

IMS Advocate

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Rx drug donation program

The Iowa Prescription Drug Donation Repository (PDDR) program can provide prescription medications to medical facilities for patients in need. Patients must be lowans who are underinsured, uninsured, or less than 200% of the FPL.

The program currently has an excess amount of the following medications: Amitza, Aricept, Exelon, Namenda, Zyprexa, Geodon, Carbadopa/Levodopa, Depakote, Enablex, and Detrol. These medications are provided free and must be prescribed and dispensed following state practice acts. For more information, call toll free (866) 282-5817 or visit www.iowapdc.org.

DUR Commission seeks input

The Iowa Medicaid Drug Utilization Review (DUR) Commission requests input from Iowa physicians regarding new prior authorization (PA) criteria for the following: growth hormone therapy, Linezolid (Zyvox®), and Serotonin 5-HT1-receptor Agonists. A copy of the letter from the Commission outlining the proposed PA criteria is available at www.iowamedical.org. Submit comments by October 31 to enemmers@iowamedical.org.

Andringa to leave Wellmark

Dale Andringa, MD, chief medical officer of Wellmark, will be retiring from his position at the end of 2008. He will continue with the organization as a consultant. Wellmark will announce their transition plan soon.

AMA, MGMA seek delay of "Red Flag Rules"

The deadline for compliance with the Federal Trade Commission's (FTC) rules requiring "creditors" to develop and implement written identity theft prevention programs is November 1, 2008. However, the question of whether or under what circumstances physicians are "creditors" remains unresolved. The FTC is taking a broad view. The AMA, MGMA, and 25 national specialty societies have formally objected, stating that ordinarily physicians do not extend credit as "lenders" and citing case law authority in support. These groups ask the FTC to "immediately provide a cogent legal analysis" of its position and to "withhold any plans to apply the Red Flag Rules to physicians until this matter is resolved." Watch the IMS Web site, www.iowamedical.org, for updates.

Medical records questions, changes focus of IMS seminar

Recently, IMS members have raised questions regarding the new medical record copy fee law and when it applies. A law passed this year changes section 622.10 of the Iowa Code. It mandates that providers charge for medical records under the Workers' Compensation fee schedule. IMS cannot provide legal advice to its members, but based on the placement of this law within the Code, IMS believes that this law applies only to medical records obtained in the course of litigation. Fees for all other medical record requests remain unchanged. Please remember that under HIPAA's Privacy Rule, record copying charges must be reasonable, cost-based fees reflecting only: the cost of supplies and labor for copying; postage; and the preparation of any explanation or summary.

This issue will be included in the IMS seminar on medical record management on Thursday, November 13. Other topics include: coding and compliance; HIPAA; medical record documentation; Workers' Compensation requests; and medical record requests by Medicare Advantage plans. Visit www.iowamedical.org to learn more and to register.

OCR releases guidelines on medical information release

The Office of Civil Rights (OCR), the federal enforcer of the HIPAA privacy rule, has issued guidance addressing common questions regarding release of medical information to family members, friends, and others involved in the patient's care. The provider guide is available at www.hhs.gov/ocr/hipaa/provider_ffg.pdf; the consumer guide is available at www.hhs.gov/ocr/hipaa/consumer_ffg.pdf.

Iowa law on limited liability companies (LLCs) revised

Many physician practices in Iowa are incorporated as limited liability companies (LLCs) under existing Iowa Code chapter 490A. This year, the Iowa General Assembly, in **HF 2633**, adopted a revised LLC law, Iowa Code chapter 489. Affected physician practices may need to make changes to their corporate LLC documents. Existing LLCs need to be in compliance with the revised law by January 1, 2011, but can opt in before then. Contact your corporate attorney for advice on how and when to proceed.



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CMS proposes ICD-10 by 2011, will host ICD-10 conference calls

CMS has proposed two rules of major interest to health care providers and payers. The first rule, to become effective on October 1, 2011, if adopted, would require use of the 155,000 codes in the ICD-10 system, replacing the 17,000 codes in the current ICD-9. The second, to become effective April 1, 2010, if adopted, seeks to facilitate transition to ICD-10 by requiring an updated version of the X12 HIPAA transaction standard for electronic claims submission, replacing version 4010/4010A1 with version 5010.

Physician transition to electronic health records presents another layer of challenge in moving to ICD-10 in the next three years. "This is a massive administrative undertaking for physicians," says the AMA, "and must be implemented in a timeframe that allows for physician education, software vendor updates, coder training, and testing with payers."

The AMA, MGMA, and the Blue Cross Blue Shield Association agree that the proposed timeframes are unrealistic. Comments on the proposed rules are due October 21. For the proposed ICD-10 rule, go to <http://edocket.access.gpo.gov/2008/pdf/E8-19298.pdf>. For the proposed transaction rule, go to <http://edocket.access.gpo.gov/2008/pdf/E8-19296.pdf>.

CMS has scheduled a series of national provider calls that will offer an overview of ICD-10 and how it differs from ICD-9-CM. The presentations will include the major impacts providers should consider when planning to update any systems with ICD-10 codes. CMS officials said issues such as differences in code length, alpha-numeric characters, and increased details captured by the codes will also be explained. Considering that ICD-10 may be implemented in the future, CMS intends the overview to help the provider, payer, vendor, and publishing communities think about future reporting, system updates, and training.

The presenters will include members of the Cooperating Parties for ICD-9-CM, a formal coalition that has been working together on ICD-10 issues. The role of each will be explained, along with a similar role they will play should ICD-10 be implemented. The Cooperating Parties include CMS, the Centers for Disease Control and Prevention, the American Health Information Management Association, and the American Hospital Association.

CMS has scheduled separate conference calls for each provider type but says the same information would be presented. The CMS ICD-10 conference call for physicians will be Monday, November 17, 2008, from 11:30 a.m. - 1:30 p.m. CST. Registration will be required to participate. For more information, go to www.cms.hhs.gov/ICD10.

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