

IMS Advocate

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Key legislation

HF 781 – Establishes a direct-entry lay midwife scope of practice review committee. IMS opposes.

HF 234 – Requires insurance coverage for mental health conditions. IMS supports.

HF 795 – Relates to the choice of doctor in Workers' Compensation cases. IMS is monitoring.

SF 3 – Sets a .08 blood alcohol limit for boat operating. IMS supports.

SF 153 – Allows physician assistants to form PCs. IMS opposes.

HF 478 – Requires coverage for diabetes education. IMS supports.

SF 261 – Establishes a pilot physician assistant mental health fellowship program. IMS is monitoring.

HF 758 – Modifies damages recoverable for negligent or wrongful injury/death. IMS opposes.

SF 394 – Requires a circulating nurse in operating rooms during surgical procedures. IMS opposes.

IMS endorses TSI

IMS has changed the endorsed provider for collection services for past due patient accounts. Green Flag Profit Recovery by Transworld Systems, Inc. (TSI) provides effective debt management for fewer write-offs and lower internal collection costs. The flat fee service provides a diplomatic approach for delinquent accounts and lets you keep more of the dollars actually collected. For more information, call (515) 321-4324 or e-mail steve.burgett@transworldsystems.com.

Kitchell testifies before House lawmakers

Michael Kitchell, MD, IMS President-elect, testified Tuesday, March 24 before the U.S. House of Representatives Energy and Commerce Subcommittee on Health. The hearing examined racial, ethnic, and geographic disparities in access to health care and the role of the health care workforce in addressing disparities. Dr. Kitchell spoke of the challenges and lessons provided in rural health care and touched on a variety of topics including access to care, quality improvement, and the PQRI. Dr. Kitchell also discussed in detail the myriad problems resulting from geographic inequity in Medicare reimbursement and underscored how the flawed Sustainable Growth Rate formula once again threatens Medicare physician reimbursement cuts. In summary, Dr. Kitchell highlighted noteworthy efforts of Iowa's health care community to tackle crucial issues.

PA incorporation bill fails to pass House subcommittee

Last week, the Senate passed **SF 153**, which would allow PAs to form professional corporations. The bill then moved to the Iowa House for consideration. Physicians provided strong grassroots advocacy on this issue and helped defeat the bill in subcommittee. It is likely that a version of this bill will be reconsidered next year. IMS asserts that this change in law is unnecessary, does not allow for appropriate oversight, and is contrary to existing provisions in Iowa law. Thank you for your advocacy efforts!

Health reform bill is amended, passed in House committee

Despite the difficult economic climate, Iowa legislators continue to discuss various health reform measures included in **SF 389**. Passed by the Senate last week, the bill moved to the House. It underwent many revisions before being passed out of committee. IMS is pleased that many contentious portions of the bill have been removed, including those related to "medication therapy management" activities by pharmacists and much of the overreaching language around data reporting. Also removed were unnecessary rules around pharmaceutical company prescription data mining, gift bans, and academic detailing. Extensive professional ethics rules already exist for these subjects. IMS continues to support remaining provisions of **SF 389** allowing for expanded children's health insurance and provider immunity for volunteer care delivered in physician offices. Stay tuned!

IMS Annual Meeting in Iowa City going green

The IMS Annual Meeting is being held April 18-19 at the Coralville Marriott. In keeping with IMS efforts to be more environmentally conscious, delegates are urged to bring their laptops to the meeting. Most materials are being distributed electronically this year. The Delegate Handbook is available at www.iowamedical.org. All resolutions are being posted on the IMS Web site so that all members may have their voices heard. As a reminder, the deadline to reserve a hotel room at the IMS-negotiated rate of \$99 has been extended to April 3. Reservations after that date will be \$169.



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IID proposes July 1 start date for retrospective payment rules

The Iowa Insurance Division (IID) is drafting rules on retrospective payment for medical services provided by an Iowa-licensed physician during the credentialing period. The IID received several comments on its draft rules and held a public hearing on the issue. Still unresolved is how to define when the credentialing period begins. Iowa Code section 514F.6 says that the period starts upon receipt of the application, so long as the physician has an active Iowa license to practice medicine. The draft IID rules took this same approach, and IMS supports those rules. Insurers assert that the credentialing application must be “complete” before the period begins, leaving it to each insurer to determine if the application is complete.

Another issue relates to insurers’ request that no claim for medical services provided during the credentialing period be submitted until the physician is fully credentialed. IMS agrees, so long as insurers with short claims filing deadlines do not deny the claims and force appeals because a deadline expired during the credentialing period.

Insurers also insist upon language relieving an insurer from compliance with the rules if the insurer believes the rules are inconsistent with NCQA or URAC standards. IMS opposes this language and believes an insurer cannot avoid obligations under Iowa law due to a unilateral determination that it conflicts with voluntary accreditation or certification standards.

The IID’s rules have a July 1, 2009, effective date; IMS argues that the effective date for qualified payments during the credentialing period is back to July 1, 2008. The IID maintains it does not have legal authority to apply the rules back to that date.

UHC discontinues Premium Designation Program for oncology

UnitedHealthcare’s (UHC) Premium Designation Program (PDP) for oncologists has been survey-based, but in light of input from practicing physicians and specialty medical societies, UHC is discontinuing its oncology PDP until a more useful assessment program can be developed. Oncologists should have received a letter from UHC apprising them of this change. In the UHC spring directory, “Specialty Not Evaluated” will be listed next to the names of network oncologists. Call (866) 270-5588 with questions on the PDP designation.

2007 Medicare and Medicaid E/M utilization data available

IMS has prepared a report that compares 2007 evaluation and management (E/M) data for Iowa Medicare, national Medicare, and Iowa Medicaid. The expected use of any E/M code range is a bell curve. If physicians are billing outside the expected use of E/M codes, there is a risk of audit. Find the report under the “Medicare” tab at www.iowamedical.org.

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