October 24, 2025

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Your Care is at Our Core

Physicians are Patients' Strongest Allies in Health: Every Step of the Way

YOUR CARE IS AT OUR CORE
Montana's Physicians

Montana Medical Association has joined other state medical associations to launch a campaign to elevate physician's reputations, fight legislative battles, and amplify the patient-physician relationship.

In recent years physicians have faced reputational challenges brought on by broader frustrations with the healthcare system. Recognizing the need to better understand and address these challenges, the American Medical Association's Advocacy Resource Center conducted extensive opinion research and found that Americans want to see more of their physicians. 89% of national voters agree that the doctor-patient relationship is central to health care – but structural factors have habituated them to the idea that physicians are hard to schedule and that they are forced to spend too little time with them. As a result, Your Care is at Our Core was developed directly from these research findings and was created to elevate the message of what drives physicians: trust, empathy, compassion, and time caring and fighting for their patients. Since its launch in January 2024, more than half of state medical associations have chosen to participate in Your Care is at Our Core, including us.

Learn more: https://www.mmaoffice.org/your-care-is-at-our-core/

*If you are interested in sharing atestimonial to be posted on our social media platforms, please contact **Lexie Gleasman** lexie@mmaoffice.org*

As the leaves turn and the Montana air grows crisp, it's the perfect season to **renew or begin** your connection with the Montana Medical Association!
This fall, take a moment to invest in your profession, your peers, and your voice by joining or renewing your **2026 MMA membership**. Together, we're building a stronger, connected community of Montana physicians.

Your membership keeps Montana medicine thriving:

- **Advocacy:** Stand up for physicians and patients in every corner of the state
- **Connection:** Engage with colleagues through local societies and events
- **Growth:** Access leadership, CME, and professional resources year-round

Don't let your membership drift away like autumn leaves —**join or renew today** and carry your voice into 2026!

New Medicare Claims Guidance from CMS

Centers for Medicare & Medicaid Services (CMS)

(AMA 10/21) Centers for Medicare & Medicaid Services (CMS) updated its Medicare claims hold **guidance** to Medicare Administrative Contractors, which is copied below. The AMA had been communicating with CMS behind the scenes and urging the agency to clarify its guidance in light of significant confusion about which claims are being paid during the ongoing federal government shutdown.

"CMS instructed all Medicare Administrative Contractors (MACs) to lift the claims hold and process claims with dates of service of October 1, 2025, and later for certain services impacted by select expired Medicare legislative payment provisions passed under the Full-Year Continuing Appropriations and Extensions Act, 2025 (Pub. L. 119-4, Mar. 15, 2025). This includes claims paid under the Medicare Physician Fee Schedule, ground ambulance transport claims, and Federally Qualified Health Center (FQHC) claims. This includes telehealth claims that CMS can confirm are definitively for behavioral and mental health services. CMS has directed all MACs to continue to temporarily hold claims for other telehealth services (i.e. those that CMS cannot confirm are definitively for behavioral and mental health services) and for acute Hospital Care at Home claims.

Beginning October 1, 2025, for services that are not behavioral health services, many of the statutory limitations on payment for Medicare telehealth services that were, in response to the COVID-19 Public Health Emergency, lifted, and subsequently extended, through legislation again took effect. These include

prohibition of many services provided to beneficiaries in their homes and outside of rural areas, and hospice recertifications that require a face-to-face encounter. In the absence of Congressional action, practitioners who choose to perform telehealth services that are not payable by Medicare on or after October 1, 2025, may want to evaluate providing beneficiaries with an Advance Beneficiary Notice of Noncoverage (ABN). Further information on use of the ABN, including ABN forms and form instructions can be found here: https://www.cms.gov/medicare/forms-notices/beneficiary-notices-initiative/ffs-abn.

Practitioners should monitor Congressional action and may choose to hold claims associated with telehealth services that are currently not payable by Medicare in the absence of Congressional action. For further information: https://www.cms.gov/medicare/coverage/telehealth.

