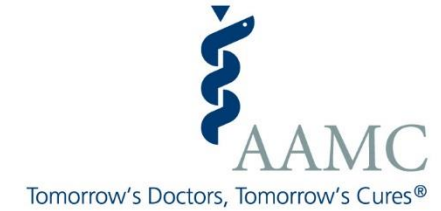


Telehealth and Virtual Care in Post-PHE World

February 2, 2023



Learn

Serve

Lead

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Overview of Topics Covered



- **When do various telehealth waivers and flexibilities expire?**
- **What practical steps can my organization take to help prepare for expiring emergency flexibilities?**

Focus Areas

- **Reimbursement**
- **Fraud & Abuse**
- **State Law Issues**
- **Operational Considerations and Exemplary Arrangements**
- **Privacy**
- **Enrollment and Claims Submission**

Pre-PHE Telehealth Laws and Regulations

Pre-PHE Medicare Coverage

Medicare Part B Coverage of Telehealth Services

STATUTORY REQUIREMENT

LIMITATION ON COVERED TELEHEALTH SERVICES

Originating Site Geographic Location Requirements	Medicare only covers telehealth services furnished to patients in certain locations ("originating sites"): <ul style="list-style-type: none">• A county outside a metropolitan statistical area• A rural HPSA (exception for telestroke)
Originating Site Provider Site Requirements	<ul style="list-style-type: none">• Physician/practitioner office• Hospital• CAH• RHC• FQHC• Hospital-Based or CAH-Based Renal Dialysis Center• CMHC• SNF• Patient's home only for purposes of treatment of a substance use disorder or co-occurring mental health disorder or home dialysis ESRD-related clinical assessments
Medicare Telehealth List	Generally, Medicare only covers certain services furnished via telehealth, including: <ol style="list-style-type: none">1. professional consultations,2. office medical visits,3. office psychiatry services, and4. any additional service specified by the HHS Secretary when furnished via an interactive telecommunications system. These services are all included on a list that is amended and published annually in the MPFS (the Medicare Telehealth List).

Pre-PHE Medicare Coverage

Medicare Part B Coverage of Telehealth Services

STATUTORY REQUIREMENT

LIMITATION ON COVERED TELEHEALTH SERVICES

Distant Site Requirements

Distant Site Practitioner must be a:

- Physician
- Physician Assistant
- Nurse Practitioner
- Clinical Nurse Specialist
- Certified Registered Nurse Anesthetist
- Nurse-Midwife
- Clinical Social Worker*
- Clinical Psychologist*
- Registered Dietitian or Nutritional Professional

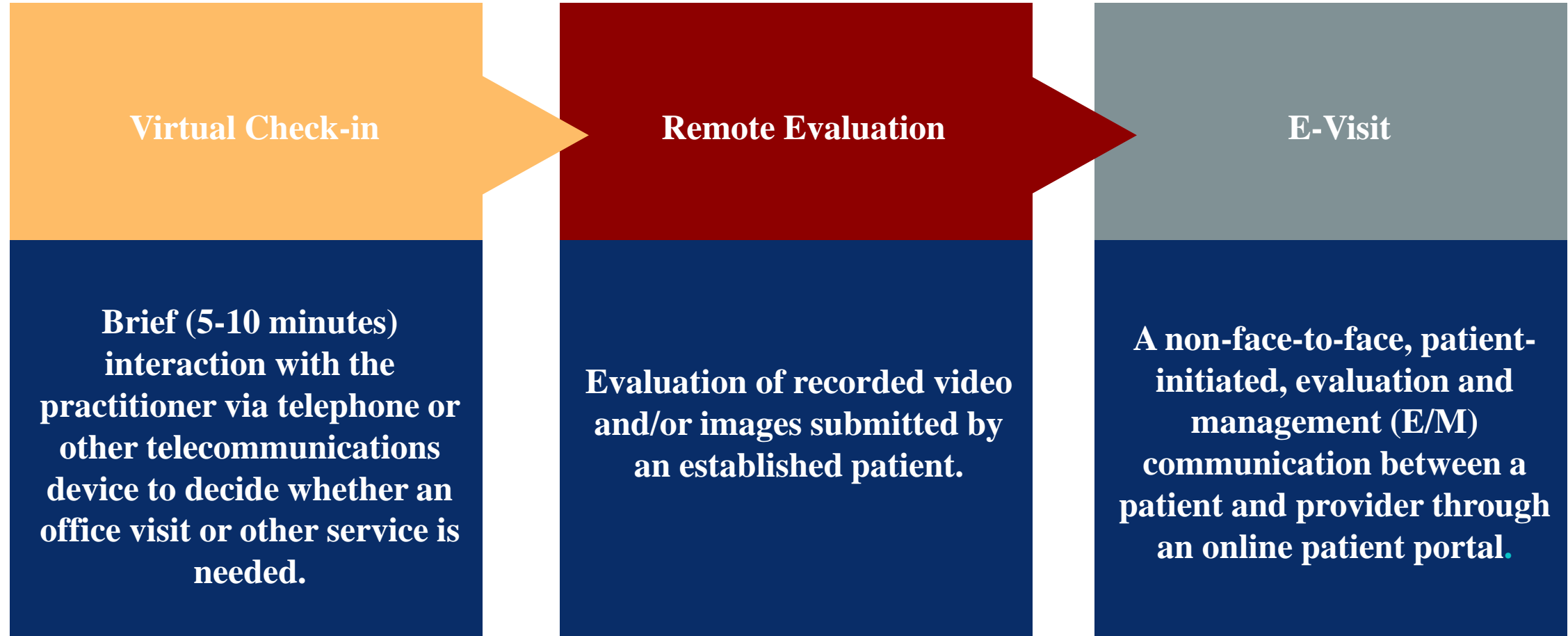
*Clinical psychologists and clinical social workers cannot bill for psychotherapy services that include E/M services under Medicare.

