA).
- On **November 18, 2015**, EDPMA filed comments with the National Association of Insurance Commissioners (NAIC) regarding the Managed Care Plan Network Adequacy Model Act. EDPMA expressed concerns that insured patients are liable for an increasing share of their healthcare bills due to inadequate insurance coverage for out-of-network care. It also urged NAIC to remove problematic limits on out-of-network reimbursement from the model bill.
- On **December 10, 2015**, EDPMA and ACEP sent a joint letter to federal agencies expressing our strong opposition to the final regulations that weaken the federal payment floor for out-of-network (OON) reimbursement for emergency care.
- On **December 21, 2015**, EDPMA filed comments with the Centers for Medicare & Medicaid Services (CMS) on the Proposed Notice of Benefit and Payment Parameters for Qualified Health Plans in 2017 urging stronger requirements on network adequacy.

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.

“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**

KNOWLEDGE & LEARNING

Providing EDPMA members with valuable education and training, news updates, in-depth analysis, and productive networking opportunities are all top priorities. In 2015, 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 EDPMA's annual conference and 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.

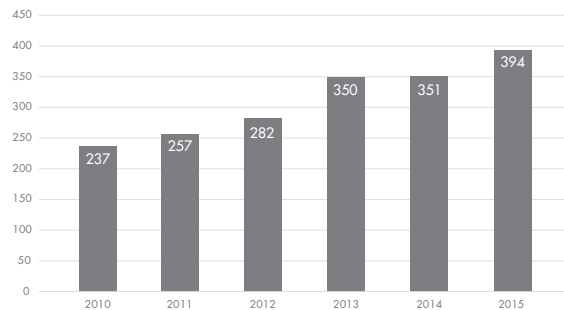


The EDPMA **Solutions Summit XVIII** – *Navigating Uncharted Waters of*

Emergency Medicine – was held at The Omni Plantation Resort, Amelia Island, Florida, April 26-29, 2015. This Summit was EDPMA's largest with record attendance of almost 400 attendees, a record number of exhibitors, and record revenue over expenses.

This Summit provided a number of new offerings. EDPMA's committees held in-depth workshops (that were open to all attendees, including nonmembers) on Committee Day with outside speakers and an opportunity for attendees to weigh in on key issues in an interactive environment. And, on the last day of the Summit, sessions focused exclusively on practice management issues facing freestanding emergency centers. We also increased the number of networking opportunities. For instance, EDPMA held its inaugural Golf and Tennis Tournament and

YEARLY SOLUTIONS SUMMIT ATTENDEE GROWTH



YEARLY SOLUTIONS SUMMIT EXHIBITOR GROWTH



preconference reception. These new events were enjoyed by all despite inclement weather.

Also, in 2015, EDPMA developed a video to market the Solutions Summit. This marketing video is available through our website and was included in many of our electronic newsletters.



EDPMA Solutions Summit
HIGH STAKES FOR EMERGENCY MEDICINE

Solutions Summit XIX
– *High Stakes for Emergency Medicine* – is being held at Caesars Palace, Las Vegas, NV, May 1-4, 2016.

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.

The 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. The website 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 2015, EDPMA offered the following seven webinars either through EDPMA or Urgent Matters:

- 2 webinars on Optimizing ED Patient Flow
- Using Acute Care Plans to Improve Coordination among ED Higher Utilizer Patients
- Smart-ER: An Automated Follow-up Solution
- Improving Sepsis Care in Emergency Department
- Payment Reform in Acute Care
- Preparing for Reimbursement under MACRA

FINANCIAL PERFORMANCE



EDPMA continues to be financially solid. Although we had a particularly aggressive advocacy agenda in 2015, we did not spend more than we earned. In fact, EDPMA had a banner year in finances with about \$125,000 in revenue over expenses. This will help EDPMA fund a number of new and expensive initiatives, such as additional advocacy staff, in 2016.

EDPMA BOARD OF DIRECTORS 2015–2016

Greater Houston Emergency Physicians

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

TeamHealth

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

Emergency Groups' Office

Andrea Brault, MD, FACEP, MMM, Chair-Elect of the EDPMA Board

Midwest Emergency Associates Management of TeamHealth

James Kolka, DO, CPE, 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

Schumacher Group

Randy Pilgrim, 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

Bing Pao, MD, FACEP

Edelberg & Associates

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

EmCare, Inc.

Dighton Packard, MD, FACEP

Emergency Physicians Medical Group

John P. Mulligan, MD, MBA, FACEP

Emergency Service Partners, LP

Bruce Moskow, MD, JD, FACEP, FAAEM

Martin Gottlieb & Associates

Shanna Howe

Nicka & Associates, Inc.

Sharon L. Nicka, RN

Payor Logic, Inc.

Mark E. Owen

Reimbursement Technologies, Inc.

Gregory Hufstetler, CPA, MBA, FHFMA

T-System, Inc.

Bob Hitchcock, MD, FACEP

EDPMA COMMITTEES & CHAIRS, 2015

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 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 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.

QUALITY, CODING & DOCUMENTATION

Co-Chairs - Mark E. Owen and Stacie Norris

This committee focuses on quality, coding, and billing issues such as the Physician Quality Reporting System (PQRS), the Value-Based Payment Modifier program (VBPM), coding and documentation issues, avoiding and preparing for audits, developing registries for Emergency

Medicine, and more. It develops toolboxes and white papers to help EDPMA members respond to various quality, coding, and documentation issues.

STATE REGULATORY & INSURANCE

Co-Chairs - Bing Pao, Beth Cesta, and Bob Reece

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 limits on balance billing. When appropriate, EDPMA takes action to advocate at the state level on these issues.

CONFERENCE PLANNING

Chairs - Beth Cesta and Ivalee Clement

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 ensure current members are satisfied with their membership.

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



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