

HEARTBEAT

THE BIMONTHLY NEWSLETTER OF THE ALASKA STATE MEDICAL ASSOCIATION

August 2024

PRESIDENT'S COLUMN

ADVOCACY

As I write this, we are less than 100 days away from a presidential election. There is lots of national attention about our Constitutional right to vote for President every four years. In this column I



Kristin Mitchell, MD

want to take a few minutes to focus on ASMA's advocacy about issues on the state and local level, and the importance of persistent engagement.

As clinicians, we have regular contact with patients and special insight into the challenges of navigating healthcare and other life events. As members of a trusted profession (the KFF survey from August 2023 indicates 94% percent of respondents trust their doctor at least a fair amount), we have an opportunity to advocate for issues that benefit our patients and our profession.

One of my mentors, Dr Ryan Mire, MD, FACP wrote about advocacy that like patient care, it is a marathon, not a sprint. Most of us have experienced interactions with patients where we advocated for a health-promoting behavior, like stopping smoking or getting a screening test or a vaccination, and the patient did not take our advice. When our medical advice is sound and in the patient's best interest, we often repeat our recommendations at future visits because we know that behavior change

SHARE THIS INFORMATION WITH YOUR BILLING STAFF FOR MORE EFFICIENT PROCESSING OF WORKERS' COMPENSATION CLAIMS

Properly Billing Workers' Compensation Claims: Ensuring Complete Documentation

When billing workers' compensation claims, providing complete and accurate documentation is crucial. Under 8 AAC 45.086, healthcare providers must ensure that all necessary information is included in their reports. This not only facilitates efficient claims processing, but also benefits providers and injured workers.

Essential Documentation Components

Comprehensive Patient Information: Includes subjective and objective findings, diagnosis, treatment rendered, and a treatment plan. This gives claims adjusters a clear understanding of the patient's condition and the care provided.

Treatment Plan: A written treatment plan is required if the treatment rendered requires ongoing and multiple similar sessions such as physical therapy and chiropractic treatment. Treatment plans are furnished to the payer within 14 days after the treatment begins and must include expected length and nature of treatments, objectives, modalities, frequency of treatments, and justification for the frequency of treatments exceeding: A) three treatments per week during the first month; B) two treatments per week during the second and third months; C) one treatment per week during the fourth and fifth months; or D) one treatment per month during the sixth through twelfth months.

Medical Stability: Provide an opinion on medical stability, defined as the point at which no further objectively measurable improvement is expected from additional medical care or treatment for the compensable injury. Medical stability is presumed if there is no objectively measurable improvement for 45 days.

Return to Work Status: Clearly document the worker's ability to return to their job at the time of injury. Specify whether they are released to full duty or modified duty work and outline all restrictions and limitations. This clarity helps both employers and employees plan for a safe and effective return to work.

Permanent Partial Impairment Rating: If applicable, include a permanent partial impairment rating to determine the compensation benefits the worker is entitled to receive.

Permanent Work Restrictions: Determine if the injury will permanently prevent the worker from returning to their job at the time of injury. This information is crucial for determining eligibility for reemployment benefits under the Alaska Workers' Compensation Act. Establishing this early enables timely evaluations and provides necessary support for the injured worker.

Importance of Complete Documentation

Complete documentation ensures that claims adjusters can process claims quickly and fairly. This benefits healthcare providers by ensuring timely payments and assists injured workers by facilitating appropriate care and benefits.

Meeting Documentation Requirements Physicians can easily meet the requirements outlined in regulation 8 AAC 45.086 by using the Physician's Report Form available on the Alaska Workers' Compensation website at <https://www.labor.alaska.gov/wc/forms/wc6102.pdf>

Special Reports

A special report is a document requested by the payer to explain or substantiate a service or clarify a diagnosis or treatment plan. Medical providers may bill using CPT code 99080 only for special reports that respond to specific inquiries from an employer or insurance company. However, a medical provider may not bill an employer or insurance company for inquiries seeking information required under 8 AAC 45.086 that was omitted from a prior report.

By adhering to these guidelines, healthcare providers can contribute to a more effective workers' compensation system, benefiting all parties involved.

Information provided by Susan Kosinski, Claims Manager, ARECA Insurance Exchange

Every physician deserves to be insured by a company like MIEC.

