



**Table of Contents:**

In this Issue...

- [Ask Your Representatives to Oppose HB 341: Balance Billing Legislation](#)
- [Medicaid Cesarean Section Diagnoses Restriction Expands](#)
- [Renew Your IMA Membership For 2020!](#)
- [MIPS 2020 Medicare Payment Reduction Increases to 9%](#)
- [2019 Novel Coronavirus](#)
- [New CMS Prior Authorization Requirements for Certain Outpatient Services](#)
- [IMA Education Webinar Series](#)
- [Idaho Healthcare Alliance Bootcamp 2020](#)
- [Medical Record Retention Timelines](#)
- [Director of Reimbursement Teresa Cirelli Says Goodbye to IMA](#)
- [Burnout Prevention Tip](#)
- [ECHO Idaho's Free Continuing Education Sessions](#)
- [The MIPS 2019 Data Submission Period is Now Open](#)

## ***IMA Wire***

**February 1, 2020**

### **URGENT – TAKE ACTION! Ask Your Representatives to Oppose HB 387: Balance Billing Legislation**

House Bill 387 (Replaces HB 341) is troubling legislation that seeks to address “surprise billing” but does so by imposing government price controls on healthcare services. HB 387 allows insurers to pay whatever network reimbursement rate they decide to pay and forces out-of-network physicians to accept discounted network rates that they have not agreed to. The result is that the bill gives all of the negotiating power to establish rates to insurance companies and gives providers no recourse.

IMA wants to keep patients out of the middle of these disputes, and we are adamantly opposed to price gouging practices. But HB 387 causes more problems than it solves.

HB 387 will hurt access to care in rural settings, as hospitals will struggle to provide on-call physician services for their local communities. This legislation will also disproportionately harm independent physician practices, most of which are small businesses.

Unfortunately, HB 387 has strong support from legislators in the House & Senate and is highly likely to be approved without amendment despite IMA’s strong efforts to negotiate. We sought consideration of fair market value payments for out of network services, but HB 387 supporters flat-out rejected our compromise. They also rejected IMA’s request to add independent dispute resolution provisions.

**Now our only option is to defeat HB 387, but we need your help! This legislation has a significant impact on all physicians.**

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If this bill passes, it will allow insurance companies to set rates unilaterally for all physician services in all specialties.

Click [HERE](#) to easily contact your representatives  
and ask them to **OPPOSE HB 387**

Legislators need to know HB 387 will:

- Decrease patient access to care in rural areas
- Impose government price controls on physicians and hospitals
- Allow insurers to set physician reimbursement rates unilaterally
- Drive physicians out of independent practice

**Status:** This bill is scheduled for a hearing in the House Health & Welfare Committee on Wednesday, Feb. 5.

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## Medicaid Cesarean Section Diagnoses Restriction Expands

Idaho Medicaid requires all medical procedures to be medically necessary. Currently, the claims processing system applies a list of preapproved diagnoses for cesarean section claims (found in the hospital section of the Idaho Medicaid Provider Handbook). Claims without these preapproved diagnoses are denied. Effective April 1, 2020, these cesarean section diagnoses restrictions will also be applied to professional claims for anesthesia, physician and non-physician practitioner services.

Additionally, if a situation requires a cesarean section but is not covered by preapproved diagnoses then the provider performing the procedure must request prior authorization from the Quality Improvement Organization (QIO), Telligen. Information for requesting authorizations from Telligen is available on their website [idmedicaid.telligen.com](http://idmedicaid.telligen.com). If approved, authorization numbers for the procedure should be provided to the facility, assistant surgeons and the professional providing anesthesia, so services can be reimbursed.

In the event of an emergency situation that prevents a prior authorization from being requested, providers may follow the claim review process as detailed in the General Billing Instructions section of the Idaho Medicaid Provider Handbook. The provider must attach supporting documentation showing the reason the procedure was medically necessary. Documentation from the evaluation determining the surgery as necessary is recommended over the operative report.

Questions or comments about this change may be submitted to the Medical Care Policy Team at [MCPT@dhw.idaho.gov](mailto:MCPT@dhw.idaho.gov).

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

## Renew Your IMA Membership Online For 2020!

Easily renew your membership by following these steps:

1. Visit [www.idmed.org](http://www.idmed.org)
2. Select the 'Membership' tab
3. Select 'Join / Renew' and follow the prompts

Questions?

