

IMS Advocate

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WPS merges claims processing

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 new claims processing environment is scheduled to begin operation on August 1, 2009. For information on the merge and how it may affect providers, go to www.wpsmedicare.com/j5macpartb/publications/news/archived/systemmergeupdate.shtml.

Additionally, WPS Medicare is hosting an Ask the Contractor Teleconference on Wednesday, July 22, from 1:00-2:30 p.m. CDT; the dial-in number is (866) 685-4589, and the conference ID is 16021050.

Grant for PQRI reporting

The CMS Physician Quality Reporting Initiative (PQRI) rewards physicians for quality care as evidenced by data. Through a grant from the Physicians' Foundation, IMS has coupons redeemable for licenses to the DocSite reporting system to be used by physicians participating in the PQRI. The coupons are to be used on an individual physician basis. To apply for these coupons, please complete the application available on the IMS Web site www.iowamedical.org/secure/TechnologyforQualityGrant.cfm. Contact Kara Bylund at (515) 223-1401 or kbylund@iowamedical.org for more information.

CMS releases 2010 proposed physician fee schedule

CMS has released the proposed rule for the 2010 Medicare physician fee schedule, including a long-awaited announcement that physician-administered drugs will be removed from the definition of "physician services" under the sustainable growth rate (SGR) formula. This action will substantially reduce the legislative cost of congressional proposals to reform physician payments and makes a permanent solution to the SGR disaster more feasible. This will greatly lessen the forecasted SGR cuts in future years, although there is still a 21.5 percent cut scheduled for 2010.

In an unexpected move, CMS proposes to eliminate payment for consult codes, directing specialists to instead bill new and established E/M codes. The agency proposes to have the savings from the consult codes spread to increase payments for these new and established E/M codes, paying specialists somewhat less for the current equivalent of a consult, while primary care doctors would be paid more for their E/M claims.

CMS also proposes to decrease payment for imaging services that require expensive equipment and to redistribute those savings to other services, including primary care. Accrediting organizations are proposed for providers of advanced imaging services who would have to be accredited by January 1, 2012. Other changes in the proposed rule include simplified reporting requirements for the e-prescribing incentive program and more measures for the Physician Quality Reporting Initiative (PQRI).

The proposed rule is scheduled for publication in the July 13 *Federal Register* and will be available at www.federalregister.gov. Comments on the rule are due by August 31, 2009.

Iowa Medicaid to pay for interpreter services

On July 1, Iowa Medicaid began reimbursing for interpretive services provided to patients who are Medicaid or *hawk-i* members. For the services to be covered, they must be provided by a qualified interpreter who is employed or contracted by the provider. For more information on qualifications and billing, read Informational Letter No. 811 from Iowa Medicaid at the IMS Web site, www.iowamedical.org.

IMS Board reference committee to meet via teleconference

The 2009 IMS House of Delegates referred *Resolution 09-07: The Relative Value of On-call Work* to the IMS Board of Directors. The resolution calls for the AMA to ask the RVS Update Committee to determine relative value units that would specifically give a value for each specialty's on-call work related to the "burden" of on-call. A Board Reference Committee has been appointed to hear testimony and make a recommendation.

The Reference Committee will meet by teleconference on Thursday, August 20, at 5:00 p.m. IMS members are invited to provide input. Contact Sandy Nelson at snelson@iowamedical.org to request dial-in instructions or to provide written comments (due August 11). Read the resolution in its entirety at www.iowamedical.org.



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No balance billing for Crime Victim Compensation claims

The state's Crime Victim Compensation Program serves as a health care payer of last resort for Iowans who are crime victims. The state's reimbursement rate to providers is determined annually; due to budget constraints, the program now pays at 70 percent of charges.

Legislation passed this year in the Iowa General Assembly prohibits balance billing of patients for claims received by the program after July 1, 2009. Additionally, the Attorney General's (AG's) office, which administers the program, has noted that payments could take up to five or six months. Prior to implementing payment changes, the AG's office informed IMS of the program changes. For more information on the program, visit www.iowa.gov/government/ag/index.html.

Wellmark's physician advisory committee holds first meeting

A term of settlement between physicians and the nation's Blues plans in the *Love* multi-district litigation requires the Blues, including Wellmark, to establish physician advisory committees (PACs). Wellmark and IMS cooperated in defining its PAC's composition and membership. Twelve physicians make up the Wellmark PAC. Wellmark's chief medical officer, Paul Karazija, MD, serves as the PAC's chair.

Issues for PAC consideration include physician/Wellmark relationships, clinical and administrative policies affecting that relationship, and health care and clinical quality. The PAC is required to meet at least once every six months, and physician communications to the PAC come through its members. The PAC is empowered to make recommendations to Wellmark, which then must consider implementation of such recommendations. Issues reviewed and discussed by the PAC at its first meeting in June included the July contract payment updates, Wellmark's processes for establishing medical policies, its draft policy on anesthesia services for gastrointestinal procedures, and Wellmark's radiology management program. Wellmark's provider Web page will soon contain more information on the PAC including members, recommendations, and Wellmark's responses to recommendations.

Tennessee Medical Association sues Health Research Insights

Many third party administrators contract with Health Research Insights (HRI) to recover alleged overpayments. Practices in other states have complained of HRI's recovery methods. As a result, the Tennessee Medical Association filed action in its state court alleging defamation, violation of contract, and violation of state consumer protection law. IMS and others are monitoring the issue. Contact IMS if your practice has experienced problems with HRI.

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