Independent Emergency Physicians Consortium

IEPC

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NOVEMBER 2026 IEPC NEWSLETTER

WELCOME

Welcome to the November 2026 issue.

The 2027 reimbursement picture is coming into focus. CMS released the final 2027 Medicare Physician Fee Schedule on November 4, cutting the conversion factor by 2.31%. Our recap of Ed Gaines' October presentation covers what that means, along with the latest on IDR and what Congress may do next. We also share a recommended read on why insurers keep losing IDR cases.

In President's Pearls, Dr. Robert Chavez walks through year-end MIPS planning: who has to report, how scoring works, and whether reporting is worth the cost for your group. We also cover the Department of Managed Health Care's new All Plan Letter on downcoding and take a look at the ACEP Health Insurance Program for physicians working as independent contractors.

We close with the details for our November 23rd meeting, our final meeting of 2026, featuring Andrew Selesnick of Buchalter on reimbursement planning for 2027, and Cal-ACEP Executive Director Elena Lopez-Gusman on the downcoding letter. We hope you will join us.

Thank you as always, for the care you provide on the front lines and for being part of the IEPC community.

All the best,

Kavitha Weaver

Executive Director, IEPC

PRESIDENT'S PEARLS



Hello Colleagues,

As Fall gives way to Winter it is time for some end of year business planning for independent emergency medicine groups. It is around this time of year when those groups submitting data to MIPS (CMS's Merit Based Incentive Payment System) receive their final payment adjustments for the upcoming year. This system is scored from 0-100 points based on 4 main categories: Quality, Cost, Promoting Interoperability and Improvement Activities.

We all work hard and hope to avoid a penalty. CMS sets an annual performance threshold of 75 points. Scoring at or above 75 avoids a penalty while scoring higher can result in a higher positive payment adjustment (Bonus). If you are thinking this sounds as exciting as watching paint dry or as useful as a box of rocks, you are surely paying attention. However, do not be fooled, this mundane, arduous act can damage your Medicare receipts and all contracts tied to your Medicare reimbursement rates (think "percentage of Medicare") as much as -9%. Moreover, if you score well, you can theoretically receive a bonus as much as +9%. Given that all of us are taking a pay cut in Medicare to the tune of 2.30% in 2027 unless Congress does a last-minute fix, even a small bonus can help mitigate this monetary loss.

Providers obligated to report must bill more than $90,000 in Medicare part B services and provide more than 200 covered professional services. You can report with traditional MIPS reporting across the 4 categories, or you can report through MIPS Value Pathways (MVPs). Remember not all physicians are compelled to report; therefore, you should calculate the cost of paying for a qualified registry and the time needed to report against the potential financial gains you receive for a higher score.

Until next time remember you are all hardworking, intelligent healthcare heroes. There are very few professions where you can affect people's lives in a positive way every single day.

Have a wonderful holiday season,

Dr. Robert Chavez
President, IEPC



SPEAKER RECAP

Emergency Medicine Reimbursement and Regulatory Challenges, Threats & Opportunities

Ed Gaines, JD, CCP, VP of Regulatory Affairs & Industry Liaison at Zotec Partners, October 26, 2026

At our October meeting, Ed Gaines walked IEPC members through what 2027 holds for emergency medicine reimbursement.

Medicare: small cuts, bigger risks

Medicare's proposed 2027 physician fee schedule (MPFS) cuts emergency medicine payments by about 1.25% to 2%, largely because a one-year 2.5% boost expires at the end of 2026. A 4% cut was expected in early 2026 because of the 2025 reconciliation law. But a stopgap funding bill signed November 12, 2025 waived the PAYGO sequestration requirement for 2026, and it did so by resetting the PAYGO scorecards to zero when Congress adjourned that year. Congress has also never let a PAYGO Medicare cut take effect. It is currently unknown if the potential PAYGO cut will be addressed by the new Congress in 2027. The MPFS final rule is expected in early to mid-November.

Out-of-network disputes: winning isn't the same as getting paid

If physicians don't accept a health plan's initial payment on an out-of-network claim, they can negotiate and then challenge it through independent dispute resolution (IDR) under the No Surprises Act. Use has exploded, from about 200,000 disputes in 2022 to 2.4 million in 2025. One health plan economist estimates that the 2026 IDR volume will exceed 4 million. Emergency medicine accounts for over half of all disputes and wins more than 80% of the time. But plans aren't always paying: a survey of 2025 data by EDPMA found nearly half of successful awards went unpaid, with over $240 million owed.

There is good news. A federal appeals court struck down the use of so-called "ghost rates" in calculating health plans' benchmark rates, known as the qualifying payment amount (QPA). Together with new rules starting in January that bring cleaner claims data, this should mean more legitimate QPAs in the near term.

