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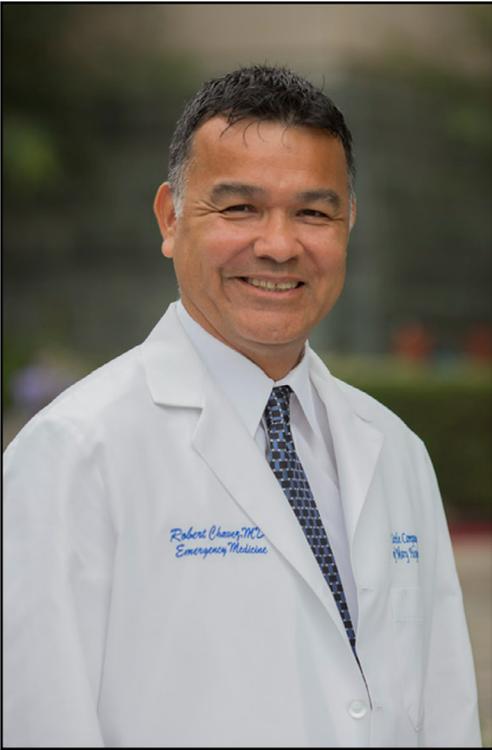
Independent Emergency
Physician Consortium

Newsletter

June 2024

In this issue:

President Pearls.....	1
California ACEP Update on Medi-Cal Increase.....	2
Embracing the Journey from Doctor to Patient.....	4
IEPC Speaker Series.....	6



President Pearls

Robert Chavez, MD
President, IEPC

Providence Little Company
of Mary Medical Center Torrance



Here is my pearl for this month:

Check with your network Payors overseen by DMHC to see if they have given your rates their annual inflation rate updates.

- A. In late 2023 applying to 2024, DMHC finalized regulations adding annual inflation rate adjustments to the interim payment methodology required by California's out of network billing and payment law AB 72, 2016.
- B. This law requires payors to reimburse at a default reimbursement rate, with an opportunity for physicians to challenge the rate through California IDR Process.
- C. The current DMHC default reimbursement rate is based on the greater of the payor's average contracted rate of 125% of Medicare for the same or similar services in the geographic region where the services are rendered.
- D. This law amended requirement went into effect on 1/1/2024. As a result, you could potentially receive a 6% increase in reimbursement (3% inflation per year over the last 2 years.)
- E. Ask your RCM company to look and see if any of your rates are affected by this adjustment to existing law.
- F. Ask your RCM company to reach out to the payors covered to see if they have increased your rates.

You may or may not receive a reply, but it never hurts to ask. If you get a chance, please take a moment to thank CMA for this potential rate increase. It was made possible through their state advocacy efforts.



California ACEP - The Medi-Cal Increase

Elena Lopez-Gusman
Executive Director, California ACEP |
American College
of Emergency Physicians



CALIFORNIA ACEP

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

The Legislature passed the first Medi-Cal rate increase for emergency physicians in 20 years. This was made possible by the renewal of the state’s Managed Care Organization Tax. This tax on managed care plans will provide an opportunity to raise funds, match them with federal dollars, and provide resources to invest in the state’s health care infrastructure, including the largest Medi-Cal rate increase in California history. The initial proposal included rate increases for primary care providers and mental health providers to 87% of Medicare, but did not include emergency physicians.

California ACEP staff and member physicians engaged in grassroots efforts to encourage the Governor and the legislature to include emergency physicians in the final language. Our advocacy efforts literally paid off!

Starting in 2025, \$200 million will be devoted annually to reimbursement rates to emergency physicians. As you are painfully aware, your Medi-Cal reimbursement rates have not increased in 20 years, despite you caring for a disproportionate share of the Medi-Cal population. This increase will take our rates from somewhere between 55-60% of Medicare reimbursement to 80%.





Embracing the Journey from Doctor to Patient: Navigating Challenges and Finding Strength in Illness

Roneet Lev, MD FACEP
Executive Director, IEPC



“Doctors make bad patients,” my surgeon cautioned me as we discussed scheduling the removal of my thyroid amidst my busy professional and personal commitments. He emphasized the importance of taking my health seriously, a reminder I heeded with caution.

In the months leading up to my thyroidectomy, I juggled my medical responsibilities with my health concerns. Knowing that thyroid cancer progresses slowly, I postponed addressing it until after I had completed urgent obligations and arranged a three-month medical leave. Rather than clearing my schedule, I compiled a list of tasks I could manage while recuperating.

The reality of my diagnosis hit me during a hectic shift in the emergency department when my surgeon called with concerning news about lymph nodes. The prospect of a more invasive surgery loomed over me, threatening not only my physical well-being but also my self-image and plans. My perception of medicine is colored by the cases I see in the emergency department, often skewed toward adverse outcomes. Amidst the chaos of treating my own patients, my nurses gave me a hug and my colleague held down the fort, giving me the time and space to manage my own health and return to my patients.



One of the most significant hurdles I faced was reconciling my role as a knowledgeable physician with my newfound status as a vulnerable patient. As a physician I found comfort and control by studying the medical literature, guidelines, and preparing for possible symptoms or complications. I wanted to be ahead of the situation. As a patient I learned I don't have the control of the future, I was forced to learn patience, and I failed at predicting my personal reactions to treatment. There is a disconnect between medical knowledge and practical application. I have been giving medical advice for years. Applying the advice, even simple advice such as keeping your head elevated or following a diet required sage advice from experienced patients rather than doctors.

Navigating the healthcare system proved to be another formidable obstacle, highlighting disparities in access and efficiency. Despite my professional connections, I encountered delays in scheduling crucial tests. It took me a month to schedule an MRI. I empathized with the struggles of other patients. I treated a young man in the emergency department who, like me, faced long delays in scheduling crucial. His request for an MRI to stage his cancer for a next day urology appointment may seem non emergent, but I ordered it STAT, understanding that he tried and failed to arrange it as an outpatient. The test underscored the life-or-death implications of bureaucratic inefficiencies and highlighted the importance of proactive advocacy.

I was striving to be a good patient, but the doctor in me remains. I strove to better understand the radioactive iodine treatment I was to receive that could radiate and harm my vulnerable granddaughters and pregnant daughter-in-law. The treatment requires a period of isolation without a clearly defined time. I purchased a Geiger counter and graphed my radiation emissions to follow the data on when it was safe to return to contact with my family.

My health scare gave me a forced and unplanned stop in my daily life. I grappled with questions of mortality and purpose leading to healthy thoughts of reassessing my priorities. While I strive for control, I learned to accept uncertainty and found solace in the support of loved ones and the resilience of the human spirit.

Ultimately, my journey from doctor to patient taught me invaluable lessons about vulnerability, resilience, and the power of human connection. While my professional expertise offered insights into my diagnosis and treatment, it is my faith, community, and inner strength that carries me through the darkest moments. As I embark on the road to recovery, I do so with a newfound appreciation for the interconnectedness of humanity and the transformative power of empathy and compassion.

2024 IEPC Speaker Series



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.

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	AAEM Updates	September 23, 2024
Christina Lapman, Steve Freedman, and Deanna Christofferson	Malpractice Updates	October 28, 2024
Andrew Seleznick	Legal Updates for Emergency Physicians	November 11, 2024

