

2018-19
Final Committee Objectives

Reimbursement Committee

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Jennifer Wiler MD, MBA, FACEP (CO)
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Board Liaison: Jon Mark Hirshon, MD, PhD, MPH, FACEP
Staff Liaison: David McKenzie, CAE

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.
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.
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.) Seek input from the Alternative Payment Models Task Force.

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5. 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.
6. Investigate alternatives to FAIR Health for determining fair payment levels for emergency physicians.
7. Develop resources (such as an information paper, slides, podcast, etc.) on the transparency of the reimbursement process for all members.
8. Provide input to the Federal Government Affairs Committee to develop a regulatory and/or legislative strategy to encourage the use of appropriate alternatives to Emergency Department copays in State Medicaid waiver applications that embrace the prudent layperson concept. (Federal Government Affairs is the lead committee.)
9. Provide input to the Federal Government Affairs Committee in developing a proactive federal-level strategy on out-of-network/balance billing, including consideration of introducing federal legislation. (Federal Government Affairs is the lead committee.)
10. Provide input to the State Legislative/Regulatory Committee and the ACEP-EDPMA Joint Task Force to develop resources to assist chapters with advocating for legislative solutions addressing fair payment and restrictions on balance billing. (State Legislative/Regulatory is the lead committee.)
11. Provide input to the State Legislative/Regulatory Committee and the ACEP-EDPMA Joint Task Force and the out-of-network/balance billing “strike team” leaders to provide expertise and resources to states addressing balance billing/out-of-network legislation. (State Legislative/Regulatory is the lead committee.)
12. Provide input to the Academic Affairs Committee to develop an information paper on documentation by medical student on electronic health records and incorporating billing strategies. (Academic Affairs is the lead committee.)
13. Review the following policy per the Policy Sunset Review Process:
 - Medical Services Coding

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.
14. Review Referred Resolution 41(17) Reimbursement for Hepatitis C Virus Testing in the ED and provide a recommendation to the Board regarding further action on the resolution.