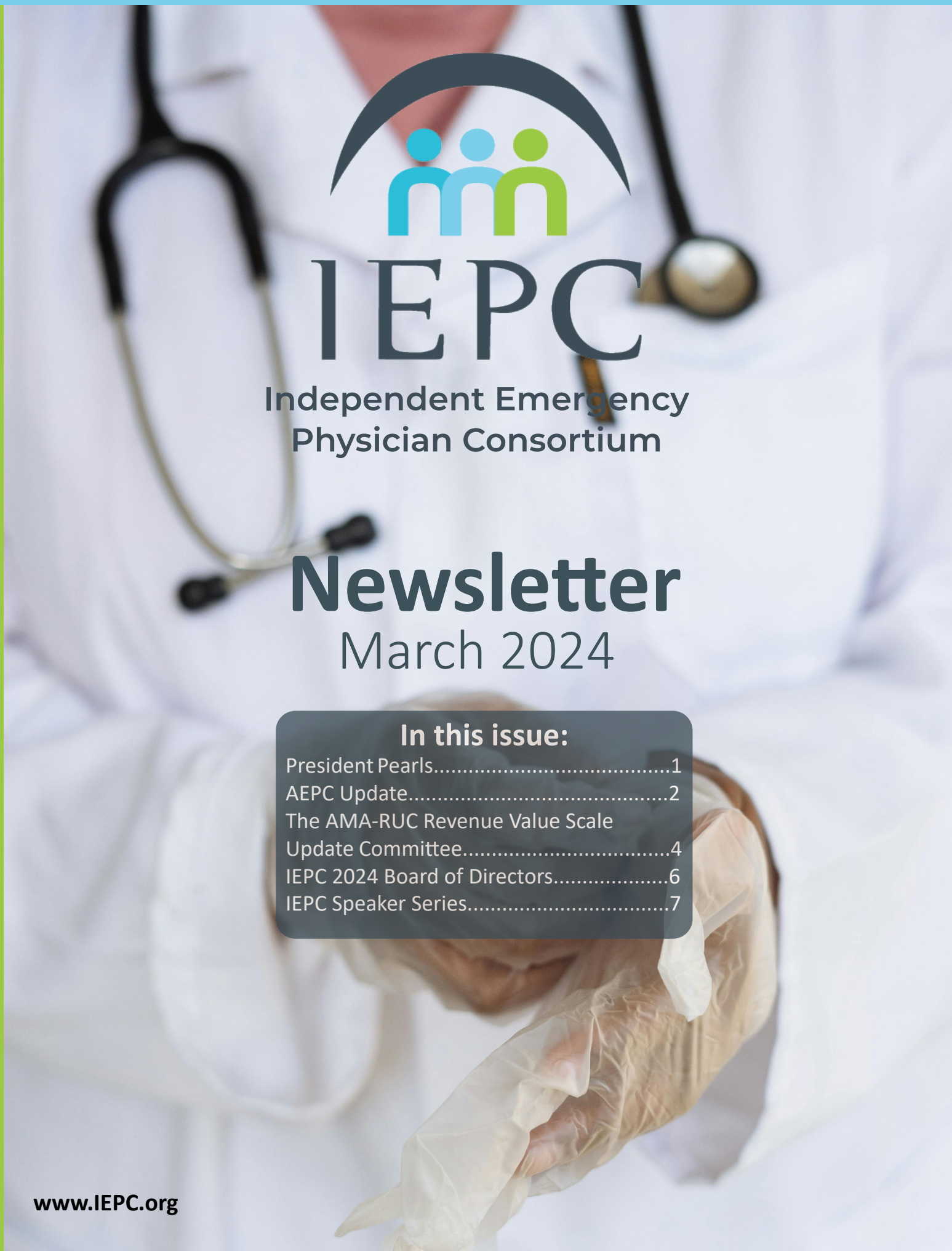

IEPC

Independent Emergency Physician Consortium

Newsletter

March 2024

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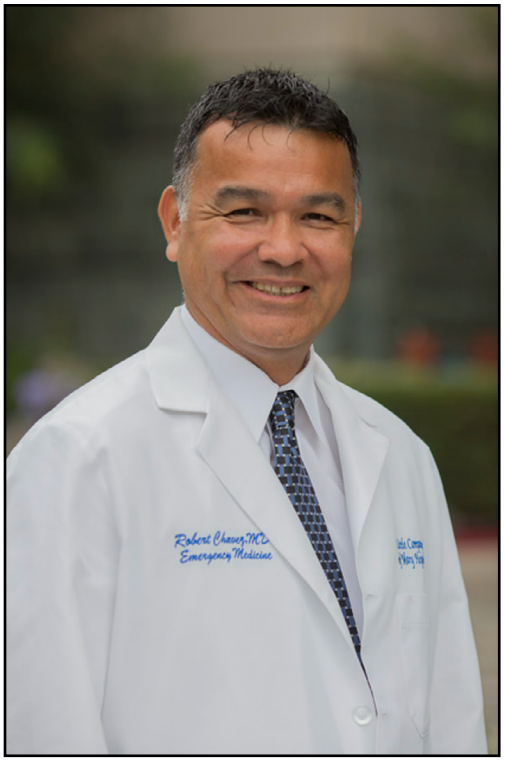


President Pearls

Robert Chavez, MD

President, IEPC

Providence Little Company
of Mary Medical Center Torrance

Here is my pearl for this month. With regards to out of network payers, the No Surprise Act mandates annual Consumer Price Index-Urban (CPI-U) annual updates to the Qualified Payment Amount (QPA). Each year since the NSA statute was signed into law, the IRS has published an annual inflation update to the QPA payers are obligated to present when a group has an IDR claim against them. The statute states the QPA's CPI-U adjustment is a cumulative increase from the "median allowed amount as of 1/1/2019." The 2022 adjustment from 2019 was +6.485%. The 2022 adjustment from 2019 was 6.485%+7.685%=+14.6695%. The 2024 adjustment, in addition to the previous two adjustments, is calculated at a total of +20.89%. Therefore, when engaging in the IDR process, be sure to ask your OON health plans if they have made the mandated adjustments. If they do not respond or have not made the adjustments, then consider filing a complaint at FederalIDRQuestions@cms.hhs.gov.

In addition, I asked my in-network payers if they had increased their QPA and would this lead to a higher reimbursement based on my current rates? The response to this question was mixed, but it was definitely worth asking.

ACEP Update

Sandra Schneider, MD FACEP
Director of EM Practice at ACEP,
the American College of
Emergency Physicians

