

Final Objectives 2023-24

Reimbursement Committee

Chair: Tyler Barrett, MD, FACEP

Board Liaison: James L. Shoemaker, Jr., MD, FACEP

Staff Liaison: David McKenzie

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.
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. Monitor implementation of the No Surprises Act. Investigate publishing recommendations for successfully appealing a claim in the IDR process.
3. Continue to support the efforts of the 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.
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 and young physicians. Create tools to assist medical students with documentation that facilitate the integration of the medical student's documentation in the medical record with the supervision of the attending physician. Explore innovative ways to provide educational material to members. Work with EMRA on developing billing and coding modules. Special focus on educational materials related to 2023 emergency medicine documentation guidelines changes.
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.) Collaborate with the Alternative Payment Models Task Force. Monitor ED telehealth use and coverage. Monitor Telehealth payments and coverage, especially considering the public health emergency ending. Investigate global budgeting, similar to the Maryland payment model to see if a more widespread application is possible for emergency medicine.
6. Monitor Medicaid reforms at the state level and provide resources as appropriate. Monitor the impact of reimbursement changes in rural areas. Collaborate with the State Legislative/Regulatory Committee to coordinate with state chapter stakeholders in drafting the implementation process. Advise reimbursement for rural areas. (Reimbursement is the lead committee).
7. Review the following policy per the Policy Sunset Review Process:
 - Assignment of Benefits
 - Coverage for Patient Home Medication While Under Observation Status

Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.
8. Serve as a resource to the Federal Government Affairs Committee in their objective to evaluate the desirability and feasibility of passing legislation allowing competing physicians to collectively bargain with health insurers and governmental agencies over rates and terms for physician services. (Federal Government Affairs lead committee.)
9. Serve as a resource to the Federal Government Affairs Committee in their objective to actively engage in the regulatory process for the implementation of the "No Surprises Act" working to ensure that the law is implemented in a way that will protect patients as well as reimburse providers appropriately for services

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rendered. Be aware of issues related to the NSA that may require additional legislative intervention. (Federal Government Affairs is the lead committee.)

10. Serve as a resource to the Health Innovation Technology Committee regarding the 2023 emergency medicine documentation guidelines in their objective to develop best practice guidelines for emergency medicine documentation that considers available EHR tools and their limitations (e.g., content-importing technology, dictation, NLP/summarization software, etc.). (Health Innovation Technology is the lead committee.)
11. Serve as a resource to the Medical-Legal Committee in their objective to develop an information paper on the identification of recent specific antitrust violations by insurers, especially in light of implementation of the Competitive Health Insurance Reform Act of 2020 that repealed the McCarran-Ferguson antitrust exemption. (Medical-Legal is the lead committee)
12. Serve as a resource to the State Legislative/Regulatory Committee in their objective to monitor policies by government and private payers to deny or downcode claims in violation of the prudent layperson standard. Identify any gaps in available resources and recommend or develop documentation that chapters can use in advocating for legislation opposing such policies. (State Legislative/Regulatory is the lead committee.)