Idaho Medical Association

Federal and State Legislative and Regulatory Update

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2019 Legislative Review

2019 Session: Progress on health care issues

- Medicaid Expansion – passed via Initiative process on 2018 ballot
- Funded second year of 10-year GME expansion plan at $2.5 million
- No change to Idaho voter initiative process
- Added a Maternal Mortality Review Committee at IDHW
- Expanded access to opioid antagonists

2019 Legislative Review

- Disappointments:
  - Legislature added significant “sideboards” to Medicaid expansion, including work requirements that have proven to be unsuccessful and illegal in some states
  - Continuing scope of practice expansions
  - Mounting opposition to vaccination requirements and tracking database
  - No new regulation on health insurers

2020 IMA Legislative Priorities

- Ongoing Funding of Ten-Year Plan for Residency Expansion
- Support for Ongoing Implementation of Medicaid Expansion without Overly Burdensome Requirements
- Prior Authorization Simplification
- Access to Medication Assisted Treatment (MAT) for Opioid Addiction
- Questions on IMA Resolutions?

10 Year GME Expansion

Economic Impact of Physicians

- **Economic impact of <u>each</u> practicing physician in Idaho**:
  - Supports an average of 12.1 jobs
  - Produces $1.9 million in direct and indirect economic output
  - Generates over $61K per physician in state and local taxes

Source: AMA 2018 Economic Impact Study

10 Year GME Expansion

Economic Impact of Physicians

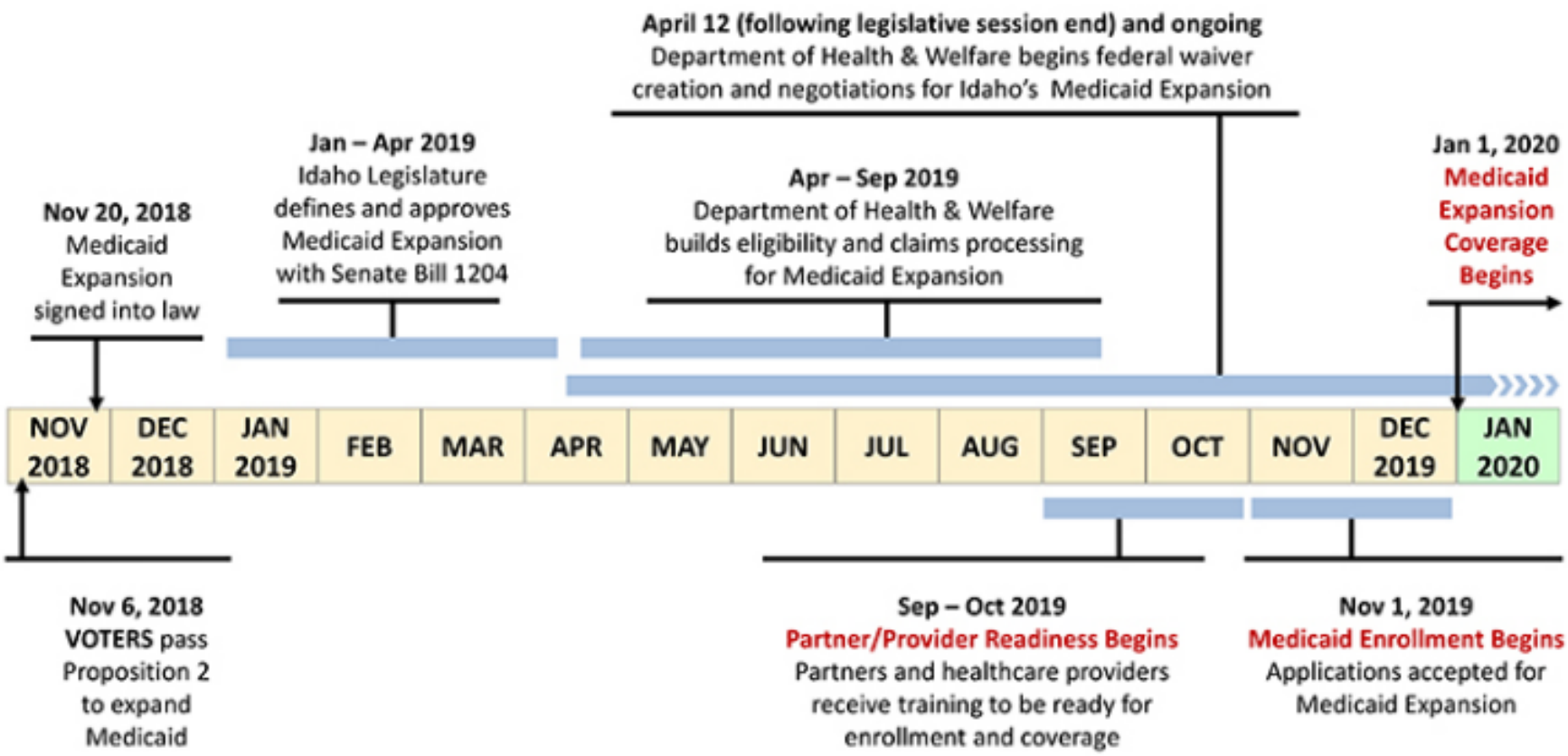
- **Economic impact of <u>all</u> practicing physicians in Idaho**:
  - Support a total of 33,179 jobs
  - Generate $2.5 billion in wages/benefits
  - Produce $5.2 billion in economic activity
  - Generate over $168.6 million in state/local taxes (not incl. federal taxes)

