

**IEPC Meeting**  
**January 22, 2024**  
**9:00 am - 10:30 am PT**  
**Meeting held by Zoom Video Conference**



## **Agenda & Minutes**

*All people present at this meeting must have a signed IEPC Non-Disclosure Agreement (NDA). All content and discussions in this meeting are held to confidentiality in NDA.*

**Present:** Roneet Lev, Don Shook, Robert Chavez, Les Burson, Michelle Kalinski, Kavitha Weaver, Valerie Norton

**Guests:** Sandra Schneider

**Admin:** Amoritia Hewett, Lara Lawson

1. Introductions
2. Speaker sessions
  - a. *Update at ACEP -Sandra Schneider*
3. Slate of Officers presented by Roneet
  - a. President- Robert Chavez
  - b. Treasurer – Don Shook
  - c. Secretary – Mike Gertz
  - d. Vice President – Sameer Mistry
  - e. Vice President – Andrew Fenton

As a quorum was not established during the call, the slate will be shared by email for approval.

4. Presidential Report – Looking forward to serving throughout the year. Reimbursement is a topic for continued discussion. Reviewed NSA language regarding rate increased and shared with his network and was able to receive a raise. Although not the 15% as listed by NSA, a raise was received. Robert will send an electronic copy of what their annual report looked like that he shared with partners that lead to the increase based on NSA Criteria.
5. Financial Report and IEPC Operations –  
Don reported that IEPC is on good financial footing for the 2023-year end. Don still needs access to both the Bank Account and QuickBooks.
6. Roundtable
  - a. Others are working on contracts and had questions regarding percentage of revenue for billing. Looking at billing/coding combos. Are there ways to split out? Need to review hospital rates vs group rates. The bottom line is to obtain good data from the hospitals.
  - b. Encouraged others to look at patient processing to find ways to reduce the number of patients hitting beds. By closely evaluating process, efficiencies were gained. Working with others such as nursing agencies truly helped.

- c. Issues raised regarding the role being played in the ER. Who should be processing patients? Should ER Docs be monitoring chronic conditions? Maybe having a better standard of care/criteria established in order to place the patient or admit. Some hospitals have what is called social admission for patients that are not safe to send home. Other groups do not get paid for a social admin, so another solution is needed. Suggestions was to talk with administrators to explain the risk of not properly handling this patients.

**Next Meeting**

February 26, 2024 12:00 PM EST