IMA WIRE Newsletter

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Idaho Moves Back to Stage 3 Amid Healthcare Capacity Constraints

On Oct. 26, Governor Brad Little signed a **statewide public health order** moving Idaho back into a modified Stage 3 of the Idaho Rebounds plan as healthcare facilities throughout the state face alarming demand and capacity constraints due to increasing COVID-19 spread.

Under the new Stage 3:

• Indoor gatherings are limited to 50 people or less.

• Outdoor gatherings are limited to 25-percent capacity.

• Physical distancing requirements are in place for gatherings of all types.
• Long-term care facilities will not be allowed to operate without requiring masks on their premises.
• There will be seating only at bars, restaurants, and nightclubs. Nightclubs can only operate as bars.
• Employers should continue to protect at-risk employees by allowing telework or by making special accommodations for these individuals in the workplace.
• All individuals and businesses should follow recommended protocols for minimizing transmission of the virus available at **Rebound.Idaho.Gov**.

Gov. Little said the new order does not mean the economy is on lockdown, it does not mean in-person church services will end and it does not mean travel is restricted in and out of the state. He also does not believe schools should go to full remote learning.

As of Nov. 3, Idaho has had 65,845 total confirmed and probable cases of COVID-19 and 632 deaths.

You can view the Idaho DHW COVID-19 data dashboard **HERE**.

It’s About Time – 2021 New and Established E/M Updates

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

Since the implementation of the 1995 guidelines, most evaluation and management (E/M) services have had a ‘typical time’ published as part of the code definition. Depending on where the service took place, the time rules had distinctions in the language to define what constituted face-to-face, non-face-to-face, and unit/floor time. Most of the outpatient E/M services only allowed the provider to count the face-to-face time, meaning the direct patient to provider time. In the hospital setting, the time included unit-floor, which expanded the definition to activities both at the bedside and in the unit, specific to the patient’s needs. In more recent times, we have seen updates to E/M series that include time as a driver for non-face-to-face services; telephone services, online digital, and interprofessional consults to name a few, yet this will be the first year CPT has integrated better language to address the reality of actual time spent in two of the most utilized E/M categories, outpatient new and established services.

One of the most visible changes is the deletion of 99201, the lowest level new patient service. For the upcoming year, practices will have the following four codes to choose from levels 99202 – 99205 as an initial outpatient service. The established series will remain the same with five levels, with the lowest level not requiring the presence of a physician and reserved for a minimal service. Note the time element, once defined as a typical time, have all revised to time ranges (see table below). Outpatient new and established codes are the only two E/M categories where these ranges are found and coincide with a new parenthetical definition – Total time on the date of the encounter. As in previous years, counseling and/or coordination of care will no longer have to drive the code to achieve time as a primary element. The new definition was jointly developed by the AMA and CMS to include the provider's time both during the patient visit, but also the time before and after. CPT states the following activities qualify to count towards the total time:

• Preparing to see the patient (review of tests or records)
• Obtaining and/or reviewing separately obtainable history
• Performing a medically appropriate examination and/or evaluation
• Counseling and educating the patient/family/caregiver
• Ordering medications, tests, or procedures
• Referring and communicating with other health care professionals (when not separately reported)
• Documenting clinical information in the electronic health record or other health record
• Independently interpreting results (not separately reported) and communicating test results to the patient, family, or caregiver
• Care coordination (not separately reported)

Note this definition is only applicable to the new and established patient series while other major CPT categories will remain as face-to-face time and unit-floor time (emergency room remaining the same with no time). These will also be the only two categories (based on the 2021 AMA rules), that allow for the provider to choose either time or medical decision making, to drive the code selection. History and exam will no longer be counted and redefined in the guidelines as medically appropriate as determined by the provider.

The CMS final rule will set forth any additional categories that might adopt these rules, yet based on the CPT publication, it seems very unlikely for 2021. Idaho providers are encouraged to reach out to the private payors for direction, to understand their plan to navigate the new rules pertaining to the new and

established outpatient series. **View the AMA's guidance for the January 1, 2021 implementation date**. The IMA will be hosting a webinar, mid-December, to review the details of the CMS final rule.

