

IMS Advocate

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Medicaid PERM project begins

All Iowa Medicaid-participating physicians should have received notification from the Iowa Medicaid Enterprise (IME) regarding the Payment Error Rate Measurement (PERM) project being conducted in Iowa. The PERM program measures improper payments in the Medicaid and SCHIP programs. Information about this project is in IME Information Letter 656.

Livanta, LLC, in conjunction with CMS, has randomly selected cases to audit for correct claims payment. If you are audited, please comply and provide a complete copy of the medical records and supporting information pertaining to the claim. More information, from IME and CMS/Livanta is available at www.iowamedical.org.

Influenza surveillance sites

The Iowa Department of Public Health needs physicians to track and report influenza data from October through next March. Participants will report weekly data using a Web-based reporting tool. To enroll in the network, contact Meghan Harris at (515) 281-7134 or mharris@idph.state.ia.us.

Visit the IMS Web site

Have you checked out the IMS Web site since its redesign? Visit www.iowamedical.org to pick up the latest news, learn of educational opportunities, participate in advocacy, and read IMS Executive Vice President Mike Abrams' blog.

IBM selects new executive director

The Iowa Board of Medicine (IBM) recently selected former *Cedar Rapids Gazette* editor Mark Bowden as the organization's executive director. He was selected by the IBM from among 15 applicants and 2 finalists. IBM Chair, Yasyn Lee, MD, noted that Mr. Bowden brings solid management and excellent communication skills. Mr. Bowden stated that he is passionate about Iowa, knowledgeable about government, and understanding of government agencies such as the IBM. Mr. Bowden will assume his duties in January upon the retirement of Ann Mowery, PhD.

The IBM has also hired new chief investigator Russell Bardin. He comes to the IBM with a degree in criminal justice and substantial experience in management and insurance claim and fraud investigations. He replaces Ed Knapp who stepped down from the position but remains an IBM investigator.

October 1 is deadline for Medicaid Rx security features

By October 1, physicians must write Medicaid prescriptions on tamper-resistant pads that have at least three features to prevent unauthorized copying, erasure or modification, and counterfeiting. This deadline is the second implementation phase of the law passed last year. The first phase, which began April 1, 2008, required prescription pads with at least one of the security features.

Remember that this requirement does not apply to electronic, faxed, or phoned prescriptions. Also remember that this requirement applies only to prescriptions written for Medicaid members. It does not apply to Medicare or *hawk-i* patients. For more information, visit the Iowa Medicaid Web site at www.ime.state.ia.us/Providers/index.html.

CMS addresses DMEPOS accreditation for physician suppliers

Physicians who supply durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) to their patients and who have a Medicare DMEPOS enrollment number do not have to meet the CMS September 2009 accreditation deadline to remain in good standing with Medicare. The recently passed Medicare Improvements for Patients and Providers Act (MIPPA) directed CMS to exempt licensed professionals from DMEPOS accreditation because they already are regulated through their professional licenses.

MIPPA, however, also gave CMS some enforcement discretion. On its September 3 Open Door Forum call, CMS staff clarified the agency's position that physicians and other licensed professionals (e.g., optometrists, podiatrists) are exempt from accreditation for now. However, licensed professionals may be required to become accredited at some future date if quality standards specifically directed to physician suppliers are developed and approved. To learn more, consult CMS' fact sheet and frequently asked questions at www.cms.hhs.gov/medicareprovidersupenroll. The AMA advocated for this exception noting, among other things, the \$3,000 estimated accreditation cost per physician.



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Input needed on Medicare PQRI

Physicians who participated in the 2007 CMS Physician Quality Reporting Initiative (PQRI) have another opportunity to share their thoughts on the system. The AMA has developed a brief, confidential survey for physicians regarding their participation in the PQRI and how to improve it. Results of the survey will allow the AMA and other medical specialty and state organizations to effectively advocate for changes physicians would like to see in the PQRI. Visit <http://survey.confirmit.com/wix1/p709679480.aspx> for a brief background on the PQRI and to take the survey.

AMA seeks clarification from FTC re: "Red Flag Rules"

The AMA has asked the Federal Trade Commission (FTC) to provide clarification regarding applicability of its rules mandating that all financial institutions and creditors develop prevention programs to spot and respond to "red flags" indicating identity theft. The Red Flag Rules apply to a broad base of entities that "regularly extend, renew, or arrange for the continuation of credit" for their customers. The FTC says that for purposes of these rules, physicians who accept insurance are "creditors" if the patient is ultimately responsible for medical fees. Red Flag programs must be in place by November 1. Entities that fail to comply with the rules are subject to civil action by the FTC and penalties not to exceed \$2,500 per violation; private action also is possible.

Blues MDL compliance dispute facilitator named

The compliance dispute process is an important feature of the multi-district litigation (MDL) class action settlement agreement between physicians and Blue Cross plans nationwide, including Wellmark. Physicians who did not opt out of the settlement can file compliance disputes if they discover that a settling health plan failed to comply with Section 7 business practice provisions of the agreement. Deborah Winegard, who facilitated disputes in the Aetna and Cigna settlements, has been named the Compliance Dispute Facilitator to represent the interests of physicians. Further information regarding the dispute process, including forms, is available at www.hmsettlements.com or by contacting Ms. Winegard at dwinegard@gmail.com or (402) 607-8222.

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