



IMA WIRE Newsletter

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AMA Asks Congress to Correct CARES Act Taxation Penalty

The AMA signed onto [a letter](#) with a wide-ranging coalition of nearly 20 health care provider organizations that represent doctors, nurses,

hospitals, dentists and more, calling on congressional leaders to fix a taxation penalty embedded in the CARES Act. Without congressional action, many providers will lose more than a fifth of the grant funds approved by Congress to sustain lifesaving care during the COVID-19 pandemic.

The groups are asking lawmakers to correct unintentional tax consequences of policies meant to provide vital funding to health care providers through the Public Health and Social Services Emergency Fund (also referred to as the Provider Relief Fund) and other programs as part of the nation's response to the COVID-19 pandemic.



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Medicaid Implements Changes to ASC Payment Methodology

The Idaho Legislature approved, and Governor Little signed into law, Senate Bill 1418, which includes a provision to change Idaho Medicaid reimbursement for Ambulatory Surgical Centers (ASC). Effective July 1, 2020, the methodology for payments for ASCs will change from using 12 payment levels to being priced at 90% of Noridian Healthcare Solutions ASC Payment Rates.

[Click here to view the updated fee schedule.](#) If you have any questions on claims and billing information, please contact your DXC representative or contact DXC Technology at 1 (866) 686-4272. If you have any questions regarding pricing of these codes, please contact the Office of Reimbursement at MedicaidReimTeam@dhw.idaho.gov.

Medicare Coverage of COVID-19 Testing for Nursing Home Residents and Patients

On June 19, the Centers for Medicare & Medicaid Services (CMS) instructed Medicare Administrative Contactors and notified Medicare Advantage plans to cover coronavirus disease 2019 (COVID-19) laboratory tests for nursing home residents and patients.

This instruction follows the Centers for Disease Control and Prevention's (CDC) recent update of [COVID-19 testing guidelines for nursing homes](#) that provides recommendations for testing of nursing home residents and patients with symptoms consistent with COVID-19 as well as for asymptomatic residents and patients who have been exposed to COVID-19 in an outbreak. Original Medicare and Medicare Advantage plans will cover COVID-19 lab tests consistent with CDC guidance.

Medicare Advantage plans must continue not to charge cost sharing (including deductibles, copayments, and coinsurance) or apply prior authorization or other utilization management requirements for COVID-19 tests and testing-related services.

[Read the Medicare Learning Network article](#)

[Read the memo to Medicare Advantage plans](#)

Order the 2020 IMA Directory of Idaho Physicians

Your complimentary copy of the 2020 IMA Directory of Idaho Physicians is here and 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.

[Fill out this form](#) to order your directory today!

IMA Endorsement Success in 2020 Idaho Primary Election

The May 2020 Idaho Primary election marked the state's first all-mail election and garnered a historic voter turnout. 334,713 Idahoans, or about 38.1% of registered voters, cast a ballot in the 2020 primary, according to the [Idaho Secretary of State's website](#).

According to the [Idaho Press](#), the election had the largest participation ever in a statewide primary election, which is partially due to population increase. But the 38.1% participation represents the highest turnout, by percentage, of registered voters since 1980, when 41% of voters cast primary ballots.

Click [HERE](#) to see the election results for the candidates who the IMA and the Idaho Medical Political Action Committee (IMPAC) endorsed and contributed to. As you can see, over 80% of the candidates we backed were successful. Even so, the overall makeup of the legislature may make it difficult to advocate for a pro-public health, pro-science agenda. The IMA lobby team will work hard, as always, to ensure that the voices of the IMA are heard in the 2021 legislative session.

Medicare Prior Authorization for Hospitals Begins July 1

The Medicare prior authorization program begins July 1, and as of June 17, the Medicare Administrative Contractors (MACs) were required to start accepting requests.

As a reminder, five procedure classes will need prior authorization: blepharoplasty, Botulinum injections in the face, panniculectomy, rhinoplasty, and vein ablation. This new requirement is only for outpatient procedures done in hospital outpatient departments. The MACs have 10 business days to review the documentation and provide a response. Once they review it, they will either give a thumbs up or thumbs down. The Centers for Medicare & Medicaid Services (CMS) will not call it an "approval," only an "affirmation." An affirmation is not a guarantee of payment but will exempt the claim from routine audit.

