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# 2013 YEAR IN REVIEW

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***“It is a sort of splendid torch for which I have got hold of for a moment and I want to make it burn as brightly as possible before handing it on to a future generation”***

What a great way to guide yourself in the daily challenges you face. When you can leave an organization in better shape than it was in when you arrived, I believe you have accomplished something significant.

For me the challenge was following such great leaders as Dighton Packard and Randy Pilgrim – a huge task. However, they have remained active and, along with a very talented and enthusiastic Board that brings a broad range of exceptional talent to the organization, my first year has been busy but enjoyable and fulfilling. In addition, I must thank our dedicated Executive Director, Elizabeth Munding, her staff, and all of the committee chairs and volunteers for they are what truly keep this organization functioning on a daily basis.

Following my introduction is a very detailed report that outlines all we have accomplished this year and it is a true testament to all of those mentioned above. However, I would like to do a quick synopsis to tie it altogether into the vision the Board has developed.

Our first order of business – and maybe the most important – was to recruit and hire a new Executive Director. We were very focused that this individual would not only need to run the organization on a daily basis, but help lead us to a new level. I am happy to report that we believe we have found that person in Elizabeth Munding. She has not only turned the organization into a very tightly run and highly effective machine, but has assisted in advocacy (her previous life), developing new relationships and assisting us in developing and implementing the strategic plan which has guided our work for 2013 and 2014.

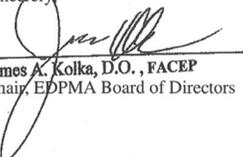
We continued to develop relationships with ACEP, holding a formal meeting of executive committees, ACOEP (developing a formal lobbying effort), EMAF, Urgent Matters and Health Affairs. My vision is to develop the appropriate relationships with organizations that will give us the visibility and respect to accomplish our core mission – ensuring the viability of the practice of Emergency Medicine – and I believe we are well on our way!

We held our most-attended Solutions Summit ever with excellent reviews and hope that Solutions Summit 2014 exceeds that high bar.

We devoted a significant portion of our time and dollars to federal issues. This year passing an SGR permanent fix seemed to dominate the landscape, but there were myriad issues as you can see. We also devoted significant resources at the state and local level fighting all of the fires that arise such as balanced billing, bundled payments, and government and private payor changes that adversely affect our members.

I urge you to read the entire document so that you understand where your valuable dollars go. I urge you to thank those on the committees that spend so much of their valuable time on these matters and I urge you to become involved if you are not. Mostly I hope that you feel this organization accomplishes what you need it to and that you find value in your membership.

Sincerely,

  
James A. Kolka, D.O., FACEP  
Chair, EPPMA Board of Directors

# EDPMA MISSION STATEMENT

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The mission of the Emergency Department Practice Management Association (EDPMA) is to advocate for emergency department physician groups and their partners to enhance quality patient care through operational excellence and financial stability.

## OVERVIEW

EDPMA is the national trade association representing the practice groups, billing and coding companies, and others behind the quality care delivered every day in Emergency Departments across the country. EDPMA members serve about half of the 130 million patients who visit emergency departments in the U.S. each year.

EDPMA provides exceptional value to its members throughout the year. From advocacy to education, EDPMA provides unmatched access to decision makers, monitors federal and state activity, educates on best practices, and keeps its members up-to-date on the key issues and services affecting their bottom line.

EDPMA members work together at committee meetings and on conference calls, with task forces and coalition partners, to find solutions to common industry problems and to address the issues that affect this industry the most. From Medicare and Medicaid reimbursement to emergency department management, EDPMA members join forces to harness opportunities and navigate issues arising in this changing healthcare environment.

EDPMA is governed by a volunteer Board of Directors comprised of experts in the field of emergency medicine. EDPMA accomplishes its advocacy goals through a focused committee structure led by an active team of talented and entrepreneurial EDPMA members. The committees are open to all EDPMA members and their work is further detailed in the pages of this annual report.

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“EDPMA is an extremely nimble and responsive organization. We utilize significant decision makers in each member organization, and routinely mobilize effective, large scale responses to burning issues and emerging concerns that affect Emergency Medicine.”

