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Idaho Medical Association

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IMA Wire

September 1, 2019

Comments Sought on Medicaid Waiver Requiring Work Reporting As IMA reported to you at the end of the 2019 legislative session, lawmakers passed a bill to add work reporting requirements to Idaho's voter-approved Medicaid expansion. Therefore, the Idaho Department of Health and Welfare (DHW) has prepared a Section 1115 Medicaid Waiver, which is an application to the federal government to require work reporting. As a part of this process, DHW will accept public comments through September 22.

The IMA Board of Trustees adopted policy on Medicaid expansion that states IMA will not support any provisions that:

- Lead to delayed implementation of Medicaid expansion
- Add administrative burdens and costs to the state in administering Medicaid expansion
- Take away coverage from eligible individuals or are punitive in nature

The provisions in the work reporting waiver will not lead to delayed implementation of Medicaid expansion in Idaho, but will undoubtedly add administrative burdens and costs to the state that could otherwise go toward helping Idahoans. In states where work reporting requirements have been enacted, thousands of otherwise eligible Medicaid recipients lost health coverage, and some even lost their jobs. In addition, work reporting requirements imposed by some states have been deemed illegal in federal court.

Please consider submitting a comment to the Idaho Department of Health & Welfare voicing your opinion on this Section 1115 Medicaid Waiver to implement work reporting requirements in Idaho. Submit your comment [here](#).

Two public hearings will also be held September 3 and September 6.

- September 3, 1-3 p.m., Lincoln Auditorium, Idaho State Capitol

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Learn more

September 6, 1-3 p.m., East Conference Room, Joe R. Williams Building, 700 W. State Street.

Participants may call in to either public hearing at (877) 820-7831, #301388

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Johnson & Johnson Ordered to Pay Oklahoma \$572 Million In Opioid Trial
An Oklahoma judge has ruled that drugmaker Johnson & Johnson helped ignite the state's opioid crisis by deceptively marketing painkillers and must pay \$572 million to the state.

Oklahoma sought \$17 billion, blaming Johnson & Johnson's marketing practices for fueling the crisis that has claimed the lives of 6,000 people in the state.

It's the first ruling to hold a pharmaceutical company responsible for one of the [worst drug epidemics](#) in American history.

Judge Thad Balkman delivered his decision from the bench after presiding over an eight-week civil trial in the college town of Norman, Oklahoma.

"Defendants caused an opioid crisis that is evidenced by increased rates of addiction, overdose deaths and neonatal abstinence syndrome in Oklahoma," Balkman said in the ruling.

Johnson & Johnson immediately released a statement saying that the company "plans to appeal the opioid judgment in Oklahoma."

Oklahoma Attorney General Mike Hunter's suit alleged that Johnson & Johnson, through its pharmaceutical subsidiary Janssen, helped ignite a public health crisis that has killed thousands of state residents. Balkman, in the ruling, said the state made its case that Johnson & Johnson contributed to the state's opioid crisis.

Initially, Hunter's lawsuit included Purdue Pharma, the maker of OxyContin. In March, [Purdue Pharma settled](#) with the state for \$270 million, about \$200 million of which will fund an addiction research and treatment center at Oklahoma State University in Tulsa. Soon afterward, [Hunter dropped all but one of the civil claims](#), including fraud, against the two remaining defendants.

Just two days before the trial began, one of those two defendants, Teva Pharmaceuticals, based in Israel, announced an [\\$85 million settlement](#) with the state.

Both companies deny any wrongdoing.

Johnson & Johnson marketed the opioid painkillers Duragesic and Nucynta. Lawyers for the company say that its products were highly regulated by the Food and Drug Administration, among other agencies, and that the state did not provide any evidence showing that the company's sales practices helped fuel the crisis. [Fortier and Mann, *Kaiser Health News*, 8/26]

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Quality Payment Program Exception Applications The 2019 Quality Payment Program (QPP) [Exception Applications](#) for the Promoting Interoperability (PI) performance category and Extreme and Uncontrollable Circumstances for the Merit-based Incentive Payment System (MIPS) are available on the [QPP](#) website.

Promoting Interoperability Hardship Exceptions: If you are participating in MIPS during the 2019 performance year as an individual, group, or virtual group – or participating in a MIPS Alternative Payment Model (APM) – you can submit a [QPP Hardship Exception Application](#) for the PI performance category. You must submit an application by December 31 for CMS to reweight the PI performance category to 0 percent.

Extreme and Uncontrollable Circumstances: MIPS eligible clinicians impacted by extreme and uncontrollable circumstances may submit a request for reweighting the Quality, Cost, and Improvement Activities performance categories. Submit the [application](#) by December 31 for the 2019 MIPS performance year.

