

The logo for the IMA Wire Newsletter. It consists of the word "IMA" in light blue, bold, sans-serif letters above the word "WIRE" in large, dark blue, bold, sans-serif letters. A vertical grey caduceus symbol is positioned between the "W" and the "I". Below "WIRE", the word "Newsletter" is written in a smaller, dark grey, sans-serif font.

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New IMA membership benefit:

Payor Policy Portal

As Idaho's physicians continue to navigate the COVID-19 crisis, IMA has partnered with Gill Compliance Solutions to offer a brand new membership benefit to IMA members that will help you find updated telehealth and vaccine payor rules for Idaho all in one place. The new **Payor Policy Portal** provides you with viewing rights to a

Smartsheet that includes updated common codes, modifiers, and links to vital information and payor guidelines. The Portal is updated each Monday by IMA's reimbursement consultants at Gill Compliance Solutions with the most current guidelines available to the public. This new benefit comes at no extra cost to your membership. As you continue to take care of Idaho during this challenging time, we hope you find this new resource convenient and helpful.

How to Access:

The Payor Policy Portal is only available to Idaho Medical Association Members, members have access for the entire 2021 membership year. If you would like access to this benefit, please complete the following steps:

1. Email Rebecca at the IMA (rebecca@idmed.org) and include the email addresses in your practice that should have access to the Portal.
2. The IMA will verify membership and send your information to Gill Compliance Solutions.
3. Within 24 hours, you will receive an email from Smartsheet with your access to the Portal (you will be required to create a login and password). This email will also include a disclosure for your review.
4. Once you've accessed the Portal, you are able to scroll and view at anytime. Updates are made weekly and highlighted for your convenience.
5. *PLEASE* watch [this two-minute tutorial](#) for navigating the Portal.

*Note: Payors might publish information more frequently than the Smartsheet and this resource should only be used as a reference. Guidelines are not contract-specific and only the most utilized payors are included.

New Payor Policy Portal Tutorial

Idaho COVID-19 vaccine update

As of Dec. 31, Idaho is reporting that 15,780 doses of the COVID-19 vaccine have been administered in the state. Both the Pfizer-BoNTech and Moderna vaccines are now being administered in Idaho. Health care workers started getting vaccinated the week of Dec. 14 and residents of long-term care facilities began receiving doses this week. The Idaho Department of Health and Welfare (IDHW) released [an estimated timeline](#) to show when different groups can expect to have access to the vaccine. Starting Jan. 5, IDHW will begin to hold weekly press briefings to give updates on the COVID-19 vaccine in Idaho.

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The IMA has continued to receive inquiries about the vaccination process for independent practice physicians, specifically in the Treasure Valley. If you have not done so already, please send your information to Jamie Neill (Jamie@idmed.org) with the name of your practice, point of contact, phone number, email, and the approximate number of clinic staff essential for care for COVID-19 patients who need the vaccine, so you can be alerted to when and where you will be able to receive the vaccine. Your information will be shared with Central District Health who will then pass it along to a facility in the area that is prepared to administer the COVID-19 vaccine.

The IMA has not received these inquiries from physicians in other areas of the state. However, if you are an independent physician practicing outside of Ada, Elmore, Boise, or Valley counties who needs the vaccine and have not been notified of a process to receive it, please contact your local health district. If your issue is not resolved, please reach out to the IMA.

2021 changes for welcome to Medicare preventive visits

By IMA Reimbursement Consultant Jana Weis, CPC, Principal, Gill Compliance Solutions

Since Medicare introduced their version of preventive exams, the criteria for these visits have required a shift in practice from a typical head to toe assessment. The IPPE (Initial preventive physical exam) and AWV (annual wellness visit) sound fairly simple, but the rules for these visits have continued to be challenging for Medicare recipients and providers alike. Here is a quick comparison on when these codes should be used. Further, CMS has developed [an easy to follow resource](#) to provide educational materials to ensure providers have tools to document and understand all the required elements.

Code	Description	New Rate	Effective Date
0001A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage; diluent reconstituted; first dose	\$ 15.25	11/10/2020
0011A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose	\$ 15.25	11/10/2020
0002A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage; diluent reconstituted; second dose	\$ 25.55	11/10/2020
0012A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose	\$ 25.55	11/10/2020

As part of Medicare's commitment to identify, prevent, and treat some of the 10.3 million people across the US that are currently part of the opioid epidemic, the IPPE and AWV visits will contain new language to help identify these at risk patients. The revision to Section 2002 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act Requirements enforced this change for 2021.

The IPPE and AWV reimbursement will increase (see RVU's above) along with the opioid screening being added to the documentation criteria. Note that some of the other language will also be revised to

better define the purpose of the screening area. For 2021, CMS will be adding **Screening of potential substance abuse disorder (SUD)** as new criteria. As a part of the new section, the provider will need to:

- Review any current opioid prescriptions
- Evaluate the potential risk factors for a SUD disorder
- Evaluate the individual's severity of pain and current treatment plan
- Discuss through counseling non-opioid prescription options
- Create referral to a specialist if appropriate

Although we are waiting for the MLN guidance to publish, we recommend this area of screening is included with the 2021 IPPE and AWV initial visits to comply with the Medicare fee schedule final rule.