New & Established E/M Codes	2021 Time
99202	15-29
99203	30-44
99204	45-59
99205	60-74
99211	N/A
99212	10-19
99213	20-29
99214	30-39
99215	40-54

FBI Warns Healthcare Providers and Hospitals about "Imminent Cybercrime Threat"

The Federal Bureau of Investigation (FBI) and two **federal agencies are warning** of an "imminent cybercrime threat" to US hospitals and health care providers, noting that several hospitals across the country have already been hit. In a joint advisory, the Cybersecurity and Infrastructure Security Agency (CISA), FBI and the U.S. Department of Health and Human Services (HHS) said they have "credible information" that cybercriminals are taking new aim at health care providers and public health agencies as the COVID-19 pandemic reaches new heights. "Malicious cyber actors" may soon be planning to "infect systems with Ryuk ransomware for financial gain" on a scale not yet seen across the American healthcare system.

Hospitals, physician practices, and public health organizations should take "timely and reasonable precautions to protect their networks from these threats." Malware targeting techniques often lead to "ransomware attacks, data theft, and the disruption of healthcare services." The agencies recommend several mitigation steps and best practices for health care entities to take to reduce their risk, including the following:

-Patch operating systems, software, and firmware as soon as manufacturers release updates.
-Regularly change passwords to network systems and accounts and avoid reusing passwords for different accounts.
-Use multi-factor authentication where possible.
-Disallow use of personal email accounts
-Disable unused remote access/Remote Desktop Protocol (RDP) ports and monitor remote access/RDP logs.
-Identify critical assets; create backups of these systems and house the backups offline from the network.
-Set antivirus and anti-malware solutions to automatically update; conduct regular scans.

The **AMA and the American Hospital Association (AHA)** have created two resources to help physicians and hospitals guard against cyber threats. Those resources and additional cybersecurity information can be found at the **AMA's cybersecurity webpage**.

New AMA Survey Finds Physician Practice Viability Under Threat

The viability of physician practices remains under threat as the battle against the COVID-19 pandemic takes a new turn with record levels of cases being reported across the United States. A new nationwide physician **survey** issued by the American Medical Association shows medical practices have been economically stressed by the public health crisis with a 32% average drop in revenue.

The AMA's nationally representative survey of 3,500 physicians, administered from mid-July through August 2020, illustrates precarious trends and realities that physicians face as they continue to respond to the COVID-19 pandemic.

Financial Impact
• 81% of physicians surveyed said revenue was lower than in February. Revenue reductions were 50% or greater for nearly 1 out of 5 physicians.

Patient Volume
• 81% of physicians were providing fewer in-person patient visits than in February. In-person patient visits decreased 50% or greater for more than one-third of physicians.
• Despite increased telehealth visits since February, almost 7 out of ten physicians were providing fewer total visits (in-person + telehealth). Total patient visits decreased 50% or greater for more than 1 out of 5 physicians.

Practice Expenses
• Spending on personal protective equipment (PPE) since February increased 50% or greater for nearly 2 out of 5 medical practice owners.
• 36% of physicians said that acquiring PPE was very or extremely difficult, especially for smaller practices that lack purchasing power to compete with larger health systems.

According to the impact survey, most medical practice owners reported that the federal financial assistance programs offered early in the pandemic were very or extremely helpful. The AMA continues to work with Congress for additional COVID-19 relief, including more funding for the U.S. Department of Health and Human Services (HHS) Public Health Emergency Fund and the Paycheck Protection Program for small businesses, as well as extending relief from the Medicare sequester and Medicare payment cuts planned to offset improved payments for office visit services through at least 2021.

Deadline Approaching to Apply for Additional COVID-19 Provider Relief Funds

HHS is disbursing another $20 billion in CARES Act Provider Relief Funds. Under this Phase 3 General Distribution allocation, physicians who have already received Provider Relief Fund payments may apply for additional funding that considers financial losses and changes in operating expenses caused by the coronavirus. Recognizing that the COVID-19 pandemic has increased anxiety and depression in the country and behavioral health providers have continued to provide care through telehealth and other means, HHS is also announcing that the nation's behavioral health care providers, including psychiatrists, are eligible for funding. Previously ineligible physicians, such as those who began practicing in 2020, will also be eligible to apply.