Qualifying Technology Requirements

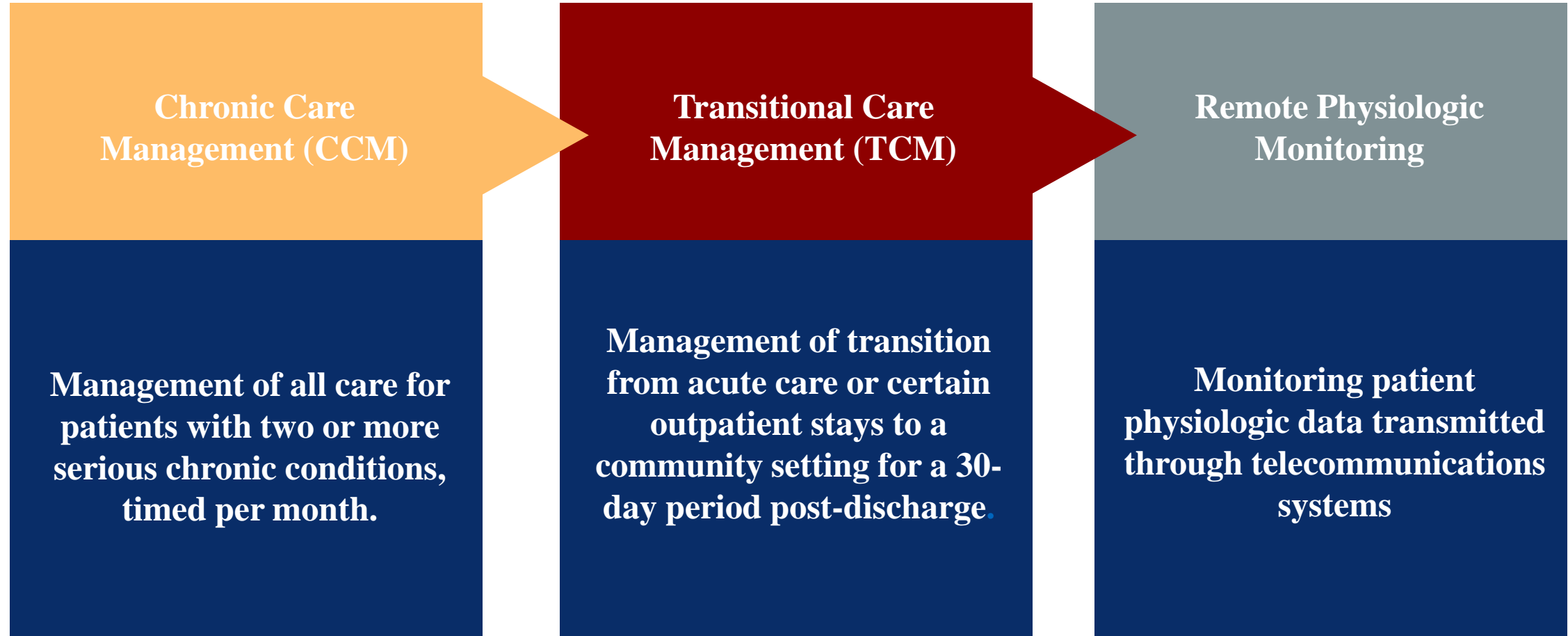
Technology must be an "interactive telecommunications system," which means multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner.

Telehealth vs. CTBS

Communication Technology Based Services (CTBS)



Care Management and RPM



Care Management and RPM



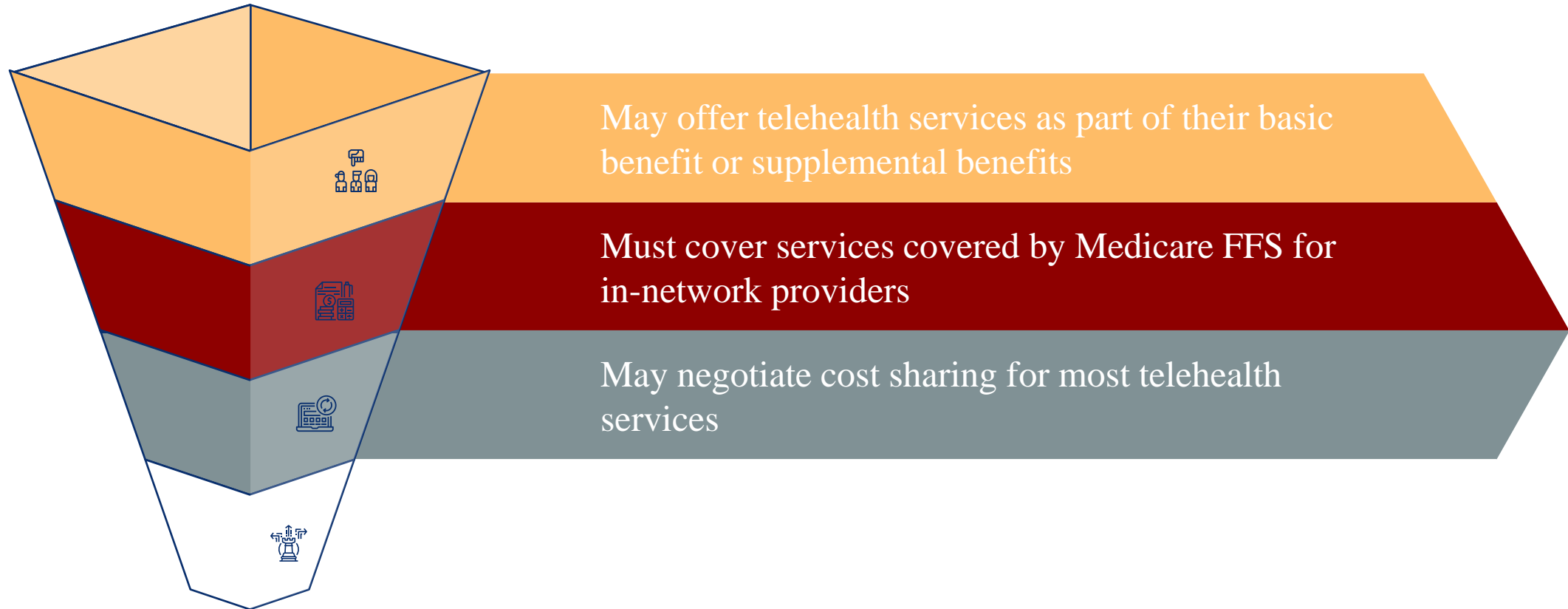
Psychiatric Collaborative Care Model (CoCM)

An evidence-based approach to behavioral health integration to enhance primary care by adding care management support and regular psychiatric inter-specialty consultation.

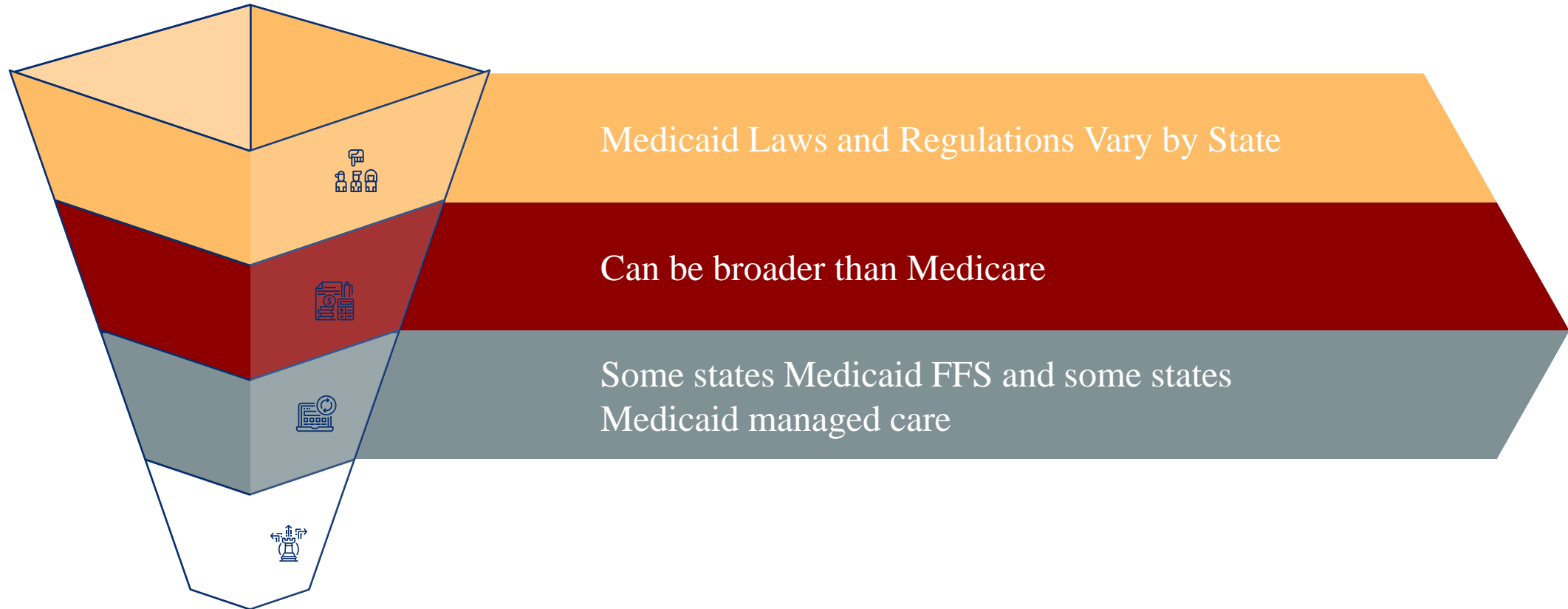
Interprofessional Consultation

Inter-practitioner consultation (not an interaction with the patient).