Please contact the IMA Membership team at 208-344-7888

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

## MIPS 2020 Medicare Payment Reduction Increases to 9%

As the Merit-Based Incentive Payment System (MIPS) enters its fourth year, the penalty for not participating has risen to 9%. Whether you have been participating in MIPS or if you're new to the system, and whether your goal is to avoid penalties or achieve a bonus, please follow these guidelines:

- If you have been reporting MIPS, don't assume the measures you reported on last year are still applicable. Review your quality measures and improvement activities for changes. 42 quality measures were retired in 2020 impacting orthopedics, otolaryngology, neurosurgery, vascular surgery, PMR, and others.
- Choose quality measures that fit your specialty, even if that means choosing measures that aren't available for reporting through your EHR. Quality measures can be reported either through claims or through your EHR. Most EHR vendors only report Electronic Clinical Quality Measures (eCQMs) that aren't core activities for surgeons. There are specific specialty measures available and they are likely activities that you are already performing. If you are reporting through your EHR, this would require an alternate submission method such as a third-party intermediary; however, you are not required to report quality measures through your EHR.
- Review the hardship exemptions on an annual basis. The "promoting interoperability hardship" exemption for small practices and other exemptions are available. Apply before December 31, 2020 at <https://qpp.cms.gov/mips/exception-applications>
- Regardless of whether you've participated or not, be sure to sign-in to the Quality Payment Program website at <https://qpp.cms.gov/> to review your prior year feedback report.
- Avoiding the 9% penalty is an obvious choice for most practices, while other practices want to earn the modest bonus available. Determine what is practical for your practice and what additional resources are needed to move from avoiding the penalty to earning a bonus.

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

## Coronavirus Updates

Click [HERE](#) get the latest updates about the Coronavirus outbreak and to learn more about the virus, including symptoms and how the virus spreads.

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

## New CMS Prior Authorization Requirements for Outpatient Services

The following hospital outpatient department (OPD) services will require prior authorization when provided on or after **July 1, 2020**:

1. Blepharoplasty
2. Botulinum toxin injections
3. Panniculectomy
4. Rhinoplasty
5. Vein ablation

The full list of HCPCS codes requiring prior authorization is available [here \(PDF\)](#). For additional information, click [here](#).

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

### **IMA Education Webinar Series**

*Medicare Wellness, Illness, and Care Management Visits:*

*Reviewing documentation and billing requirements for each service (1 CEU)*

**Wednesday, February 19**

**12:15 – 1:15 pm (MT)**

Register today to join IMA Reimbursement Director Pam Fischer, CPC, COC, CPMA on Wednesday, February 19 for the next webinar, *Medicare Wellness, Illness, and Care Management Visits: Reviewing documentation and billing requirements for each service (1 CEU)*

**\*The IMA has switched back to using TelSpanWeb for all of the 2020 Education Series webinars. IMA apologizes for any technical difficulties from the previous service provider. We look forward to working with TelSpanWeb again.**

Don't miss this valuable webinar! A registration form is available on the [IMA website](#). Questions? Contact the IMA at 208-344-7888 or [rebecca@idmed.org](mailto: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.

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



## Idaho Healthcare Alliance Bootcamp 2020

Please join Kim Stanger and Lisa Carlson from Holland and Hart Law Firm for a *complimentary* full-day Compliance Bootcamp sponsored by IMA. This seminar, designed for the healthcare industry, will cover compliance issues that often impact administrators, compliance officers, HR specialists, and other healthcare professionals.

The bootcamp will cover topics including fraud and abuse laws; patient consent; creating and terminating patient relationships; interpreters, translators, and assistance for those with disabilities; EMTALA; HIPPA; telemedicine; cybersecurity; and employment issues.

**RSVP and view the full detailed agenda [HERE](#)**

**When: Friday, February 28, 2020 from 8:00 AM - 5:00 PM MST**

**Where: McCleary Auditorium, St. Alphonsus , 1055 N. Curtis Road, Boise, ID 83706**

View a map [HERE](#)

*Note: This Bootcamp will be offered in-person and via webinar. To participate via webinar, please make the appropriate selection on your RSVP, details will be provided with your confirmation email.*

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

## Medical Record Retention Timelines

Practices should have a medical record retention timeline policy along with retention policies for other necessary business records. The HIPAA security rule requires that covered entities establish an appropriate retention and destruction policy for electronic records.

State laws generally govern how long medical records are to be retained. However, the 1996 Health Insurance Portability and Accountability Act (HIPAA) administrative simplification rules require a covered entity, such as a physician billing Medicare, to retain required documentation for six years from the date of its creation or the date when it was last in effect, whichever is later. HIPAA requirements preempt State laws if the state requires shorter periods. The HIPAA requirements are available at 45 CFR 164.316(b)(2).

Practices should verify retention requirements in contracts, with legal counsel and with liability carriers. When making retention policies, consider the following:

- The foremost consideration for any medical record retention policy is the need to provide proper patient care. [AMA Code of Medical Ethics Opinions 3.3.1](#) states:

- Medical records serve important patient interests for present health care and future needs, as well as insurance, employment, and other purposes
  - In keeping with the professional responsibility to safeguard the confidentiality of patients' personal information, physicians have an ethical obligation to manage medical records appropriately.
  - This obligation encompasses not only managing the records of current patients, but also retaining old records against possible future need, and providing copies or transferring records to a third party as requested by the patient or the patient's authorized representative when the physician leaves a practice, sells his or her practice, retires, or dies.
- Statutes and regulations - For certain records, federal and state statutes and regulations establish mandatory record retention periods. For example, the HIPAA privacy and security rules require that certain documents be maintained for 6 years from the date the document was created or the last effective date, whichever is later.
  - Payor contracts and guidelines - Insurance companies or other payors may require that records be retained for certain periods as part of the contract. Some insurers may require that records be retained for certain periods as part of a risk management program.
  - Accreditation agencies - Some accreditation agencies may impose document retention standards.
  - Statutes of limitations - If the foregoing standards do not require a longer retention period, records should normally be retained for at least the statute of limitations period for claims to which the records may relate. For example, the general statute of limitations for liability claims in Idaho is 2 years subject to certain tolling provisions, including Idaho's 6-year tolling limit for minors or incompetents. (See I.C. §§ 5-219 and 5-230). For contracts, the general statute of limitations is 5 years. The statute of limitations for most government fraud and abuse claims is generally 6 years.

***Though a statute might require the retention of a medical record for only 3 years, it may be advisable to retain the records for 10 years due to the statute of limitations for federal fraud and abuse claims.***

Insurer	Required Retention Time	Resource
Idaho Medicaid	5 years	<a href="#">Provider manual</a> , section 1.1.2
Medicare	6 years	<a href="#">45 CFR 164.316(b)(2)</a>
Medicare Advantage Plans	10 years	<a href="#">42 CFR 422.504 (d)(2)(iii)</a>
Commercial	Check contract	Time frame varies

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

## Director of Reimbursement Teresa Cirelli Says Goodbye to IMA

IMA's Director of Reimbursement Teresa Cirelli is starting a new chapter outside of the IMA. Cirelli has worked for the IMA for 12 years, she started in 2008 as a reimbursement specialist and then was promoted to director in 2012. Cirelli came to the IMA after working with Medicare. Working with IMA allowed her to see the other side of the reimbursement process, "It helped me see the physician side and see that our physicians are trying to do the best that they can with the resources they have, and the IMA was there to provide those resources, so it was a really good fit

because I enjoyed educating the physicians and their staff so that they're doing things right and staying compliant," said Cirelli.

When looking back, Cirelli believes one of her greatest successes while working with IMA was helping form the Prior Authorization Work Group with Dr. Deb Roman. For years, she has seen the burden PA places on members, so she is proud of the progress and the discussions that this newly formed group has made possible.

Cirelli says one of the best parts about working with IMA has been the opportunity to work closely with physicians. She has formed friendships with members that she will continue to carry with her. The IMA wishes Teresa best wishes on her next adventure!

The new IMA Director of Reimbursement is Pam Fischer. Fischer has been with IMA for over a year as a reimbursement specialist and has decades of experience in clinical documentation. She's been a certified professional coder since 2017 and also became certified as an outpatient coder and a professional medical auditor in 2019. Fischer lived most of her life in Eastern Washington until moving to Eagle in 2016.

The IMA is now [seeking a new reimbursement specialist](#), if you know of someone who is qualified and may be interested, please have them contact the IMA.

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

## **Burnout Prevention Tip: Synchronous prescription renewal can save time**

How many minutes each week do you spend renewing long-term prescriptions for your patients? Now multiply that by 52.

Quick tip:

Whenever possible, bundle the prescription renewal process and synchronize prescription timing with patients during their annual visit. To make this process smoother, call local pharmacies and ask what their preferred process is to start synchronous renewal for patients with existing prescriptions on file.

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

## **ECHO Idaho's Free Continuing Education Sessions**

Upcoming Behavioral Health in Primary Care Settings Sessions

Date: Wednesday, February 5, 2020

Time: 12 pm – 1 pm MT

Topic: Medication Monitoring

Featured Presenters: Coire Weather, MD and Stephen Carlson, PharmD

Connection Information for all Behavioral Health in Primary Care ECHO Sessions

Join from PC, Mac, iOS or Android: <https://echo.zoom.us/j/5500047588?pwd=Z1FUQ0R1dG9VSWs1U1pUMEFnOUdXUT09>

Password: 208208

## Upcoming Opioid Addiction and Treatment Sessions

Date: Thursday, February 13, 2020

Time: 12:15 – 1:15 pm MT

Topic: Kratom: What Providers Need to Know

Featured Presenter: Andrea Winterswyk, PharmD

Connection Information for all Opioid Addiction and Treatment ECHO Sessions

Join from PC, Mac, iOS or Android: <https://echo.zoom.us/j/3376194552?pwd=gFtL3HSleko>

Password: 208208

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

## **The MIPS 2019 Data Submission Period is Now Open**

As we reported in the last edition of the IMAGes, MIPS Eligible Clinicians Can Start Submitting 2019 Data until March 31, 2020.

The Centers for Medicare & Medicaid Services (CMS) has opened the data submission period for Merit-based Incentive Payment System (MIPS) eligible clinicians who participated in the 2019 performance period of the Quality Payment Program. Data can be submitted and updated until **8:00 p.m. EDT on March 31, 2020.**

UPDATE: If you are using a Qualified MIPS registry to submit your data, your deadlines may differ. Check with your registry to verify the data submission period.

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

### **Idaho Medical Association**

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