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ASMA Website Info:

- For those that have not logged in yet, the site did not carry over your password. You **WILL** need to reset it in order to login.
- If you don't have an address in the "personal" field you will not receive mailings. Please login to update your profile.
- Physician images were **not** imported to the new site so please be sure you log in and upload a new photo for the OMD (Online Medical Directory).
- The system currently does not support Company Admin's uploading individual physician photos. You may email photos to Cjeanes@asmadocs.org, but please include the physician name and company so that we can be sure we're uploading to the proper profile.

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Mitchell continued from Page 1

takes time, and patients may need additional information or experience or building of trust to make a change. As Dr Mire points out, our elected representatives may also need to be approached about the same issue multiple times before they are ready to vote or advocate for our position.

ASMA has been building relationships with legislators in Juneau for years, working to be a resource for information about health issues. The ASMA political action committee, ALPAC, donates to candidates advocating around issues in the best interest of medicine in Alaska. Members of the ASMA Board of Trustees and members at large provide testimony to the legislature and meet with elected officials between sessions to help shape health policy in Alaska.

This season, ASMA is working on issues related to insurance network adequacy, scope of practice regulations, prior authorization rules, transparency about medical training qualifications, and malpractice reform. If these issues matter to you, be sure your ASMA membership is current and encourage a new colleague to join. If you have additional priority issues you would like to see ASMA address, please let us know - via email or by joining us at the fall membership meeting.

With this marathon in mind, I encourage all ASMA members to think about your own engagement in advocacy. As a first step, be sure you are registered to vote (especially if you have recently relocated) and cast your ballot after researching the candidates and the issues.

If you are moved to encourage others, including patients, to vote, the national nonpartisan civic engagement nonprofit group [Vot-ER](#) has tools including a badge with a QR code patients can scan at their visit. Consider donating to candidates who share your interests in health policy and meet with them to discuss your concerns and priorities. Alaska statistics indicate that physicians make fewer and smaller political contributions than dentists, chiropractors and nurses. You can contribute individually to a legislator or to the medical association's political action committee - ALPAC (on [asmadocs.org](#) home page - no need to log in, just click the blue "donate here" button). Share what you learn about issues and candidates with your colleagues. Current legislators who have a history of working well with ASMA include Sen. Bjorkman, Sen. Claman, Rep. Ruffridge, Rep. Josephson and Rep. Fields.

Resources:

[elections.alaska.gov](#) has links to voter registration, absentee voting and election information

<https://vot-er.org> is a nonprofit that develops nonpartisan civic engagement tools

Important dates:

8/5/2024 Absentee In-Person and Early Voting begins

8/10/2024 Deadline to receive absentee by mail applications

8/20/2024 **Primary Election Day**; polls open 7 am - 8 pm; absentee ballots must be postmarked

10/6/2024 Voter registration deadline for 11/5 election

10/21/2024 Absentee In-Person and Early Voting begins

11/5/2024 **General Election Day**; polls open 7 am - 8 pm

*** ASMA Fall General Membership Meeting 10/2/2024

Alaska Board of Nursing adopts Alternative to Probation option for nurses with SUD

The Alaska Board of Nursing, on their website, has the following notice.

In a manner that safeguards the health of the public; nurses (LPN, RN, APRN) and CNAs may be eligible to enter the Alternative to Probation (ATP) program agreement and enable them to return or continue to practice their profession.

Any nurse who is eligible and wishes to participate in the ATP program must:

1. Voluntarily disclose (Self-report) and request to participate.

2. Provide disclosure authorization as requested.

3. Abstain from mind altering substances, including alcohol and cannabis, except for medications prescribed by an authorized provider.

4. Undergo a complete substance use disorder evaluation. This evaluation must be performed by a health care professional(s) with expertise in chemical dependency.

5. Be diagnosed with a substance use disorder, utilizing DSM-IV-TR or DSM-V criteria, by a licensed physician or APRN experienced in the diagnosis and treatment of substance use disorders and report must be disclosed to the board.

6. Agree in writing to the terms set forth in the ATP agreement.

7. Be responsible for all costs for treatment and monitoring, including Board-required drug screens.

8. Comply with the instructions from their ATP Agreement and Compliance Monitor regarding evaluation and treatment as well as follow all treatment recommendations for the duration of the Agreement.

