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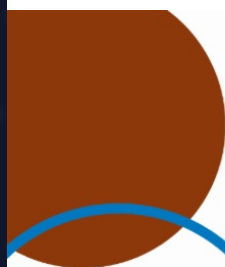
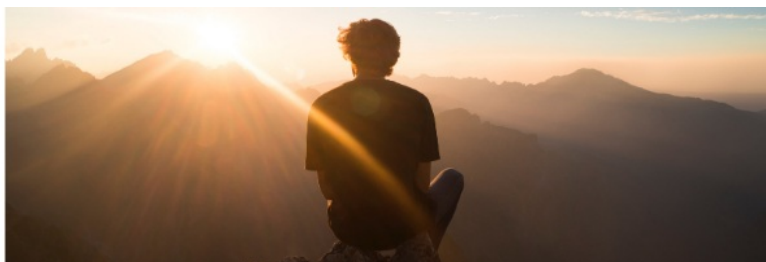
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2021 CEMC Save-the-Date

The beginning of a new year presents opportunity for hope, change and reflection. It goes without saying that 2020 presented unique and exceptional challenges. As not only physicians, but as Americans we found ourselves in uncharted territory. However, here we sit at the beginning of 2021. A new year and new possibilities. While many of the problems of last year remain without complete answers and resolutions, we are on our way to a brighter future. We at GCEP remain hopeful & thoughtful for a prosperous New Year.



2021 RURAL EMERGENCY PRACTICE conference

February 20 - 21, 2021 | VIRTUAL EDITION

Provided by Travis Lindley & Devin Krecl, Capitol Strategy Group, LLC

The 2021-22 Legislative Term and 2021 Session of the Georgia General Assembly Kicks Off **Monday, January 11, 2021**



HAPPY NEW YEAR!

Like most things in 2020, the 2021 legislative session is going to look very different. While mask wearing and social distancing will be enforced, business will continue. Heading into the 2021 legislative session, lawmakers have made it clear that the coronavirus pandemic, overall healthcare and voting integrity are front and center.

The 2021 Legislative Session will convene at 10:00am Monday, January 11, 2021.

Contact Your Legislators

It makes a difference if you contact your Representatives and Senators early in the session.

Discuss the issues that are important to your practice, your patients, and your community.

If you have personal relationships with any state elected officials, please help us by making us aware of these crucial relationships. If you need assistance finding your legislator, please click the link below.

[Find My Legislator](#)

Issues to Watch this Session

Light Tort Reform
COVID Related Legislation
Insurance Reform Issues
Behavioral Health Issues
Opioid Legislation
Telehealth Rule Update

To find any bill, go to www.legis.ga.gov and use the search box at the top left of the page. There is also an advanced search option that allows you to find bills by keyword or sponsor.

Check out pre-filed bills.

[House Pre-filed](#)
[Senate Pre-filed](#)

Save the Dates

Physicians Day 2021

tentatively set for February 10, 2021

Keep an eye out in your email for updates on Physicians Day 2021. In the current state of affairs with COVID, we will likely be looking to move Physicians Day to a VIRTUAL posture.

Be the "Doctor of the Day"

Be the "Doctor of the Day!" The Medical Association of Georgia sponsors the "Medical Aid Station" in the Capitol with a staff nurse and volunteer physician.

Each day the legislature is in session, a physician is needed to serve as the Doctor of the Day at the State Capitol. The physician is introduced in both the Senate and House Chambers. Take this opportunity to demonstrate that the House of Medicine is strong in Georgia and is willing to assist in the legislative process.



Please RSVP to Christiana Craddock
at ccraddock@mag.org or call
678.303.9271.



For legislative highlights and review,
watch ***Lawmakers***, which airs on **Georgia Public
Broadcasting** at **7PM** every night the Georgia General
Assembly is in session.

**We will be sending out legislative updates regularly throughout the
2021 session, so keep an eye on your inbox to stay updated on all of
the happenings from under the Gold Dome.**

More information: Please reach out to our office at 770.435.5586 or reach out to us
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Member Case Study >> "Making Sense of HB 888"

By: Brendan Hawthorn, MD FACEP FAEMS & Chip Pettigrew, MD FACEP

How Will the New "Surprise Billing" Legislation Impact Georgia's Emergency Physicians?