Medicare Advantage Coverage



Medicaid Coverage



Pre-PHE: Telehealth Privacy & Security Issues



HIPAA: In most cases, platform used will be considered a "service provider" that is a business associate of the provider under HIPAA (see definition at 45 C.F.R. § 160.103). (Note: There is a very narrow exception for platforms that are strictly conduits that cannot access the PHI.)

- The telehealth platform must (i) be HIPAA compliant (i.e., comply with all HIPAA security requirements that apply to business associates) and (ii) enter into a BAA with the provider.
- Data transmitted through the telehealth platform should be encrypted (see 45 C.F.R. § 164.312(e))—but encryption is not sufficient to make the platform HIPAA compliant.

State Law: Many state laws have restrictions on disclosures of PHI that would impact or limit a telehealth program

Public Health Emergency (PHE)

Timing Considerations



- Most recent renewal extended the PHE through April 11, 2023
- HHS has repeatedly – if informally – committed to give 60 days’ notice prior to the end of the PHE
- Renewal determinations have each been for the default 90-day statutory period but could be shorter
- President Biden announced PHE will end May 11, 2023



What Temporarily Changed During COVID-19

Telehealth Waivers and Flexibilities

Pre- PHE	PHE Waivers/ Flexibilities	At Least Until 12/31/24	After PHE/Extension
Originating Site Restrictions	No Originating Site Restrictions	No Originating Site Restrictions	<u>Originating Site Restrictions Are Back</u>
More Limited Medicare Telehealth List	Many Additions to Medicare Telehealth List	Expanded Telehealth List	Some Services Removed from Telehealth List
Distant Site Restrictions	Adding Distant Site Practitioners	Therapists, FQHCs, RHCs Still Distant Site Practitioners	Distant Site Restrictions Are Back
Qualifying Technology Requirements	Coverage of Audio-only	Coverage of Audio-Only When Appropriate	No Audio-Only Coverage
Licensure as a Condition of Payment	Waiver of In-State Licensure as a Condition of Payment	No Periodic In-Person Visits for Mental Health	No at Home Mental Health Telehealth w/o In-Person Visits
Facility Rate for Telehealth Services (POS 02)	No Update to Medicare Enrollment to List Home Address		Licensure as a Condition of Payment
	In-Person POS/Payment Rate		Facility Rate for Telehealth Services

Waivers and Flexibilities

Virtual Services, Audio-Only, and CTBS

	CTBS	Virtual check-ins and e-visits can be provided to new patients Consent can be obtained at the time of the service Can be provided by NPPs including LCSWs, PTs, OTs, and SLPs	
	RPM	<ul style="list-style-type: none">• Virtual check-ins and e-visits can be provided to new patients• Consent can be obtained at the time of the service• Can be provided by NPPs including LCSWs, PTs, OTs, and SLPs	
	Audio-Only E/Ms	Became separately payable by Medicare during COVID-19 NPPs have their own codes to bill for these services CMS aligned payment with A/V E/Ms	

OCR Enforcement Discretion



During the COVID-19 PHE, the Department of Health and Human Services Office for Civil Rights (OCR) has issued a Notification of Enforcement Discretion for telehealth remote communications

- OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the **good faith provision of telehealth during the emergency**.
- All providers must take steps to **reasonably ensure privacy** during all patient-practitioner interactions.

OIG Enforcement Discretion



- **Under a COVID-19-related Policy Statement**, the HHS-OIG has temporarily allowed flexibility for health care providers to:
 - Not bill Medicare, and
 - To reduce or waive cost-sharing for telehealth visits paid for by federal healthcare programs during the COVID-19 PHE.
- **Outside this enforcement discretion:**
 - Not billing Medicare for covered telehealth services can violate mandatory claims submission requirements
 - Not charging cost-sharing can violate the Beneficiary Inducement CMP and the AKS.

Physician Fee Schedule Final Rule: CMS Will Pay Less for Telehealth than In-person: Effective Jan. 1, 2024

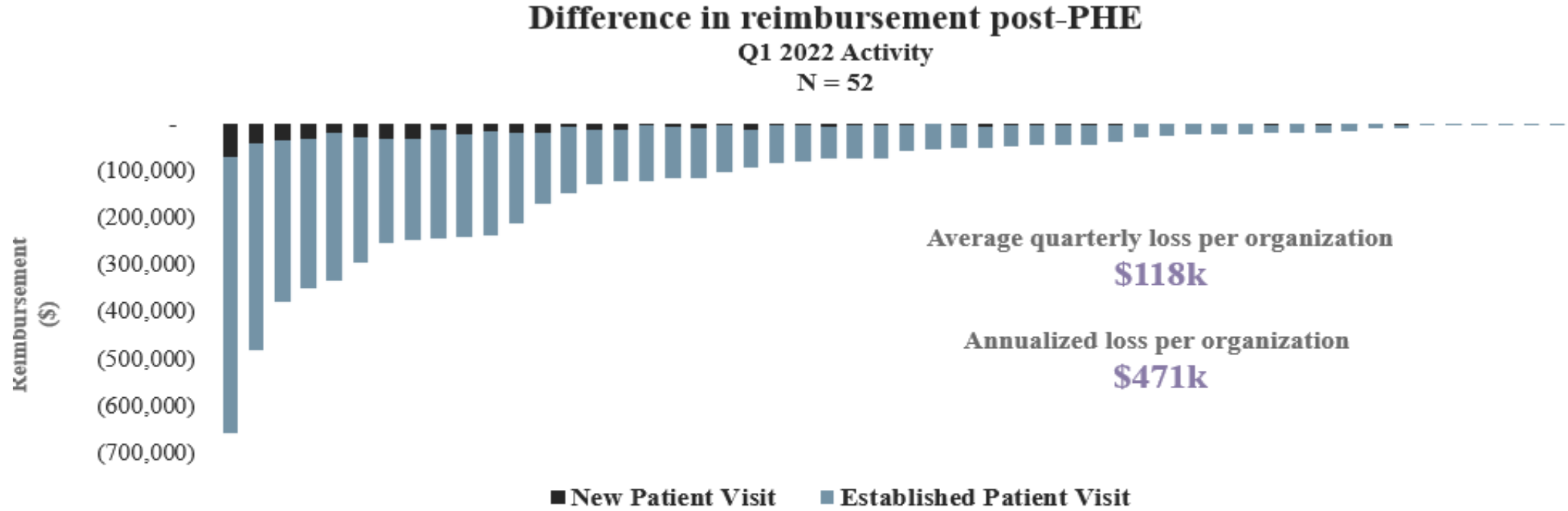


Effective Date in Rule (end of 2023)- but this date could change

CMS will pay the facility-based practice expense rates (instead of non-facility practice expense rates) for telehealth services provided in an office setting