Source: AMA 2018 Economic Impact Study

Medicaid Expansion

- Voters passed Initiative in November 2018 election
- Legislature passed SB 1204 that included “sideboards,” requiring IDHW to file waivers with CMS allowing Idaho to impose work requirements for recipients and to allow recipients to stay on the Idaho insurance exchange
- CMS denied the exchange waiver and is considering the work requirements waiver
- Please encourage your providers and employers to send in comments against work requirements on the IMA messaging tool link you’ll receive from Sara

Medicaid Expansion Timeline



Surprise Billing and Network Adequacy

- IMA does not anticipate surprise billing legislation at the state level
- There is significant work being done at the federal level with multiple bills currently going through the process
- A couple of the bills are heavily weighted toward insurers, but physicians support legislation that provides for an independent dispute resolution process

Prior Authorization Simplification

- Prior Auth = one of the biggest barriers to patient care
- Ongoing meetings with Dept of Insurance, insurers and providers to address ways to lessen the burdens of prior auth
- If discussions do not bear fruit, legislation will likely follow

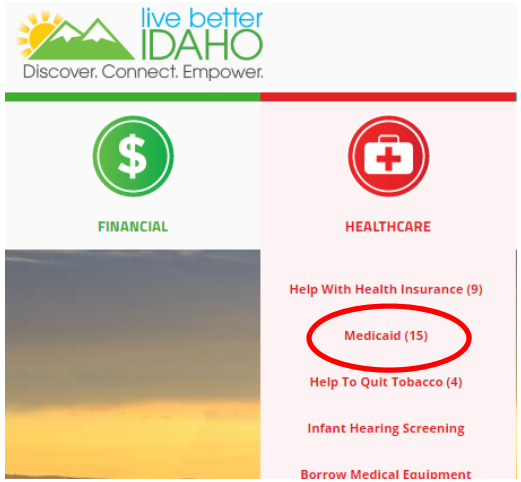
Federal Changes

- Idaho Medicaid Expansion
- How eligible people can apply
  - Starting November 1 – watch website for information

https://medicaidexpansion.idaho.gov/

- Help patients find Healthy Connection primary care provider
  - Click Medicaid then Find Medicaid Primary Care Provider

https://www.livebetteridaho.org/



Federal Changes

- Medicare 2020 Proposed Rule
  - CY 2020 Conversion factor proposal is $36.09
    - CY 2019 = $36.04
    - Increase of 0.14%
  - Evaluation and Management (E/M) office visits
  - Open payments
  - MIPS Value Pathways (MVPs)
  - Opioid Use Disorder (OUD) and treatment programs

CMS Evaluation and Management Proposal

- Revisions only apply to office service E/M codes 99201-99215
  - Retain all 5 codes for established patients
  - Reduce new patient to 4 codes – deleting 99201
  - Revision to code definitions
- CMS developed guidelines in collaboration with AMA
- CMS proposes Medicare specific add-on code for E/M office visits describing complexity associated with visit
  - Proposing new prolonged services code for additional time spent beyond level 5 visit – reimbursed at approximately $35
  - Proposing add-on code for ongoing, comprehensive primary care or single, serious or complex chronic condition(s)

