



# IMA WIRE Newsletter

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**The Virtual 128th IMA Annual Meeting is  
ONE WEEK Away!**

The 128th IMA Annual Meeting of the House of Delegates will be held VIRTUALLY on Friday, **Oct. 9, 2020**, starting at 8:00 am. The preliminary schedule along with other meeting information is now available on the [IMA Annual Meeting webpage](#).

**The finalized Reference Committee Report will be posted on the IMA website on Oct. 5 and emailed to all delegates.** Because each recommendation will be voted on during the official HOD meeting on Oct. 9, delegates are ***strongly urged*** to review the report in advance of the video meeting. Should any delegate wish to suggest an amendment to an item in the report, a written form must be submitted. Amendment forms will be available on the IMA website and **must be submitted by Oct. 8.**

The Zoom Meeting link and dial-in information will be sent to all registered delegates the day before the meeting, specifically, Oct. 8th. Registrants should receive their Annual Meeting Care Packages next week, be on the look-out for your package and enjoy your gifts!

If you have any questions, please contact the IMA at 208-344-7888 or [rebecca@idmed.org](mailto:rebecca@idmed.org).

If you have not already done so, you can still register as a delegate! This meeting is for IMA members only and is free to attend, please register TODAY!

**Register Today!**

## Annual Meeting Featured Speakers

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Don't miss out on this year's impressive speaker line-up! Hear from American Medical Association President Susan Bailey, MD; Honorable Governor Brad Little; and Rosemary Gibson, author of *China Rx: Exposing the Risks of America's Dependence on China for Medicine*. [Register for the Annual Meeting TODAY!](#)

## **CMS Audits During the Pandemic**

By IMA Consultant Jana Weis, CPC, DipCom, Principal Gill Compliance Solutions, LLC

As we catch our breath after a long two quarters of learning COVID-19 coding and rearranging practice workflow to accommodate telehealth services, audits are once again starting through the Federal Government. The Office of the Inspector General (OIG) recently released a new work plan item titled Use of Medicare Telehealth Services During the COVID-19 Pandemic. The work plan language focuses on two specific areas. First, determining the extent of which telehealth services are being used by Medicare patients. This change includes examining claims data to analyze how these services compare to that of traditional face-to-face services for different types of providers and beneficiaries. Second, focusing specifically on the COVID-19 pandemic period to identify integrity risks with telehealth and potential abuse with reporting services and reimbursement. With most audits, we tend to see a trickle-down effect where private and state payors monitor the outcome of these workplan initiatives and subsequently follow a similar suit. The OIG's plan was announced in July 2020 and has an expected issue date of early 2021.

Entering the last part of 2020, performing a self-audit on any coding changes your practice experiences as a result of the pandemic might help circumvent any potential risk a payor identifies in the new year. If you have a significant volume of Medicare or Medicaid patients, you are well aware of all the sweeping changes made by State and Federal agencies. Many practices have been overwhelmed and feeling the pressure of keeping up with the changes. Even more complicated is navigating all the payor requirements for telehealth and virtual services – it illuminates the brokenness of our healthcare system and desperate need for universal guideline conformity.

One of the biggest changes from CMS during the pandemic, was the institution of the 2021 Evaluation and management (E/M) rules to the new and established CPT code series. This was quietly released in a Federal Register announcement on May 4, 2020. Essentially, through the duration of the pandemic,

providers can code using time alone or medical decision making, using our existing 1995 or 1997 guidelines. CMS further clarified that ‘time’ should be drawn from the current CPT definition versus using the 2021 brackets going into effect January 2021.

Some private payors have followed CMS’s guidelines exactly. Others have instituted their own policies or updated their current telehealth policies to make things easier during the COVID-19 pandemic. CMS requires audio and video for telehealth E/M codes such as a new patient or established patient office visits (codes 99201-99205 and 99211-99215); however, with some private payor this is not the case. For example, Blue Cross of Idaho has indicated that these E/M services can be performed and billed using audio only.