The facility-based practice expense payment amount is lower than the non-facility payment amount

Modeled Reimbursement Loss Non-Facility Activity at Facility Rates for New and Established Telehealth Office Visits



Calculation assumes proposed 2023 CF

Projected loss between volume of units billed in facility vs. non-facility setting x 2023 CF x NF/FA TRVU

Prescribing Controlled Substances and Telehealth



- **Ryan Haight Act:** Establishes that controlled substances require a prescription from person with doctor-patient relationship with patient (meaning in-person evaluation)
- **During the PHE, DEA waived the in-person medical evaluation that is required before administering schedule II-V controlled substances.**
 - New patients currently can get a controlled substance prescription via telemedicine (without a prior in-person examination) if the telemedicine communication is through audio-visual, real-time, two-way interactive communication.
- **Outside this waiver:**
 - Prescribers must conduct an in-person medical evaluation of the patient before administering controlled substances
- **State Laws:** remote prescribing is also subject to state laws. Some states may require face to face visit.

Telehealth and Coverage of Opioid Use Disorder (OUD) Services By Opioid Treatment Programs (OTPs)

Medicare: After the PHE, periodic assessment may be performed via audio-video technology, but NOT via audio-only technology

Medicare: Buprenorphine treatment initiation services may be furnished via audio-video AND audio-only technology (if compliance with other requirements- consider SAMHSA and DEA)

Dec. 13: SAMHSA Issued proposed rule allowing payment for buprenorphine following a telehealth evaluation (no initial in person visits) – still subject to DEA rules. Possibility DEA will create telehealth registration)

Telehealth Waiver/Flexibility Distinctions



Varying End Dates: Telehealth federal statutes, regulations, and requirements vs. state level/professional board requirements vs. temporary enforcement discretion.

Federal Legislation: Medicare coverage expanded through legislation plus a recent extension of certain legislative flexibilities until the later of the end of the PHE or 12/31/24.

States: Allowed broader use of telehealth by lifting in-state licensure requirements/easing professional board requirements/expanding Medicaid coverage. These sunset when individual state executive orders terminate (many already have), or states change their laws/regulations permanently.

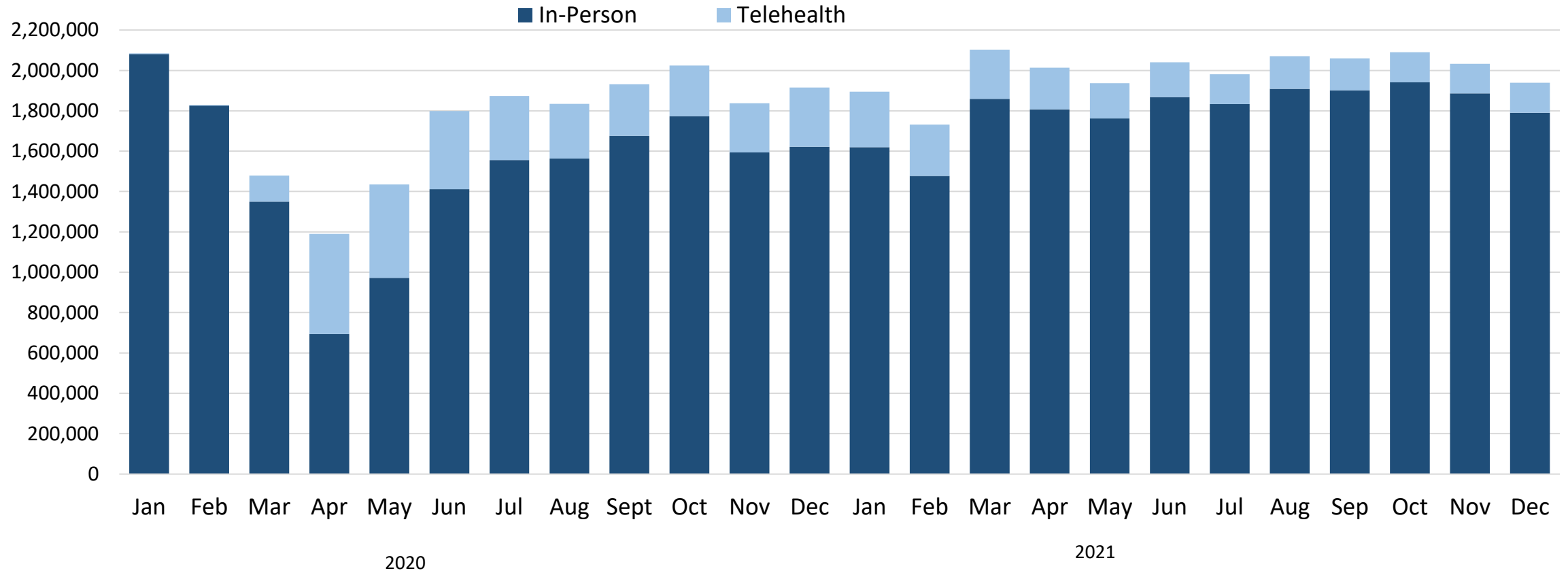
Enforcement Discretion: Permits reducing/waiving cost-sharing for telehealth services and allows telehealth on more technology platforms during the PHE.

Rapid Growth of Telehealth During PHE

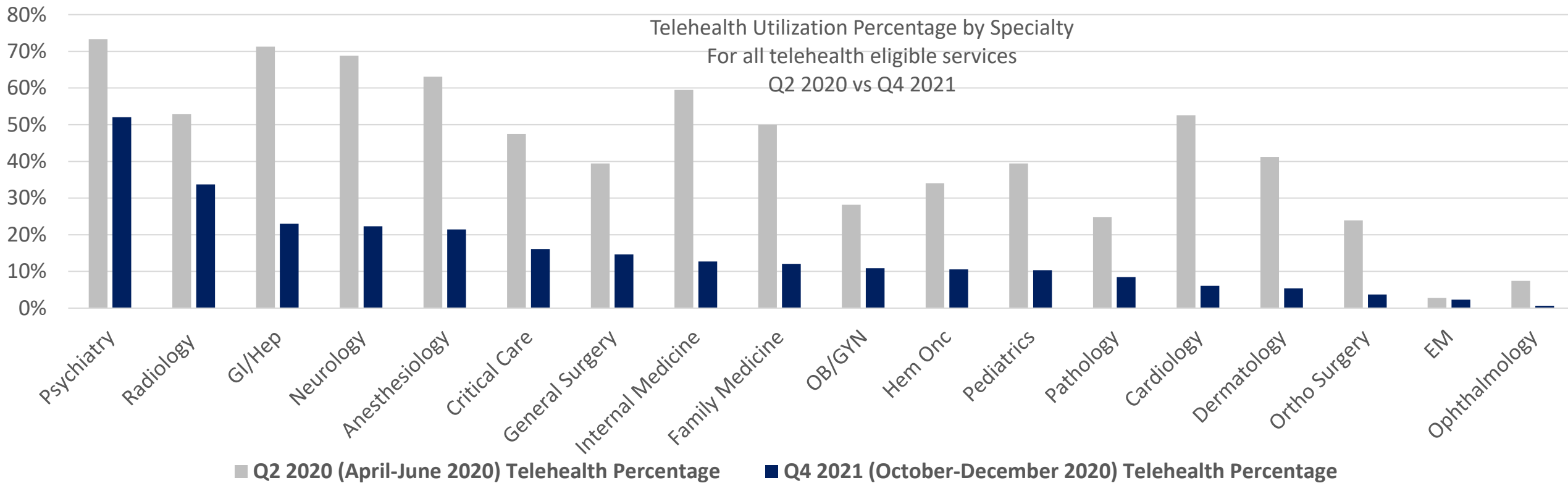
Telehealth Utilization Across All Telehealth Eligible Services (Faculty Practice Plan)