Physicians have until Nov. 6 to **apply** for Phase 3 General Distribution funding.

Verify Your APM Incentive Payment for 2020

If you participated in an **advanced alternative payment model** (APM) under the 2018 Quality Payment Program (QPP), the IMA encourages you to take action now to verify that you have received your 5% APM incentive payment for 2020.

The Centers for Medicare & Medicaid Services (CMS) has begun disbursing the 5% bonus to more than 183,000 clinicians nationwide who achieved “qualifying APM participant” status during the 2018 QPP performance year.

However, more than 22,000 of those clinicians risk not receiving that bonus because CMS has been unable to verify their billing information. The deadline to provide correct billing information is **Friday, Nov. 13**, CMS said.

Verify that you have received a payment by signing in to the **QPP portal** or by contacting your APM administrator. If you should have received a bonus but did not, check CMS’ **public notice** and refer to the Excel spreadsheet linked within the document to review the list of unpaid clinicians and National Provider Identifiers.

If you are on the list, complete the “2020 Incentive Payment Billing Information Collection Form” on the fourth page of the public notice and submit it to the QPP Help Desk by email at **QualityPaymentProgramAPMHelpdesk@cms.hhs.gov** no later than Nov. 13. Note that this is the only method and email address CMS will use to verify billing information.

Complete details can be found in the **2020 APM Incentive Payment Fact Sheet** (zip file). For answers to your APM questions, contact the QPP Service Center at (866) 288-8292.

Mandatory PDMP Check Now in Effect

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 went into effect on Oct 1, 2020.

The Board of Pharmacy has released a PDMP FAQ, the IMA encourages you to review this document. Questions relating to mandatory checking can be sent to BOP Executive Director, Nicki Chopski at

Nicki.chopski@bop.idaho.gov.

Call for Nominations! IMA Vice Speaker Appointment

You are encouraged to submit your name! The position of Vice Speaker on the IMA Board of Trustees is up for appointment. Per IMA bylaws, when the Speaker of the House position was vacated this summer the Vice Speaker, Dr. Daniel Reed, automatically assumed the position of Speaker of the House. Therefore, we now have a vacancy for the position of Vice Speaker.

The IMA Board will appoint an individual to fill the remainder of the Vice Speaker two-year term, and the position will be up for election again in October 2021. **Any IMA active member may seek appointment to this open position, and we encourage your involvement!**

Service on the IMA Board of Trustees allows you to provide policy input and guidance to the organization at the direction of the House of Delegates. The IMA Board meets four times per year, two Board meetings are held in Boise, specifically, in February and July. The third meeting is part of a Board retreat which is held in April/May and the fourth meeting is during the IMA House of Delegates Annual Meeting in October. All travel, hotel, and meal expenses related to Board meetings are paid for and/or reimbursed per policy. Spouses or guests are invited to participate in all social events included with Board meetings. Due to the factors surrounding the COVID-19 pandemic, some or all these meetings may be held virtually.

The following briefly describes the qualifications and responsibilities of this position:

- Vice Speaker shall act as Speaker in the absence of, or at the request of, the Speaker.
- Should the office of Speaker become vacant, the Vice Speaker shall preside during the unexpired term.
- The Vice Speaker shall be a member of the Board.

If you are interested in serving on the IMA Board, please complete the **Nomination Form** and email it to **rebecca@idmed.org** or fax it to 208-344-7903 by **November 30, 2020.**

IMA Vice Speaker Nomination Form

IMA Board of Trustees Election Nominations – District Five

The District Five Trustee position on the Idaho Medical Association Board of Trustees is now up for election for a four-year term and for re-election in 2024. The current District Five Trustee, Steven Kohtz, MD is now President-Elect of the IMA which leaves the Trustee seat vacant. Physicians interested in running are encouraged to submit their names to appear on the ballot. The District Five Trustee represents all IMA physicians in Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls Counties.

