IEPC

Independent Emergency Physician Consortium

Newsletter

August 2025

In this issue:

President Pearls

Robert Chavez, MD
President, IEPC

Providence Little Company
of Mary Medical Center Torrance

IEPC

NSA and Payment Leaks

Hello friends and colleagues,

For those of you engaged in the No Surprises Act IDR process, there is a recent bit of good news you may want to alert your revenue cycle management company about. This is regarding your past out of network claims previously ineligible for IDR due to deadlines to submit IDR claims. Due to widespread non-compliance by payors who failed to include required information on EOBs and remittance advisories, specifically details mandated by CMS under the No Surprises Act (NSA), there is now a pathway to submit eligible claims from 2022 forward.

This is important because CMS guidance expects payors to include specific IDR-related data in payment determinations. However, many payors failed to do so. As a result, this may extend your eligibility window for initiating IDR on older claims. If you or your revenue cycle management company didn't file claims or missed IDR deadlines due to missing or incorrect information from a payor, those claims may now be reviewed. If you think you may have eligible claims, alert your team member or RCM company who manages IDR process as soon as possible to see if any of your claims qualify. This is a narrow window and is expected to close once CMS and payors tighten enforcement.

All the Best,
Robert Chavez

Vaccine Screening in the ED

Roneet Lev, MD, FACEP

Executive Director, IEPC

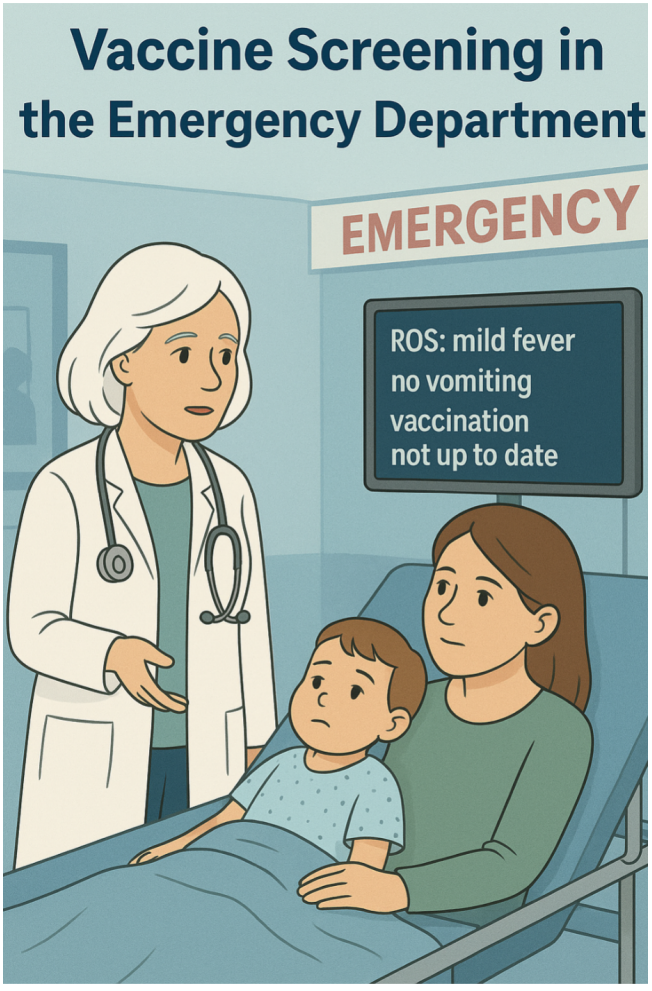
With contribution from Dr. Les Berson

This story is heartbreaking — tragic for the patient and for the emergency group that lost its contract over a pediatric case gone wrong.

You be the judge...

December 2024 - A 14-month-old presented to the emergency department with intermittent fevers and reportedly “stiff neck.” The child appeared well-nourished, well-hydrated, afebrile (axillary), with a heart rate of 130, respiratory rate of 28, oxygen saturation of 99%, and in no distress. On examination, the neck was supple with no nuchal rigidity. The lungs were clear. The child was sitting on the mother’s lap eating Goldfish crackers.

A respiratory swab and urinalysis were negative, except for 1+ ketones in the urine. the patient was evaluated by a mid-level provider. The medical decision-making documented a viral illness; the diagnosis listed was “fever.” The child was discharged home without a physician review.



Thirty-six hours later, the child returned. (Don't we all dread that? The patient always returns in the scary cases). This time, the child was lethargic and vomiting. The axillary temperature was 37°C, but rectally is was 38.5°C. Heart rate was 153, respiratory rate 22, and oxygen saturation 100%.

At this point, all the big guns were pulled: blood work, lumbar puncture, IV fluids, intubation, head CT, antibiotics, oxygen, consultation, and transfer to a pediatric hospital.