Another code series to be watchful of are the ‘virtual’ audio only telephone E/M (codes: 99441-99443 and 98966-98968). These may be reported when a patient does not have access to a platform that includes video. Documentation for these services should follow the normal E/M format. These codes are not to be confused with a quick virtual service telephone “check in” G2012 which does not have to follow a traditional E/M format. Payors across the state have varied on whether to include both new and established patients as part of performing these services.

We are awaiting the CMS final rule, publishing in November, to determine the future of several telehealth exceptions. In the meantime, if you are looking for guidance on Idaho payors and the requirements for telehealth, please feel free to contact the IMA with your questions. A subscription is available through the IMA’s partner, Gill Compliance Solutions, outlining all the requirements, real-time, for telehealth and virtual services.

Here’s a few useful links connecting to CMS rules, FAQ’s, and other material referenced in this article:

<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

<https://www.cms.gov/files/document/provider-burden-relief-faqs.pdf>

<https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>

<https://www.federalregister.gov/documents/2020/05/08/2020-09608/medicare-and-medicaid-programs-basic-health-program-and-exchanges-additional-policy-and-regulatory>

<https://providers.bcidaho.com/resources/pdfs/providers/Announcements/050820-Coronavirus-FAQ.pdf>

## **IMA Discourages Physician Notes for Mask Exemptions**

It has come to the IMA’s attention that some Idaho physicians are writing medical exemption notes upon request for students attending in-person schools that require masks. The IMA strongly urges physicians not to write these types of notes in the absence of a significant medical disability. Many IMA physicians have emphasized that if a patient is too sick to wear a mask, they’re too sick to be outside of their home.

The IMA advises physicians to resist philosophical objection requests for medical notes to circumvent mask mandates.

To those of you who are doing your part in helping turn the tide of this pandemic—thank you.

Your actions and guidance to patients are critical to stopping the spread of COVID-19. We must all remain vigilant and continue taking steps to mitigate the spread of the virus to protect our Idaho communities. Widespread mask wearing is a major step forward to ensure our schools and businesses can remain open for in-person interaction – this benefits children, families, workers and our economy.

## **AMA Webinar Series: COVID-19 Vaccine Development—What Physicians Need to Know**

Mark your calendars! This vital series addresses the science, evidence and process of vaccine development, regulatory review and what physicians need to know. Hosted by AMA physician leaders, each installment aims to gain fact-based insights from the nation’s highest-ranking subject matter experts working to protect the health of the public.

### **Episode 1: FDA Review Process for COVID-19 Vaccine Candidates**

Oct. 7 at 1PM MT

Host: AMA President, Susan R. Bailey, MD

Guest: Peter Marks, MD, PhD, Director of the Center for Biologics Evaluation and Research at the Food and Drug Administration (FDA)

Join Dr. Bailey and Dr. Marks for a comprehensive overview of the FDA vaccine review process, including what the process looks like for COVID-19 vaccine candidates and the differences between the Emergency Use Authorization (EUA) and Biologic License Application (BLA) pathways.

*Registration information coming soon, look for a link on IMA social media*

## **District Six Trustee Elected to IMA Board of Trustees**

Barry Bennett, MD has been re-elected to serve a second term as District Six Trustee on the Idaho Medical Association Board of Trustees. Dr. Bennett is a family medicine physician in Idaho Falls. He will represent members in Bonneville, Butte, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton Counties. He will serve an additional four-year term.

## **Renew Your IMA Membership for 2021!**

It's time to renew your IMA membership for 2021!

Be on the lookout for an invoice in October. Easily join or renew by visiting [idmed.org](https://www.idmed.org).

Join or Renew

## Mandatory PDMP Check Takes Effect Oct. 1

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 **Oct 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. 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](mailto: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](mailto:Nicki.chopski@bop.idaho.gov).

## IMA Education Webinar Series



**Legal Issues in Healthcare (1 CEU)**

**Wednesday, October 21, 2020, 12:15 – 1:30 pm (MT)**

Register today to participate in our IMA Education Series Webinar on Wednesday, October 21 on the Legal Issues in Healthcare Series. Guest speaker Kim Stranger will discuss HIPAA compliance and cybersecurity (1 CEU). Kim Stanger is a lawyer and partner with Holland and Hart, LLP.