9. Communicate, in a timely manner, with designated compli-

ance monitor.

10. Attend face to face meetings with the BON as requested.

A nurse is not eligible to participate in ATP program if they:

1. Do not hold an active license or temporary permit to practice nursing in the State of Alaska.

2. While under the influence of drugs or alcohol, performed impaired nursing practice that led to harm or death of a patient.

3. Have a felony conviction, or pending felony conviction, or any conviction related to the sale or distribution of controlled substances or legend prescription drugs.

4. Have participated in the program twice before.

5. Have had previous disciplinary action against the nursing license in any state or jurisdiction or have been terminated from any state's alternative to discipline program participation for noncompliance.

6. Do not voluntarily admit to a substance use disorder that renders the licensee unable to meet the standards of nursing profession.

7. Refuse to participate in a rehabilitation program.

An ATP agreement is successfully completed when:

1. Compliance with all program requirements specified in the ATP agreement for designated duration of monitoring.

2. Receipt of written notice of formal release.

All records of a licensee without disciplinary action who successfully completes their ATP shall be sealed and confidential, not subject to public disclosure, and not available for court subpoena or for discovery proceedings. The records of a licensee who fails to comply with the ATP agreement are not confidential once disciplinary action is taken.

ADOPTED BY THE BOARD OF NURSING, January 31, 2024

Plan ahead for ASMA's Leadership Training Program in 2025

The Future Alaska Medical Leaders program (FAMLI) in partnership with the Physician Foundation is offering another leadership program in 2025. We can take up to 15 participants in the program. There are no fees for this program due to grant funding, but applicants must be current members of ASMA. Additionally, participants can earn up to 35 hours of CME for completing the program.

The program schedule is set for 2025. There will be an all-day, in-person beginning and ending session in Anchorage with the interim sessions via Zoom.

January 17 – Live Kick-off session in Anchorage – 9:30am-4:30pm

January 31 – Virtual - 8:00am-11am

February 14 - Virtual - 8:00am-11am

February 28 - Virtual - 8:00am-11am

March 21 - Virtual - 8:00am-11am

March 28 – Virtual 8:00am-11am

April 4 - Virtual 8:00am-11am

April 18 - Virtual 8:00am-11am

May 2 –Final in-person session and graduation in Anchorage – 8:30am-3:30pm

Save the Date

ASMA's Fall General Membership Meeting

Wednesday, October 2nd, 6:00 pm

BE Energy Center and on Zoom

Get the latest updates and give your input on:

The Network Adequacy project

Scope of Practice efforts

Prior Authorization

Transparency about credentials

We want to hear your thoughts on brain injury in Alaska



Who we would like to hear from:

- Adults with brain injury
- Family members, caregivers, and/or guardians of adults or children with brain injury
- Medical and service providers

What you will be asked to do:

- Share your thoughts on brain injury in Alaska by filling out a 10 to 15-minute survey

What you will get for your time:

- You will help us better understand the needs of people with brain injury in Alaska
- You will be entered into a drawing to win one of sixty \$15 Amazon gift cards

Why we want to hear your thoughts:

- To inform the 2025 Alaska State Plan for Brain Injury



What we will do with your comments:

- Your responses will be confidential.
- We will listen to your thoughts and use them to help create the **2025 Alaska State Plan for Brain Injury**.

Take the online Brain Injury Needs Assessment Survey:
https://uaa.co1.qualtrics.com/jfe/form/SV_7a3uoKlo2jV9OpE

To find out more: <http://www.chd-brain-injury.org/>

Scan QR to take survey

To complete the survey over the phone or to receive a paper copy, please contact:
Lucy Cordwell, 907-264-6223, lkcordwell@alaska.edu

For questions about this survey, contact: Sondra LeClair, 907-264-6245, sleclai1@alaska.edu

Findings from this survey and the 2025 Alaska State Plan for Brain Injury will be available at <http://www.chd-brain-injury.org/>

Please forward this information to others you know who might like to participate



UAA Center for
Human Development
UNIVERSITY of ALASKA ANCHORAGE





Applying to Become an NHSC Site

How Can Medical Facilities Improve Recruitment and Retention of Primary Care Providers?