Count of Total Services



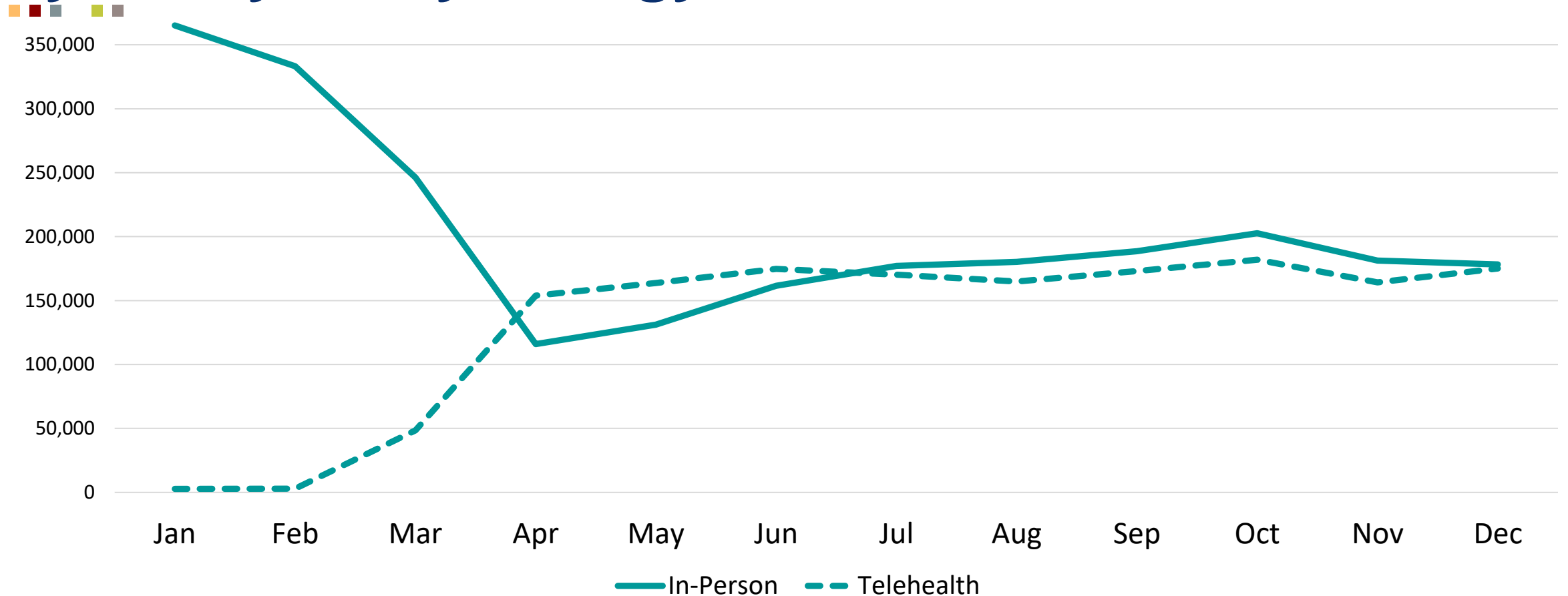
Variations Across Specialties



Source: AAMC analysis of physician and non-physician claims billed by Faculty Practice Plan members of the Clinical Practice Solutions Center. The Clinical Practice Solutions Center (CPSC) is a product of the Association of American Medical Colleges (AAMC) and Vizient that collects billing data from member practice plans to provide benchmarks and help them improve performance.

Note: 79 CPSC members had shared their claims data through December 2021 at the time of this analysis (May 2022). Encounters include all in-person and telehealth claims payable under the Medicare Physician Fee Schedule when furnished via telehealth, as outlined by CMS for the COVID-19 Public Health Emergency, effective March 1, 2020 last updated 1/5/2022: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>. Telehealth encounters were identified based on place of service = 02 and/or modifiers 95, GT, GQ, G0 on the claim; CPT codes for messaging, remote patient monitoring, and e-consults were also counted as telehealth. Claims are from all ambulatory sites of service (place of service not equal to Inpatient - 21), payers, and specialties, unless otherwise specified.

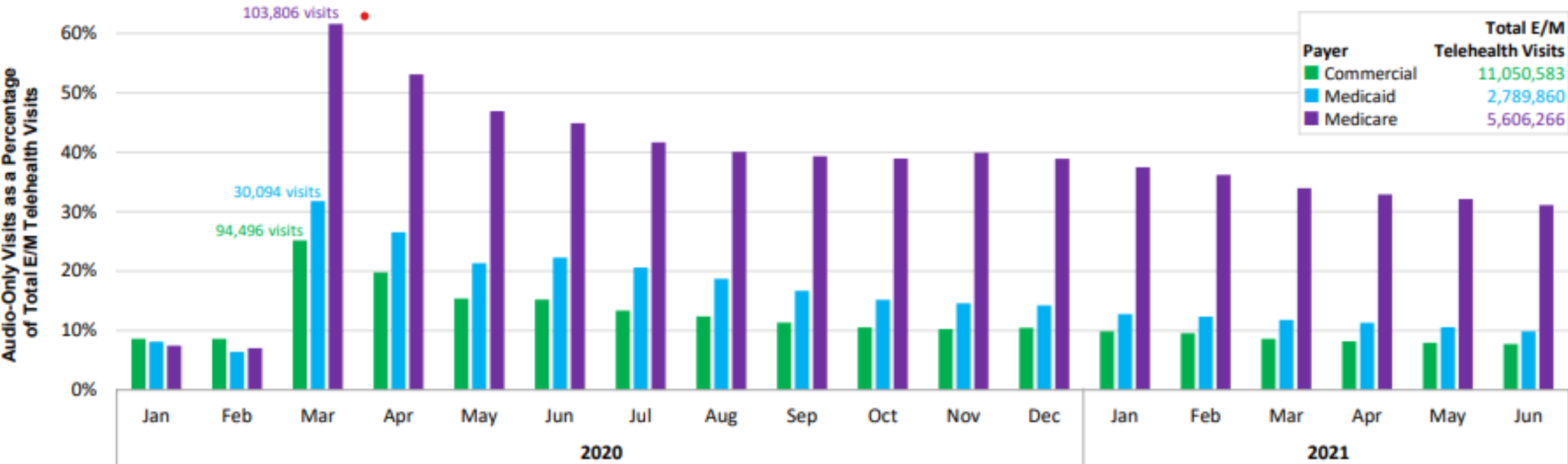
Psychiatry & Psychology: In-Person



Source: AAMC analysis of physician claims billed by Faculty Practice Plan members of the Clinical Practice Solutions Center. The Clinical Practice Solutions Center (CPSC) is a product of the Association of American Medical Colleges (AAMC) and Vizient that collects billing data from member practice plans to provide benchmarks and help them improve performance.