Click here for more details about this position.

If you have any questions, please contact the IMA at 208-344-7888 or **rebecca@idmed.org**. If you are interested in running for this position, please complete the survey link below and your name will appear on the official ballot to be sent electronically to all eligible voting members of Mini Cassia, South Central & Wood River Medical Societies.

District Five Trustee Nomination Form

Addiction Medicine Fellowships in Idaho

The Family Medicine Residency of Idaho and the University of Washington Internal Medicine Residency are both launching collaborative **Addiction Medicine Fellowships** to begin in late June 2021. Applications for the two fellowships are being accepted now through ERAS. Expertise in addiction medicine is needed throughout Idaho and these fellowships can add skills to the toolbox of practicing physicians. Both fellowships are one-year long, based out of Boise.

If you are interested in learning more, please visit the program websites or email the fellowship directors:

- Family Medicine Residency of Idaho, Addiction Medicine Fellowship Director, Dr. Todd Palmer **Todd.Palmer@FMRIdaho.org**; **https://www.fmridaho.org/residency/fellowship/addiction-medicine/**
- University of Washington, Addiction Medicine Fellowship Director, Dr. Jake Harris, **Jacob.Harris@va.gov**, **https://medicine.uw.edu/education/boise-addiction-medicine-fellowship**

CMS Finalizes Insurer Transparency

On Oct. 29, the Trump Administration finalized its **Transparency in Coverage rule**. The final rule is part of a larger effort to ensure price transparency across the healthcare sector. The Transparency in Coverage rule moves to require significant public disclosures of the prices of items and services by private health insurers.

The final rule has two key components:

Requires group health plans and health insurance issuers in the individual and group markets to disclose to all participants/beneficiaries/enrollees cost-sharing information for covered items and services.

- This requirement will be phased in, with cost-sharing information for 500 “shoppable” services to be provided starting January 1, 2023 and cost-sharing for all items and services to be provided staring January 1, 2024
- This information will be provided through self-service tools provided to individuals participants/beneficiaries/enrollees and in paper form

Requires plans and issuers to disclose the following pricing information to the public:

- Payment rates negotiated between plans/issuers and providers for all covered items and services
- Amounts allowed by plans/issuers for items and services furnished by out of network providers
- Prescription drug pricing information

The American Medical Association is still reviewing the final rule, but it appears many of the provisions included in the proposed rule were finalized. In comments on the Transparency in Coverage proposed rule, the AMA supported efforts to provide more thorough disclosure of cost-sharing information to patients, including co-payment and deductible information, along with any limitations on coverage such as prior authorization requirements. The AMA opposed efforts to compel disclosure of negotiated rate information, raising concerns about the impacts on competition.

Medicare Coverage and Payment of Vaccines and Therapeutics

The Centers for Medicare & Medicaid Services (CMS) issued a fourth COVID-19 **Interim Final Rule** with Comment, which provides coverage and payment details for COVID-19 vaccines and therapeutics. Medicare will cover the cost of COVID-19 vaccines and their administration and will waive out-of-pocket costs for both traditional fee-for-service beneficiaries and beneficiaries enrolled in Medicare Advantage plans. Medicare will pay physicians $28.39 to administer coronavirus vaccines. For vaccines that require two doses, Medicare will pay $16.95 for the first dose and $28.39 for the second dose. These rates will be geographically adjusted. The rule also requires Medicaid, Children's Health Insurance Program agencies, and most private health plans to administer the vaccine at no cost to patients during the public health emergency. The Department of Health and Human Services will cover the vaccine and its administration for any uninsured individuals through the CARES Act Provider Relief Fund. The press release announcing the RFI acknowledges " CMS and the American Medical Association (AMA) are working collaboratively on finalizing a new approach to report use of COVID-19 vaccines, which include separate vaccine-specific codes. Providers and insurance companies will be able to use these to bill for and track vaccinations for the different vaccines that are provided to their enrollees."