Answer: By Becoming an Approved NHSC Site

For over 50 years, the National Health Service Corps (NHSC) has worked to connect a highly qualified and diverse group of health care professionals to people with limited access to medical care. They do this by:

- Providing recruitment and retention incentives through their **loan repayment and scholarship programs** for primary care clinicians (physical, dental, and mental health) providing care to communities that are medically underserved. Primary care clinicians practice as Family Practice, Internal Medicine, Obstetrics and Gynecology, Pediatrics, General Dentistry, Pediatric Dentistry and Psychiatrists.
- Offering virtual job fairs, job posting opportunities and recruitment on the **Health Workforce Connector**

Is My Facility Eligible to Become an NHSC Site?

Auto-Approved Sites	Other Eligible Sites
These sites are not required to apply for approval as an NHSC site during the Site Application cycles, or to recertify every three (3) years. New sites must submit a site application once they have become operational, but may apply at any point during the year*	These site types must submit a site application during the New Site Application cycles and recertify every three (3) years.
1) Federal prisons 2) Federally Qualified Health Centers 3) Federally Qualified Health Center Look-Alikes 4) Immigration and Customs Enforcement Health Service Corps facilities 5) Indian Health Service facilities, Tribally Operated 638 Health Programs, Dual-Funded (Tribal Health Clinic and Federally Qualified Health Center 330 Funded), Urban Indian Health Programs and Indian Health Service hospitals (with an affiliated outpatient clinic)	1) Centers for Medicare & Medicaid Services Certified Rural Health Clinics 2) Community outpatient facilities 3) Critical Access Hospitals (with an affiliated outpatient clinic) 4) Free clinics 5) Mobile units (<i>that are not affiliated with a Federally Qualified Health Center or Look-Alike</i>) 6) Private practices 7) School-based clinics (<i>that are not affiliated with a Federally Qualified Health Center or Look-Alike</i>) 8) State or local health departments 9) State prisons 10) Substance use disorder treatment facilities

Is My Facility in an Eligible NHSC Location?

NHSC sites must be located in a Health Professional Shortage Area (HPSA) for the type of primary care offered. For instance, a dental practice applying to become an NHSC site must be in a dental HPSA. Entering the facility address on data.hrsa.gov can show whether your location has been designated as a HPSA.

Sites providing **substance use disorder services** may be located in a primary care or mental health HPSA.

How Can I Prepare to Apply to Become an NHSC Site?

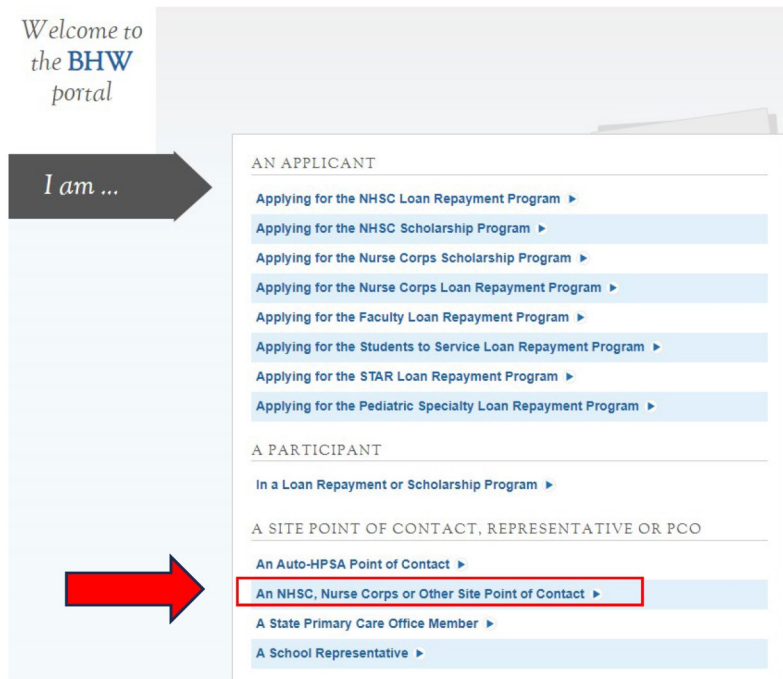
NHSC sites are committed to providing care to medically underserved populations. All NHSC sites commit to providing care to all patients regardless of ability to pay. Prior to applying to NHSC, facilities must:

- Obtain approval as a Medicaid provider.
- Obtain approval as a Medicare provider.