Background

Whether in our own orbit or within media coverage at large, balance billing has been a hot issue in recent years. The insurance industry's failure to negotiate acceptable in-network rates has forced many emergency physicians out-of-network (OON), receiving suboptimal payment for services rendered compared with "usual and customary rates." As a result, many emergency medicine practices have assumed the practice of billing the patient for the difference in an effort to cover costs. Unfortunately, this has placed additional financial strain on patients / consumers at a time when high-deductible commercial insurance plans are becoming the norm. Patients and physicians feel the economic squeeze while insurance companies post billions of dollars in quarterly profits.



The Bill

After years of hard work and advocacy on the part of GCEP, the Medical Association of Georgia, and other groups, legislation to address "surprise billing" in the state of Georgia

will take effect in January 2021. HB 888, also known as the “Surprise Billing and Consumer Protection Act”, was passed by the state legislature in June and signed into law by the governor in July. The goal of the bill is to end the practice of balance billing and provide a means of resolving reimbursement disputes between commercial insurers and OON physicians.

Under the bill, emergency and non-emergency services are addressed separately. Both a payment model and a means of arbitration for payment disputes are outlined. With regard to the payment model for emergency services, the insurer will pay the greater of: 1) the verifiable contracted amount paid by all eligible insurers for the same or similar services; 2) the most recent verifiable amount agreed to by the insurer and nonparticipating emergency medical provider for the same services during such time as the provider was in-network; or 3) a higher amount deemed appropriate by the insurer due to the complexity and circumstances of the services provided. The contracted amount in the above formula, per HB 888, is the median in-network amount paid during 2017 by an insurer for the emergency or nonemergency services provided by in-network providers engaged in the same or similar specialties and provided in the same or nearest geographic area. This amount will be adjusted annually per the consumer price index. The median network information is up to Department of Insurance (DOI) to determine. The bill states that the DOI will develop an All Payers Claims Database (APCD) for this information. If that is not funded, DOI can use “other verifiable data” at the DOI’s determination. Physicians may initiate arbitration if the payment received in the designated formula “is not sufficient given the complexity and circumstances of the services provided.” These requests will be reviewed by “independent resolution organizations” contracted by the Department of Insurance.

Challenges Ahead

HB 888 does provide a framework for “taking the patient out of the middle” and streamlining the reimbursement process. The devil, of course, is in the details. One major challenge identified by GCEP and other physician advocacy groups involves those who currently have or recently have had contracts with insurers. The current DOI draft regulations stipulate that the “most recent verifiable amount” for those providers no longer contracted with a commercial insurer is limited only to a 6-month retrospective review. As a result, we are beginning to see insurers cancel contracts with physicians in an effort to achieve a default payment model which would presumably be less than the aforementioned contracted rates. As a result, this promising pathway for reimbursement would be nullified. With the cancelling of contracts, many physician advocates foresee “a race to the bottom”, as most emergency medicine practices will be pushed out-of-network. GCEP is currently negotiating with the DOI to delete the limited time frame for the “most recent verifiable amount” from the final regulations.

Since the DOI was not funded to develop an APCD, the DOI is free to choose any “verifiable” database. Based on the language of the bill, many believe insurers will claim that their databases are verifiable, but won’t allow an inspection of the data due to “trade secret” laws. Physicians must demand that the DOI use an independent and transparent database. Ideally, the House of Medicine would prefer an independent vendor rather than one affiliated with the insurance industry. In years past, GCEP has taken issue with the quality of the data utilized by vendors affiliated with the insurance industry and the lack of transparency here is also a concern.

Additionally, the DOI’s draft regulations state that the median in-network rate is to be determined per insurer and not per “the verifiable contracted amount paid by all eligible insurers” as written in HB888. By making the contract rate “per insurer”, DOI draft regulations would make any data totally reliant upon amounts per individual insurer (not a transparent number) instead of an aggregate amount of all insurers (a verifiable and transparent number if using a robust and independent APCD). This has significant potential for economic harm, as insurers are not likely to individually determine their past in-network rates fairly as previously when DOI has requested such data from them. GCEP and other medical societies are also pushing DOI to correct this in their final regulations.

