



Idaho Medical Association

Table of Contents:

In this Issue...

- [Survey Shows COVID-19 Impact on Idaho Physician Practices](#)
- [CMS Issues Second Round of Sweeping Changes to Support Healthcare System During COVID-19 Crisis](#)
- [The COVID-19 Uninsured Program Portal is Now Open](#)
- [Idaho to Open Decontamination Service for N95 Masks](#)
- [Pre-order the 2020 IMA Directory of Idaho Physicians](#)
- [Mandatory PDMP Check Becomes Law](#)
- [Guest Column: Beware of Liability Insurance Coverage Exclusions](#)
- [IMA Education Webinar Series](#)
- [How Modifier 95 and POS Affect Payment for Remote Visits During COVID-19 Pandemic](#)
- [COVID-19 Telehealth Program/New 5G Fund for Rural America](#)
- [Physician Wellness Resource](#)
- [Rural Provider Scholarships for BSU Value-Based Healthcare Certificate Program](#)
- [Update on Medicare Audits During COVID-19 Pandemic](#)

IMA Wire

May 1, 2020

Survey Shows COVID-19 Impact on Idaho Physician Practices

More than 150 Idaho clinics responded to a recent IMA and Idaho Medical Group Management Association (IMGMA) survey; The striking results show the detrimental impact COVID-19 has had on physician practices.

New look, same protection.

- Serving the professional liability needs of physicians since 1975
- No profit motive and low overhead
- Vastly superior dividend policy



[Learn more](#)



COVID-19 THREATENS THE VIABILITY OF IDAHO PHYSICIAN PRACTICES

In a recent survey on physician practices in Idaho:

On average, Idaho clinics say they have seen a

60%

REDUCTION IN REVENUE



53%

of Idaho practices have had to furlough or lay off staff



27%

of Idaho practices closed satellite locations



60%

of Idaho practices have reduced physician pay



88%

of Idaho clinics are using Telehealth, but not all these visits are reimbursed properly by insurance companies



Only **10%** of telehealth visits were paid at 100% of the in-person rate



43% of telehealth visits were paid less than 75% of the in-person rate



16% of telehealth visits have been denied and not paid

More than half of the clinics indicated they are experiencing **personal protection equipment** shortages



Over 150 clinics responded to this survey representing over a thousand Idaho physicians. It was distributed through the Idaho Medical Association, Idaho Medical Group Management Association, Independent Doctors of Idaho and MedMan Medical Management



IMA sent a letter to Gov. Little and the Idaho Department of Insurance relaying these survey results and urging the following actions to be taken to provide relief for Idaho physician practices:

- Reimburse all telehealth visits at the same rate as in-person healthcare services
- Gradually reinstate elective procedures based on need and urgency, following CDC guidelines to ensure patient safety
- Ramp up production and distribution of PPE to ensure availability of supplies in all facilities and clinics
- Increase testing supplies and capabilities across the state, broaden the number of facilities at which testing can occur and bring more labs online to process and read tests
- Enact liability protections for health care professionals, ensuring that while they deliver care with limited resources or delay care, they are protected from costly lawsuits

IMA also sent a press release to Idaho media which resulted in multiple news stories, [including this Boise State Public Radio interview](#) with IMA CEO Susie Pouliot.

[\[Back to Top\]](#)

Visit the [IMA Coronavirus Resource Page](#) for updates and resources for Idaho physicians

Also, follow the IMA on [Twitter](#) and like us on [Facebook](#) to get the latest COVID-19 updates

[\[Back to Top\]](#)

CMS Issues Second Round of Sweeping Changes to Support Healthcare System During COVID-19 Crisis

On April 30, the Centers for Medicare and Medicaid Services (CMS) issued another round of sweeping regulatory waivers and rule changes to deliver expanded care to the nation's seniors and provide flexibility to the healthcare system as America reopens. These changes include making it easier for Medicare and Medicaid beneficiaries to get tested for COVID-19 and continuing CMS's efforts to further expand beneficiaries' access to telehealth services.

View the complete list of waivers and rule changes [HERE](#).

