

IMS Advocate

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Nat'l health reform progresses

Democratic leadership in the U.S. House and Senate continue to debate national health reform legislation. It is currently expected that draft legislation will be sent to the Congressional Budget Office for scoring very soon. For regular updates, visit www.iowamedical.org.

Complete health IT assessment

The Iowa e-Health Project is working through the Iowa Department of Public Health to advance health information technology (health IT) in Iowa, including electronic health records and health information exchange.

The Project is conducting a provider health IT assessment to better understand your health IT use, capabilities, and needs. IMS asks its members to register for the assessment at: www.surveymonkey.com/ia_practicepoc. Once registered, you will later receive a Web link where you can complete the brief assessment.

DUR seeks physician feedback

The Iowa Medicaid Drug Utilization Review Commission (DUR) recently recommended Medicaid clinical prior authorization criteria changes. The DUR seeks physician feedback on changes for:

1) dipeptidyl peptidase-4 inhibitors; 2) lidocaine patch; and 3) ergotamine derivatives. Read the DUR's letter at www.iowamedical.org. Send feedback by January 28 to enemmers@iowamedical.org.

Are you plugged in to IMS advocacy efforts?

As the 2010 Iowa Legislative Session begins, we know that health care issues will be hot topics. It's crucial you stay in touch with IMS as debate evolves. If you haven't already registered with our VoterVoice system, sign up now to stay in touch with us over the coming months. It's quick and easy to do – just visit www.iowamedical.org, click on the "Legislative Advocacy" tab to the left, and then click on "Sign up for VoterVoice." Once you register, you will receive e-mail alerts when we need your voice on issues before the legislature. VoterVoice will provide contact information for your elected officials so you can easily contact them.

2010 legislative session brings opportunities, challenges

IMS is already busy with this legislative session. To save funds amid the budget crunch, the legislature is shortening its calendar to 80 days and moving up all deadlines. The scheduled end date is March 31, which means the schedule will be very hectic this year. Below is a listing of some of the topics facing Iowa physicians. For more information on IMS priorities for 2010, visit www.iowamedical.org, click the "Legislative Advocacy" tab, and view the "What We Believe" brochure on the Main Page.

State Budget: Iowa Medicaid was forced to reduce provider payments as a result of budget cutting. IMS will work to minimize budget impacts on Iowa's physicians.

Reform Initiatives: The legislature continues to discuss health reform issues. IMS supports sensible aspects of reform, insurance parity for mental health and substance abuse coverage, and increased emphasis on wellness and prevention.

Allied Health Practitioners: IMS expects to face many scope of practice issues. With patient safety as the barometer, IMS will oppose inappropriate scope expansions. It is crucial that physicians educate themselves on these issues as they arise and stand together in opposing expansions that lead to inappropriate and ineffective care for Iowans.

Medical Liability: IMS will vigorously oppose any changes to Iowa law that will adversely affect the tort liability climate and will continue to push for Certificate of Merit legislation that will prevent wasteful litigation by filtering lawsuits that are unnecessary.

Iowa Department of Revenue auditing medical practices

The Iowa Department of Revenue's (IDR) audit programs rotate every several years in an attempt to address all sectors of taxes and taxpayers. The IDR is currently auditing some Iowa medical offices for compliance with the "use tax." In particular, the IDR is looking at purchases of equipment and supplies to determine if the appropriate tax was collected at the time of purchase. If a medical office is currently filing use tax returns, the IDR will go back five years in its audit. If the office is not filing use tax returns, the IDR will go back ten years in the audit. For more information on the Iowa sales and use tax, visit www.iowa.gov/tax/educate/78609.html. If you have questions regarding the appropriateness of your practice's payments, call Bryce Berg at the IDR at (515) 281-8020.



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2010 Medicare physician fee schedule

The 2010 Medicare physician payment final regulation confirmed that the sustainable growth rate (SGR) formula would produce a 21.2 percent reduction in Medicare physician payment rates for 2010. With strong support from President Obama, the U.S. House of Representatives passed legislation (H.R. 3961) that would replace the cut with an increase equal to the Medicare Economic Index (MEI) for 2010, which is 1.2 percent, and permanently reform the SGR formula. The AMA is working to secure similar action in the Senate, and Senate Majority Leader Harry Reid stated that the Senate will take up permanent reform of the SGR when it reconvenes in 2010.

To allow time for the Senate to complete action on permanent SGR reform, Congress provided for a 60-day extension of the 2009 Medicare conversion factor. This extension applies only to the conversion factor (CF); it does not affect the expiring Work GPCI floor or any other aspects of the 2010 Medicare payment schedule. During this 60-day period, CMS has adjusted the CF up slightly to \$36.0846 (from \$36.0666) because of changes to malpractice relative value units (RVUs) in the physician fee schedule.

Because the extension was passed so late in the year, CMS announced that Medicare carriers would hold claims up to the first 10 business days of 2010. This allowed time to receive the updated payment files and perform necessary testing before paying claims at the new rates. WPS Medicare has posted Iowa's physician fee schedule effective 01/01/2010-02/28/2010 at www.wpsmedicare.com/j5macpartb/fees/physician_fee_schedule/.

Iowa Medicaid implements CCI edits

Beginning February 2010, Iowa Medicaid is implementing the Correct Coding Initiative (CCI) edits as part of their claims processing program to enhance the current platform. As part of the implementation, Iowa Medicaid is conducting a review of previously paid claims to ensure coding compliance. Areas of review will be based on globally accepted coding principles that have been the state's policy during the retrospective review time period that includes the following: 1) duplicates; 2) incidental procedures; 3) comprehensive and mutually exclusive codes; 4) multiple units; and 5) global surgery.

More information is detailed in Department of Human Services Informational Letter No. 875. Additional government information on the CCI can be found at: www.cms.hhs.gov/NationalCorrectCodInitEd/. If you have questions, contact Iowa Medicaid Provider Services at (800) 338-7909 or imeproviderservices@dhs.state.ia.us.

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