Reference link:

1. <https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf>

IMA Board of Trustees election results

The results are in! Congratulations to the following IMA members who will now serve on the IMA Board of Trustees:

IMA District Five Trustee: Frank Batcha, MD, Hailey, Family Medicine; Sports Medicine

IMA Vice Speaker: April Dillion-Bialobrzeski, DO, Boise, Family Medicine

DHW develops health care surge protocol and request for assistance process

The Idaho Department of Health and Welfare (DHW) has developed a protocol for health care surges and a request for assistance process. DHW has shared the following resources with IMA to share with members:

1. **RFA process:** DHW and Idaho Office of Emergency Management (IOEM) developed a request for assistance (RFA) process to provide guidance to hospitals, long-term care, and emergency medical services about requesting needed resources after local and regional resources are exhausted.
2. **Healthcare surge protocol:** DHW developed a healthcare surge protocol for clinics, hospitals, and other healthcare organizations. The protocol provides an expedited process to help resolve critical resource shortages that, if unaddressed, may result in the organization's inability to provide the usual standard of care.

Congress reaches government funding/COVID-19 relief deal – includes balance billing legislation

On December 21st, Congress passed a government funding bill for fiscal year 2021 which included COVID relief, balance billing legislation, and several public health provisions such as funding for community health centers and the National Health Service Corps. The legislation to address balance billing is seen as a compromise between health care industry groups and utilizes an independent dispute resolution process to settle contested claims. The balance billing legislation:

- Requires health plans to hold patients harmless from balance bills.
- Provides for a 30-day open negotiation period for physicians and payers to settle out-of-network claims.
- States that if the parties are unable to reach a negotiated agreement, they may access a binding arbitration process, referred to as independent dispute resolution (IDR), in which one offer prevails

A summary of the No Surprises Act can be found [here](#).

The COVID relief legislation details can be found [here](#) which includes funding for vaccines, small businesses, and an additional \$3 billion for the Provider Relief Fund. The entire Idaho Congressional Delegation voted in favor of the year end legislative package. The President signed the bill into law on December 27th. Congressman Simpson, who sits on the House Appropriations Committee, released the following [details](#) on what the bill means for Idaho.

Idaho delegation delivers solution to proposed Medicare cuts

Included in the year-end government funding and COVID-19 relief legislation, is a provision to offset some of the proposed cuts to Medicare reimbursement rates due to budget neutrality requirements. Overall, the provisions offset more than two-thirds of the cuts providers were slated to see in 2021. The Medicare payment changes include:

- Provides for a one-time, one-year increase to all payments in the 2021 Medicare physician fee schedule by adding \$3 billion and delaying payment of HCPCS add-on code G2211 for three years. This provision is intended to support physicians and other professionals in adjusting to changes in the Medicare physician fee schedule during 2021, and to provide relief during the COVID-19 public health emergency. The AMA has provided [a breakdown by specialty of the combined impact of these updates to the conversion factor](#).
- Provides for a three-month delay of the Medicare sequester payment reductions through March 31, 2021.
- Increases payments for the work component of physician fees in areas where labor cost is determined to be lower than the national average through Dec. 31, 2023.
- Creates 1,000 new Medicare-funded graduate medical education residency positions.
- Expands access to mental health services provided via telehealth past the expiration of the public health emergency.

Idaho Sen. Mike Crapo helped negotiate the offsets from his senior position on the Senate Finance Committee and Idaho Rep. Mike Simpson cosponsored legislation to eliminate the reimbursement cuts. The IMA is grateful for Senator Crapo, Congressman Simpson, and their staff for prioritizing and advocating for the health care community during these challenging times. More information on this can be found [here](#).

Contact your legislator – Idaho Patient Act

The effective date of the Idaho Patient Act is January 1, 2021 and the IMA strongly encourages you to contact your legislator to seek a delay to this effective date as IMA staff continues to work on changes to issues raised by physicians and hospitals. [Click here](#) to share your concerns with your local legislator.

Crapo leads on early detection for cancer care

Idaho Sen. Mike Crapo introduced bipartisan legislation along with a bipartisan coalition of colleagues which would provide Medicare coverage for modern screening for early detection testing for cancer. As Crapo said upon introduction of the bill, “Health care decisions should be the result of conversations between patients and their providers.” The IMA agrees and thanks Senator Crapo for his work to introduce the [Multi-Cancer Early Detection Screening Coverage Act](#).

Sign up for weekly IMA Legislative Updates

The Idaho Legislature begins its session on Jan. 11, make sure you are signed up for the IMA weekly Legislative Updates which will start on Jan. 8 with a preview of the session. [Click here](#) to sign up.

Idaho technology used to help vaccine distribution

Schweitzer Engineering Laboratories (SEL), based in Pullman, Washington and includes facilities across Idaho, has developed technology to help health care facilities store the COVID-19 vaccine. A temperature monitoring device was produced at the request of Gritman Medical Center in Moscow, Idaho and is manufactured at the SEL facility in Lewiston. The device monitors cold storage to ensure the COVID-19 vaccine is stored at the appropriate temperature which is critical for safe distribution. Read more [here](#).



Idaho Medical Association

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