SPEAKER RECAP

Emergency Medicine Reimbursement (continued)

What Congress may do next

Two opposing bills are on the table: one would eliminate the dispute process in 2028 in favor of fixed payment rates (Rep. Pallone (D-NJ)), while the other would keep it and add steep penalties for plans that pay late (Rep. Murphy (R-NC)). Congress has fewer than 20 joint session days left in 2026, so either bill faces a tight window this year.

Join us November 23

To hear what 2027 means for your group's reimbursement planning, join us at our next meeting on Monday, November 23 at 9:00am, when Andrew Selesnick of Buchalter will present a strategic planning reimbursement update for 2027.

Update: 2027 Medicare Final Rule Released

Since Ed's presentation, CMS released the final 2027 Medicare Physician Fee Schedule on November 4. Starting January 1, 2027, the conversion factor drops 2.31% to $32.63 for most physicians, and 1.83% to $32.95 for qualifying APM participants. The cut is slightly deeper than proposed, largely because a budget-neutrality adjustment of +0.53% in the proposed rule became -0.12% in the final rule.

Recommended Reading

Health Insurers Say Arbitration Is Broken. Their Earnings Calls Raise a Different Question.
Wendell Potter, HEALTH CARE un-covered, November 6, 2026

A former insurance executive examines why insurers lose so many IDR cases, drawing on an ACEP, ASA and ACR analysis of federal data showing insurers submitted no offer at all in about a quarter of disputed line items.

Read the article: healthcareuncovered.substack.com/p/health-insurers-say-arbitration-is

Health Insurance Designed for Emergency Physicians: Explore the ACEP Health Insurance Program

A PPO health insurance solution for independent contractors, 1099 physicians, and their families.

For many emergency physicians, particularly those working as 1099 independent contractors, finding quality health insurance can be challenging. Without access to traditional employer-sponsored coverage, physicians are often left navigating individual health insurance options with limited provider networks, high premiums, or inadequate flexibility.

The American College of Emergency Physicians (ACEP) Health Insurance Program offers eligible ACEP members an alternative worth considering.

Through this association-based program, emergency physicians can access group-style major medical coverage featuring the nationwide Cigna PPO network, offering greater flexibility when selecting physicians, specialists, and hospitals.

Program highlights include:

• Nationwide Cigna PPO Network: Access participating providers across the country, an important advantage for physicians who travel or work in multiple locations.
• Eight Medical Plan Designs: Choose from a range of deductibles and premium options, including HSA-compatible plans.
• Individual & Family Coverage: Options are available for eligible spouses and dependent children.
• Potential Premium Savings: Medical underwriting allows the program to evaluate risk and potentially offer more competitive premiums than some individual-market alternatives.
• Year-Round Applications: Eligible physicians can apply throughout the year without waiting for traditional Marketplace Open Enrollment.

ACEP Health Insurance Program (continued)

The program is particularly attractive to independent-contractor emergency physicians seeking broader provider access and greater flexibility in their healthcare coverage.

Insurance Solutions USA works with ACEP members to explain coverage options, compare plan designs, navigate the underwriting process, and assist with enrollment.

Whether you're purchasing health insurance for yourself or supporting a family, the ACEP Health Insurance Program may provide a valuable alternative to your current coverage.

Interested in learning more?
Visit www.insurancesolutionsusa.com/acep-information or call 817-756-1442 to explore your options.

Coverage is subject to ACEP membership eligibility, medical underwriting, plan terms, and approval. Premium savings are not guaranteed.



REGULATORY UPDATE

DMHC Issues All Plan Letter on Downcoding

The California Department of Managed Health Care (DMHC) has released a new All Plan Letter addressing health plan downcoding practices, guidance with direct implications for how emergency department claims are coded and paid.

For ED groups that have seen claims paid at a lower level of service than was billed, this guidance is time-sensitive and worth reviewing closely with your billing team.

Cal-ACEP Executive Director Elena Lopez-Gusman will stop by our November 23rd meeting to summarize the letter and what it means for independent groups.

Join us Monday, November 23 at 9:00am

2026 IEPC SPEAKER SERIES



Join Us: November Speaker Series
Monday, November 23 | 9:00-9:30am PST

We are pleased to welcome back Andrew Selesnick, JD, Partner at Buchalter, who represents emergency medicine groups in reimbursement disputes with health plans. Andy has presented to IEPC members nearly every year since 2021, and this year he will help groups plan for reimbursement in 2027.

Following Andy, Cal-ACEP Executive Director Elena Lopez-Gusman will summarize the DMHC's new All Plan Letter on downcoding.

This is our final meeting of 2026. Register here.

Coming in 2027
Our 2027 Speaker Series lineup will be announced in our December holiday issue.

Keep an eye on your email for more details!