**- Randy Pilgrim, MD, FACEP, Chief Medical Officer,  
Schumacher Group**

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# MEMBERSHIP

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EDPMA members are a diverse and cohesive team of emergency department physician groups and their practice partners working together to make the emergency department industry even stronger.

We represent physician groups, billing companies, and supporting organizations of all sizes.

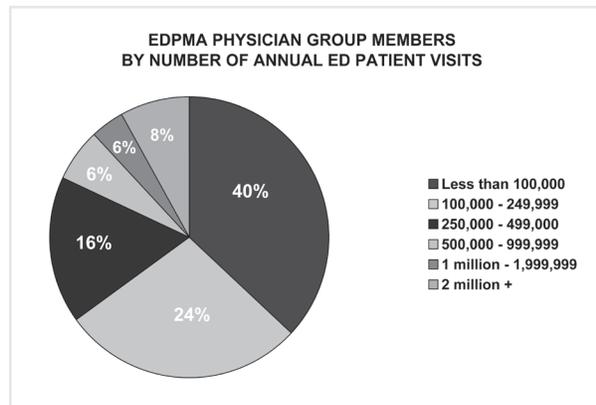
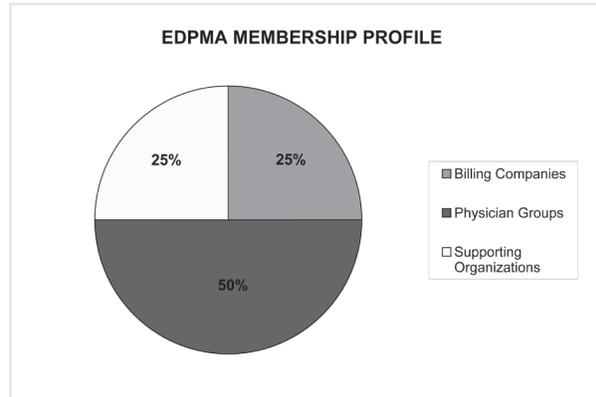
EDPMA welcomed 17 new members in 2013 — a 21% increase in membership.

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“As a new member of EDPMA, it took very little time to become acquainted with other members and benefit from all EDPMA offers. Everyone I met at the Solutions Summit conference was genuinely interested in me and my role within my company. It was easy to develop friendships and networking contacts. As a result, I am able to perform and provide better results for my emergency physician clients and our company.”

**– Andrea Halpern, Account Executive, Client Relations, Ciproms**

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# ADVOCACY

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EDPMA accomplishes an aggressive legislative and regulatory agenda by closely monitoring bills, proposed and final rules, and by sharing resources and coordinating action. The five EDPMA committees who spearhead these efforts include: Federal Health Policy, State Regulatory and Insurance, Provider Enrollment, Coding and Documentation, and Quality, Value and Performance.

EDPMA also works closely with its coalition of partners such as the American College of Emergency Physicians (ACEP), American College of Osteopathic Emergency Physicians (ACOEP), Healthcare Billing and Management Association (HBMA), and others outside the association who share our interests. In 2013, we began implementing regular formal meetings with ACEP leadership and have started to do the same with our other partners.

In addition, EDPMA continues to work with Joyce Cowan, Esq., a partner in the Morgan, Lewis & Bockius LLP's' Healthcare Practice who has been providing outside counsel and government relations services to EDPMA since it was established, and her colleague, Eric Knickrehm, Legislative & Policy Analyst.

The EDPMA advocacy team was especially active in 2013. It was active on all priorities in the EDPMA Strategic Plan. The team monitored state and federal action, met with Administration officials, submitted comments in response to proposed regulations, lobbied Congress, and participated in numerous important industry meetings. The level of engagement and proactive efforts nearly doubled this year and the hard work paid off.

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"Our physician group has benefited immensely from our involvement as a founding member of EDPMA. The strong relationships we've developed over the years with industry leaders from across the country have enabled us to form a state coalition to advocate on behalf of emergency medicine in Texas. Our success at the state level is heavily influenced by the individuals we've known and the organizational structure modeled by EDPMA."