The following new changes are very important and could help Idaho physicians significantly:

- Under the new waivers and rule changes, Medicare will no longer require an order from the treating physician or other practitioner for beneficiaries to get COVID-19 tests and certain laboratory tests required as part of a COVID-19 diagnosis. During the Public Health Emergency, COVID-19 tests may be covered when ordered by any healthcare professional authorized to do so under state law. To help ensure that Medicare beneficiaries have broad access to testing related to COVID-19, a written practitioner's order is no longer required for the COVID-19 test for Medicare payment purposes.
- CMS previously announced that Medicare would pay for certain services conducted by audio-only telephone between beneficiaries and their doctors and other clinicians. Now, CMS is broadening that list to include many behavioral health and patient education services. CMS is also increasing payments for these telephone visits to match payments for similar office and outpatient visits. This would increase payments for these services from a range of about \$14-\$41 to about \$46-\$110. The payments are retroactive to March 1, 2020.
- Since **some Medicare beneficiaries don't have access to interactive audio-video technology** that is required for Medicare telehealth services, or choose not to use it even if offered by their practitioner, **CMS is waiving the video requirement for certain telephone evaluation and management services**, and adding them to the list of Medicare telehealth services. As a result, Medicare beneficiaries will be able to use an audio-only telephone to get these services.

[\[Back to Top\]](#)

The COVID-19 Uninsured Program Portal is Now Open

As part of the FFCRA and [CARES Act](#), the U.S. Department of Health and Human Services (HHS) will provide claims reimbursement to reimburse health care providers for testing uninsured individuals for COVID-19 and treating uninsured individuals with a COVID-19 diagnosis for dates of service or admittance on or after February 4, 2020.

HHS has contracted with UnitedHealth Group to administer the HRSA COVID-19 Uninsured Program on behalf of the Health Resources and Services Administration (HRSA), an agency of HHS. Providers can request claims reimbursement through the program electronically and will be reimbursed generally at Medicare rates, subject to available funding. To participate, providers must:

- Verify and attest that the patient does not have individual, employer-sponsored, Medicare or Medicaid coverage, and no other payer will reimburse them for COVID-19 testing and/or treatment for that patient
- Agree to not balance bill the patient
- Agree to program terms and conditions

Reimbursement will be made for qualifying testing for COVID-19 and treatment services with a primary COVID-19 diagnosis (except for pregnancy, when the COVID-19 code may be listed as secondary), as determined by HRSA (subject to adjustment as may be necessary), including the following:

- Specimen collection, diagnostic and antibody testing.
- Testing-related visits including in the following settings: office, urgent care or emergency room or via telehealth.
- Treatment, including office visit (including via telehealth), emergency room, inpatient, outpatient/observation, skilled nursing facility, long-term acute care (LTAC), acute inpatient rehab, home health, DME (e.g., oxygen, ventilator), emergency ground ambulance transportation, non-emergent patient transfers via ground ambulance, and FDA-approved drugs as they become available for COVID-19 treatment and administered as part of an inpatient stay.
- FDA-approved vaccine, when available.
- For inpatient claims, date of admittance must be on or after February 4, 2020.

Providers can begin signing up for the program on April 27, 2020. They can then begin submitting claims on May 6, 2020, and the earliest they will receive payment will be **May 18**. More information including how to participate and who is eligible can be found [here](#).

[\[Back to Top\]](#)

Idaho to Open Decontamination Service for N95 Masks

Due to the shortage of available N95 respirators, the State of Idaho, FEMA, and the U.S. Department of Health and Human Services have arranged for Battelle to place a Critical Care Decontamination System (CCDS) in Idaho. Idaho's system is arriving shortly and will be co-located with Idaho National Lab's site in Idaho Falls. The CCDS will hopefully be active in early May and is capable of decontaminating up to 80,000 N95 type respirators each day, allowing them to be reused multiple times.

Use of the CCDS to decontaminate your used N95 respirators, including shipping, is **FREE TO YOUR ORGANIZATION**.

Consider using this free service in order to extend the life of N95 compatible respirators already in short supply. **Please enroll for this FREE SERVICE at www.battelle.org/decon**

This service is available to any organization using N95 compatible respirators, regardless of status as a government, non-profit, or corporate entity, if you meet the following description of healthcare professionals:

Emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, dentists and dental hygienists, students and trainees,

contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

Current steps and Procedures:

As Idaho awaits the delivery of the CCDS and its final setup, interested healthcare providers should do the following:

- Enroll your facility at: www.battelle.org/decon
- Once the facility is ready to go and your organization has been finalized, the site will at that time begin to accept shipments.
- Bag and Label used N95s immediately even if you are choosing not to recycle/decontaminate at this time. Once the equipment is ready to go and enrollment of your organization is finalized, the site will begin to accept shipments immediately.
- Due to unknown turnaround times it is recommended to ship 50% of your contaminated masks at a time to ensure that you still have protection available for your facility staff.