- Use a sliding fee discount program as described in the [NHSC Site Reference Guide](#) for a minimum of 6 months prior to applying.
- Develop appropriate policies and procedures in compliance with the NHSC Site Reference Guide

When Can I Apply?

New applications will be accepted during the spring of 2025. The application period is typically 6 weeks. Create an account as an NHSC Point of Contact on the [BHW Customer Service Portal](#) and sign up to receive notifications.



For More Information:

Contact: Judy Holland
 Department of Health
 Division of Public Health
 Rural and Community Health Services
 Primary Care Office Director
 3601 C Street, Suite 424
 Anchorage, AK 99503
 907/334-2669
Judy.Holland@alaska.gov



Providence clinical driving evaluations

Our driving program, held at the Providence Sports Medicine & Rehabilitation Therapy clinic, is designed to help experienced drivers who have had a change in their health status determine if they can safely return to driving. The evaluation program provides clients, their families and doctors with pertinent information about pre-driving skills and possible areas of safety concern. Health status changes may include, but are not limited to:

- Stroke
- Multiple Sclerosis (MS)
- Amputation
- Orthopedic injuries
- Brain injury
- Parkinson's
- Vision loss
- Age-related physical and/or cognitive status changes

An Occupational Therapist (OT) with specialized training in driver rehabilitation administers our comprehensive driving evaluations. This type of driving evaluation typically includes two parts: the first in the clinic and the second behind the wheel of a car. The purpose of the evaluation in the clinic is to examine the physical, visual and mental abilities required for safe driving. This would include:

- Cognitive/perceptual areas, including spatial relations, right/left discrimination, color and sign recognition, scanning, problem solving, sequencing, attention and following directions
- Physical mobility, including joint range of motion, muscle strength, tone, coordination, balance, sensation, endurance and level of functional ability
- Brake reaction time (needed for stopping fast enough to avoid a crash)
- Visual acuity, including depth perception and peripheral vision

Once a client successfully completes the clinical assessment, he or she will be recommended for an on-the-road assessment of driving skills. The behind-the-wheel part of the evaluation takes place in a vehicle equipped with safety equipment, such as an instructor's brake. Based on each client's evaluation, the OT can make recommendations about strategies, specialized equipment and training to improve the client's driving safety. On the other hand, if the evaluation results indicate the need to stop driving, the therapist can help the client understand why this is the most appropriate option for his or her safety and that of others.

Driving evaluation referral process

An appointment time is reserved for each client. The driving assessment consists of two one-hour sessions.

Part I: Clinical Assessment – The clinical portion of the assessment takes one hour. We ask clients to arrive 10 minutes before assessment time in order to complete the registration process, which must occur prior to the appointment. If successfully completed, then Part II is scheduled.

Part II: Road Assessment – Following the road assessment, a formal feedback meeting takes place in the hospital.