For More Information:

- [QPP](#) website

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IMAFS Financial Health Tip



Wisely Diversify your Portfolio: To weather market storms, incorporate academically sound investing principles such as a globally diversified portfolio with a stock/bond allocation appropriate for your risk tolerance and time horizon.

Focus on the Long-term: It can be easy to get caught up in the day-to-day fluctuations of the market. However, it is important to look past these short-term road bumps and envision the long-term goal. Even if a whole fiscal year has a negative return try not to dwell heavily on such outcomes. Since 1974, in a diversified 60% stock/40% bond portfolio, six of the seven negative years recovered losses within one year. The anomaly was of course 2008 which took under three years to recover.

Keep your Emotions in Check: The stock market feeds on investors' emotions. Decisions made at the height of emotions tend to be irrational and can lead to costly mistakes. Take a day or two for your emotions to settle before making investment decisions and consult a financial planner.

Hire a Financial Planner: By hiring a competent financial planner, you will have someone by your side through your entire financial journey, the ups and downs! Seek out a fiduciary such as IMA Financial Services, who will always place your interest first. Our job as financial planners is to offer wise advice and

help you avoid making bad decisions with your hard-earned money. We act as an emotional screen to help you stick to the plan, even during the most frightening market swings.

Your IMA membership includes an initial NO-COST financial check-up with an IMA financial advisor.

Contact IMAFS today at 208-336-9066 or IMAFS.org.



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Order Your 2020 Coding, Billing and Resource Manuals Today! Do you want to accurately increase reimbursement? Or work with the secure knowledge that your claims are coded appropriately and safe from payer audits? Your billing staff will need to start using new codes in the ICD-10 manual on October 1 and the CPT on January 1, so order your copies soon!

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.

The order form for 2020 publications is available on the IMA website at https://www.idmed.org/idaho/Idaho_Public/Resources/Products_and_Services/

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. We are happy to help offices obtain the resources and materials at substantial discounts to keep the money you work so hard to earn. Books are expected to start arriving in late September. Please contact us with any questions today!

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Advanced Imaging Claims Require New Modifiers and G Codes Starting January 1, 2021 – the Protecting Access to Medicare Act (PAMA) requires referring physicians and other qualified healthcare providers to consult Appropriate Use Criteria (AUC) prior to ordering advanced diagnostic imaging services. For Medicare patients, advanced imaging includes:

- Computed tomography (CT)
- Magnetic resonance image (MRI)
- Nuclear medicine
- Positron emission tomography (PET)

January 1, 2020, marks the start of the AUC program educational and operations testing period, at which time Medicare Administrative Contractors (MACs) will begin accepting AUC - related modifiers on claims for advanced diagnostic imaging services furnished to Medicare Part B patients. The voluntary participation period ends December 31, 2020.

What you need to know: In 2020, the Centers for Medicare & Medicaid Services (CMS) expects ordering professionals to begin consulting qualified Clinical Decision Support Mechanisms (CDSMs) prior to ordering advanced imaging services in applicable settings for Medicare patients and providing information to the

furnishing professionals for reporting on their Medicare Part B claims.

Who Must Comply with AUC Program Requirements? Ordering physicians or practitioners will be required to consult a qualified CDSM when ordering an advanced imaging service for a Medicare patient. CDSMs are the electronic portals to access AUC during the patient workup. The CDSM will provide the ordering professional with a determination of whether the order adheres, or does not adhere, to AUC, or if there is no AUC applicable.

The applicable settings (where the imaging service is furnished) include:

- Physician offices
- Hospital outpatient departments (including emergency departments)
- Ambulatory surgical centers (ASCs)
- Independent diagnostic testing facilities

The applicable payment systems include:

- Physician Fee Schedule
- Outpatient Prospective Payment System
- ASC

Exceptions to the CDSM requirement include:

- The ordering professional has a significant hardship
- The patient has an emergency medical condition
- The patient is an inpatient and the service will be billed under Part A

Which Codes and Modifiers? During the test phase of the program, MACs will not deny claims for failing to include AUC - related information or for misreporting AUC information on non-imaging claims. Full AUC program implementation is expected January 1, 2021. For a complete list of the new HCPCS Level II modifiers established for the AUC program and the corresponding HCPCS Level II G code(s) to identify the qualified CDSM consulted, click [here](#).

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St. Luke's Opens New Children's Pavilion Hospital administrators at St Luke's in Boise are set to open the new Idaho Elks Children's Pavilion.

The \$42 million 100,000 square-foot center for children's health is located on the corner of Avenue B and Jefferson in downtown Boise and officially opens September 3.

The pavilion is set to unite most of St. Luke's pediatric specialists and services while connecting to the neighboring hospital by sky bridge.

