What Have You Done for Me Lately?

In the first 9 months of 2018, EDPMA wrote numerous letters to and held many meetings with state and federal legislators, regulators, and commercial payers on a variety of reimbursement issues, including

Out-of-Network Reimbursement: 12 letters, 30 meetings, and 5 action alerts
Problematic Downcoding Policies: 7 letters and 5 meetings
Medicare: 10 letters and 1 meeting
Medicaid/CHIP: 6 letters and 2 meetings

As a result of this work (and advocacy from earlier years), we had a long list of successes in the first 9 months of the year:

EDPMA's 2018 Successes - So Far (Third Quarter)

- In January 2018, the U.S. Congress extended authorization for the Children's Health Insurance Program (**CHIP**) for 6 years as EDPMA requested. CHIP covers roughly 9 million children. It's authorization had previously expired on 9/30/17.
- In January 2018, the U.S. Congress extended the 1.0 work floor for the Geographic Practice Cost Index (**GPCI**) for Medicare through 12/31/19 as EDPMA requested. This work floor protects against Medicare reimbursement rates dropping too low in areas where practice costs are below average, like rural areas. The work floor had previously expired on 12/31/17.
- In January 2018**, KanCare** issued a bulletin retroactively rescinding the policy of downcoding based on diagnosis which had been implemented by its MCOs (Amerigroup, UHC Community Plan, and the Sunflower Health Plan) after CMS weighed in with KanCare at EDPMA's request.
- In January 2018, the **Veterans Administration** responded to EDPMA's letter urging faster payment by stating that it would create rapid response teams for providers with unpaid high dollar claims, increase the number of claims processed by 600%, make it easier to check claims status, and create a dedicated Vendor Inquiry System.
- In February 2018, the U.S. Congress fully funded **CHIP** for 10 years as EDPMA requested.
- In February 2018, the U.S. Congress passed legislation which includes many of the improvements to **Medicare reimbursement** that EDPMA requested including eliminating the Independent Payment Advisory Board (IPAB), reducing the proposed weight of the cost performance category in the Merit-based Incentive Payment System (MIPS), eliminating the proposal to cut reimbursement by identifying mis-valued codes, and making it easier to qualify a physician-focused alternative payment model.
- In February 2018, **Consumer Reports** cited EDPMA in an article criticizing **Anthem**'s policy of retroactively denying coverage for what it deems non-emergent care in the ED.
- In February 2018, **Anthem** issued improvements to its problematic policy denying coverage for what it deemed nonemergent care provided in the emergency department. Now, Anthem will review the medical record before denying the claim and has expanded its list of circumstances when it will "always pay" for care provided in the emergency department after EDPMA raised concerns about its policy.
- In February 2018, **Florida Blue Cross Blue Shield** admitted in conference calls with EDPMA and FL ACEP that it must review the medical record to determine if a high level of care was appropriately charged for a low level diagnosis. (EDPMA is continuing to work to have them review the record before – not after – an appeal is filed.)
- In March 2018, the **Washington Legislature** adjourned without passing legislation that would have banned balance billing and set a problematic reimbursement formula for out-of-network care as requested by EDPMA.

(See Reverse for more)

- In March 2018, the **Oregon Legislature** set a temporary minimum reimbursement formula for out-of-network care at the median in-network allowed amount in 2015 indexed for inflation (CPI). This formula was a significant improvement over the insurers' proposals which were based on Medicare rates or were below the in-network rate that EDPMA opposed.
- In March 2018, at EDPMA's request, the U.S. Congress again directed the Trump Administration to improve the **federal minimum benefit standard for out-of-network emergency care** by clarifying the meaning of "usual, customary and reasonable amount". The direction was included in the report language of the final 2018 funding bill and reiterated the direction given in the 2017 report language.
- In March 2018, the **Georgia Legislature** adjourned without passing problematic out-of-network legislation after EDPMA raised concerns.
- In March 2018, a committee in the **Alaska Legislature** passed legislation that would maintain the minimum benefit standard for out-of-network care at 80th percentile of FAIRHealth charges as requested by EDPMA.
- In April 2018, the **Kentucky Legislature** adjourned without passing legislation that would have banned balance billing and set a problematic out-of-network reimbursement formula that EDPMA opposed.
- In April 2018, **New Hampshire Legislature** adjourned without passing legislation that would have tied out-of-network reimbursement to a percentage of Medicare after EDPMA urged members to weigh in with legislators in opposition. Instead payment will be based on the "commercially reasonable value."
- In May 2018, **Texas BCBS** delayed a problematic policy downcoding for nonemergent care provided in the ED after EDPMA wrote with concerns about the policy.
- In May 2018, U.S. Congressman Harris announced his support for EDPMA's proposed guidance on the **federal minimum reimbursement level for out-of-network emergency care** that would clarify and improve out-of-network payment.
- In May 2018, the **Alaska Legislature** adjourned without passing legislation revoking the regulation requiring insurers to pay, at minimum, 80th Percentile of FAIRHealth charges for out-of-network care as EDPMA had requested.
- In June 2018, **Centene in Indiana** (Managed Health Services (MHS)) suspended its downcoding policy after EDPMA raised concerns with CMS and Centene about both policies impacting nonemergent and -25 modifier claims. Our understanding is that MHS will not be putting the policy in place in the future. **In California**, the Medical Association reports that the Centene policy was also suspended in California (Health Net).
- In June 2018, the **New Mexico** Superintendent of Insurance amended its draft legislation so it would set the out-of-network minimum benefit standard at the usual, customary, and reasonable rate as EDPMA had requested.
- In June 2018, Congress passed comprehensive legislation addressing the **opioid crisis** as requested by EDPMA.
- In July 2018, **Alaska Policy News Organization** cited EDPMA's letter in support of the rule that ensures that out-of-network reimbursement is at least the 80th percentile of charges.
- In July 2018, the **Massachusetts Legislature** adjourned without passing a ban on balance billing and a problematic reimbursement formula as EDPMA requested.
- In August 2018, the **California Legislature** adjourned without passing legislation that would have set healthcare reimbursement rates after EDPMA urged members to sign a petition on the legislation.
- In August 2018, the Centers for Medicare & Medicaid Services (CMS) finalized the 2019 Update to the **Inpatient Prospective Payment System** Rule which includes many provisions that EDPMA requested including provisions that reduce the number of measures that must be reported, eliminate some problematic measures used in the ED, eliminate admission documentation requirements, and recognize the need to develop ways to reward hospital-based physicians who use HIT even though they are not eligible for EHR incentives.