Note: 82 CPSC members had shared their claims data through December at the time of this analysis (July 2021). "Total encounters" includes all in-person and telehealth claims payable under the Medicare Physician Fee Schedule when furnished via telehealth, as outlined by CMS for the COVID-19 Public Health Emergency, effective March 1, 2020 and updated 4/30/2020: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>. Telehealth encounters were identified based on place of service = 02 or modifiers 95, GT, GQ, G0 on the claim; CPT codes G2010, G2012, 99451, 99452, 99446-99449, 99421-99423, 99091, 99457, 99458, 99473, 99474, and 99493-99495 were also counted as telehealth. Claims are across all payers and from service sites 02 – Telehealth, 11 – Office, 19 – Off Campus Outpatient Hospital, 21 – Inpatient Hospital, and 22 – On-Campus Outpatient Hospital.

Faculty Practice Plan Percentage of E/M Telehealth Visits Conducted Via Audio Only by Payer January 2020 – June 2021



As the COVID-19 pandemic has shifted the landscape for faculty practice services, telehealth has become an essential means for delivering care, providing an opportunity to increase access for all patients. Audio-only visits have been particularly crucial for the Medicare patient population, with **62%** of E/M telehealth visits conducted via audio at the peak of the pandemic, compared to 32% and 25% for Medicaid and Commercial patients, respectively. As telehealth volumes leveled off over the course of the pandemic, audio visits have remained at a steady average of 36% for Medicare patients. This demonstrates the clear importance of maintaining coverage of audio-only visits in order to maintain access to care for older patient populations.

Source: AAMC analysis of physician and non-physician claims billed by Faculty Practice Plan members of the Clinical Practice Solutions Center. The Clinical Practice Solutions Center (CPSC) is a product of the Association of American Medical Colleges (AAMC) and Vizient that collects billing data from member practice plans to provide benchmarks and help them improve performance.

Note: 83 CPSC members had shared their claims data through June 2021 at the time of this analysis (February 2022). "E/M Telehealth Visits" include all telehealth claims with CPT codes 99201-5, 99211-5, or 99441-3 across all applicable places of service and specialties. Telehealth visits were identified based on modifiers 95, GT, GQ, G0 on the claim, place of service = 02, and/or CPT code 99441-3 for audio-only.

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Health Equity and Telehealth



Audio Only Important for Equity

More often used by:

Older,

Black,

Hispanic,

and Spanish speaking populations

Source: Differences in the Use of Telephone and Video Telemedicine Visits During the COVID-19 Pandemic Rodriguez A, Betancourt J, Sequist T, Ganguli I; Am J Manag Care. 2021;27(1):21-26. doi:10.37765/ajmc.2021.88573

Examples: Improving Health Equity and Telehealth

Problem	Solution
Lack of Access to Software Platforms used in Virtual Care	Translate information into other languages most commonly spoken
Limited Digital Literacy	Digital Access Coordinators/ Navigators train patients in use
Lack of Access to Technology or Internet Access	Provide loaner iPads and Internet Access (through hot spots) Self guided telehealth kiosks located at local community centers, places of worship, pharmacies, retail locations for patients with limited access to technology / broadband Partnering with others in community to provide technology (e.g., iPads)

Nondiscrimination in Telehealth



HHS Office of Civil Rights and DOJ issued Guidance on Nondiscrimination in Telehealth (July 29, 2022).

- **Telehealth provider required to provide reasonable accommodations (e.g. additional time for appointments, free communication aids and services needed to communicate effectively, such as language interpreters, platforms)**

Nondiscrimination regulations proposed by DHHS (August 4, 2022) for ACA protections under Section 1557.

- **Provision would prohibit covered entities from discriminating based on race, color, national origin, age, disability, or sex in providing telehealth**

Residents, Virtual Supervision, and Telehealth

Supervision of Residents and Telehealth

During the PHE	After the PHE (permanently)
<p>Presence of teaching physician during key portion of service furnished by resident can be met using audio/visual real-time communications technology. Teaching physician must be observing real time.</p>	<p>Supervision policy in effect during pandemic will be made permanent for rural sites only.</p>
<p>Primary Care Exception: Teaching physicians may remotely direct primary care furnished by residents, and remotely review resident-provided services during or after visit, using audio/visual real-time communications technology.</p>	<p>Supervision policy in effect during pandemic will be made permanent for rural sites only.</p>
<p>Residents and Telehealth: Permits use of audio/visual real-time communications technology to establish presence of a teaching physician when resident furnishes telehealth services to beneficiaries.</p>	<p>Policy during the pandemic will be made permanent for rural sites only. Audio only services will not be covered by Medicare.</p>

Primary Care Exception



Under the Primary Care Exception, Medicare makes payment for lower level (1-3) E/M services furnished by a resident without the physical presence of a teaching physician

During the PHE, CMS added additional services to the primary care exception.

- **E/M level 4-5**
- **99495-96 (transitional care management)**
- **99421-23 (online digital E/M services)**
- **99452 (interprofessional internet consult)**
- **G2010, G2012 (virtual check-in)**

After the PHE, CMS expands the permanent array of services under primary care exception to include CTBS and interprofessional consults

Expiration of PHE Flexibilities for Direct Virtual Supervision

During the PHE direct supervision of diagnostic tests, services incident to physician services, and other specified services may be done virtually

After the PHE ends, the services would require “in-person” supervision

CMS requested comments on whether virtual direct supervision should be extended after the PHE and if extended, whether or not virtual direct supervision should be limited to a subset of services . No decision yet.

State Issues and Telehealth

States Licensure Laws and Telehealth

Most States Passed Legislation/Regulations allowing practice across state lines temporarily during PHE.

State Medicaid programs allowed coverage of Telehealth services during public health emergency.

Federation of State Medical Boards: Tracking of state activity
<https://www.fsmb.org/advocacy/covid-19/>

<https://connectwithcare.org/wp-content/uploads/2022/04/Telehealth-and-Licensure-Flexibilities-During-COVID-19-and-Current-State-of-Emergency-Waivers-April-18-2022.png>

Practicing Across State Lines

Practitioner must comply with requirements of state where patient is located

Different approaches to enabling delivery across state lines

- **Full and active license required**
- **Licensure waiver under state of emergency**
- **Interstate Licensure Compacts:** (streamline licensing process for physicians and health care professionals so they can practice medicine in multiple states)
- **Telehealth Registration (e.g. Florida and New Jersey)**
- **Reciprocity (for adjoining states, e.g Pennsylvania)**

Interstate Licensure Compacts

Physical therapists

- <https://ptcompact.org/ptc-states>

Nurses

- <https://www.ncsbn.org/compacts/nurse-licensure-compact.page>

Psychologists

- <https://psypact.org/page/psypactmap>

Speech Language Pathologists

- <https://aslpcompact.com/compact-map/>

Other State Issues to Consider

Determine whether professional liability insurance coverage applies in other states

Determine if state has informed consent requirements for telehealth

Determine if a special license is needed (e.g. prescribing controlled substances)

Determine if state allows out of state practice in limited circumstances (e.g. follow-up care allowed in Ohio)

Examples of Limited Circumstances (Alabama)

