

Ensuring the Best Interests of Emergency Patients

Nearly one in five Americans each year will require a trip to the emergency department (ED), and the American College of Emergency Physicians wants to ensure that the 38,000 emergency physicians we represent are able to provide these patients with the high-quality care they need and deserve.

Our members work in a broad range of employment models—whether directly employed by an academic medical center, in a suburban hospital staffed by a local and independent practice group of emergency physicians, or at a small, rural hospital staffed by a large, national physician group.

Regardless of practice setting or employment model, ACEP believes the interests of patients are best served when emergency physicians practice in a stable, fair, equitable, and supportive environment, and strongly urges each emergency physician to carefully evaluate any health care delivery system or arrangement that might unfairly profit from the professional services of the emergency physician.

The emergency care patient experience rarely ends upon discharge from the ED, though. It often continues until insurance claims, network status, and medical bills are navigated and resolved. Therefore, in order to ensure the high-quality emergency care provided by our member physicians continues for the patient even after they leave their care, we seek the commitment of emergency medicine practice groups to adopt best practices.

Commitment to Best Practices for Emergency Medicine Practice Groups

Name of Organization

Number of Annual Emergency Encounters Represented by Group Nationally

- **WILL** engage in good-faith efforts to enter into contracts with all major insurers in the geographic area(s) of the emergency department(s) covered by the group, so that most patients requiring emergency care at that ED can be in-network.
- **WILL** accept out-of-network reimbursement at a rate that is fair and reflects local practice costs, payer mix, and the time involved for providing care in that encounter.
- **WILL** streamline and simplify the billing resolution process for patients for both out-of-network care, and in-network care (i.e. patient bills from copay, coinsurance, or deductible collection), and provide easy-to-understand resources to help patients and their families navigate the health care system.
- **WILL** work with patients who have inadequate insurance coverage to help create mutually workable payment schedules.
- **WILL** analyze internal data to identify patterns of higher prevalence of balance billing and take immediate steps to address it.
 - **WILL** share annually a summary report of such findings to help disseminate best practices for ensuring emergency patients are truly taken out of the middle.
- **WILL** promote efforts at the federal, state, and local level to preserve the emergency medicine safety net.

Contact Name

Title

Signature

Date