It is the hospital's responsibility to obtain the prior authorization and to do that, the doctor must provide the hospital with the medical records. CMS has now confirmed that if there is no affirmation for the procedure, the hospital will not get paid, and any associated physician claims will also be denied. If the physician claim gets denied, they must appeal themselves.

It is important to note that this is a nationwide program, but it relies on the local decisions of the MACs. It's important to be aware of the medical necessity standards of the MAC, so check carefully.

Rural Health Care Access and Physician Incentive Program Grants

Grant Guidance and Applications available [HERE](#)

The Rural Health Care Access Program (RHCAP) helps rural Idaho communities improve access to primary medical and dental health care through grants assistance. "Improving access to health care" includes removing barriers that prevent people from obtaining healthcare, strengthening healthcare systems, and developing partnerships to better serve communities. Grants of up to \$35,000 per year for a maximum of one year may be awarded to eligible entities serving areas designated as Health Professional Shortage Areas and Medically Underserved Areas.

Applicants may submit grant proposals that improve access to healthcare in any of the three assistance categories:

- Telehealth projects

- Community development projects

- Other: Loan repayment for primary/dental care providers, recruitment incentive, and/or reimbursement of relocation expenses for primary/dental care providers.

Applicants must be a non-profit organization registered with the Idaho Secretary of State or government organization. Individuals may not apply for RHCAP funds. The application cycle begins on July 1 of each year and ends on August 30 of that same year.

The Rural Physician Incentive Program (RPIP) was successfully transitioned from the Office of the State Board of Education to the Bureau of Rural Health & Primary Care. RPIP provides loan repayment for qualifying physicians serving Health Professional Shortage Areas in Idaho. The program is focused on physicians providing primary care medicine, family medicine, internal medicine, and pediatrics. RPIP is funded by fees assessed to physicians attending the University of Washington and University of Utah medical schools in state-supported seats.

Physicians may receive a maximum of \$100,000 over four years to put towards their academic debt. Preference is given to eligible physicians who paid into the RPIP fund, however, funding is not limited to these candidates. RPIP award decisions are made by the Health Care Access and Physician Incentive Grant Review Board. The application cycle begins on July 1 of each year and ends on August 30 of that same year.

For more information about RHCAP or RPIP, click [here](#).

MIEC Returning Over \$2.4M in Premium Relief to Policyholders

MIEC-insured physicians and other healthcare providers are challenged both professionally and financially by the continuing effects of the COVID-19 pandemic.

MIEC has already granted extension on invoice due dates; however, recognizing the unprecedented reduction in practice volume caused by the pandemic and to provide further relief to insureds, MIEC is granting a one-time 5.8% credit against annual premium for all active policyholders with in-force coverage as of May 1. In arriving at this credit, it was assumed that MIEC policyholders incurred an average practice reduction of 50% over a 90-day period.

IMAFS Financial Tip



IMA Financial Services hopes you are safe and healthy during these unusual times.

On June 23rd, Notice 2020-51, Guidance on Waiver of 2020 Required Minimum Distributions was issued from the IRS.

There is a major piece of this notice that anyone who took a Required Minimum Distribution (RMD) should be aware of. It states that RMD's taken this year and returned prior to August 31, 2020, are allowed (not subject to 60-day rules) and do not get counted for the one rollover per twelve-month rule.

If you took a RMD this year and would like to discuss if it is in your best interest to return it, contact IMA Financial services. Your IMA membership includes an initial no-cost tax evaluation with an IMAFS advisor. Contact IMAFS today at 208-336-9066 or [IMAFS.org](https://www.imafs.org).

Physicians Can Opt-Out From 2020 MIPS Program

CMS has announced that physicians will have the option to opt-out completely or partially from the 2020 Merit-based Incentive Payment System (MIPS) program by completing a hardship exemption application and indicating it is due to the COVID-19 Public Health Emergency (PHE). Individual clinicians and group practices have until December 31, 2020 to complete the [hardship application](#).

CMS plans on providing physicians with a couple of options on the hardship exemption application. For example, a practice may submit a hardship application and indicate that they do not want to be scored on Cost and Quality and have their score calculated based on just Promoting Interoperability and Improvement Activities. Alternatively, practices may submit a hardship application and opt-out of all four performance categories and be held harmless from a 2022 payment adjustment. Submitting any MIPS data to CMS will override the hardship exemption application and physicians will be scored on their submission.