**- Cheryl Conner, RN, Chief Executive Officer, Emergency Service Partners, L.P. Member, EDPMA Board of Directors and Executive Committee**

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# A SNAPSHOT OF EDPMA'S ADVOCACY SUCCESSES IN 2013

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## **I. 2014 MEDICARE PHYSICIAN FEE SCHEDULE**

EDPMA urged the Centers for Medicare and Medicaid Services (CMS) to make many changes to its proposed rule implementing the 2014 Medicare Physician Fee Schedule. CMS implemented a number of EDPMA's requested changes in the final rule, including:

- Removing the proposal to eliminate claims-based reporting for individual quality measures;
- Removing the proposal to require providers be part of a medical home or similar care model in order to furnish chronic care coordination services;
- Removing the proposal to no longer allow groups with 25 to 99 providers to voluntarily report on the Group Practice Reporting Option (GPRO); and
- Reducing the proposed number of required participants in qualified clinical data registries (from 100 to 50).

## **II. 2014 UPDATE TO THE MEDICARE OUTPATIENT PROSPECTIVE PAYMENT SYSTEM**

Similarly, EDPMA requested many

changes to the proposed 2014 Update to the OPSS and CMS included many of the requested changes in its final rule, such as:

- Delaying the proposal to flatten Emergency Department facility codes; and
- Reducing the proposed set of add-on services to be packaged with the ED visit.

## **III. MEDICARE PROVIDER ENROLLMENT**

EDPMA's Provider Enrollment Committee (PEC) worked with CMS behind the scenes – through conference calls and letters - on a number of Medicare provider enrollment issues and helped secure the following improvements:

- An EDPMA representative was added to CMS's Provider Enrollment Task Force,
- CMS implemented the PECOS Surrogate Program, and
- CMS urged the MACs to address many of the revalidation issues EDPMA's Provider Enrollment Committee brought to CMS's attention.

# A SNAPSHOT OF EDPMA'S ADVOCACY SUCCESSES IN 2013

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## **IV. REPEAL AND REPLACE MEDICARE PHYSICIAN REIMBURSEMENT FORMULA**

In 2013, EDPMA held a Leadership Lobby Day, sent a letter to Congressional leadership, and held follow-up meetings with Congressional committee staff on the various proposals to permanently repeal and replace the Medicare Physician Reimbursement Formula. In February 2014, Congressional leadership in both parties in both the House and Senate agreed to legislative language. **However, Congress has not yet been able to identify a bipartisan offset for the proposal, so it has not yet become law.** Nevertheless, the legislation includes many of the improvements EDPMA requested, including:

- EDPMA urged Congress to change its original proposal to ensure that the new formula for measuring a provider's merit-based performance does not prejudice ED physicians who are not eligible for meaningful use incentives. In response, the current proposal allows HHS to assign a weight of zero to a value performance category - such as meaningful use - if that category is not appropriate for that provider type. This change will allow Emergency Physicians to receive a higher overall merit-based score.
- EDPMA urged Congress to address the current unfairness in the Value-Based Payment Modifier program which subjects ED groups to negative

adjustments for not reporting, yet doesn't allow for positive adjustments because no patients are attributed to ED physicians. The February 2014 agreement provides that HHS develop new attribution methodology which would be based on the episode of care or the patient's relationship with the physician.

- EDPMA urged Congress to clarify the option of using an affiliated hospital's value scores. In response, the new language allows HHS to consider an affiliated hospital's "quality" or "resource use" measures.
- EDPMA urged Congress to develop an Alternative Payment Model (APM) that would work well for ED physician groups. The agreement provides that HHS focus on developing and approving APM's for physicians other than primary care physicians.
- EDPMA urged Congress to provide for positive updates to fee-for-service (FFS) reimbursement rates during the transition period and the agreement includes a 0.5% update each year for 5 years (2014-2018).
- EDPMA urged Congress to quickly pass legislation that permanently repeals the SGR formula (which mandates a 24% cut in reimbursement rate) and the agreement provides for permanent repeal.