Do not miss this valuable webinar! This webinar will be presented via Zoom and dial-in instructions as well as any presentation materials will be emailed to you the day before the webinar. A registration form is available at [idmed.org](http://idmed.org). Questions? Contact the IMA at 208-344-7888 or [rebecca@idmed.org](mailto:rebecca@idmed.org).

## Have you Ordered Your 2021 ICD-10-CM Complete Official Code Set?

The 2021 ICD-10-CM files contain information on the ICD-10-CM updates for FY 2021. These 2021 ICD-10-CM codes are to be used for discharges occurring from Oct. 1, 2020 through Sept. 30, 2021 and for patient encounters occurring from Oct. 1, 2020 through Sept. 30, 2021. **Your billing staff will need to start using new codes in the ICD-10 book on Oct. 1. The books are already at the IMA office and can be picked up, shipped, or delivered today!**

As part of your membership, the Idaho Medical Association offers most coding, billing, and reference manuals at a significant discount. This saves you and your office money when you provide your staff with the tools to help you ward off unwelcome challenges to your revenue.

[Click here for the 2021 publications order form](#)

If you have questions or if there is a type of book you don't see but would like to purchase, please contact Rebecca Adams at [rebecca@idmed.org](mailto:rebecca@idmed.org) or 208-344-7888.

## **Congress Providing Much-Needed Relief to Physicians Working Through the Pandemic**

The AMA and IMA support provisions in the Continuing Resolution (CR) that will offer relief to hard-pressed physician practices. Revisions to the Medicare Accelerated and Advance Payments program (AAP) will help keep doors open during the pandemic and continue to offer patients access at this time. Passage of the CR is required to fund federal programs after the beginning of the 2021 fiscal year, which starts Oct. 1.

“Upon passage of the Continuing Resolution, patients should know that their physician is more likely to weather the pandemic’s economic challenges. Congress recognized the danger, and rightfully modified the program so physicians can keep seeing patients,” said AMA President Susan R. Bailey, MD.

The Centers for Medicare & Medicaid Services (CMS) worked quickly in the spring to provide financial assistance to physicians -- a lifeline for many practices. The AMA also appreciated that the CARES Act postponed the start of recoupment for the AAP until 120 days after initial payment and allows up to 210 days for repayment for physicians.

The AMA, however, has heard significant concerns from physicians about their ability to repay this money during the economic uncertainty. In the spring, surveys showed that from March to May revenues in physician offices were down at least 50%. As practices began reopening, some were able to recoup some of the loss but not all due to reduced visits and procedures. The repayment terms are harsh: Physicians would have 100% of their Medicare claims withheld to repay the loans on a short timeline, and after a few months any outstanding balances will be subject to a 10.25% interest rate.

The Continuing Resolution:

Postpones the recoupment of disbursed funds until 365 days after the advance payment has been issued to a physician practice; the balance would be due by Sept. 2022.

Reduce the per claim recoupment amount from 100% to 25% for the first 11 months and then 50% of claims withheld for an additional six months. If not repaid in full, the interest rate kicks in.

The interest rate would be lowered from 10.25% to 4%.

“Members of Congress and the Administration have settled on a bipartisan response to the economic sword hanging over physician practices. This relief will be felt across the county as physicians will be able to continue providing health care during the pandemic,” Dr. Bailey said.

## Submit MIPS Targeted Review Requests

If you participated in the Merit-based Incentive Payment System (MIPS) in 2019, performance feedback, including your MIPS final score and payment adjustment factor(s), is now available for review on the [Quality Payment Program website](#).

This final score determines the payment adjustment you will receive in 2021, with a positive, negative, or neutral payment adjustment being applied to the Medicare paid amount for covered professional services furnished by a MIPS-eligible clinician in 2021.

MIPS-eligible clinicians, groups and virtual groups (along with their designated support staff or authorized third-party intermediary), including alternative payment model (APM) participants, may request that CMS review the calculation of their 2020 MIPS payment adjustment factor(s) through a process called targeted review. The deadline to submit your request is **Oct. 5 at 6 PM MT**.