Abnormal labs showed:

- WBC: 1.4
- Hematocrit: 30.6
- Potassium: 3.2
- Anion gap: 20
- BUN: 18
- Creatinine: 0.5
- Lactic acid: 3.6

Chest X-ray showed no infection. CSF PCR was positive for *Streptococcus pneumoniae* meningitis.

The diagnosis: pneumococcal meningitis — consistent with lack of vaccination.

So what is the Quality Improvement lesson here?

- Should all infants have a rectal temperature taken in the ED?
- Should all children be evaluated by an attending physician before discharge?
- Should we start asking about vaccination status in febrile children?

Currently, EDs do not routinely inquire about vaccination status in pediatric patients. However, vaccination rates have declined — down 2-3% from pre-pandemic levels (2019) to 92.5% in kindergarten-aged children in 2024. For toddlers (age 3), the rate is even lower, around 72-73%.

Perhaps it's time to add a new review-of-systems question: **vaccine status** — especially for young children presenting with fever.

This case was a sentinel event for the hospital. The emergency department was blamed, and the incident led the administration to terminate the ED group's contract.

Hanging Up the Stethoscope

Roneet Lev, MD, FACEP

Executive Director, IEPC

It's not easy to hang up the stethoscope. For over 30 years, emergency medicine has been a core part of my identity, woven into more than 100,000 patient encounters. It's never just been a job — I carry it with me everywhere. At home, as a mother and wife, I instinctively triage which child to help first, rule out worst-case diagnoses when someone is ill or injured, and manage the crisis of the day. Prevention is everything: better to treat respiratory distress early than intubate later; better to prevent a child from becoming hangry — or hurt — before it escalates.

Even at 30,000 feet, the call for help draws me in. When someone asks, "Is there a doctor on board?" I'm out of my seat. As my kids grew up, they started volunteering me. Once, my husband and I were seated in first class while our four children were in coach. When a passenger became sick, they immediately volunteered me. My son earned a seat in first class for the rest of the flight, and I spent the duration attending to the patient.

On October 7, 2023, I was at the ACEP Conference in Philadelphia. But I couldn't focus on any lecture or event. My heart was in Israel, reeling from the most violent and heinous attack on its

people since the Holocaust. I did everything I could to get there as an emergency physician. I was fortunate to go several times — training others, supporting a search and rescue team, riding ambulances, and working in emergency departments.

I love emergency medicine. Yes, I've been assaulted — twice — knocked to the ground by patients. The SWAT team was called: "911, doctor down." Yes, I've had frustrations with hospital management. I've had patients threated to sue me or have me fired. Still, I have no regrets. That's the nature of the emergency department — it's intense, unpredictable, and profoundly meaningful. I recommend the specialty to anyone who can multitask, who wants to make an impact with every shift, and who values practical, everyday medical skills. We are medical detectives who overcome any unpredictable challenge thrown our way. Emergency physicians are society's heroes. The public recognized that during the COVID-19 pandemic — but it's true every single day, with every patient we care for.

This isn't how I envisioned ending my EM career. I imagined myself as a little old lady, 5'1" (maybe shrinking to 5'0"), ordering a B52 cocktail at the bedside of a violent, combative patient kicking and spitting — surrounded by six large staff trying to hold them down. But life had other plans. First came thyroid cancer, then a meningioma. I underwent two major surgeries in one year. I',m proud to say that physically, you wouldn't know it — but I had to face reality. Could I keep up with fast-paced 10-hour shifts on my feet? Could I adapt to new systems, new computers? (The new computer really stresses me out).

I explored EM-adjacent carer paths. Then, the answer arrived.

I'm honored and grateful to have accepted a position at the White House, in the Office of National Drug Control Policy, where I will oversee public health policies.

Is it challenging to work under a Trump administration? Honestly, no — it's an honor. Unlike the emergency department, I can eat lunch, take a bathroom break, and am surrounded by excellent security.

This new role requires me to step back from consulting and volunteer work, including my role as Executive Director of IEPC, where I was a founding member. My heart will always be with IEPC, and I'm thrilled to pass the baton to Kavitha Weaver. Kavitha has been part of IEPC since the beginning. She understands the mission deeply and has my full confidence. I know she'll lead and grow the organization with vision and strength.

Writing this is not easy. It forces me to admit that I am officially hanging up the stethoscope. But one thing I know for sure:

you can hang up the stethoscope — but you never stop being an emergency physician.

2025 IEPC Speaker Series

IEPC
Independent Emergency Physician Consortium

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.

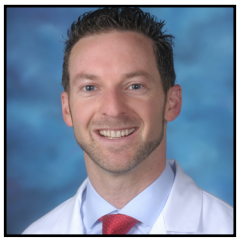
August 25, 2025

SB 43 and the Expansion of 5150 holds

Mike Phillips

October 26, 2025

The EM Labor Market



Dr. Leon Adelman

September 22, 2025

Reimbursement and Advocacy Hot Topics in 2025 for Emergency Medicine

Dr. Ed Gaines

November 24, 2025

Legal Updates for Emergency Physicians

Andrew Selesnick