# EDPMA ADVOCACY ACTIVITY — A CHRONOLOGICAL OVERVIEW

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## The following is a chronological list of EDPMA's advocacy activity in 2013:

- On February 1, 2013, EDPMA asked CMS to address key issues when developing an **Emergency Department Patient Satisfaction Survey**. ACOEP cosigned our comments.
- On February 21, 2013, EDPMA urged CMS to change proposed **Medicaid/CHIP cost-sharing provisions** for nonemergency care provided in Emergency Departments. Although the requested changes were not made, CMS subsequently released 2014 guidance addressing some of our concerns (i.e., stating that cost-sharing or differential payment rates should only be applied to treatment provided after hospitals fulfill their EMTALA obligations).
- On March 25, 2013, McKesson removed inappropriate **edits to the McKesson Knowledge Base** that bundled ultrasound "FAST Exam" into the ED visit. EDPMA worked with the Emergency Medicine Action Fund (EMAF) who financed this important initiative.
- On April 16, 2013, EDPMA's State, Regulatory and Insurance Committee (SRIC) advised Mississippi's policymakers to mitigate problems created by a **balance billing** ban.
- On April 25, 2013, EDPMA's Provider Enrollment Committee (PEC) met with CMS to discuss improvements to the Medicare Enrollment Process, including the **revalidation process and PECOS**. CMS addressed many of the concerns that were raised.
- On May 17, 2013, EDPMA endorsed ACEP's comments to CMS on the Medicare Inpatient Billing Rule, which would allow hospitals to **recoup the cost of providing care to Medicare patients** whose inpatient stays are retroactively denied by auditors. CMS responded positively by allowing hospitals to bill more services delivered in connection with the denied inpatient stay through Part B.
- On May 20, 2013, the **RAND Report** on the Importance of Emergency Medicine was released. EDPMA is a Board Member and financial contributor to EMAF which financed the RAND Study.
- On June 28, 2013, EDPMA urged CMS to amend the Proposed Rule on the Medicare Incentive Reward Program and Provider Enrollment which would make it easier for CMS to revoke **billing privileges**. ACOEP cosigned our comments.

# EDPMA ADVOCACY ACTIVITY — A CHRONOLOGICAL OVERVIEW

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- On September 6, 2013, EDMPA urged CMS to amend its proposed 2014 **Medicare Physician Fee Schedule** which proposed numerous changes to quality programs. ACOEP cosigned our comments. CMS included many of EDPMA’s requested changes in the final rule.
- On September 6 and 16, 2013, EDPMA urged CMS to amend its proposed 2014 Update to the Outpatient Prospective Payment System. ACOEP cosigned our comments. CMS adopted some changes EDPMA requested, including delaying the proposal to **collapse ED facility codes**.
- On October 24, 2013, EDPMA urged CMS to fix problems encountered in Medicare **provider enrollment**. CMS addressed many of those concerns.
- On November 6, 2013, EDPMA held its **Leadership Lobby Day** where EDPMA Board Members and Committee Chairs traveled to Washington, DC, to urge Congress to repeal and replace the SGR Formula which mandates deep cuts in Medicare Physician Reimbursement.
- On November 12, 2013, EDPMA urged Congress to improve Congressional proposals to **repeal and replace the SGR formula**. ACOEP cosigned EDPMA’s letter.
- On November 25, 2013, EDPMA urged CMS to make changes to its proposed rule on **Basic Health Plans**. ACEP and ACOEP cosigned our comments. In 2014, CMS released the final rule which includes many of the requested changes.
- In December 2013 (and January 2014), EDPMA held follow-up meetings with key Congressional committee staff and urged them to **further improve the bipartisan bicameral proposal to repeal and replace the SGR formula**. In 2014, Congressional leadership included many of the requested improvements in the legislative proposal.
- Throughout 2013, EDPMA’s State, Regulatory, and Insurance Committee (SRIC) tracked key state-level activity on important issues such as **Medicaid expansion, Medicaid co-pays, balance billing, state health exchanges, and national and regional payer issues**.

# KNOWLEDGE & LEARNING



“If your business is involved in the field of Emergency Medicine, EDPMA’s Solution Summit should be at the top of your list.”

- **Mark E. Owen, Senior Vice President, Nicka & Associates, Inc.**

Providing EDPMA members with valuable education and training opportunities, productive networking occasions, and regular news alerts are top priorities. In 2013, EDPMA accomplished these goals through its Solutions Summit; its first Audit Workshop; its news alerts, newsletters, and web updates; and by collaborating with others, such as Urgent Matters and Health Affairs, to provide numerous webinars and articles on emergency medicine.

