



Independent Emergency
Physician Consortium

Newsletter

October 2025

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2026 IEPC Planning Survey



IEPC would like to thank everyone who has responded to the 2026 Planning Survey. Your input is invaluable as we plan for 2026. If you haven't had a chance to respond, there is still time to share your thoughts! Click the button below to access the survey:

We appreciate your thoughts and insights!



President Pearls

Robert Chavez, MD

President, IEPC

Providence Little Company
of Mary Medical Center Torrance



How to use the Transparency in Coverage

Hello friends and colleagues,

As an independent Emergency Physician Group, it is important to obtain as much data as possible when trying to assess the market you are trying to compete with. This used to be speculative at best. You spent years trying to assess what your competitors might be getting for in-network rates and you tried to match or exceed those rates to stay competitive in retaining talent and making sure your talent was fairly compensated.

In 2021, this reading of the market “tea leaves” became a lot easier when CMS introduced the Hospital Price Transparency Rule and the Transparency Coverage Rule. The HPTR requires all hospitals to publicly disclose negotiated rates, cash pay prices, and the standard charges for all items and services. The TCR requires insurers and health plans to publish in-network negotiated rates, out-of-network rates, and allowed amounts.

At first this was of limited utility as large insurance payors compiled with the law by dumping terabytes of information into the public square. However, the datasets were so large that most ER groups and their RCM companies could not process all the data leading to computer crashes and no actionable information. All of that has changed thanks to new computing muscle brought

to you by companies such as Open Care Data and Payerprice.com. These companies have come up with computing solutions to crunch all that data and boil down the results into a searchable format.

With these computing solutions, you can now see what your competitors are charging and being paid by the various payers for their services. It makes annual market analysis much easier and more accurate.

My disclaimer, I do not recommend a particular company for this market analysis exercise, but I do recommend doing this exercise at least once a year to evaluate if you are being fairly compensated for the work you are already doing.

All the best,
Robert Chavez





Welcome from New IEPC Executive Director

Kavitha Weaver, MBA

Executive Director, IEPC



I am honored to step into the role of Executive Director of IEPC, following Dr. Roneet Lev, whose leadership has guided this organization with distinction for so many years.

To share a little about myself, I have been part of IEPC since its inception through my group, Monterey Bay Emergency Partners. It has been truly rewarding to watch the organization grow and evolve alongside its member groups. My background is in emergency medicine administration, and for more than a decade I have served in leadership roles, currently as Chief Operating Officer of Monterey Bay Emergency Partners, where I oversee operations, strategy, and team development for our Emergency Medicine practice.

Through my time with IEPC, I have seen firsthand the value of connecting members with resources, information, and opportunities to collaborate. Looking ahead, I hope to build on that foundation by making the website more user-friendly and resource-rich, strengthening connections across our membership, and bringing in speakers who share practical, relevant insights based on member needs.

I look forward to working with the board and all members to ensure these initiatives are both meaningful and beneficial. I am excited to help IEPC continue growing as a strong, connected community for independent emergency groups.



Summary of Dr. Ed Gains' IEPC Speaker Series Presentation

Presentation took place
September 22, 2025



Independent ED Physician Coalition - 2025 Reimbursement, Regulatory & Advocacy Updates for EM

Dr. Ed Gains, JD, CCP, VP of Zotec Partners

1. Zotec Partners Overview

- **Founded:** 1998 by T. Scott Law, CPA | **HQ:** Carmel, IN.
- **Scale:** 30,000+ clinicians | \$8B+ collections | 130M procedures | 12M ED visits annually
- **Core:** Proprietary SOC-1 and HITRUST certified RCM platform serving all specialties.
- Among largest privately held U.S. RCM companies.
- Mission: "Leading the way to improve the business of healthcare for everyone."

2. Zotec Advocacy & ZPAC

- **7,640+ advocates** nationwide sent **55,986 messages to lawmakers.**
- The advocacy team tracks hundreds of bills affecting business and reimbursement,
- **ZPAC (Zotec Political Action Committee):** Interactive grass-roots tool enabling clinicians to influence state and federal policy.
- Regular updates on legislation impacting clinicians and patients.

3. 2026 Medicare Physician Fee Schedule (MPFS) Proposed Rule

Released July 14, 2025; final rule expected Nov. 2025; effective Jan. 1, 2026, but the final rule could be delayed due to the federal government shutdown.

Conversion Factors (CF):

- Split CFs under MACRA:
 - **MIPS physicians:** +0.25% update.
 - **Advanced APM participants:** +0.75% update.
- **2026 CFs (proposed):**
 - A-APM = \$33,5875 (+3.83%).
 - MIPS = \$33,4209 (+3.32%).
 - Includes +2.5% temporary OBBBA bump and +0.55% budget-neutrality adjustment.
- 2025 payments fell 2.83% as 2024 temporary relief expired; no current bill fixes that cut.

