

**CHAPTER UPDATE: California AAEM**

CAL/AAEM hosted its 3rd Annual San Francisco Speakers Series on Thursday, November 21, 2013, at Paragon Restaurant in San Francisco. The event was organized by CAL/AAEM secretary, Jennifer Kanapicki Comer, MD FAAEM, and Brian Potts, MD FAAEM, a past president of CAL/AAEM. Over 20 people participated in the free event which included educational lectures and networking time for local community and academic emergency physicians as well as emergency medicine residents. Dr. Kanapicki Comer organized a collection of three local fantastic lecturers from Northern California. Attendees were able to enjoy an assortment of fine appetizers and local Northern California beers catered by the restaurant in this fun, casual setting. ■

**CHAPTER REPORT: Delaware Valley AAEM**

Over 170 residents gathered for a successful 2013 DVAEM Residents' Day and Meeting held on Thursday, November 21, 2013, at Temple University in Philadelphia, PA. In the morning, educational sessions were lead by Sergey Motov, MD FAAEM; Haney Mallema, MD FAAEM; Joseph R. Lex, MD MAAEM FAAEM; and David Farcy, MD FAAEM FCCM. The day concluded with 2013 LLSA Review/ConCert Prep lead by Richard Shih, MD FAAEM, and Michael Silverman, MD FAAEM. ■

**CHAPTER REPORT: Virginia AAEM**

The Virginia Chapter of AAEM continues to be an advocate for its members. Our latest efforts are focused on elimination of the PEND program, discussed below, creating CME for our members, and working with the Virginia Chapter of ACEP by establishing an official liaison.

For the last two years, we have been working with members from Chesapeake Emergency Physicians and Virginia ACEP to eliminate Virginia's PEND program. The PEND program reduces reimbursement to emergency physicians to a "triage payment" of \$22.06, based on review of the final diagnosis after services have been provided to Virginia Medicaid and Virginia Medicaid Managed Care Organization patients. Both VA-AAEM and VA-ACEP sent memos to the Governor of Virginia, Mr. Bob McDonnell, urging him to eliminate the PEND program. Both chapters also sent an email alert to their members urging them to contact the governor. Congressman Randy Forbes and State Delegate Chris Stolle, MD, have aided us greatly in these efforts, and a meeting

with CMS is planned to discuss the legality of the PEND program. After more than a year of work, we feel that we're making major progress toward the elimination of the PEND program.

We continue to look for the most efficient way to create low-cost or free CME for our members, and are working on many ideas to meet this goal. Finally, we have established an official liaison position with VA-ACEP, to be filled by our vice president, Bill Brady, MD FAAEM. Please contact me with any questions/concerns at [jschofer@gmail.com](mailto:jschofer@gmail.com).

The views expressed in this article are those of the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense or the United States Government.

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President, Virginia AAEM  
Commander, Medical Corps, U.S. Navy ■

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## CHAPTER REPORT: Virginia AAEM, cont.

### Letter from VA-AAEM to Virginia Governor — Supporting Elimination of PEND Program

*Virginia is far from the only state trying to save money by denying fair payment to emergency physicians after our services have already been rendered to Medicaid patients. Reducing payment to a next-to-nothing triage or medical screening fee because someone's chest pain turned out not to be an acute coronary syndrome is not only unfair — especially when we are required by law to see every patient who comes to the ED, regardless of their ability or willingness to pay for that care — it flagrantly violates the “prudent layperson” regulations that define a medical emergency for the purposes of reimbursement. If this is happening in your state, let your AAEM state chapter know about it or notify the Academy's national leadership.*

— The Editor ■



VA-AAEM President Dr. Joel Schofer and Dr. Chris Stolle (Virginia House of Delegates, 83rd District) meeting on November 22nd, 2013, to discuss elimination of the PEND Program.

October 8, 2013

Dear Governor McDonnell,

The Virginia Chapter of the American Academy of Emergency Medicine (VA-AAEM) represents approximately 200 medical students, emergency medicine residents, and emergency physicians in the state of Virginia, and we strongly support the elimination of the Virginia DMAS PEND program.

Emergency physicians are required to evaluate any Medicaid patient who presents for care based on the Emergency Medical Treatment and Active Labor Act (EMTALA), a federal law which mandates a medical evaluation of all patients who present for care to a hospital emergency department, regardless of their ability to pay. The only way to determine whether a patient is safe for discharge or must be admitted to the hospital is for a medical provider to perform a medical screening exam, which includes an appropriate history, physical exam, and any testing that may be needed.

Virginia DMAS implemented the PEND Program in the 1990's with the goal of reducing visits to Virginia's emergency departments by reducing reimbursement to emergency physicians to a “triage payment” of \$22.06.

The decision to reduce payment to this level is based upon the final diagnosis. If the diagnosis is deemed “not severe enough” to warrant an emergency department visit, it implies that the patient should have scheduled an appointment with their primary physician instead of presenting to an emergency department. This conflicts with Virginia's Prudent Layperson Standard, which defines a medical emergency and mandates reimbursement based upon the perspective of a prudent layperson (i.e., non-medical professional) with respect to conditions such as trauma, abdominal pain, fever, chest pain, etc., independent of the eventual final diagnosis. Medicare, TRICARE, North Carolina Medicaid, and all of the private insurers utilize a single reimbursement rate for emergency medical care. Only Virginia Medicaid and Medicaid Managed Care Organizations downcode

reimbursement to a “triage fee” for work that that has been performed and is required under federal law.

While no other specialty has a tiered level of reimbursement based solely on the findings of the work performed, the equivalent practice would be to down-code payment for the roughly 40% of heart catheterizations that show no blockage or to pay police and fire fighters less for those 911 calls that end up being non-emergent. The services rendered to a 70 year old Medicaid patient who presents with a fever and cough and whose chest X-ray demonstrates pneumonia is reimbursed at the standard Medicaid rate. If the X-ray returns normal, the provider's reimbursement is reduced to \$22.06 for a result that neither the emergency physician nor the patient could have predicted.

Our chapter believes that reducing payment to emergency physicians for work they are required to perform neither bends the Medicaid ER cost-curve nor reduces non-emergent Medicaid ER visits. Washington state, Rhode Island, and other states have saved millions of dollars by collaborating with emergency care providers to help Medicaid patients access care more appropriately.

Elimination of the PEND Program would also save the administrative costs that are currently being spent on unnecessary case review of work and the manual claims submission for work that is being performed to rule out emergency medical conditions. Our chapter believes that penalizing physicians who are obligated by federal law to provide care to Medicaid patients is not reasonable or appropriate. We strongly support the elimination of the PEND program and would appreciate your support in this matter.

Very Respectfully,  
Joel Schofer, MD RDMS FAAEM FACEP  
President, Virginia AAEM  
Chesapeake, Virginia ■