Finally, another major challenge is in the arbitration process. Initiation of arbitration is only allowed when the payment is not “sufficient given the complexity and circumstances” of the services provided. This is not very clear and DOI may determine that every CPT code has complexity embedded into it. For emergency services, the circumstances are the

same... an emergency. As there is no precedent set, fear exists that the insurance industry will attempt to “game” the arbitration process. A fee-splitting paradigm exists, whereby physicians will have to pay arbitration fees if the insurer settles the dispute before any hearing takes place. Physicians will suffer a drain on resources as a result, economic and otherwise. Additionally, at the time this article is being written, there is language in the DOI draft regulations to suggest that the arbitration decisions themselves will not be transparent, citing trade secret protection laws. The waters get murkier...

Predicting the Impact

In an effort to predict the impact of this new legislation on emergency medicine practices in Georgia, we reconciled 2017 FAIR Health benchmarks with available billing data from Georgia geozips. FAIR Health is an independent, non-profit organization that manages a health care claims database widely used in the industry and used in other states with similar reimbursement models. Geozips are geographic areas identified by the first three digits of a zip code. According to FAIR Health, benchmarks are created by organizing claims data by procedure code and geographic area utilizing geozips. In our analysis, available geozip billing data from the top 10 emergency CPT codes as determined by the GCEP Reimbursement Committee were compared with those 2017 benchmarks. The hope was that enough homogeneity with regard to billing data in Georgia would exist to create a prediction tool that could be utilized by emergency medicine practices in an effort to prepare for the coming changes in reimbursement. Unfortunately, there exists sufficient disparity in the available billing data to make a prediction tool unachievable. Thus, pending the publication of the DOI approved database, we see no other means of estimating the financial impact of HB888 on individual groups’ financial status.

What’s Next

This bill does relieve the patient of an unnecessary financial burden...a concept we can all get behind. An argument can also be made that it affords emergency physicians some reliability and predictability with regard to reimbursement rates...but at what cost? At present, GCEP and MAG are very active in attempting to clarify the regulatory implementation of HB888 and are actively opposing several of the draft regulations. Transparency of process, checks on the insurance industry, and continued advocacy geared toward the fine-tuning the legislation will be paramount in the near future.

GEMLAC Highlights & Recap >>

By: Dr. Shamie Das, GEMLAC Program Chair



GCEP held its annual Georgia Emergency Medicine Leadership and Advocacy Conference (GEMLAC) this past December at the Ritz Carlton at Lake Oconee. Given the COVID-19 pandemic, the meeting was held in a hybrid virtual/in-person format with CME available for all attendees. GCEP staff was committed to ensuring a safe and enjoyable meeting by working closely with the Ritz staff to ensure that the meeting followed all public health guidelines. The decision to hold the meeting was not an easy one for the Education Committee; however, the Ritz assured GCEP that they could host a meeting that afforded appropriate precautions while ensuring that attendees had the enjoyable experience that has come to be expected

from this wonderful venue.

In-person attendees were welcomed warmly, by the Ritz staff who were wearing masks and following social distancing guidelines. The property was alight in its usual holiday warmth and surely a welcome sight to the weary who have been fighting in the trenches over the past year. It was a sight to be seen, masked ladies and gentlemen serving masked emergency physicians from across the state. While the physical turnout was less than year’s past, a number of GCEP members attended virtually including prominent speakers such as Georgia Governor, Brian Kemp and ACPE President-elect, Dr. Gillian Schmitz.

The theme for this year’s meeting focused on Increasing Diversity, Equity and Inclusion in

the practice of emergency medicine, highlighting skills needed to build cohesive teams to implicit bias training. We were joined by a strong contingent of Georgia State Legislators both virtually and in-person. Stakeholders discussed GCEP's integral role in passing one of the best surprise billing legislation in the country. And finally, we explored the innovation behind how Augusta University Emergency Medicine's telemedicine program augmented its ability to care for patients across the state during the surges associated with the COVID-19 pandemic.

On a lighter note, socially-distanced – but highly enjoyable – social events were hosted in lieu of the awards banquet including a mocktail mixology course and tastings featuring local craft brews, wines and bourbons.

We sincerely look forward to a more typical meeting next year and will continue to work hard to bring value to our members. The Ritz is beautiful this time of year, and with the conference savings, it makes a great holiday getaway with the family or your significant other. If you haven't attended GEMLAC in the past, check out this year's content which is free to GCEP members (CME not available). I am sure you will find the content relevant and engaging. Stay tuned for legislative updates as the session commences this January. Our Education Committee is pleased to bring you a fully virtual Rural Emergency Medicine Conference, complete with low fidelity simulations that you can follow along with at home! Stay tuned – Your membership is more valuable now than ever!



