

### **Reimbursement Committee**

1. Identify and analyze the governmental reimbursement environment as it pertains to emergency medicine and assist in positioning the College appropriately on issues of importance. Concentrate on audit activity and payment policies throughout the Medicare system.

*Outcome:* A review and update of the Preparing for an Audit paper was completed. The workgroup developed a survey to be sent to ED billing companies and a sample of ACEP members to query their audit process outcomes. We are developing a mailing list with contact information for billing departments and those EDs that do their own billing internally. The recent State Legislative survey experience is to be used as a guide for implementation. The workgroup continues to monitor the increasing ALJ audit problems, with delays, regional variance from national CMS standards, and involvement of Contactor medical directors becoming more prevalent and making suggestions for action to the full Committee.

2. Continue to identify and analyze reimbursement challenges that impact emergency medicine and recommend strategic solutions. Continue to monitor private payer practices such as balance billing and fair payment, and challenge health plan claim bundling practices. Track out of network payments and payer mix shifts based on the ACA and databases such as FAIR Health.

*Outcome:* Work continued towards expanding on the roadmap document for state legislative issues and the evolving state legislative toolkit. The workgroup coordinated efforts with the ACEP/EDPMA Joint Task Force of Reimbursement Issues on out of network payments, balance billing, and Medicaid payment issues. They identified tools that will be helpful at the state level on how to address or defend balance billing for out of network claims. The Board approved “Strategies to Address Balance Billing and Out of Network Benefits for Professional Emergency Care Services” and “Situation Report: Balance Billing Legislation” in April 2016.

3. Continue supporting liaisons to the AMA RBRVS process, and advocate for improvement of work, practice expense, and malpractice relative values. Participate in any episode of care development activity in that venue.

*Outcome:* Work continues in support of ACEP’s RUC Team. ACEP along with the Americana Society of Anesthesiology, surveyed code 31500, intubation, endotracheal, emergency for presentation. ACEP presented the revised moderate sedation codes and participated in several focus groups. Both presentations received favorable valuation from the RUC. The RUC Relativity Assessment Workgroup (RAW) considered 13 fracture care codes and 40650 full thickness lip repair. ACEP recommended that CPT Assistant articles instructing on correct coding be used rather than conducting RUC surveys for all 14 low volume codes.

4. Identify and develop educational materials such as articles, webinars, and Frequently Asked Questions (FAQs) to provide members with practical information on developing reimbursement trends. Develop specific content for residents. Develop a plan to publicize the information.

*Outcome:* The workgroup reviewed and updated the six [FAQ sets](#) along with additional material in its purview.

5. Develop a strategy for emergency medicine to be represented in alternate payment models, including episodes and population health, to prepare for the transition from fee for service reimbursement to value-based reimbursement. Provide analysis of new payment models for emergency physician services that may replace or supplement the predominant fee for service model and offer advice on how ACEP members should prepare for these new models (ACOs, bundled payment, value based reimbursement, etc.). Obtain input from the Quality & Patient Safety Committee as needed.

*Outcome:* The announcement from HHS that 50% of reimbursement should be value based within a few years increases pressure on groups to move forward with workable alternative payment models. ACEP formed a task force and is

developing three separate Alternative Payment Models, including models based on episodes, population health, and discharge planning/care coordination.

6. Monitor Medicaid reforms at the state level and provide resources as appropriate. Participate as necessary with the National Conference of Insurance Legislators (NCOIL) on related activity addressing fair payment issues.

*Outcome:* The workgroup monitored activity in Medicaid programs around the country. The biggest issues include states limiting the number of covered emergency diagnoses, proposed bans on balance billing, and limiting the number of covered ED visits in a given year, regardless of presenting complaint. The draft legislation is mostly concerned with balance billing issues and out of network payments.

7. Work with the Federal Government Affairs Committee to develop strategies to remove the exemption of Medicaid from the prudent layperson standard. (Federal Government Affairs is the lead committee.)

*Outcome:* The Second Session of the 114<sup>th</sup> Congress has not offered opportunities for legislation modifying Medicaid. Work on this objective will continue in 2016-17 with the 115<sup>th</sup> Congress.

8. Work with appropriate parties at federal and state levels to advocate for legislation and regulation that will provide fair payment by all payers for appropriate services provided by telemedicine as directed in Amended Resolution 28(14) Fair Payment for Telemedicine Services.

*Outcome:* The committee continues to work with the Federal Government Affairs Committee and the State Legislative/Regulatory Committee as appropriate. Committee members reached out to the Emergency Telemedicine Section, the Rural Emergency Medicine Section, and the Iowa Chapter for feedback on developing talking points and to identify opportunities for legislative advocacy on telemedicine issues.

9. Revise the following policy statements as part of the policy sunset review process:
  - [Balance Billing](#)
  - Emergency Physician Overhead
  - [Fair Payment for Emergency Department Services](#).

*Outcome:* The three revised policy statements were approved by the Board in April 2016.

10. Work with the Ethics Committee as needed to develop an information paper on the effect of reimbursement and access to emergency care (i.e., address whether Medicaid, Medicare, and out-of-network payments prevent access to care). (Ethics is the lead committee.)

*Outcome:* The Reimbursement Committee stands ready to assist the Ethics Committee on this assignment. The Ethics Committee will continue to work on the information paper in 2016-17.

11. Work with the Federal Government Affairs Committee, Quality & Patient Safety Committee, and the Observation Section as needed to complete the development of an information paper on readmissions vs. observation as an “outcome” of quality measures. (Quality & Patient Safety is the lead committee.)

*Outcome:* The Reimbursement Committee stands ready to assist the Quality and Patient Safety Committee on this assignment. A literature search was completed and will be used to complete the development of an information paper in 2016-17.

12. Work with the State Legislative/Regulatory Committee as needed to develop resources to assist chapters with advocating for legislative solutions to address fair payment and restrictions on balance billing. (State Legislative/Regulatory is the lead committee.)

*Outcome:* The Reimbursement Committee stands ready to further assist the State Legislative/Regulatory Committee on this assignment.

13. Develop a policy statement declaring that insurance companies and other payers reimburse emergency physicians for ultrasound studies and services that they perform and interpret as separate and identifiable procedures while providing patient care services in the Emergency Department and support efforts to reduce payment denials for appropriately performed and documented clinical ultrasonography. (Amended Resolution 27-15)

*Outcome:* The Board approved the policy statement “[Payment for Ultrasound Services in the Emergency Department](#)” in June 2016.

14. Work with the ACEP/EDPMA Task Force, Federal Government Affairs Committee, and State Legislative/Regulatory Committee to provide a recommendation to the Board regarding further action on Referred Resolution 28(15).

*Outcome:* The Board approved “Strategies to Address Balance Billing and Out of Network Benefits for Professional Emergency Care Services” and “Situation Report: Balance Billing Legislation” in April 2016. The Reimbursement Committee worked closely with the Joint Task Force and other ACEP committees in developing resource material and strategies as outlined in Resolution 28(15). (See objectives 2, 6, 9 and 12.)