Cost of the program

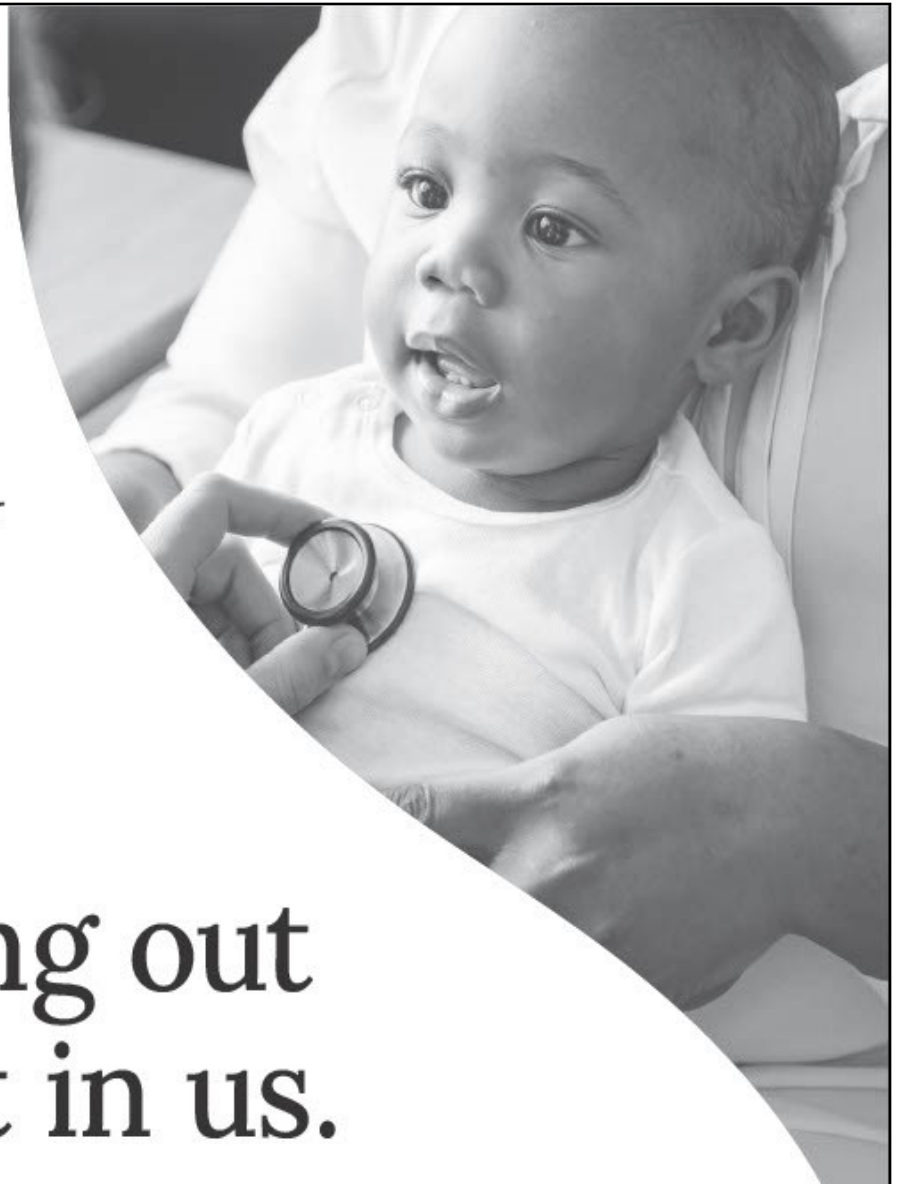
Insurance usually does not cover driving evaluations. This is a private-pay service.

Our fee structure is as follows:

Part I: Clinical Assessment – ~~\$~~315.00 to be paid on the date of service

Part II: Road Assessment – ~~\$~~417.00 to be paid on the date of service

Driving is a complex task. Statistically, we will outlive our ability to be safe drivers by seven to 10 years. Driving is a very serious responsibility. It is important to know we have the skills needed to perform safely. Please call 907-212-6300 today to schedule an appointment.



You bring out the best in us.



Providence has once again been recognized as a top health care provider by U.S. News & World Report. Providence Alaska Medical Center has been named 2023-2024 Best Regional Hospital in Anchorage and High Performing in seven procedures and conditions.

Our award-winning care reflects the exceptional work of our caregivers, providers and community partners, who share our commitment to ensuring Alaskans get the best care possible close to home. Learn more at [Providence.org/PAMCawards](https://www.providence.org/PAMCawards).



Support ASMA's Network Adequacy project by completing and returning this form by mail or fax or going to asmadocs.org and contributing online. No need to sign in, the contribution form is on the home page. Thank you for helping your patients have access to the physicians of their choice and not being limited by narrow insurance networks.

Insurance Network Adequacy Project

Alaska State Medical Association

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The amount shown above is to support development of Network Adequacy laws in Alaska

Please make checks out to ASMA

Now is the time to make a contribution to your state senator and representatives. When looking at contribution data, non-physician medical professionals make more and larger financial contributions to Alaska legislators. When a bill impacting the quality of patient care and the practice of medicine is being heard in the senate or the house, physician voices are important to hear. Your voice carries more value when you have made a campaign contribution. Historically, the ASMA board of trustees contribute more

Alaska Medical Political Action Committee (ALPAC)

c/o Alaska State Medical Association

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The amount shown above is to support political candidates advocating issues in the best interest of medicine. I attest that this donation is from a personal, not a business account.