CMS notes that the Bipartisan Budget Act of 2018 (Pub. L. 115-123, Feb. 9, 2018), which added section 1899(l) to the Social Security Act, allows clinicians in applicable Medicare Shared Savings Program Accountable Care Organizations (ACOs) to provide and receive payment for covered telehealth services to certain Medicare beneficiaries without geographic restrictions and in the beneficiary's home. Separate from requirements to participate in the Medicare Shared Savings Program, there is no special application or approval process for applicable ACOs or their ACO participants or ACO providers/suppliers to offer these covered telehealth services. Clinicians in applicable ACOs can furnish and receive payment for covered telehealth services under these special telehealth flexibilities. For clinicians in applicable ACOs, telehealth claims that CMS can confirm are definitively for behavioral and mental health services will be paid. At this time, claims for some telehealth services will continue to be held. For more information, including information on to which ACOs these flexibilities apply: https://www.cms.gov/files/document/shared-savings-program-telehealth-fact-sheet.pdf (PDF)."

AMA Clinician Call: Ongoing Risks of West Nile Virus, Including Risks During Transplantation

West Nile virus cases are up across the U.S. in 2025, with 41% more severe cases and 32% more deaths than expected. CDC is working with state health departments and clinical teams on possible transfusion, transplantation, and dialysis-related clusters. Join AMA and CDC on **Oct. 24 at 2 pm CT / 3 pm ET** for a clinical update on the latest epidemiology, best practices for diagnosis, and guidance for special populations, including patients receiving solid organ transplants or B-cell–depleting therapies.

Panelists include:

- Carolyn Gould, MD, MSCR – CDC
- Kelly Broussard, MPH – TX Department of State Health Services
- Ricardo M. La Hoz, MD, FACP – UT Southwestern Medical Center

Share with your network! A recording will be available after the live session using the same event link. We hope to see you there!

Register here: AMA Clinician Call: Ongoing Risks of West Nile Virus,

Including Risks During Transplantation

State Agencies Propose Rules to Implement New Laws, Increase Provider Reimbursement

The following notices were filed with the Secretary of State's Office for publication in the Montana Administrative Register (MAR). They can also be found at http://www.mtrules.org (search by notice number).

- Updates to Workers' Compensation rules for medical status form, implementation of HB 428 and annual update of the Utilization and Treatment Guidelines. MAR NOTICE NO. 2025-110.1 **Public Hearing: November 6th at 1:00 pm. Comments due: November 7th at 5:00pm.**

Summary: The department proposes to amend ARM 24.29.1513 to allow for billing of medical status form documentation which could serve to incentivize a provider's timely and accurate completion of the medical status form to help facilitate safe and timely return-to-work efforts. Amendments to 24.29.1513 and 24.29.1515 to align with HB 428 that amended requirements for medical status forms. This serves to protect patient privacy with removal of claimant's medical treatment plan or medications. Utilization and Treatment Guidelines are updated to the 2025 version and includes a comprehensive update to the shoulder injury chapter.

- Updates to Alternative Health Care Board rules. MAR NOTICE NO. 2025-128.1 **Public Hearing: November 4th at 1:00pm. Comments due: November 7th at 5:00pm**

Summary: The Board has jurisdiction over many occupations. Amendments proposed would consolidate CE rules for various professions into one rule, removes rule content within unprofessional conduct rule that is duplicative to statutory language and a new rule is proposed on substantial equivalency. In addition, for Naturopaths, the Board is amending ARM 24.111.501 to allow for substantially equivalent standards to those of the Council on Naturopathic Medical Education, recognizing national accreditation standards of CNME and ARM 24.111.502 to incorporate existing requirement requiring passage of NPLEX Part II – Clinical Elective Pharmacology for applicants from another jurisdiction. For Direct-entry midwives, the Board is striking a requirement for applicants to have observed 10 births and participated as primary birth attendant at 5 continuous births stating the rule creates confusion and the certification requirements have changed. 37-27-201, MCA also lists as a qualification that an applicant should acquire practical experience and at a minimum must include observation of 40 births and participation as the primary birth attendant at 25 births, 15 of which included continuous care. In review of the NARM certification, entry level requirements include: Complete the first three of four phases:

• **Phase 1** - Births as an Observer The applicant must attend a minimum of ten births in any setting, in any capacity (observer, doula, family member, friend, beginning student).
• These births may be verified by any witness who was present at the birth.
• A minimum of two planned hospital births must be included in Phase 1. These births cannot be intrapartum transports but may be antepartum referrals.

