

IMS Advocate

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DUR seeks physician feedback

The Iowa Medicaid Drug Utilization Review Commission (DUR) seeks physician feedback on a proposed change to prior-authorization criteria for thrombopoietin receptor agonists (Nplate™ and Promacta®). Read the letter from the DUR on the IMS Web site, www.iowamedical.org, and submit comments to enem-mers@iowamedical.org by July 31.

Providers can stay updated with newsletters, meeting agendas, meeting minutes, and other DUR activities at www.iadur.org.

IDPH flu surveillance

The Iowa Influenza Surveillance Network through the Iowa Department of Public Health (IDPH) needs outpatient clinic site partners to monitor and report influenza activity on a weekly basis.

To participate, a clinic must have Internet access and must routinely see patients of any age who might have influenza. Each week, sites will be asked to report total patient numbers seen by age group and the prevalence of patients meeting the definition of influenza-like illness.

Participants receive free influenza confirmatory testing by the University Hygienic Laboratory and a free subscription to the *Emerging Infectious Diseases* journal.

For more information on enrollment, contact Meghan Harris at IDPH at mharris@idph.state.ia.us or (515) 281-7134.

IID releases final retrospective payment credentialing rule

After much debate between IMS and Iowa's health insurance industry, the Iowa Insurance Division (IID) has adopted its rule that implements the 2008 legislation requiring health plans to retrospectively pay successfully credentialed physicians for covered medical services provided during the credentialing period. The rule, which is effective July 22, 2009, requires health insurers to retrospectively pay for all clean claims for covered services provided by the credentialed physician during the credentialing period. The credentialing period begins on the "application date" when the health insurer receives the physician's completed credentialing application. The period ends on the date the health plan makes a final determination approving the physician's credentialing application.

In adopting this language, the IID noted that the Iowa statewide universal credentialing form specifically directs the applicant "to complete this form in its entirety and attach all requested documentation and explanations." Health insurers shall notify the applicant of their credentialing decision within 90 days of receipt of the completed application. No claim shall be submitted during the credentialing period. Claims for services provided during the credentialing period shall be submitted after the physician is credentialed and before the expiration of a health plan's time period for submission of claims. That time period shall not start until the credentialing period has ended. A copy of the rule will be available next week on the IMS Web site, www.iowamedical.org.

Iowa Board of Nursing adopts fluoroscopy rule

On June 4, the Iowa Board of Nursing adopted a rule allowing advanced registered nurse practitioners (ARNPs) to supervise fluoroscopy. Under the rule, set to go into effect early this fall, ARNPs will be permitted to provide direct supervision in the use of fluoroscopy. Iowa is the first state to extend this authority to ARNPs. IMS continues to strongly oppose the rule as it: 1) contradicts current national standards and guidelines on fluoroscopy training and utilization; 2) leaves the ARNP to define competency; 3) is overly broad; and 4) is not linked to proper education and training standards necessary to protect public safety. For more information on this issue, contact Heidi Goodman at hgoodman@iowamedical.org.

AMA continues work with national health reform

This week, the AMA sent a letter to President Obama outlining the organization's commitment to national health reform. The letter, which was co-signed by five other organizations, including the American Hospital Association and the Pharmaceutical Research and Manufacturers Association, further outlined elements of health care that can be changed to reduce costs, strengthen quality, and improve access. These elements relate to care utilization, administrative simplification, chronic care management, and reduction of health care business costs. Read the letter and learn about other AMA and state medical society efforts in health reform at www.ama-assn.org.



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Surety bond for Medicare DMEPOS suppliers required October 2

In addition to being enrolled as Medicare Part B providers, some medical practices and/or physical and occupational therapists (PTs/OTs) employed by medical practices are also enrolled as Medicare DMEPOS suppliers. In order to remain enrolled, by October 2, 2009, existing suppliers must obtain a \$50,000 surety bond. This bonding requirement is part of Medicare's effort to protect the program against losses resulting from fraudulent suppliers.

There are exceptions to the surety bond requirement. Physicians and non-physician practitioners (e.g., PAs, nurse practitioners, clinical social workers) are exempted so long as items are furnished only to their own patients as part of medical services provided. If that same medical practice employs a PT/OT, however, the physician practice exception does not apply to the PT/OT. The PT/OT must fall under the PT/OT exception. Further information is available from CMS at www.cms.hhs.gov/MLN MattersArticles/downloads/MM6392.pdf and from Palmetto GBA, a Medicare contractor, at www.palmettogba.com. At the Palmetto Web site, type "surety bond FAQs" in the search box to retrieve their useful guidance.

IME changes pharmaceutical case management codes

The Iowa Medicaid Enterprise (IME) recently sent Informational Letter 801 to providers updating them on new billing codes for pharmaceutical case management (PCM) services for Iowa Medicaid members. The PCM program benefits some high-risk Medicaid patients by allowing physicians and pharmacists to manage medication regimens.

The new PCM code is only to be used when it is the only billed service for a given date. If physicians provide PCM services as part of a broader "evaluation and management" service, such as an office visit, they should not bill PCM services independently. For more information, read the letter at the IMS Web site, www.iowamedical.org, or the IME Web site, www.ime.state.ia.us. Contact IME with specific questions at (800) 338-7909.

WPS to merge J5 MAC claims processing systems

In December 2008, CMS notified WPS Medicare of a merger of the Multi-Carrier System (MCS) claims processing environments of Iowa and Eastern Missouri with those of Kansas, Nebraska, and Western Missouri. This merger will maximize efficiency and cost savings for CMS' Medicare Administrative Contracting (MAC) environment. This new claim processing environment is scheduled to begin operation on August 1, 2009. For important information on the merge and how it may affect providers, go to www.wpsmedicare.com/j5macpartb/publications/news/archived/systemmergeupdate.shtml.

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