## SOLUTIONS SUMMIT

*The Solutions Summit* - EDPMA’s signature event - is the premier conference focused on emergency department practice management. Each year it attracts hundreds of emergency department healthcare professionals from across the country. It offers a wide range of workshops, general sessions, briefings and policy discussions. Led by leaders in the field, Solutions Summit presents practical solutions to the problems facing emergency medicine physicians groups and their practice partners.

## SOLUTIONS SUMMIT XVI

The EDPMA *Solutions Summit XVI* –

LAS VEGAS APRIL 28-30, 2013

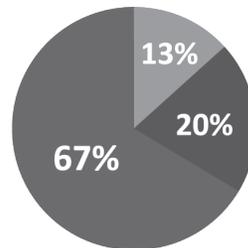
*Leadership In A New*

*Age For Healthcare* – was held at The Cosmopolitan of Las Vegas on April 28-30. With more than 350 attendees, *Solutions Summit XVI* enjoyed a 24% percent increase in attendance over previous years. Most attendees are from senior level management.

## 2013 SOLUTIONS SUMMIT DEMOGRAPHIC OVERVIEW

### Job Function:

■ Physician Group	67%
■ Billing Company	20%
■ Support Operations	13%



# KNOWLEDGE & LEARNING

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## EDPMA'S FIRST AUDIT WORKSHOP A BIG SUCCESS



In October 2013, EDPMA's held its first Audit Workshop. Nearly 40 attendees received two days of instruction in Dallas, Texas, on how to avoid and prepare for audits. Attendees gave the workshop rave reviews. One attendee stated, "The Workshop was extremely informative and very practical for use in any size emergency medicine practice setting. The presenters were very knowledgeable. Highly recommended for all physicians, coders, and practice managers."

## NEWS ALERTS AND NEWSLETTERS

EDPMA kept its membership up-to-date on important policy activities such as proposed legislation, Congressional activity, court decisions, proposed rules, final rules, and guidance through email alerts, a monthly advocacy newsletter, website updates, and a weekly compilation of key news articles on emergency medicine.

## WEBINARS

EDPMA works closely with a number of organizations that share an interest in improving emergency care. This work ensures that our voice is heard by the leaders in emergency medicine. In July 2013, EDPMA joined the Urgent Matters Editorial Board. Urgent Matters is a group focused on patient flow and other practice concerns facing emergency departments. The Editorial Board is

comprised of various associations that represent providers of emergency care.

The Urgent Matters webinar series is produced by its Board members, including EDPMA, and available for free to EDPMA members. The webinars feature presentations and moderated discussion with leaders in the emergency care community. Continuing education credits are available to webinar participants. The following webinars were offered in 2013:

- When Needs Exceed Resources: Healthcare Coalitions' Response to the Meningitis Outbreak,
- Coordinating Care Through Telemedicine,
- Ambulance Diversion and Offload Delay: ED Crowding and the EMS System,
- Federal Liability Protection for Emergency Care,
- Primary Stroke Prevention in the Emergency Department, and
- Innovations In Behavioral Health.

## HEALTH AFFAIRS

Health Affairs, the nation's leading peer-reviewed health policy journal, publishes quarterly journals focused on healthcare policy in the United States and internationally. The journal's audience includes government and health industry leaders, policy experts, and more. In 2013, EDPMA helped Health Affairs develop a thematic issue focused on sustaining a robust, coordinated system of emergency care and a member of the EDPMA's Board contributed an article. The issue was published in December 2013.

# FINANCIAL PERFORMANCE

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The financial health of EDPMA remains strong with its financial position reflecting a net income of \$107,758 in 2013. This is almost six times more net income than had been expected (\$18,130). The net income is a result of net revenue over expenses.

EDPMA earned more revenue than expected in three categories: Annual Conference, Advocacy Fund, and G&A. The Audit Workshop – which was not originally contemplated as part of the 2013 budget – also enjoyed net revenue over expenses.