• **Phase 2** - Assistant Under Supervision The applicant must attend a minimum of 20 births, 25 prenatals (including three initial exams), 20 newborn exams, and ten postpartum visits as an assistant under the supervision of a Registered Preceptor.

• **Phase 3** - Primary Under Supervision the applicant must document:
• 75 prenatal exams, including 20 initial exams;
• 20 newborn exams; and
• 40 postpartum exams.
• A minimum of 20 primary births.
• Of the 20 primary births, five require full Continuity of Care (COC), and ten more require at least one prenatal under supervision.
• The five COC births will include five prenatals spanning at least two trimesters, the birth, newborn exam, and two postpartum exams.
• Students must have attended at least one prenatal in a primary role with the mother prior to her labor and birth for 10 of the 20 Phase 3 births (in addition to the five with full continuity of care).
• Provide two letters of reference (professional and client). The letters must be sent directly to NARM by the individual providing the reference, not by the applicant.
• Complete the Second Verification of Skills Form 206. Step 2: NARM Examination I. Pass the NARM Examination. Step 3: Final Requirements for Certification I. Submit Phase 4 - Additional Births as Primary Under Supervision The applicant must attend five additional births. These births may occur prior to passing the NARM Examination or up to six months after. II. Submit any outstanding documentation or updated CPR/neonatal resuscitation.
• A minimum of 10 of the 20 Phase 3 births:
• Must be in homes or other out-of-hospital settings and
• Must have occurred within three years of Phase 3 application submission.
• Experience in specific settings:
• A minimum of five home births must be attended in any role

- Board of Pharmacy, pharmacy technicians, licensure of out of state mail pharmacies, dispensing by naturopathic physicians and health care staff. MAR NOTICE NO. 2025-174.1 **Public Hearing: October 31st at 11:00am. Comments due: November 7th at 5:00pm**

Summary: The administrative rules proposed implement legislation passed by the 2023 or 2025 Montana Legislature. Items of interest include the update of ARM 24.174.1801 on dispenser registration where an amendment is proposed to include naturopaths (2023 legislation) and to provide that health care staff members in the office, or place of practice of the registrant, may convey or dispense the drug on behalf of the registrant (SB 456 in 2025 Legislature). The rule package also establishes a new license for non-pharmacy facilities for purposes of selling devices, durable medical equipment, and medical gas suppliers. Legislative bills being implemented through rule package include:
• HB 246 on substantial equivalency for licensing purposes.
• HB 414 on standardization of licensing terms for provisional and temporary licenses across all licensing boards.
• HB 794 amending the pharmacy practice act, repealing requirements that pharmacies using technicians file utilization plans and changes with the board, incorporating the amended definition of wholesale distribution regarding the four distributor license types, allowing for nonpharmacy facilities to dispense medical devices, and modernizing language.
• SB 456 amended the medical practitioner dispensing statutes.

- Licensure of doulas. MAR NOTICE NO. 2025-191.1 **Public Hearing: November 5th at 1:00pm. Comments due: November 7th at 5:00pm**

Summary: The 2025 Montana Legislature enacted Senate Bill 319, an act requiring licensure of doulas and establishing doula licensure requirements and scope of practice. This rule package implements SB 319. The department is proposing two paths to licensure for new doulas, a standard training period of 20 hours of education for each applicant, or 40 hours of on-the-job training. For doulas who have been already practicing, the department will require an attestation by the doula of clients

served.

- Licensure of Family Peer Support Specialists. MAR NOTICE NO. 2025-197.1 **Public Hearing: October 30th at 9:00am. Comments due: November 7th at 5:00pm**

Summary: The 2025 Montana Legislature passed HB 76, creating the licensing of certified family peer support specialists. This rule package implements HB 76. The Board of Behavioral Health, in reviewing HB 76 and existing rules governing the practice of peer support, proposes to include certified family peer support specialists in existing rules including behavioral health peer support specialists as the administration and regulation of the practices are similar.