CMS Evaluation and Management Proposal

- Eliminate history and physical as elements for code selection
  - Work in capturing pertinent history and performing a relevant physical exam contributes to both the time and medical decision making
  - Revised code descriptors state a "medically appropriate history and/or examination" is required

CMS Evaluation and Management Proposal

- Choose documentation based on Medical Decision Making (MDM) or total time
  - MDM: approved revisions do not change the three current MDM elements; did provide extensive edits to elements for code selection and revised/created numerous clarifying definitions in E/M guidelines
  - Time: definition of time is minimum time, not typical time, and represents total physician or other qualified health care professional (QHP) time on the date of service
    - The use of date-of-service time builds on the movement over the last several years by Medicare to better recognize the work involved in non-face-to-face services like care coordination
    - Definitions only apply when a code is based on time and <u>not</u> MDM

CMS Evaluation and Management Proposal

AMA and CMS Proposed E/M Changes				
Level	CY 2019 Allow	Proposed CY 2021	Current time	Proposed 2021 time
99201	$42.93	N/A	10 min	N/A
99202	$72.05	$77	20 min	15-29 min
99203	$102.19	$119	30 min	30-44 min
99204	$156.14	$177	45 min	45-59 min
99205	$196.59	$232	60 min	60-74 min
99211	$21.30	$24	5 min	minimal
99212	$42.42	$60	10 min	10-19 min
99213	$70.38	$96	15 min	20-29 min
99214	$103.36	$136	25 min	30-39 min
99215	$138.62	$190	40 min	40-54 min

CMS Evaluation and Management Proposal

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making: Number and Complexity of Problems Addressed	Elements of Medical Decision Making: Amount and/or Complexity of Data to be Reviewed and Analyzed **Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.*	Elements of Medical Decision Making: Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	**N/A**	N/A	N/A	N/A
99202 99212	**Straightforward**	**Minimal** • **1** self-limited or minor problem	**Minimal or none**	**Minimal risk of morbidity from additional diagnostic testing or treatment**

99203
99213
	Low	**Low**
		• **2** or more self-limited or minor problems;
		or
		• **1** stable chronic illness;
		or
		• **1** acute, uncomplicated illness or injury
			Limited
			(Must meet the requirements of at least 1 of the 2 categories)
			Category 1: Tests and documents
			• **Any combination of 2 from the following:**
			  • Review of prior external note(s) from each unique source*;
			  • review of the result(s) of each unique test*;
			  • ordering of each unique test*
			or
			Category 2: Assessment requiring an independent historian(s)
			(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)
				Low risk of morbidity from additional diagnostic testing or treatment

99204
99214
	Moderate	**Moderate**
		• **1** or more chronic illnesses with exacerbation, progression, or side effects of treatment;
		or
		• **2** or more stable chronic illnesses;
		or
		• **1** undiagnosed new problem with uncertain prognosis;
		or
		• **1** acute illness with systemic symptoms;
		or
		• **1** acute complicated injury
			Moderate
			(Must meet the requirements of at least 1 out of 3 categories)
			Category 1: Tests, documents, or independent historian(s)
			• **Any combination of 3 from the following**:
			  • Review of prior external note(s) from each unique source*;
			  • Review of the result(s) of each unique test*;
			  • Ordering of each unique test*;
			  • Assessment requiring an independent historian(s)
			or
			Category 2: Independent interpretation of tests
			• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);
			or
			Category 3: Discussion of management or test interpretation
			• Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)
				Moderate risk of morbidity from additional diagnostic testing or treatment
				
				Examples only:
				• Prescription drug management
				• Decision regarding minor surgery with identified patient or procedure risk factors
				• Decision regarding elective major surgery without identified patient or procedure risk factors
				• Diagnosis or treatment significantly limited by social determinants of health

99205
99215
	High	**High**
		• **1** or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;
		or
		• **1** acute or chronic illness or injury that poses a threat to life or bodily function
			Extensive
			(Must meet the requirements of at least 2 out of 3 categories)
			
			Category 1: Tests, documents, or independent historian(s)
			• **Any combination of 3 from the following**:
			  • Review of prior external note(s) from each unique source*;
			  • Review of the result(s) of each unique test*;
			  • Ordering of each unique test*;
			  • Assessment requiring an independent historian(s)
			or
			Category 2: Independent interpretation of tests
			• **Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);**
			or
			Category 3: Discussion of management or test interpretation
			• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)
				High risk of morbidity from additional diagnostic testing or treatment
				