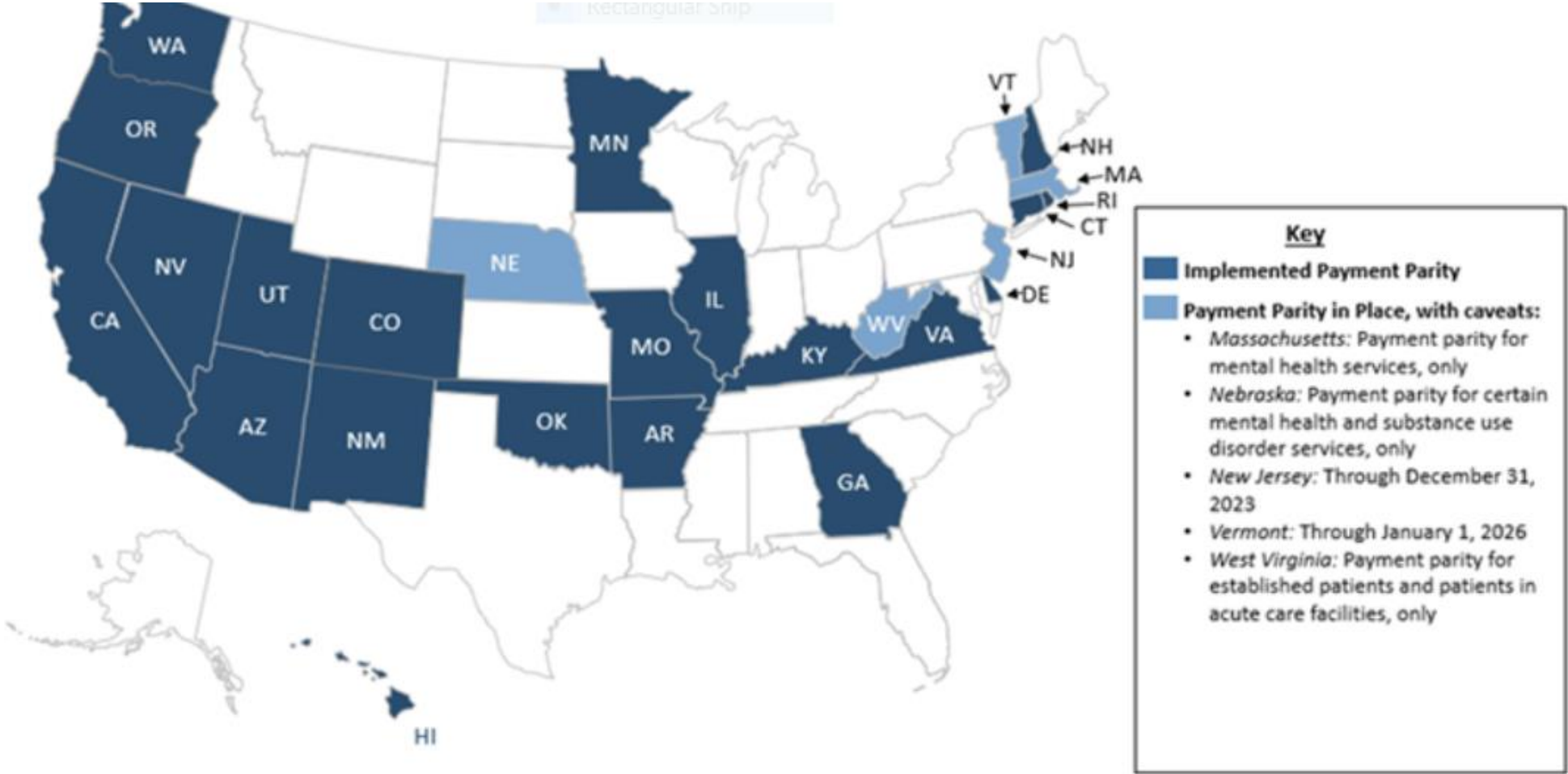
Physicians who engage in the provision of telehealth medical services to any individual in this state must possess a full and active license to practice medicine or osteopathy issued by the Medical Licensure Commission.

*Notwithstanding the section above, a physician who engages in the provision of telehealth medical services to any individual in this state is **not required** to possess a license issued by the Medical Licensure Commission, if either of the following apply:*

The services are provided on an irregular or infrequent basis. The term “irregular or infrequent” refers to telehealth medical services occurring less than 10 days in a calendar year or involving fewer than 10 patients in a calendar year.

The services are provided in consultation, as further provided by Section 34-24-74, with a physician licensed to practice medicine or osteopathy in this state.

Map of States With Laws Requiring Insurers to Implement Payment Parity (as of November 2022)



State Medicaid and Interprofessional Consults



Issue: Several states have been informed that interprofessional consults would not receive federal matching under Medicaid because the services are not provided to the “individual.”

President Biden State of the Union: (March 2022): *HHS will test payment models that support the delivery of whole-person care through behavioral health integration and authorize Medicaid reimbursement of inter-professional consultations so that primary care providers can consult with a specialist and provide needed care for patients.*

CMS Issued Jan. 5 letter to state health officials clarifying it is permissible for Medicaid and CHIP to provide reimbursement for interprofessional consults to specialists and treating physicians. Specialist must be enrolled in Medicaid in state where patient is located.

Other State Law Telehealth Issues

Corporate Practice of Medicine



The corporate practice of medicine (CPOM) is a legal doctrine that prohibits companies from profiting from the practice of medicine or directly employing a physician to provide professional medical services.

- CPOM doctrines vary from state to state, with differing degrees of stringency and interpretation.
- For example, California, one of the states with stringent CPOM provisions, prohibits corporations and other artificial legal entities from having any professional rights, privileges, or powers on the practice of medicine, except in very limited cases. See Cal. Bus. & Prof. Code § 2400.

Enrollment, Reassignment & Claims Submission

COVID Waivers Related to Licensure and Enrollment



1 Waiver of licensure requirement as a condition of payment.

2 Distant site practitioners practicing from home don't have to update their Medicare enrollment to list the home address.