Boarding, perhaps one of the biggest threats to our patients and our own burnout, is a major focus of ACEP. ACEP has done a lot to try to 'fix' boarding, but little has happened, and the pandemic, with the staff shortages that followed, has made a horrible situation ever worse. It is clear that movement on the boarding issue will require state and national changes to reimbursement and regulation. ACEP efforts included:

- A letter to the President of the United States, asking for a national summit.
- A task force, comprised of individuals with a thorough understanding of EM and government.
- Based on their discussions, a summit was held in DC involving many govermental agencies.
- AHRQ then took the issue of boarding as a patient safety issue as a topic for one of their systematic reviews.
- Finally, HHS has asked AHRQ to convene a national summit on boarding. https://www.acep.org/news/acep-newsroom-articles/green-light-for-acep-led-request-to-form-national-boarding-task-force

ACEP has passed a lot of policies focused on our workplace and on the practice of EM. Now we are putting those policies into action. In the next few months, ACEP will launch an **ED Accredidation Program**, based on ACEP policies, where hospitals that meet our standards can receive recognition https://www.acep.org/edap. This should help the public determine which ED to visit, as well as help with the recruitment/retention of employees. There are 3 levels based upon staffing, with level 1 requiring direct oversight of all NPs/PAs by a board-certified emergency physician. There are some options for Critical Access and Rural Emergency Hospitals.

In addition to the ED Accredidation Program, there will be a similar distinction, a **Blue Ribbon,** for employers who abide by all of ACEP policies, such as billing transparency, due process, etc.

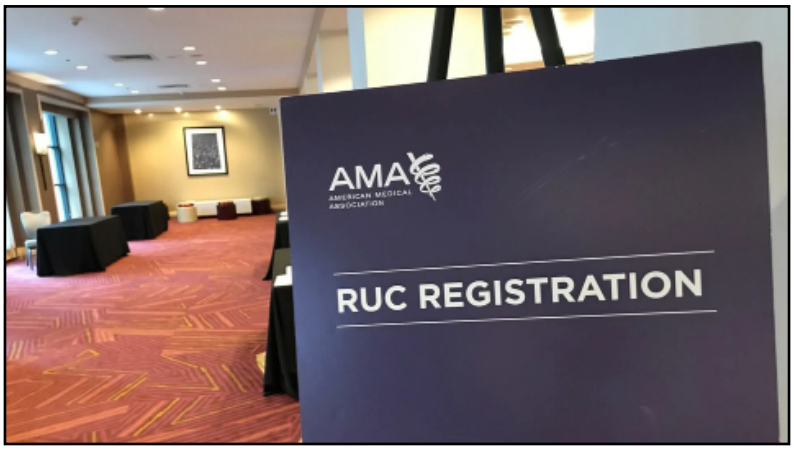
This will hopefully encourage employers to create a better workspace and provide visible information for job-seeking physicians.

