



EDPMA News Alert: EDPMA Requests Immediate COVID- 19 Payments to Emergency Physician Groups Based on Streamlined Process and Formula

Today (April 3, 2020), EDPMA urged Health and Human Services Secretary Azar to immediately distribute funds, based on a streamlined process and simple formula, to emergency physician practices who are on the front lines of the COVID-19 crisis.

Congress had considered establishing a \$100 billion fund to help hospitals due to the Coronavirus crisis. Last week, at EDPMA's urging, physician groups were added as potential recipients of that funding and the bill was signed into law. On Monday, EDPMA urged the Administration to establish a fast-track process for emergency physician groups to access some of those funds quickly. Today, EDPMA proposed a potential formula for that first tranche of money for emergency physician groups. The proposed formula ensures that emergency physician practices would not be overburdened with a difficult application process and, instead, would be able to focus on treating patients. Payments would be based on 2019 patient volume.

EDPMA wrote "To ensure critical staffing in anticipation of COVID-19 related volumes, the formula below is proposed to provide critical funding to emergency physician provider groups. Fundamentally, the formula relies on previously reported publicly available data for reimbursement under the Medicare program. This data is applied as a standardized payment to mitigate the costs sustained due to retaining staffing levels in a period of low volume and lost revenue leading up to the peak of this crisis. This approach also allows funding for COVID-19 surge staffing levels that have to be committed and sustained in the volume periods to ensure readiness at the peak of the crisis.

We are asking that you immediately distribute to each emergency physician group a payment equal to 4 months of lost patient volume and increased expenses to address the COVID-19 crisis. The payment would be based on: (1) 30% loss in patient volume (using as a baseline the 2019 volume number that each group attests to in its application) plus (2) non-reimbursable and incremental costs for COVID-19 based on a 20% increase on the other 70% of

patient volume."

Payments would be based on the average reimbursement per ED patient visit using 2018 Medicare payments as proxy: \$164.74.

EDPMA's letter is available [here](#).