Some examples of previous targeted review circumstances include the following:

- Errors or data quality issues for the measures and activities submitted
- Eligibility and special status issues (e.g., you fall below the low-volume threshold and should not have received a payment adjustment)
- Being erroneously excluded from the APM participation list and not being scored under the APM Scoring Standard
- Performance categories were not automatically reweighted even though you qualify for automatic reweighting due to extreme and uncontrollable circumstances

You can access your MIPS final score and performance feedback and request a targeted review by going to the [Quality Payment Program website](#). CMS may require documentation to support a targeted review request that is under evaluation. If the targeted review request is approved, CMS may update your final score and/or associated payment adjustment (if applicable), as soon as technically feasible. Please note that targeted review decisions are final and not eligible for further review.

For more information about how to request a targeted review, please refer to the [2019 Targeted Review User Guide](#).

## White House Finalizes Drug Pricing Executive Order

Last week, President Trump signed a much-anticipated executive order aimed at lowering drug prices in the United States. The newest executive action, “[Lowering Drug Prices by Putting America First](#),” includes initial steps to help ensure American patients do not pay more for prescription drugs than what is paid in other countries for those same products. The idea of creating “most favored nation” status for the United States was first proposed in 2018 by the CMS [International Pricing Index \(IPI\) advanced notice of proposed rulemaking](#). That proposal was met with much opposition from the pharmaceutical manufacturer community, and CMS has not yet proceeded with additional rulemaking to advance the program.

This most recent executive order directs CMS to create and test a Medicare payment model for certain high-cost prescription drugs and biologics where Medicare would pay no more than the most-favored nation price for those drug products. The model would test whether paying the most-favored nation price would help mitigate poor clinical outcomes and increased expenditures for Medicare patients. Any new payment model would require a formal rulemaking process prior to being put into practice.

The most-favored nation executive order is the most recent in a flurry of executive activity on drug pricing. In recent weeks, President Trump has signed executive orders on [drug rebates](#), [state-based drug importation programs](#) and the [340B program](#). Each will require additional rulemaking activity prior to finalization. The AMA is closely monitoring all Administration activity aimed at lowering drug price

## **Congratulations to the 2020 IMA Foundation Future Physicians of Idaho Award Recipients!**

The Idaho Medical Association Foundation announced it would be making four individual awards in the amount of \$5,000 each to two first-year Idaho residents and two first-year practicing Idaho physicians, with a preference for applicants with strong connections to Idaho and based specifically upon the following criteria:

- Idaho Roots: Born and raised in Idaho, from a rural underserved area, educated in Idaho schools
- Commitment to Return to Idaho: Demonstrated commitment to remaining in Idaho and ultimately setting up or joining a practice in Idaho
- Commitment to Rural and Underserved Idaho: The extent to which the applicant focuses on bringing services and solutions to Idaho's rural and/or medically underserved populations
- Specialty: The applicant's chosen specialty and the need for that specialty in Idaho
- Personal Statement: The strength of an applicant's personal statement and the extent to which an applicant's goals further the goals of the IMA Foundation

On behalf of IMA Foundation President Keith Davis, MD and the members of the IMA Foundation Board, congratulations to the following award recipients:

Brandon Comish, University of Washington School of Medicine Residency Program: Idaho State University Family Medicine Residency

Daisha Orchard, University of Utah School of Medicine Residency Program: University of Utah  
Psychiatry Residency Idaho RTT

Eric Donahue, University of Washington School of Medicine. Post-Residency Employment: West  
Valley Medical Center Caldwell

Brian Hansen, Family Medicine Residency of Idaho. Post-Residency Employment: Bingham  
Memorial Hospital Blackfoot

This year there were extremely well-qualified applicants and the competition was fierce. The Foundation Board was very impressed with all the applicants and is truly thrilled with the caliber of new physicians practicing in Idaho. Good luck to each of the recipients in the upcoming year!



**Idaho Medical Association**

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