St Luke's says the centralized location will allow families to make one trip to the doctor's office in one day, rather than multiple stops over several days. Administrators explain the collaboration between providers will also provide better, more coordinated care for the physical and emotional needs of young patients.

Katie Apple with St Luke's Children's Hospital says the staff is very excited to open the doors to the children's pavilion.

"We will have about 18 different clinics in the building," she said. "Those are a mix of pediatric sub-specialty services and general pediatric services and then a lot of really neat special features for our patients and families that we don't have today." [Parris, KTVB, 8/23]

See the new pavilion [here](#).

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Improving Mental Health of Children and Adults with

Autism Spectrum Disorder

November 2, 2019

The Water Center, UI - Boise

322 E Front St.

8:00 am - 12:30 pm

Keynote Speaker: Robert Hendren, DO. Professor of Psychiatry, University of California, San Francisco
"Integrating Treatment for Autism Spectrum Disorder Through the Life Cycle"

Autism Panels

- Appropriate Use of Psychiatric Medications in ASD
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- Technology in Autism

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Register [here](#).

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JPS Survey: Rural Hospitals Over-Emphasize Compensation in Physician Recruitment The challenge of recruiting and retaining physicians to work in rural communities has reached a new level of urgency for healthcare providers. While hospital administrators often think compensation is the top factor influencing a physician's decision to practice in a rural setting, a new survey conducted by [Jackson Physician Search](#), shows otherwise.

The research, which involved surveying both rural doctors and health system administrators, indicated that rural hospital administrators over-emphasize compensation and under-emphasize community culture during the physician recruitment process. Only 28 percent of physicians rank compensation as the top factor when considering a rural practice, while 40 percent of hospital administrators rank it the most important factor.

"Compensation will always be a driving factor in recruitment and retention, but this survey confirms how a variety of less easily quantified factors play as important a role in rural physicians' practice location decisions," said Tony Stajduhar, president, Jackson Physician Search. "It's vital for hospital administrators to understand that physicians place heavy emphasis on other aspects such as community and workplace culture when considering accepting a position in a smaller, rural or community health setting or staying in that position—especially as the national physician shortage increases."

Click [here](#) to continue reading about this survey.

As an IMA member, you have access to discounted services from Jackson Physician Search.

Learn more about their services [here](#).

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New Requirements for Filing Medicare Cost Reports On August 21, 2019 Centers for Medicare and Medicaid Services (CMS) released an article stating cost-report submissions that do not include the required documentation will be rejected. This affects RHC's and FQHC's. In August 2018, CMS changed the required supporting documentation that you must submit with the Medicare cost report.

Participating Medicare providers are required under 42 Code of Federal Regulations (CFR) Section 413.20(a) to maintain sufficient financial records and statistical data for proper determination of costs payable under the Medicare program. In accordance with Section 413.20(d), providers must furnish such information to Medicare

contractors as necessary to assure proper payment. Causes cited by CMS contributing to cost report rejection can vary by organization or situation commonly are:

- Teaching Hospitals
- Bad Debt
- Disproportionate Share Hospital (DSH) Eligible Hospitals
- Charity Care and Uninsured Discounts
- Home Office Cost Allocations

Compliance to Cost Report Guidelines is mandatory.

Read the full CMS article here [MLN Matters Number: SE19015](#)

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Idaho Department of Insurance Releases Post-Disaster Claims Guide When it comes to risks in natural disasters and extreme weather, Idaho ranks low in the nation, but no state is immune to devastation.

Wildfires are the most prevalent natural disasters in Idaho and flooding is a close second. While flood season typically begins in the Spring and wildfire season starts around June, disasters can happen anywhere and at any time. The Department recently released its [Post-Disaster Claims Guide](#) Idaho business owners and homeowners can use as a resource should the unexpected happen.

"We urge consumers to meet with their agent and review their coverage to make sure they have the protection they need," said Department Director Dean Cameron.

Should the unexpected occur, the [Post-Disaster Claims Guide](#) can assist you or your business with the following:

- Safe and Sound – Make sure your family is safe. Then secure your belongings to prevent further damage.
- Report a Claim – Report the claim to your insurance company or agent.
- Estimate Damage – Work with your adjuster. If your personal belongings are damaged or destroyed, your adjuster will ask for a list of those items.
- Determine Coverage – The adjuster will help calculate the amount of damage to your home and property.
- Rebuild, Repair & Replace – Work with reputable contractors. Read and understand all contracts before signing. Avoid becoming a victim of fraud.
- Prepare – Start preparing now for you and your family for when the unexpected occurs.

For inquiries contact the Idaho Department of Insurance consumer hotline at 208-334-4319.

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