Along those same lines, ACEP is providing transparency through **Open Book** https://www.openbook.acep.org. This is a summary of EDs in the US, with information on which group staffs the site, ED volume and a list of the ACEP policies that are followed by that employer (self-assessed). This is tied to Ivy Clinicians which offers a job board.

Finally, there are a lot of meetings:

- First is this March, ACEP Accelerate. We are trying something new by gathering several different smaller meetings into the same venue. This helps with room rates as well as increasing marketing. https://www.acep.org/accelerate
- Leadership and Advocacy is early this year in April. https://www.acep.org/lac This is our time to talk with our legislators and let them know what is happening in our EDs and what will help our patients.
- And of course, ACEP 24 in Las Vegas! https://www.acep.org/sa. There are a number of new features this year. First Research Forum (abstracts are open now and due in April) will be close to the exhibit hall, so you can browse the abstracts more easily https://www.acep.org/education/meetings/research. We have created more focused advanced classes, along with the traditional review courses. There are more meet ups and small group areas, designed to focus conversation and increase networking. And of course it is Vegas!

The AMA-RUC, Revenue Value Scale Update Committee



Dr. John Proctor, MD, MBA, FACEP, FAAP is an emergency physician and voting member of the AMA RUC, Revenue Value Scale Update Committee. Dr. Proctor gave a presentation and answered questions about the mysterious and all-powerful RUC to IEPC leaders during the February meeting.

The RUC was established by the AMA in 1992 and establishes relative values of RVUs for CPT codes to CMS. Historically, over 90% of the recommendations are accepted by CMS. The RVU as 29 voting members, a non-voting chair, and two non-voting member. To dispel myths of the power of the surgical sucspecialties, 10 out of 29 members come from surgery.

The benefits of the surgical subspecialties is that they can claim higher operational costs than hospital-based physicians by including staff and equipment expensive that hospital-based physicians allegedly do not have.

The RUC does not set prices, but it does determine relative value, RVU, of different services. A structure repair performed by an emergency physician, a plastic surgeon, or a family practice office all have the same CPT code and relative value. However, a plastic surgeon may have additional CPT codes or office expense codes.

The RUC and RVU process does not account for the federal mandate on emergency providers that results in a significant percent of unpaid services. The process also does not account for the increasing complexities of job an emergency physician over the years - dealing with complicated transfers, complicated discharge order to SNF, or observation of psychiatric patent for days.

There is opportunity for emergency physicians to bill for services like hospitalists and primary care physicians such as screening and brief intervention to treatment for addiction and end-of-life discussions with patients and family.

Congratulations to the IEPC 2024 Board of Directors!

The IEPC 2024 Board of Directors took office in January of this year.

Robert Chavez, MD - President
Don Shook, MD - Treasurer
Sameer Mistry, MD - Vice President
Andrew Fenton, MD - Vice President
Mike Gertz, MD - Secretary

IEPC
Independent Emergency Physician Consortium

2024 IEPC Speaker Series

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FREE TO ALL FRIENDS OF IEPC!

Time & Date: 9:00 AM - 9:30 AM PT on the fourth Monday of each month.

Membership in IEPC is not required to attend. Advance registration for the meeting is required. After registering, you will receive a confirmation email containing information on how to join the call! To receive a registration link, email admin@iepc.org.

Sheree Lowe	California Hospital Association Update	March 25, 2024
Elena Lopez-Gusman	California ACEP Update	April 22, 2024
Robert MacNamera	AAEM Updates	May 27, 2024
Jim Augustine	ED Data	June 24, 2024
Lisa Mauer	EMBC	July 22, 2024
Leon Adelman	Ivy Clinicians and EM Workforce	August 26, 2024
Robert Frolichstein	TBA	September 23, 2024
TBA	TBA	October 28, 2024
Andrew Seleznick	Legal Updates for Emergency Physicians	November 11, 2024