- Updating of Medicaid and non-Medicaid provider rates. MAR NOTICE NO. 2025-152.1 **Public Hearing: October 31st at 2:00pm. Comments due: November 7th at 5:00pm**

Summary: The 2025 Montana Legislature passed a budget that provides for a 3% increase in provider rates. For physicians, the department follows 53-6-125, MCA, to increase rates based on the consumer price index for medical care for the previous year. The adjustment in this rule proposal is 3.3%.

- Addition of Pompe disease to required newborn screening. MAR NOTICE NO. 2025-156.1 **Public Hearing: October 30th at 9:00am. Comments due: November 7th at 5:00pm**

Summary: The department is proposing to amend the definition of the term "newborn screening tests" by adding Pompe disease to the list of required newborn screening panel tests in accordance with the recommendation of the Newborn Screening Advisory Committee made on August 28, 2024. In making its recommendation, the committee relied upon federally recognized standards for newborn screening, including the Recommended Uniform Screening Panel (RUSP) developed by the Health Resources and Services Administration (HRSA) of the United States Department of Health and Human Services. The laboratory fees are also proposed to increase to cover the additional cost.

Now Available: 2026 CMS MIPS Payment Adjustment Information

The Centers for Medicare & Medicare Services (CMS) has released Merit-based Incentive Payment System (MIPS) payment adjustment information for the 2024 performance period/2026 MIPS payment year.

- Your 2024 MIPS final score determines the MIPS payment adjustment you'll receive in 2026.
- A positive, negative, or neutral payment adjustment will be applied to the Medicare paid amount for covered professional services furnished in 2026.

Accessing Your MIPS Payment Adjustment

Sign in to the Quality Payment Program (QPP) website using the same credentials that allowed you to submit your 2024 MIPS data and check your 2024 MIPS final score. Refer to the QPP Access User Guide (ZIP, 4MB) for more information.

- Click "View Feedback" on the home page and select your organization (Practice, Alternative Payment Model (APM) Entity, Virtual Group).

○ Practice representatives can access individual, subgroup, and group performance feedback (final scores and payment adjustments).
○ APM Entity representatives can access APM Entity-level performance

feedback (final scores and payment adjustments).
- Virtual group representatives can access virtual group-level performance feedback (final scores and payment adjustments).
- Third party representatives can't access final feedback or payment adjustment information.

If you don't have a HARP account or QPP role, please refer to the **Register for a HARP Account** (re: HARP account) and **Connect to an Organization** (re: QPP role) documents in the QPP Access User Guide (ZIP, 4MB) and start the process now.

Medicare Shared Savings Program Accountable Care Organizations (ACOs)

Medicare Shared Savings Program ACOs are encouraged to identify at least one individual within your ACO who can obtain a HARP account with the Security Official role; additional individuals may request the Staff User role. ACO individuals can create and manage their HARP account and QPP access in the ACO Management System (ACO-MS).

Contact your ACO to find out how you can obtain a HARP account via ACO-MS. If you have any questions, please contact the ACO Information Center at SharedSavingsProgram@cms.hhs.gov or 1-888-734-6433 (Option 1).

- REMINDER: Representatives of Shared Savings Program ACO Participant Taxpayer Identification Numbers (TINs) and practices with clinicians receiving their APM Entity's final score **won't** be able to access the APM Entity's performance feedback unless they've been granted the "staff user" QPP role for the APM Entity.

Payment Adjustment and Performance Feedback Resources:

- **2026 MIPS Payment Year Payment Adjustment User Guide (PDF, 2MB)** – Reviews information about the calculation and application of MIPS payment adjustments, and answers frequently asked questions.
- **2024 MIPS Performance Feedback FAQs (PDF, 2MB)** – Reviews the information available in performance feedback and how to access it. (We're in the process of updating this resource with the Targeted Review deadline.)
- **2024 MIPS Performance Feedback Supplemental Reports Guide (PDF, 833KB)** – Reviews the downloadable supplemental and patient-level reports for administrative claims quality and cost measures.
- **2024 Quality and Cost Benchmarks** – Links to quality and cost measure benchmarks and supporting documentation. (Benchmarks determine measure scores.)