Approved Products for Decontamination:

- Due to incompatibility, the Battelle Decontamination System is not authorized for use with respirators containing cellulose-based materials
- All compatible N95 respirators provided to Battelle must be free of any visual soiling or contamination (e.g., blood, bodily fluids, makeup) ***If N95 respirators are soiled or damaged, they will be disposed of and not returned after decontamination***

Helpful Links and Additional Instructions:

[Instructions for healthcare professionals: N95 respirator marking and collection](#)

[Instructions for healthcare facilities: preparation and collection of compatible N95 respirators](#)

[Fact sheet for healthcare personnel](#)

[\[Back to Top\]](#)

Pre-order the 2020 IMA Directory of Idaho Physicians

It's time to pre-order your complimentary 2020 IMA Directory of Idaho Physicians! [Submit your pre-order HERE](#). IMA provides the Directory as a free IMA membership benefit; you can also order additional copies for a discounted price of \$40.

We encourage all members to update their IMA profile information so that the Directory includes your most updated information. Log in to your profile at idmed.org to make updates.

[\[Back to Top\]](#)

Mandatory PDMP Check Becomes Law

This 2020 legislative session, Gov. Little signed [senate bill 1348](#) into law which requires prescribers to check the Idaho Prescription Drug Monitoring Program (PDMP). The mandatory check requirement will go into effect on 10/1/2020.

In preparation for this implementation date, the Idaho Board of Pharmacy (BOP) is initiating *statewide* Gateway integration. Providers and healthcare facilities that have already integrated Gateway into their workflow express satisfaction with the ease and convenience of being able to access the PDMP in this way. There will be no charge to providers or facilities to connect. Interfaces are already built for 130 hospital, pharmacy and clinic software programs. More information will be made available in the coming weeks to assist with enrollment. BOP looks forward to working with you as Gateway integration rolls out across the state. If you have questions about the Gateway integration process please contact Teresa Anderson at Teresa.anderson@bop.idaho.gov. Questions relating to mandatory checking can be sent to BOP Executive Director, Nicki Chopski at Nicki.chopski@bop.idaho.gov.

[\[Back to Top\]](#)

Guest Column: Beware of Liability Insurance Coverage Exclusions

By Kenneth McClure, Esq., IMA Legal Counsel and Lobbyist

An IMA member has just shared with us a renewal notice he has received from the professional insurance carrier that has covered him for many years. He has been informed that his new policy will contain an endorsement excluding coverage for claims by anyone other than: 1) a patient to whom care is provided; 2) a “natural person” (i.e. a human being) who is a patient’s family member or guardian; or 3) the patient’s estate. Initially, the endorsement may sound reasonable, because those are the people who have a right to file a medical malpractice claim against a physician. Unfortunately, the endorsement has implications that go much further. The insurer may well use the endorsement to exclude from coverage actions by regulatory entities such as the Board of Medicine, Board of Pharmacy, DEA and the like, proceedings for which coverage traditionally has been provided. Similarly, the endorsement appears to not provide insurance for hospital disciplinary or peer review matters. Nor will it cover suits brought, for example, by government entities seeking damages for allegedly improper practices such as opioid prescribing.

Our member was rightfully concerned that this means any time he prescribes an opiate he is without coverage if it is abused by the patient and someone alleges a resulting harm or if it is used illegally by a non-patient who either is harmed or who harms another. It could well be that his insurer is trying to protect itself from the cost of defending and indemnifying its insured physicians in opioid prescribing claims brought by Attorneys General or, worse yet, by plaintiff law firms on behalf of counties and other government entities, alleging liability for the opioid crisis. (Several Idaho Counties have engaged contingency fee plaintiffs’ law firms to file those cases against pharmaceutical companies that manufacture and distribute opioids but, to my knowledge, none of those suits include claims against Idaho physicians.) Be aware that the endorsement may protect the insurer but it does so by leaving insured physicians without coverage if they are unfortunate enough to be sued by someone who does not fall within the three covered groups.

Idaho law does not require a professional liability insurer to provide coverage for the claims the endorsement excludes. Since there is no mandate for that coverage to be included, in the short term there is not much the IMA can do other than alert other physicians about the problem posed by this innocuous-looking coverage limitation. The way the endorsement is described is opaque and physicians need to understand the full import of the change. Presumably, all Idaho physicians insured by this carrier will be receiving similar endorsement limitations on renewal. It may make sense in some circumstances for a physician to accept the limitation. In others it may not. Fortunately, other insurers have not yet proposed to limit coverage in a similar way so physicians have a choice.

It usually makes good sense to be an informed consumer. This is one of those times. As you compare options for professional liability insurance be sure to compare not just price but scope of coverage as well so you understand what you are buying and can make an informed choice. Caveat Emptor.