The American Medical Association (AMA) is pleased CMS took AMA's recommendation to create flexible reporting options in 2020 with the option to reweight any or all of the MIPS performance categories. The

flexibilities should assist with allowing practices to focus their attention on caring for patients during the pandemic and reduce administrative burden.

Pre-Order Your 2020 Coding, Billing and Essential Reference Guides Today!

Who doesn't want to accurately increase reimbursement and work with the secure knowledge that your claims are coded correctly? Your staff needs the most accurate coding and billing information and, as an IMA member, you're offered the membership benefit of discounted coding books.

The CPT® Professional 2021 Edition from AMA provides guidelines and illustrations that other publishers may not provide and includes information that is helpful in determining that the most accurate code is submitted for the procedure or service performed. We also offer Optum 360° to include Optum's CPT® coding book. The Optum CPT® book costs less than the AMA book and is a good coding resource to have for additional coders.

New This Year: The E/M Office Visit Compendium 2021. CPT® E/M (Evaluation & Management) codes are changing significantly for office visits for the 2021 code set year. Be sure to purchase this valuable resource for understanding changes to CPT® coding for office and outpatient visits.

IMA offers resources that are focused on specialty coding, such as procedures in cardiology, gastroenterology, OB/GYN and dermatology. We also provide resources that explain modifiers and how they should be used as well as MACRA, HIPAA and more.

IMA is now accepting pre-orders for 2021 coding books: [Click here to pre-order 2021 coding resources](#).

If you would like to inquire about a specific book that is not featured here, please contact Rebecca Adams at rebecca@idmed.org or 208-344-7888. Books will be shipped once they are released from the publisher.

The Neighborhood Navigator: A Tool to Address Social Determinants of Health

The [Neighborhood Navigator tool](#), available on the American Academy of Family Physicians (AAFP) website, can help bridge the gap between screening and identifying Social Determinants of Health (SDoH) barriers and helping your patients address them. The tool was developed as part of the AAFP's [The EveryONE Project](#), which focuses on providing family physicians with education and resources to address SDoH and can be used to help pair patients with those resources that might be useful for them.

The Neighborhood Navigator tool, which can be used at the point of care, uses geographic information system (GIS) technology to identify resources for patients. All you need to do is enter your patient's ZIP code, and a list of dozens, if not hundreds, of resources will be provided to help address SDoH issues with your patients. The resources are automatically broken down into categories, such as food and

nutrition, education, transportation, and mental health. You can filter even further, for example, by types of insurance accepted, whether special pricing is available, languages spoken or distance. It's also possible to search for more complex resources, from residential addiction treatment or detox programs to finding affordable childcare options for working mothers.

The tool also features a tab that automatically keeps track of all the patients for whom you've provided resources. That allows you, as the doctor, to stay informed about the referral process. You'll be able to keep track of whether patients have made the suggested contacts, and you can reach out to the referral site. You can also remind your patients to follow up with necessary resources. With all its capabilities and conveniences, the Neighborhood Navigator is a powerful tool that helps physicians work toward addressing SDoH issues.

Wellness Resources for Providers



As you continue to take care of Idaho, please take care of yourself! The IMA Foundation has helped temporarily 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.

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

Office of Inspector General (OIG) Work Plan

Office of Inspector General (OIG) updated its website with audit projects that were added in June. The IMA encourages practices to monitor this website monthly to view recently added projects and provide staff education and training as needed to ensure proper billing. Some of the projects that the OIG plans to review include:

Advanced Care Planning Services (CPT 99497 and 99498)

The OIG will be reviewing these services to determine if the documentation supports a face to face encounter occurred and the time spent performing care planning services. Historically, these services have been associated with a high payment error rate.

[Guidance on Advanced Care Planning Services](#)

Medicaid—Telehealth Expansion During COVID-19 Emergency

As a result of the coronavirus disease 2019 (COVID-19) pandemic, State Medicaid programs have expanded options for telehealth services. Rapid expansion of telehealth may pose challenges for State agencies and providers, including State oversight of these services. Our objective is to determine whether State agencies and providers complied with Federal and State

requirements for telehealth services under the national emergency declaration, and whether the States gave providers adequate guidance on telehealth requirements.



Idaho Medical Association

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