2024 Targeted Review Request Period Open Until November 14, 2025[1]

Beginning with the 2024 performance period/2026 MIPS payment year, the targeted review period closes 30 days following the release of MIPS payment adjustments (refer to 42 CFR 414.1385(a)(2)).

Who Can Request a Targeted Review?

Individual clinicians, groups, subgroups, virtual groups, APM Entities (including Shared Savings Program ACOs), designated support staff and authorized third party intermediaries may request that CMS review their MIPS final score and MIPS payment adjustment factor through a process called targeted review.

When to Request a Targeted Review

Review your MIPS performance feedback, including your MIPS final score and payment adjustment factor(s), on the Quality Payment Program website. If you believe there's an error in the calculation of your MIPS final score or MIPS

payment adjustment factor, you can request a targeted review **now until November 14, 2025, at 8 p.m. ET**. Be advised that our ability to respond to inquiries and resolve requests will be delayed in most cases until normal government operations resume.

Examples of circumstances that could prompt a Targeted Review:

- Data were submitted under the wrong TIN or National Provider Identifier (NPI).
- You have Qualifying APM Participant (QP) status and shouldn't receive a MIPS payment adjustment.
- Performance categories weren't automatically reweighted even though you qualify for reweighting due to extreme and uncontrollable circumstances.

Note: This isn't a comprehensive list of circumstances.

How to Request a Targeted Review

To access your MIPS final score, performance feedback and request a targeted review:

- Sign in using your HARP credentials (ACO-MS credentials for Shared Savings Program ACOs); these are the same credentials that allowed you to submit your 2024 MIPS data and check your 2024 final score.
- Click "Targeted Review" on the left-hand navigation.

CMS may require documentation to support a targeted review request, which varies by circumstance. A CMS representative will contact you about providing any specific documentation required.

- **2024 Targeted Review User Guide (PDF, 2MB)** – Reviews the process for requesting a targeted review and examples for when you would or wouldn't request a targeted review. (We're in the process of updating this resource with the Targeted Review deadline.)

[1] **Note: The federal government shutdown doesn't affect your ability to submit a targeted review request by the above deadline, however it may affect our response time to resolve your request.**

FDA approves oral semaglutide for reducing risk of major cardiovascular events in adults with type 2 diabetes

Cardiovascular Business (10/17, Walter) reported that the FDA "has approved Rybelsus, Novo Nordisk's oral semaglutide formulation, for reducing the risk of major adverse cardiovascular events in high-risk patients with type 2 diabetes." According to Cardiovascular Business, "Rybelsus is officially the first oral GLP-1 drug approved for this indication." The agency's "decision was largely based on data from the SOUL trial, which included data from more than 9,000 patients who were randomized to oral semaglutide or a placebo."

White House unveils proposals to make IVF more accessible

The New York Times (10/16, Kitchener, Pager, Robbins, Kliff) reports the president Thursday announced several policy proposals "to make in vitro fertilization more accessible, the first concrete steps from the White House on an issue that he had repeatedly promised to address on the campaign trail." During

remarks from the Oval Office, the president “announced a deal with a major pharmaceutical company that White House officials said was aimed at reducing the cost of the drugs necessary for a standard IVF cycle.” In addition, the White House will “issue guidance on what it is calling an employer benefit option, to encourage employers to offer IVF and broader infertility coverage directly to workers, in the same way they would with vision or dental coverage.” It remains unclear how the “new policies will affect the price tag of IVF – which typically costs $15,000 to $20,000 for a single cycle for both drug and medical expenses – or how many employers will choose to offer coverage for the procedure as a result.”