[\[Back to Top\]](#)

IMA Education Webinar Series

Book Review: AMA Coding with Modifiers, 6th edition - focus on modifier definitions and when to use them. (1 CEU)

Wednesday, May 20, 2020

12:15 – 1:15 pm (MT)

Register today to join IMA Reimbursement Director Pam Fischer, CPC, COC, CPMA, CRC on Wednesday, May 20 for the next webinar, *Book Review: AMA Coding with Modifiers, 6th edition - focus on modifier definitions and when to use them. (1 CEU)*.

Get the AMA coding book for the discounted price of \$67 (includes shipping and taxes) when you purchase it with the webinar. This book is a useful tool for the office, but not required to participate in the webinar. When sold separately, the coding book is \$71.00 (without tax and shipping).

Don't miss this valuable webinar! A registration form is available on the [IMA website](#), you can also order your coding book there. Questions? Contact the IMA at 208-344-7888 or rebecca@idmed.org.



This program has the prior approval of AAPC for (1) continuing education hours. Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor.

[\[Back to Top\]](#)

How Modifier 95 and POS Affect Payment for Remote Visits During COVID-19 Pandemic

In the interim final rule published on April 6, 2020, Centers for Medicare and Medicaid Services (CMS) explains how to bill telehealth services during the COVID-19 public health emergency (PHE). The final rule goes into detail explaining why the place of service (POS) code 02 is not being used for the PHE telehealth services and why the modifier 95 is now needed. This has led to confusion regarding POS codes, how they tie into the Medicare fee schedule, the changes implemented during the PHE, and why these changes were made.

POS Codes Affect Payment: CMS created the POS 02 for telehealth so that no modifier was needed. POS 02 told the Medicare Administrative Contractor (MAC) to process the claim as a telehealth service.

Before the PHE, in order to bill traditional telehealth, the patient had to be seen at an “originating site.” The “originating site” billed a G code for the telehealth facility fee and the POS 02 paid the practice providing telehealth the “facility fee.” Each telehealth code has a facility fee and a non-facility (or office) fee. The difference between a facility fee and a non-facility (office) fee is that the facility fee does not pay the provider for a practice expense, so the facility fee is less than the non-facility fee (office fee). The originating site is paid a fee for use of the facility, which makes up for taking the practice expense from the provider. POS 02, 22, 23, 24 all pay facility fees to the provider and the provider is not paid for practice expense. Whereas POS 11 (office) pays the non-facility fee to the provider, which includes the practice expense.

Modifier 95: Now let’s look at telehealth under the PHE. The originating site requirement has been waived and the patient can now receive telehealth from their home. As a result, CMS is not paying a facility fee to an originating site. The provider is incurring practice expenses in delivering the telehealth, so CMS is paying providers for the practice expense on the fee schedule when the provider, who usually practices in an office, provides these services via telehealth during the PHE.

POS 02 triggers the facility provider fee schedule and the provider will not be paid for the practice expense. The April 6 IFC states that providers who usually provide services in the office should use POS 11 for their telehealth services during the PHE but the MAC still needs to know that the service was provided via telehealth. Without using POS 02 and instead using POS 11, the MAC cannot distinguish between an in-person service and a telehealth encounter. The addition of the 95 modifier signifies that the encounter was provided via telehealth. This will ensure the non-facility (office) provider fee schedule will be paid, including the practice expense, and the MAC will know that the services were provided via telehealth.

The chart below shows the difference between the facility versus non-facility Medicare fees (with no geographic adjustment) as listed on the current Noridian fee schedule:

CPT® Code	Facility Fee (POS 02, 19, 21, 22, 23, 24)	Non-Facility Fee (Office) (POS 11)
99201	\$25.23	\$42.57
99202	\$48.24	\$71.04
99203	\$72.37	\$100.96
99204	\$123.82	\$154.98
99205	\$161.81	\$196.18
99211	\$8.91	\$21.44
99212	\$24.58	\$42.25
99213	\$49.19	\$70.39
99214	\$75.89	\$102.55
99215	\$107.25	\$138.08

[\[Back to Top\]](#)

COVID-19 Telehealth Program/New 5G Fund for Rural America

As part of the Coronavirus Aid, Relief, and Economic Security (“CARES”) Act, Congress appropriated \$200 million in funding for the COVID-19 Telehealth Program (the “Program”).

The Program will provide immediate support to eligible health care providers responding to the COVID-19 pandemic by fully funding their telecommunications services, information services, and devices necessary to provide critical connected care services until the program’s funds have been expended or the COVID-19 pandemic has ended.

Funds can be used to cover eligible equipment or services purchased on or after March 13, 2020, including services with monthly recurring charges, such as broadband connectivity or remote patient monitoring devices, through September 30, 2020.