Additional notable provisions in the interim final rule include:
• Physicians and other health care professionals who perform COVID-19 diagnostic tests must post their cash prices online via their website.
• CMS will pay hospitals add-on payments in the inpatient and outpatient settings for COVID-19 therapeutics.
• CMS also extends for six months the Comprehensive Care for Joint Replacement (CJR) model, which will now end on Sept. 30, 2021.

The rules are effective immediately and have a 60-day comment period. CMS released additional information including a **fact sheet**, **COVID-19 vaccine resources**, and **FAQs** on billing for therapeutics.

NEW IMA Webinar Education Series

AAPC CEU APPROVED

Staying Revenue Positive - Understanding Telehealth and Virtual Services During the Pandemic (1 CEU)
Wednesday, November 18, 2020, 12:15 – 1:15 pm (MT)

IMA is excited to announce that we have added a **NEW** IMA Education Series webinar for you to take advantage of this year!

Provided is a brief overview of what will be discussed:
• This webinar will cover documentation requirements for telehealth and virtual services including E/M services, telephone calls, emails, and quick check-in's

• Attendees will learn how the different payors are covering certain services and opportunities to manage patient care using technology

• Links will also be provided to track rules and regulations of major payors as we enter 2021 and the CARES Act is extended

Register today to join IMA Reimbursement Consultant Jana Weis, DipCom, CPC, Principal, Gill Compliance Solutions on November 18. Don't miss this valuable and informative webinar! This webinar will be presented via Zoom, 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**. Questions? Contact the IMA at 208-344-7888 or **rebecca@idmed.org**.

ONC Extends Deadline for Implementing Info Blocking Rule

The Office of the National Coordinator for Health IT (ONC) announced it is extending compliance deadlines for certain information blocking and health IT certification requirements. Originally, ONC's Information Blocking Rule required all Actors—including physicians and hospitals—to come into compliance with information blocking requirements by November 2, 2020. Responding to the AMA's advocacy efforts requesting additional time and flexibility due to the COVID-19 pandemic, **ONC's interim final rule** now pushes the information blocking compliance date to **April 5, 2021**.

In anticipation of physician compliance with ONC's information blocking rule, the AMA has created a two-part educational resource. **Part 1** outlines what information blocking is, key terms to know, examples of information blocking practices, and a summary of exceptions for when physicians may restrict access, exchange, and use of electronic health information. **Part 2** will help physicians start down the path of compliance, including questions to consider, considerations for maintaining a compliance program, and next steps. The AMA will continue to update these resources as the federal government releases new guidance.

Part 1: What is Information Blocking
Part 2: How do I comply with Information Blocking and where do I start?

IMA/ACMS Virtual Physician Legislative Meeting

Thursday, November 12, 6:30-8:00 pm

The 2021 Idaho Legislative Session is almost upon us and healthcare legislation will again be a major issue. The Idaho Medical Association and Ada County Medical Society invite ACMS members to participate in a ***virtual*** evening of robust discussion of healthcare in Idaho. This is a great opportunity to

share IMA legislative priorities with key policymakers. We will provide an overview of our 2021 legislative agenda, established by the IMA House of Delegates, as well as updates on other statewide healthcare initiatives.

During the meeting, we will break members and legislators into breakout rooms by district so you can share your personal stories about how COVID-19 has affected your practice and what impact the decisions at the Statehouse make on your profession. These kind of personal relationships can have a powerful impact on legislators as they hear from their constituents.

If you would like to participate in this valuable event, please RSVP to Steve Reames, 208-336-2930 or **director@adamedicalsociety.org** and dial-in instructions will be sent to you.

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** or 208-344-7888.

Get Your 2020 IMA Directory of Idaho Physicians

Last chance to order your complimentary copy of the 2020 IMA Directory of Idaho Physicians! We have a few copies left that are ready to deliver to you! IMA is happy to provide the Directory as a free IMA membership benefit; you can also order additional copies for a discounted price of $40. Non-members can purchase copies for $140.

Fill out this form to order your directory today!

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