				Examples only:
				• Drug therapy requiring intensive monitoring for toxicity
				• Decision regarding elective major surgery with identified patient or procedure risk factors
				• Decision regarding emergency major surgery
				• Decision regarding hospitalization
				• Decision not to resuscitate or to de-escalate care because of poor prognosis

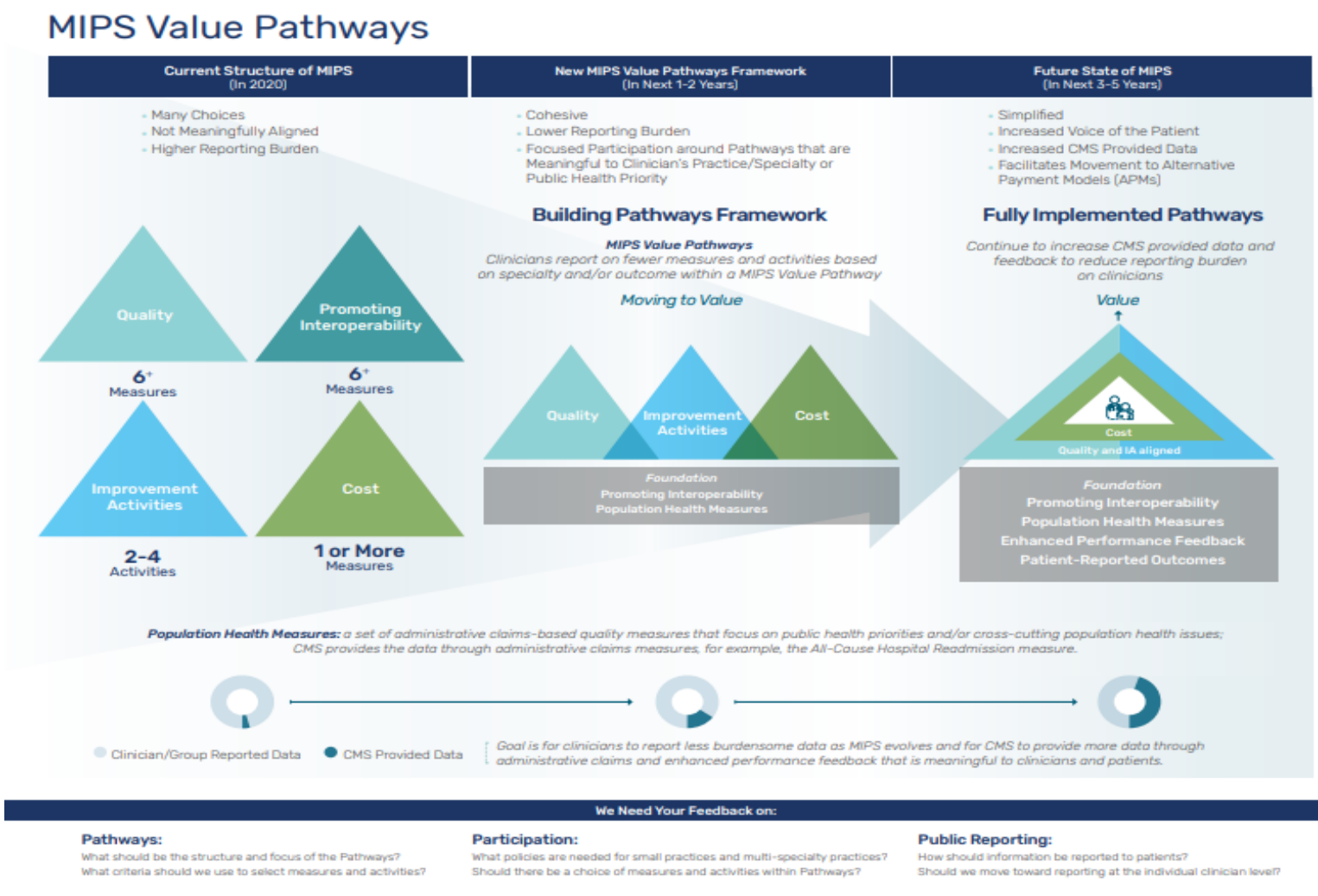
CMS MIPS Proposal

CMS is proposing MIPS Value Pathways (MVPs) to create a new participation framework beginning with the 2021 performance year. The new framework would:

- Unite and connect measures and activities across the Quality, Cost, Promoting Interoperability, and Improvement Activities performance categories of MIPS
- Incorporate a set of administrative claims-based quality measures that focus on population health/public health priorities
- Streamline MIPS reporting by limiting the number of required specialty or condition specific measures

MIPS Value Pathways

https://qpp-cm-prod-content.s3.amazonaws.com/uploads/587/MIPS%20Value%20Pathways%20Diagrams.zip



CMS MIPS Proposal

- No changes to low-volume threshold exemptions
  - Dollar amount - $90,000 or less Part B allowed charges
  - Number of Medicare beneficiaries – 200 or fewer
  - Number of services – 200 or fewer covered services under Medicare physician fee schedule

CMS MIPS Proposal

Performance Category	Performance Category Weights			
	Year 3 (2019)	Year 4 (2020)	Year 5 (2021)	Year 6 (2022)
Quality	45%	40%	35%	30%
Cost	15%	20%	25%	30%
Improvement Activity	15%	15%	15%	15%
Promoting Interoperability	25%	25%	25%	25%

CMS MIPS Proposal

Performance Period	Performance Threshold	Exceptional Performance Bonus	Payment Adjustment
Year 1 (2017)	3 points	70 points	Up to +4%
Year 2 (2018)	15 points	70 points	Up to +5%
Year 3 (2019)	30 points	75 points	Up to +7%
Year 4 (2020) **Proposed**	**45 points**	**80 points**	**Up to +9%**
Year 5 (2021) **Proposed**	**60 points**	**85 points**	**Up to +9%**

Open Payments

- National reporting program to show financial relationships between manufacturers and physicians
- Data collection period beginning January 2021, CMS expanding “covered recipient” to include
  - Physician Assistant (PA)
  - Nurse Practitioner (NP)
  - Clinical Nurse Specialist (CNS)
  - Certified Registered Nurse Anesthetist (CRNA)
  - Certified Nurse Midwife (CWF)

https://www.cms.gov/openpayments/

CMS Enrollment Enhancements

- CMS issued final rule September 5
  - Effective November 4, 2019

- Program integrity enhancements helps to stop waste, fraud and abuse

CMS Enrollment Enhancements

- Restricts “bad actors” from enrolling in Medicare
  - Owner/manager affiliated with previously revoked organization can be denied enrollment
  - Provider or supplier circumvents program rules by fabricating enrollment information
  - Billing for services/items from non-compliant locations
  - Pattern of abusive ordering or certifying Medicare services/items
  - Provider or supplier has outstanding debt to CMS for overpayment referred to the Treasury Department

Medicare Beneficiary Identifier (MBI)

- January 1, 2020, MBI is required on all Medicare claims
  - Eleven characters – both numeric and alpha
  - Not using B, I, S, L, O or Z
- Previous Medicare Health Insurance Claim Numbers (HICN) will no longer be accepted on claims
  - Request copy of new card from Medicare patient
  - Review Medicare remittance for new MBI

1-800-Medicare

Medicare Enrollment

- Medicare beneficiary enrollment runs October 15 – December 7, 2019
  - Beneficiaries may change coverage between traditional Medicare and Medicare Advantage plans
  - Changes become effective January 1, 2020
  - New Medicare beneficiaries enrolled in Medicare Advantage have second chance to change plans between January 1 – March 31, 2020
- Check for new Medicare cards in new year
- New Medicare plan finder for beneficiaries
  - https://www.medicare.gov/

IMA Ongoing Projects

- Prior authorization survey
- Credentialing application

IMA Benefits

In addition to legislative and policy advocacy, IMA provides valuable benefits to member physicians

- Reimbursement assistance
- Chart review
- Audit consultation
- MACRA assistance
- Coding seminars
- Legal review of general topics (minor consent laws, for example)
- Physician's Recovery Network
- CME opportunities
- IMA Financial and Asset Management Services
- Insurance programs such as disability, term life and individual special disability income
- Access to special discounts
- Newsletters, directories and reports on timely healthcare issues
- Networking with colleagues

IMA Needs Your Help!

- Please remind & encourage your physician colleagues to join the IMA
- Watch for alerts from the IMA on legislative & other important issues
- Use the IMA Grassroots Advocacy Center on our website to send messages to your legislators: www.idmed.org
- Like Idaho Medical Association on Facebook for postings on Idaho health issues and events

IMA Legislative and Regulatory Update

- Discussion & Questions
- Thank You!!

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