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Why Alaska Needs Health Network Adequacy

Lower 48 insurers implement narrow networks to the detriment of patients & providers alike!

AK has no specific network minimums

Lower 48 networks exclude as many as 80% of providers

Premera has publicly stated their goal of narrow AK networks with NO out-of-network benefits

Currently, providers can be excluded from networks at discretion of insurer without checks or balances

Adequacy is difficult for consumers to evaluate

Often leaves patients surprised by limited or no coverage for needed care

Requiring adequate network minimums will restore some market balance between insurers, patients and providers

Is there precedent for Network Adequacy Standards?

38 States and Territories have network adequacy standards

Patterned after model statutes/regulations from the National Association of Insurance Commissioners (NAIC)

Tailored to the needs of a specific geography, population and available providers

Washington, Montana, South Dakota and HI have standards in place

Premera and Moda must meet WA standards to conduct business there

NAIC Health Insurance and Managed Care Committee:

Considered network standards the top priority for 2023

Recognized rules as important to a well-functioning healthcare and insurance market

What's included in this Network Adequacy Project?

- Draft network adequacy standards for health insurance plans tailored to Alaska with specific standards for inclusion of specialists and primary care physicians
 - Refine standards through discussions with the NAIC, State regulators, AK healthcare providers, Legislators, AK Division of Insurance, (DOI), and other relevant constituencies.
 - Work with key health insurers to build support or minimize opposition to the proposed standards.
 - Build support amongst stakeholders for the proposed standards
 - Encourage the DOI to adopt the proposed standards as regulations under existing AK statute.
 - If unsuccessful with the DOI, draft legislation and build support with key Legislators and other stakeholders and introduce network adequacy legislation in next Legislative session
- Project team will be led by Dr. Steve Compton under the direction of the ASMA Board, working closely with Kevin Jardell, ASMA's lobbyist, and Jeff Davis, consultant, to shepherd the bill through the process.

Glossary of Terms:

Narrow network – A provider network which does not include a significant portion of providers – in some instances in the Lower 48 up to 80% are excluded.

Adequate network – Contains sufficient breadth and depth of primary care and specialty providers to meet the expected healthcare needs of covered enrollees

Network minimums – Specific definition(s) of an adequate network based on geography, population and available providers

Out-of-network coverage – the level of payment an insurer provides when a consumer receives services from a provider not in the insurer's network

No out-of-network coverage – Zero payment from the insurer for services received from an out-of-network provider. No deductible or out of pocket maximum credit.

Market balance – when parties to a negotiation have equal influence over the outcome

National Association of Insurance Commissioners – Standard setting and regulatory support organization comprised of state insurance regulators from all 50 states, DC and five territories. Mission is to protect the public interest, promote competitive markets and improve state regulation of insurance.

Alaska Division of Insurance, (DOI) – State entity responsible for regulating the insurance industry to protect Alaskan consumers.

Model Statute/Regulations – Framework for the development and deployment of state specific solutions in either regulation (rules set by State agency) or Statute (laws enacted by the Legislature).

Jim Grazko, President Premera Blue Cross Blue Shield of Alaska, "One change that would help limit future spikes in the individual market is if the state could give insurers more flexibility in their plan design Grazko said. Currently, Alaska requires insurers to provide at least some coverage for services from providers even if they're outside the insurer's network, Grazko said. In Washington, Premera offers a plan with no out-of-network benefits that's 15% cheaper than an alternative plan with some out-of-network coverage. "That might be another way for consumers to have a choice of lower-cost options premium-wise, in exchange for maybe a narrower network or a little bit less choice on the provider side", he said." By Nathaniel Herz, Northern Journal, November 16, 2023



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The Mission:

To offer free and confidential peer support to American physicians and medical students by creating a safe space to discuss immediate life stressors with volunteer psychiatrist colleagues who are uniquely trained in mental wellness and also have similar shared experiences of the profession.

The line is staffed by 800 volunteer psychiatrists helping our US physician colleagues and medical students navigate the many intersections