Closed Books Are the Lynchpin of Corporate Control and Unfair Practice Arrangements

BY ROBERT MCNAMARA, MD

The inability of practicing emergency physicians to see what is billed and paid in their names is the single greatest failure of emergency medicine professional societies. It is damaging to emergency physicians, their patients, and the specialty's reputation.

The American College of Emergency Physicians has a chance to fix this. I submitted a resolution at the 2020 council meeting, which was referred to the board of directors, to make it mandatory that every emergency physician receives, without the need to request it, regular detailed itemized reports on billing and payments in his name.

Three steps are to be taken: Prohibit ACEP members from denying this to other members, seek legislation or regulation to force revenue cycle management (RCM) companies to provide us with this information, and require any entity (RCM company, hospital, physician group, contract management group) that wishes to be part of the fabric of ACEP (booths, ads, sponsorships) to provide this information.

We are the ones on the front line. We are there at 2 a.m. on a holiday weekend. We are risking our lives and our well-being in this high-stress environment, seeing kids die, random violence, social ills, and exposure to COVID-19, to name just a few. These risks flow to our families. When we can't see what is billed and paid in our names, the lack of transparency breeds distrust and feelings of exploitation that are further destructive to our professional lives. Few will tolerate difficult work on a long-term basis if they feel they are being taken advantage of. The resultant burnout, moral injury, or whatever you call it affects our patients and our families.

Our professional integrity depends on our seeing this information. The federal government expects us to serve as a check on fraudulent billing. How can you know if there is upcoding if you don't see the information? State and federal laws prohibit kickbacks and fee-splitting, and many of us are unwittingly engaged in this by foregoing upwards of 20 percent of our professional fees as profit for corporate groups. (*Common Sense*. 2010;17[1]:8; https://bit.ly/361hR2A.)

We are paying well in excess of fair market value for the right to be on the schedule to see patients. Without our oversight, the public is subject to inflated charges, and our specialty has drawn its ire and that of many legislators over the excess bills many have faced. Those fees you give up is your retirement or kid's college fund; it can add up to millions of dollars over a career.

This is not a radical concept; it is the expected norm in the medical profession. American Medical Association policy H-190.971 states that "all physicians are entitled to receive detailed itemized billing and remittance information for medical services they provide, and that our AMA develop strategies to assist physicians who are denied such information." (http://bit.ly/2Y2YT7l.) The original ACEP bylaws also opposed fee-splitting and exploitation of colleagues.

Only 26 percent of us identify as owners of our practices; the rest are working for hospitals, CMGs, and the like, and that group needs ACEP to stand up for them. (AMA Economic and Health Policy Research. May 2019; http://bit.ly/38k7G8l.) After all, it is by definition a physician organization. This is achievable; we can take on the corporate interests. The American Academy of Emergency Medicine has shown this can be done, and has had the support of the AMA and large state medical societies like the California Medical Association and the Texas Medical Association. (AAEM. http://bit.ly/3p9CHUS.)

Closed books are the lynchpin of corporate control and other unfair practice arrangements, and we need ACEP to help us pull it. **EMN**

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