Financial Review - Estate Planning >>

Provided by Ben Yin & Nolan Pendleton; Written by Eva Stark, JD, LL.M.

Basic Estate Planning Considerations and Documentation

A significant number of Americans have no estate plan in place in the event of premature death. However, failing to plan can have consequences that could be very costly both financially and in terms of undesirable distributions, delay, and family disharmony.

Issues and considerations



Many considerations go into developing an effective estate plan:

- Type of assets owned.
- Overall net worth.
- Family structure and dynamics.
- Wishes and goals.

These issues, described below, should be thoroughly discussed with attorneys and financial professionals.

AVOIDING INTESTACY. A basic will can be used to ensure that assets will be distributed as desired. If an individual dies without a will—i.e., dies “intestate”—assets will be distributed as state law specifies. State law default distributions may come as a surprise to many individuals and may provide for drastically fewer or drastically more assets to certain beneficiaries than what may have been desired or anticipated.

SELECTING A GUARDIAN FOR MINOR CHILDREN. A will also can be used to nominate a guardian for minor children or their property. If a minor child has no other living parent or legal guardian at a parent’s death, the court will consider and frequently appoint the person the parent nominated in the will. In the absence of a will, the court will select a guardian based on what it deems is in the child’s best interest which may be different from the parent’s wishes.

AVOIDING INADVISABLE DISTRIBUTIONS. A will may additionally be used to keep assets in trust for beneficiaries if outright distributions are inadvisable. It may be unwise to distribute assets to a beneficiary who: is too young or immature; is a spendthrift; has outstanding creditors; may undergo a divorce; is disabled and eligible for government benefits; or for other reasons. Keeping assets in a properly structured trust can help protect assets from third parties and help ensure that assets remain available for the benefit of the intended beneficiary and other family members.

CONSIDERING ESTATE TAXES. For most individuals, neither federal nor state estate taxes will be a concern. However, where federal or state estate taxes may be an issue, planning opportunities for lowering or eliminating taxes may be permanently lost in the event of intestacy.

While the federal estate tax lifetime exemption amount is currently \$11.4 million, many states have a much lower state-level estate tax exemption amount. Massachusetts and Oregon—currently the states with the lowest exemption amounts—each have a state-level estate tax exemption amount of only \$1 million.

REMEMBERING NON-PROBATE ASSETS. Many individuals own a substantial amount of “non-probate” assets that pass outside a will. These typically include retirement accounts and life insurance that pass by beneficiary designation, certain jointly-owned property, pay-on death accounts and similar assets. These should be reviewed with an individual’s attorney to ensure that they are coordinated with overall objectives and planning.

UTILIZING LIFE INSURANCE. Life insurance can play a critical role in estate planning. It can protect a family’s financial security in the event of the death of a breadwinner or stay-at-home parent. It can help equalize children’s inheritances where a significant portion of the estate is tied up in a business or farmland that may be designated to pass to a child actively involved in running the business or farm operations. Life insurance can also add much-needed liquidity to an estate for the payment of various obligations, including estate taxes.

Estate plan documents

Once an estate plan is developed, the individual’s attorney will draft documentation that is in accordance with the plan. Documentation in atypical estate plan may include:

WILL. A will may be used to avoid intestacy, name a personal representative and guardian for minor children and to keep assets in trust for children and later descendants if immediate distributions are inadvisable.

REVOCABLE TRUST. For many individuals, a revocable trust (established in addition to a will), can offer additional advantages. A revocable trust can provide for privacy in the

disposition of assets. While a will can become public record in certain circumstances, the terms of a revocable trust typically remain private. A revocable trust can also help avoid the need for ancillary probate in every additional state where the decedent may have owned real property. The trustee also holds and manages assets as soon as the assets are transferred to the revocable trust—not just after death. As a result, the trustee can effectively manage the assets in case of the settlor’s incapacity.

Just like a will, a revocable trust also can include provisions to keep assets in trust for beneficiaries in the event that outright distributions are inadvisable.