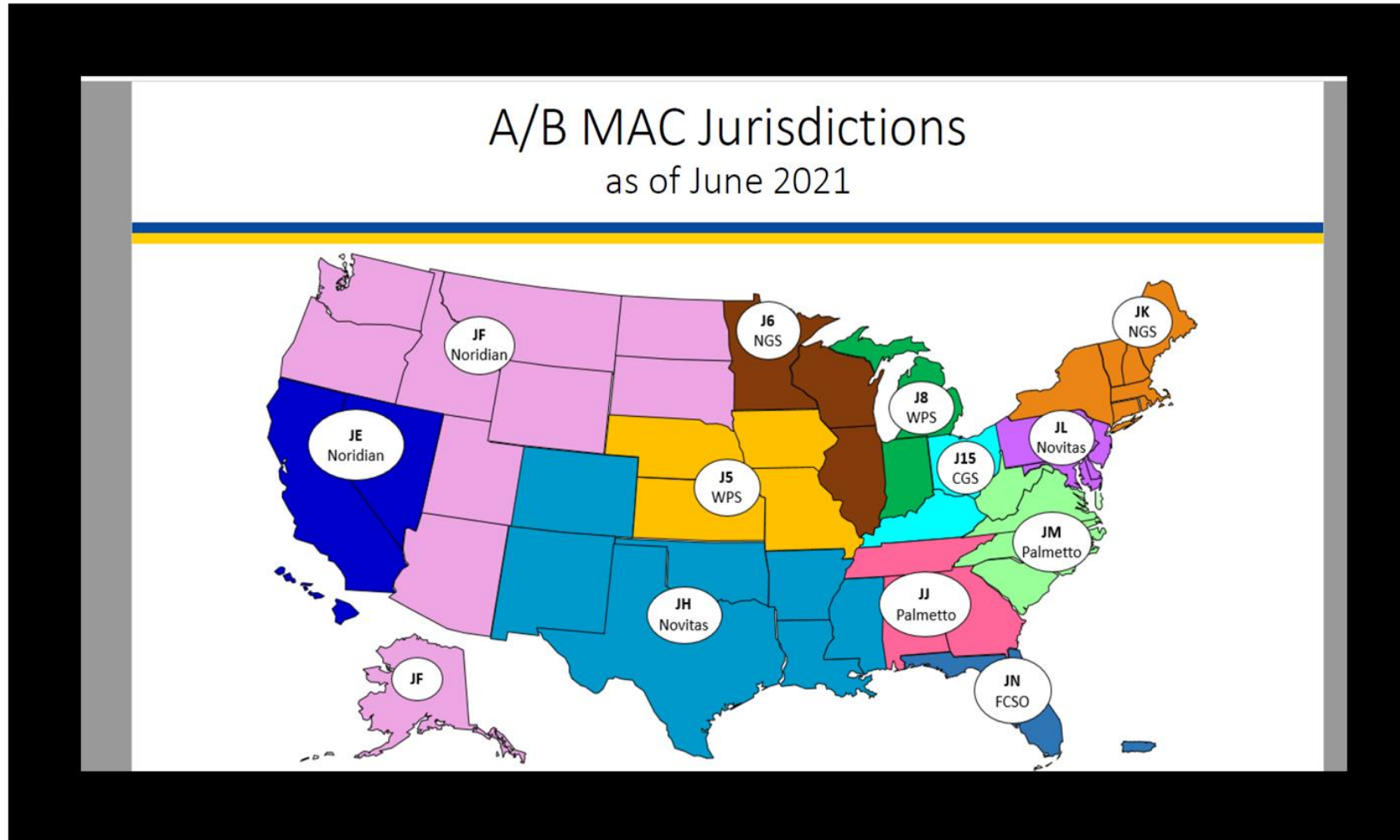
CMS Enrollment and Reassignment Guidance



Outside PHE Manual Guidance: MCPM, Ch. 12 and MPIM, Ch. 10

- **Claims for telehealth services must be submitted to the MAC that processes claims for the "performing" physician's service area.**
- **Billing with POS 02 certifies it is a covered telehealth procedure code, and the beneficiary was present in an eligible originating site.**
- **Interjurisdictional reassignment guidance requires reassignee (e.g., Group Practice) to enroll in the MAC jurisdiction where the reassignor (physician/NPP) is located.**
 - **MD/NPP must be properly licensed/authorized to perform services in the state in which he/she has his/her practice location.**
 - **If MD/NPP reassigning to a group practice in another state performs services in the other state, the MD/NPP must be licensed/authorized to practice in that state.**
 - **Additionally, the Group Practice (reassignee) must enroll in the following MAC jurisdictions:**
 - **MAC jurisdiction where the Group has its practice**
 - **MAC jurisdiction where the MD/NPP performing the telehealth services and reassigning to where the Group has his/her practice**
 - **In Sec. 4A of the Form CMS-855B, Group Practice should select practice location type as "Other health care facility" and specify "Telemedicine Location"**

Interjurisdictional Reassignment Example



Interjurisdictional Reassignment Example



- **Dr. Smith is physically located in Arizona.**
 - **Contractor Jurisdiction JF (Noridian)**
- **Group Practice is in Texas**
 - **Contractor Jurisdiction JH (Novitas)**
- **Dr. Smith performs telehealth services for Group Practice patients in Texas and reassigns to Group Practice.**
- **Group Practice must enroll with both Novitas and Noridian. In section 4 of the CMS-855 B that Group Practice submits to Noridian, it should list Dr. Smith's location as its practice location.**
- **Dr. Smith should be licensed in Arizona and Texas.**

Fraud and Abuse Issues

Telehealth Enforcement Trends & Considerations



- Fraud & Abuse Implications Associated with Reimbursement Requirements
- HHS-OIG Work Plan Items Involving Telehealth
- HHS DOJ/OIG Investigations
- OIG Advisory Opinions
- OIG Special Fraud Alert- Telefraud
- HHS OIG Telehealth Webpage: <https://oig.hhs.gov/reports-and-publications/featu>



What the OIG Thinks is High Risk...

 Additional Questions for Out-of-State Arrangements

OIG is focused on targeted oversight of telehealth, but in its recent Report, OIG identified 1,714 out of approx. 742,000 providers whose billing for telehealth poses a high risk to Medicare. Are a few bad apples putting everyone else under scrutiny??

From this OIG identified what it views to be measures for concerning billing practices:

- 1. Billing both a telehealth service and a facility fee for most visits;**
- 2. Billing telehealth services at the highest, most expensive level every time;**
- 3. Billing telehealth services for a high number of days in a year;**
- 4. Billing both Medicare fee-for-service and a Medicare Advantage plan for the same service for a high proportion of services;**
- 5. Billing a high average number of hours of telehealth services per visit;**
- 6. Billing telehealth services for a high number of beneficiaries; and**
- 7. Billing for a telehealth services and ordering medical equipment for a high**

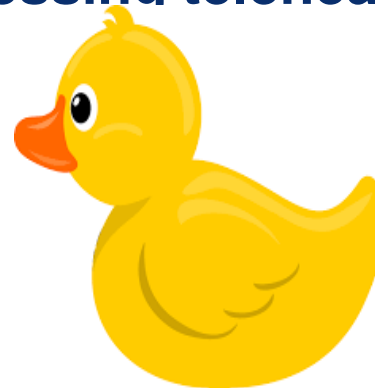
Post-PHE Planning and Compliance

Post-PHE Compliance



It's time to get your ducks in a row....

- **Assemble a PHE wind-up task force (including compliance, legal, operations, etc.)**
- **Review existing telehealth arrangements**
- **Determine whether they were structured using waiver authority**
- **Plan for the future by addressing telehealth action**



Telehealth Action Items



- **Use of PHE Waivers: Review All Telehealth Arrangements to Determine if Waivers Were Relied Upon**
- **Reimbursement: Review Telehealth Coverage Requirements for Various Payors and Be Aware of Limitations that Go Back into Effect After PHE or 12/31/24 (e.g., Medicare Originating Site Requirements)**
- **Enrollment: Make Sure Telehealth Practitioners, Physician Practices, and Hospitals are Properly Enrolled, Particularly for Remote Practitioners**
- **HIPAA Compliance: Ensure All Telehealth Platforms are HIPAA Compliant**
- **AKS/Beneficiary Inducement Compliance: Review Billing Practices and Determine if Coinsurance is Being Waived for Any Federal Health Care Program Beneficiaries**
- **Training: Review AAMC Telehealth Competencies Across the Learning Continuum**

Questions



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Register Now – Upcoming Events!

Webinar: Hiring, Supporting and Incentivizing Department Chiefs in Today's Dynamic Environment

Wednesday, February 15, 2023
2:30 pm-3:30 pm EST

Chief Medical Officers' Group (CMOG) & Group on Faculty Practice (GFP) Joint Spring Meeting

March 16-17, 2023
AAMC Headquarters in Washington, DC

Questions? Contact Shawn Rosen-Holtzman at gfp@aamc.org