## REVENUE:

- Budgeted \$849,349
- Achieved \$861,180

Expenses were well managed. The expense items came in under budget in all categories: G&A, Membership, Annual Conference, Advocacy, and Education.

## EXPENSES

- Budgeted \$831,219
- Spent \$753,421



## NET ASSETS

At the end of 2013, EDPMA had over \$485,000 in net assets (this does not include any 2014 dues revenue). These funds enable EDPMA to weather possible economic downturns such as a loss of major members, a lawsuit, or an unsuccessful Summit. They also allow the association to take advantage of unique opportunities that arise such as joining industry boards, hiring new staff, launching a new program, filing a lawsuit to defend the industry, or implementing a special lobbying effort. Alternatively, these funds can be invested in hopes of earning non-dues investment income and reducing EDPMA's dependence on dues income.

# EDPMA BOARD OF DIRECTORS 2013–2014

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## EXECUTIVE COMMITTEE:

**James Kolka, DO, CPE, FACEP  
Chair**

Midwest Emergency Associates  
Management

**Aron Goldfeld, JD, MBA  
Vice Chair**

TeamHealth

**Tim Seay, MD, FACEP  
Chair-elect**

Greater Houston Emergency Physicians

**Dighton Packard, MD, FACEP  
Immediate Past Chair**

EmCare

**Jackie Willett, CHBME  
Treasurer**

Intermedix

**Paul Hudson, MBA, MHA, FACHE  
ACUTE CARE**

**Jeffrey Bettinger, MD, FACEP**

BSA Healthcare

**Wes Curry, MD, FACEP**

CEP America

**Caral Edelberg, CPC, CPMA,  
CCS-P, CHC, CAC**

Edelberg & Associates

**John P. Mulligan, MD, MBA, FACEP**

Emergency Physicians Medical Group

**Julie Sullivan, MD, FACEP**

Emergency Service Partners

**Mike Drinkwater**

Martin Gottlieb & Associates

**Doug Thompson**

MedData

**Ed Gaines, JD, CCP**

Medical Management Professionals

**Mark E. Owen**

Nicka & Associates, Inc.

**Gary Katz, MD, FACEP**

Premier Physician Services

**Gregory Hufstetler, CPA, MBA,  
FHFMA**

Reimbursement Technologies, Inc.

**Randy Pilgrim, MD, FACEP**

Schumacher Group

**Bob Hitchcock, MD, FACEP**

T-System, Inc.

# EDPMA 2013 COMMITTEE CHAIRS

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One of the most unique membership benefits is the opportunity to work with others in the emergency medicine community to resolve issues of common concern and develop best practices on an EDPMA committee. The 2013 committee chairs are listed below:

## FEDERAL HEALTH POLICY

**Randy Pilgrim, MD, FACEP**  
**Dighton Packard, MD, FACEP**

## CONFERENCE PLANNING COMMITTEE

**Beth Cesta, CHBME**

## PROVIDER ENROLLMENT

**Derise Woods**  
**Tammy Davis**

## QUALITY, VALUE & PERFORMANCE

**Joe Danna, MD**

## CODING AND DOCUMENTATION

**Jack Turner, MD**  
**Mark Owen**

## STATE REGULATORY AND INSURANCE

**Andrea Brault, MD, MMM, FACEP**  
**Gwen Guillote**

## MEMBERSHIP

**Cheryl Conner, RN**  
**Andrea Halpern**

## EDUCATION

**Paul Hudson, MBA, MHA, FACHE**

# EXECUTIVE OFFICE STAFF AND CONSULTANTS

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In 2013, the Board recruited and hired a new Executive Director with a career in federal government relations with a focus on health policy. She started on February 1, 2013.



**Elizabeth Munding, Esq.**  
Executive Director



**Joyce Cowan, Esq.**  
Partner, Morgan,  
Lewis & Bockius LLP's  
Healthcare Practice



**Rebecca I. Fazzari, CMP**  
Senior Meetings  
Manager



**Eric Knickrehm, Esq.**  
Legislative & Policy  
Analyst, Morgan,  
Lewis & Bockius LLP's  
Healthcare Practice



**Paul Gerard**  
Program Manager,  
Membership

## **Emergency Department Practice Management Association**

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