UnitedHealth group testing new AI system for medical claims processing

Bloomberg(10/21, Tozzi, Subscription Publication) reports UnitedHealth Group is “testing a new system to streamline how medical claims are processed, an early example of what the company says is the potential for artificial intelligence to smooth out friction in billing. The system, dubbed Optum Real, aims to distill health plans’ complex rules around what is covered into information that doctors and billing staff can use in real time to tell whether a claim is likely to be paid.” The system has been used “at Allina Health, a 12-hospital system based in Minneapolis, since March, where two departments have used it to connect to UnitedHealthcare, the health conglomerate’s insurance division. It’s already reduced claims denials meaningfully across more than 5,000 visits in Allina’s outpatient cardiology and radiology departments, said Dave Ingham, chief digital and information officer for the hospital group.”

You may also be interested in: *Use of AI in medicine is rising. Are you ready?*

Healthcare subsidies stir debate in Montana amid government shutdown

KTVQ (10/17) Two Montana health research groups are warning that health insurance premiums through the Affordable Care Act marketplace could skyrocket if enhanced subsidies are not extended.
One side says Congress needs to handle the enhanced subsidies now.
Read more

MEMBERSHIPS DUES & RENEWALS

2026 Membership: Renew Your MMA Membership

As the recognized voice of the medical profession in Montana for more than 147 years, the Montana Medical Association and local medical societies have represented Montana’s physicians with a keen understanding of unique challenges facing our medical professionals. The ever-changing health care landscape is a reality and the Montana Medical Association is prepared to keep pace with those changing realities.

What we do together, no one physician can do alone. Your membership makes a difference in strengthening the physician's voice, shaping the changing health care landscape, and advancing ambitious clinical and educational initiatives that empowers physicians and positively impacts patient care and the practice of medicine in Montana.

Have an impact through your support of the MMA where the physician voice is unified, patient centered policies are amplified, and capacity can grow to advance medical science. You can easily join or renew now below, or call (406) 443-4000.

BUY YOUR MMA MEMBERSHIP

ADVOCACY REMINDERS

You can view our VoterVoice at any time to see what issues we are promoting at this **link**.

If you wish to testify or help with advocacy efforts, please contact Jean Branscum at jean@mmaoffice.org, and we can help coordinate. Additionally, check out our Legislative Advocacy Training video taught by SetPoint Media founder Tara Jensen, which can be viewed **here** with your MMA login.

Calendar of Upcoming Events

Date	Event	Location or where to find more information
October 29, 2025	Celebration of Montana's Clean Air Champions and the 20th Anniversary of our Clean Indoor Air Act	Brothers Tapworks, 40 S. Last Chance Gulch, Helena, MT
November 8, 2025	HELP Class Meeting	Virtual

If you would like your event listed, please email the name, date, and a way to find more information to mma@mmaofice.org.

Reminder that *Know Your Dose* has Resources to Help Combat Substance Use Disorder

MMA Member Perks

ON-DEMAND VIRTUAL DEA MATE ACT Requirements Course

Don’t forget that Montana Medical Association members can receive a discount on training requirements under the MATE ACT regulations. Members can register for on-demand online courses or live webinars here. Be sure to use discount codes to save $100 at checkout for either on-demand online courses (code: MMAWEB100) or live online courses (code: MMA100).

30% Member Discount on Online Training!

Click Here for more information

Telehealth, Secure Messaging, and More

Backline is an award-winning secure messaging and clinical communication platform that connects all of the stakeholders in a patient’s journey.

Connect with patients in virtual visits and share information between your staff, family members,

caretakers, and outside providers in real-time—all in a convenient, HIPAA-compliant solution.

Keep your patients engaged and your team in sync with Backline.

We Endorse Telehealth for Our Members

Register Today!

Backline

DrFirst Unite the Healthiverse

Montana Rx Card

This program is being provided to you to distribute to your patients to help lower their prescription drug costs. Simply distribute the FREE Prescription Drug Card below and your patients can save up to 75% (discounts average roughly 30%) at more than 68,000 national and regional pharmacies. This card can be used as a primary plan and/or it can be used on prescriptions not covered by other plans. This program also includes other value-added programs, which will be listed on the card. This card is pre-activated and can be used immediately.

Follow Us On Social Media!

Stay up to date with Association events and initiatives by following us on **Facebook**, **Instagram** and **LinkedIn**