DURABLE POWER OF ATTORNEY. An individual may become unable to manage financial affairs well before death due to old age, disease or injury. A durable power of attorney may be used to appoint a trusted individual (an “agent”) to handle financial affairs under such circumstances. This can avoid a potentially costly guardianship proceeding where a court appoints a guardian it deems will act in the individual’s best interest. Where the estate includes a business, a separate document may be executed to appoint an agent for making business decisions. The document may be made effective immediately upon execution or only in the event of incapacity.

NOMINATION OF PRE-NEED GUARDIAN. In many states, it is customary for an individual to nominate a guardian for his or her person or property “pre-need” as part of his or her estate planning documents. If the individual does become incapacitated, and a guardianship proceeding is commenced, the court will consider the nominated agent. Without such a document, the court will likely appoint a close relative it deems can act in the individual’s best interest.

HEALTH CARE PROXY. A health care proxy may be used to nominate a trusted family member or friend to make health care decisions if an individual is unable to make or communicate his or her own health care decisions. The document can typically be structured to take effect immediately or upon the individual’s incapacity.

ADVANCE DIRECTIVE. An advance directive may be used to express a person’s wishes with respect to various types of life-sustaining treatment in the event he or she becomes terminally ill or permanently unconscious and unable to communicate such wishes to his or her doctor.

HIPAA AUTHORIZATION. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects certain health care information. An authorization may be needed to permit medical personnel to discuss such protected health information with agents named under powers of attorney.

RE-EVALUATING PERIODICALLY. Even if an individual established an effective estate plan and executed proper documentation, changed circumstances or laws may necessitate revisions. Family circumstances may change (a marriage, the death of a spouse, birth of a child, divorce, etc.). Guardians, executors or trustees named in documents may no longer be living or capable of handling duties. Tax laws may have changed. Financial circumstances and insurance needs may have changed. As a result, estate plans should periodically be re-evaluated with an individual’s attorneys, financial advisor and other professionals to determine whether updates may be necessary.

OVERCOMING EXCUSES. Many individuals fail to create an estate plan. This may be due to not making time to address a seemingly far-off problem, avoiding potentially difficult conversations and decisions, not wanting to think of one’s mortality and the perceived high cost of working with attorneys and other professionals.

However, the lack of a plan can lead to drastic consequences that may easily be addressed with an appropriate estate plan and the help of competent attorneys and financial professionals.

Eva Stark, JD, LL.M., joined The Nautilus Group in 2014 to assist with the development of estate and business plans. She also performs advanced tax research. Eva graduated summa cum laude with a BS in economics and finance from The University of Texas at Dallas. She earned her JD, with honors, from Southern Methodist University, where she served as a student attorney and chief counsel at the SMU



Federal Taxpayers Clinic. She received her LL.M. in taxation from Georgetown University Law Center. Prior to joining Nautilus, Eva worked in private practice in tax controversy, business law, and litigation.

As a result of the Tax Cuts and Jobs Act of 2017 (TCJA) the estate, gift and generation skipping transfer (GST) tax exemption amounts increased to approximately \$11.18 million per person (approximately \$22.36 million for a married couple). For assets transfers in excess of the applicable exemption amount and otherwise subject to such taxes, the highest applicable federal tax rate remains at 40 percent. While the exemption amounts are indexed for inflation, current law provides for an automatic sunset of these increased exemption amounts after 2025. As a result, the exemption amounts available in 2026 and beyond could be reduced to a level provided under prior law (\$5.49 million/single and \$10.98 million/couple in 2017, indexed for inflation) absent further action by Congress. In addition, under different rates, rules and exemption amounts (if any), there may be state and local estate, inheritance or gift taxes that apply in your circumstances. Please consult your own tax or legal advisor for advice pertaining to your specific situation. This material includes a discussion of one or more tax related topics. This tax related discussion was prepared to assist in the promotion or marketing of the transactions or matters addressed in this material. It is not intended (and cannot be used by any taxpayer) for the purposes of avoiding any IRS penalties that may be imposed upon the taxpayer. The Nautilus Group® is a service of New York Life Insurance Company. Nautilus, New York Life Insurance Company, its employees or agents are not in the business of providing tax, legal or accounting advice. Individuals should consult with their own tax, legal or accounting advisors before implementing any planning strategies. SMRU 1842293 Exp. 3/4/2022



Save the date.

COASTAL EMERGENCY MEDICINE CONFERENCE
JUNE 11 - 13, 2021 | KIAWAH ISLAND GOLF RESORT

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