The Program is available to nonprofit and public eligible health care providers that fall within section 254(h)(7)(B) of the 1996 Telecommunications Act. Rural and non-rural health clinics are eligible to receive funding under the Program.

The Program will provide participating health care providers with funding for devices and services necessary to provide telehealth services, such as:

- *Telecommunications Services and Broadband Connectivity Services:* Voice services, for health care providers or their patients.
- *Information Services:* Internet connectivity services for health care providers or their patients; remote patient monitoring platforms; patient reported outcome platforms; store and forward services; platforms to provide synchronous video consultation.
- *Connected Devices/Equipment:* Tablets, smart phones, or connected devices.

The Program, administered through the Federal Communications Commission (FCC), began accepting applications earlier in April.

Eligible health care providers may submit applications through FCC online application page at <https://www.fcc.gov/covid-19-telehealth-program>.

[In a separate announcement](#), the FCC has announced plans to distribute as much as \$9 billion through the Universal Service Fund to establish 5G wireless broadband connectivity in rural parts of the country, giving healthcare providers and consumers a better foundation for telehealth.

[\[Back to Top\]](#)

Physician Wellness Resource

As you continue to take care of our communities, please take care of yourself and remember that the IMA Foundation has helped expand the Ada County Medical Society (ACMS) Physician Vitality Program (PVP) statewide, as a resource for *any* IMA member in Idaho (including PAs and NPs who are IMA members). PVP provides no-cost, confidential and anonymous counseling services tailored to healthcare professionals; these services are accessible through telehealth appointments. This is a temporary expansion that we hope will help physicians throughout Idaho who are struggling during this crisis.

Visit bit.ly/PhysicianVitality to learn more about PVP and take advantage of this wonderful resource.

[\[Back to Top\]](#)

Rural Provider Scholarships for BSU Value-Based Healthcare Certificate Program

The Boise State University Value-based Healthcare Program is in the final stages of receiving a grant to provide scholarships to rural health clinics, providers, hospitals etc. for the Value-Based Healthcare Certificate Program. However, the program needs to show a minimum of three partners who would be willing to apply for the scholarships.

If you are a rural provider who is interested in 2-3 education scholarships for your practice, please fill out [this form](#), it is already mostly prefilled to make it easier. No commitment is required to submit the form, it only demonstrates interest and intention to apply.

The scholarships would cover the entire tuition cost for the program. Send completed forms or direct any questions to Jenni Gudapati at jennigudapati@boisestate.edu

[\[Back to Top\]](#)

Update on Medicare Audits During COVID-19 Pandemic

As result of the 2019 novel coronavirus (COVID-19) pandemic, Centers for Medicare & Medicaid Services (CMS) and the Office of Medicare Hearings and Appeals (OMHA) have made temporary changes to Medicare audits and the appeals process.

CMS will take the following steps for Medicare appeals involving Medicare Fee-For-Service (FFS), Medicare Advantage (MA), and Part D audits that had already been initiated prior to the pandemic:

- Providing extensions to file an appeal;
- Waiving timeliness requirements for requests for additional information to adjudicate the appeal;
- Processing the appeal even with incomplete appointment of representative forms, but communicating only to the beneficiary;
- Processing requests for appeals that do not meet the required elements, but using information that is available; and
- Utilizing all flexibilities available in the appeals process if good cause is satisfied.

While existing audit appeals remain in place, providers should expect to see fewer new audits being conducted. CMS has shifted the priority of routine overpayment audits to investigating instances of noncompliance in which the health and safety of beneficiaries are at serious risk.

CMS is also suspending most FFS medical review during the COVID-19 pandemic. Specifically, CMS is suspending pre-payment medical reviews done by Medicare Administrative Contractors (MACs) under the Targeted Probe and Educate (TPE) program, and most post-payment reviews conducted by MACs, Supplemental Medical Review Contractors, and Recovery Audit Contractors.

As many providers are using telemedicine as a resource for treating COVID-19, CMS has updated its guidelines for billing telemedicine services, and HHS will not be conducting audits to track whether there was a prior-patient physician relationship for claims submitted during the public health emergency.

Providers and suppliers that are currently undergoing an audit appeal should continue to go through the process as they normally would, but they will be granted some leniency if an

extension is needed. However, providers and suppliers should expect to see little to no new audits until the end of the public health emergency is declared.

[\[Back to Top\]](#)

Idaho Medical Association

P.O. Box 2668, 305 West Jefferson, Boise, ID 83701
Phone: (208) 344-7888 - Fax: (208) 344-7903 - Email: mail@idmed.org

[Click here to choose the types of mailings that we send to you.](#)

[Click here to Unsubscribe.](#)