Special Impact (Table 92 estimates)

Specialty

Combined Impact

Emergency Medicine ≈ -1% overall (-2% facility / +7% non-facility)

Anesthesiology -1%

Critical Care -4%

Radiology / IR ≈0 to +2% range

(excludes CF, sequestration, PAYGO effects)

Efficiency Adjustment Proposal

- New -2.5% reduction to **work RVUs** & intraservice time (non-time-based codes).
- Based on assumed “efficiency gains” over time; uses 5-year MEI look-back
- Exempt from cut: E/M, care management, behavioral health, telehealth codes.
- Depending on the procedures, there may be significant cut in procedure reimbursements.
- Estimated -1% overall reduction if finalized in 2026.

Additional Potential Reductions

- **PAYGO sequestration:** returns in 2026 due to unfunded American Rescue Plan, unless Congress acts again.
- Zotec advocating for permanent fix to prevent future cuts.

E/M and Practice Expenses Notes

- ED E/M work RVUs unchanged from 2025.
- Practice expense methodology revision may lower procedure reimbursement.
- Net: slight increase in ED E/M, slight decline in procedures (variance by code mix). Overall EM reimbursement will be flat to slightly negative in 2026 if the proposed rule is finalized as it is in the proposed rule.

4. “One Big Beautiful Bill Act” (OBBBA)

- Adds **+2.5% temporary CF increase for 2026** (expiring 12/31/26).
- Creates **Rural Health Transformation Program (RHTP)**
 - \$50B investment - largest since 2003.
 - Addresses low volume, workforce, technology, and infrastructure needs.
 - 50% funds split equally to participating states; 50% by CMS formula.
 - Each state could receive ≈ \$100M annually for 5 years.
- Strengthens rural hospital sustainability and state-clinician partnerships.

5. Continuing Appropriations & Extensions Act (H.R. 5371): Passed by the House but has not yet passed the Senate, hence the government shutdown.

“Republican CR Stopgap Funding Bill” - extends key health programs through Nov. 21, 2025.

- **§ 206:** Extends 1.0 work GPCI floor.
- **§ 207:** Continues telehealth flexibilities.
- **§ 208:** Extends Acute Hospital Care at Home waivers.
- **§ 209:** Maintains Part D coverage for oral antivirals.
- **§ 401:** Delays Medicaid DSH cuts until Nov. 21, 2025; remaining cuts FY26-28.

6. No Surprises Act (NSA) & Independent Dispute Resolution (IDR)

Litigation & Regulatory Timeline

- **Oct. 30, 2024:** 5th Circuit en banc reversed TMA III panel decision.
- **Sept. 24, 2025:** Oral arguments before 5th Circuit en banc.
- Demonstrates continued instability in NSA implementation and physician burden.

IDE Process Highlights

- **Pre-IDR steps:** open negotiation --> initiation --> selection of certified IDRE.
- **Federal IDR steps:** submission of offers --> payment determination --> loser pays fees.

CMS Backlog & Eligibility Data

- CMS reports significant progress in clearing backlog and reducing ineligible claims (see CMS Fact Sheet Sept. 2025).
- **FHAS data (Dec. 2024):** ≈ 90% of claims now eligible for IDR.
- **ED E/M win rates:** 85-90%, stable or improving.

Financial Impact

- Typical IDR recoveries = **3-6x initial (QPA) payments**.
- Health plans must pay IDRE fees under “loser-pays” structure.
- Successful IDR appeals help ED groups maintain hospital contracts and negotiate lower stipends.

7. Key Takeaways & Action Steps

- Expect continued volatility in Medicare rates through 2026 pending Congressional action on PAYGO & OBBBA expirations.
- Engage with **ZPAC** to advocate for long-term stability in physician payment.
- **Monitor 2026 final rule** (Nov. 2025) for RVU adjustments and efficiency factor finalization.
- **Leverage IDR process** aggressively - data shows high success and material ROI.
- Continue education on NSA litigation (TMA III/IV) and federal IDR reform proposals.

2025 IEPC Speaker Series



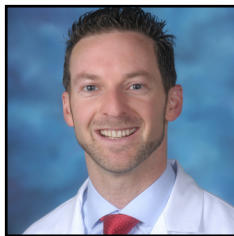
FREE TO ALL FRIENDS OF IEPC!

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

Don't Miss our Final 2 Speakers of 2025!

October 27, 2025

The EM Labor Market



Dr. Leon Adelman

November 24, 2025

Legal Updates for Emergency Physicians



Andrew Selesnick

Register at www.IEPC.org

Stay tuned for more information on the 2026 Speaker Series!