

IMS Advocate

published by the Iowa Medical Society

February 12, 2010

Key legislation

SSB 3085/HF 2136 – Define the practice of chronic interventional pain medicine and who may practice it. IMS supports.

HF 2075 – Requires health benefit coverage for certain cancer treatments pursuant to approved cancer clinical trials. IMS supports.

HF 781 – Licenses direct entry lay midwives. IMS opposes.

HJR 2006/SJR 2003 – Nullify an Iowa Board of Nursing administrative rule allowing ARNP supervision of fluoroscopy. IMS supports.

HSB 590 – Requires insurance coverage for mental health conditions, including substance abuse treatment. IMS supports.

HF 2329 – Provides payment for medication therapy management activities. IMS is monitoring.

SF 2072 – Establishes involuntary hospitalization protocol. IMS is monitoring.

SF 153 – Allows physician assistants to form a professional corporation. IMS opposes.

SF 2005 – Creates a cap on noneconomic damages in medical malpractice actions. IMS supports.

SF 2150 – Establishes graduated driver licensing program for teens. IMS supports.

SSB 3103 – Alters rules around hospital inspectors and findings of dependant adult abuse. IMS supports.

HSB 529/SF 2053 – Restrict generic antiepileptic drug substitution by pharmacists. IMS is monitoring.

Legislative activity picks up during funnel week

The Capitol was busy this week with the legislative session's first funnel deadline. By Friday, February 12, bills needed to be reported out of a chamber's committee to remain viable. Bills passed out of committee then need to be debated and moved into the other chamber for committee work by March 5 to meet the next funnel deadline.

The combined effort of Iowa physicians was unsuccessful in pursuing legislation that would have protected patient safety by preventing nurse anesthetists from performing procedures for which they have no education or training. IMS and the Iowa Society of Anesthesiologists worked the proposal up until the last opportunity for passage.

Meanwhile, two bills that IMS opposes have received traction. On Wednesday, a House committee voted out **HF 781**, which would license direct-entry lay midwives. This was done despite effective advocacy by Iowa's ob-gyn physicians. On Thursday, a Senate committee voted out **SF 2262**, which would license naturopathic physicians. IMS opposes both bills, as they would license unqualified individuals and thereby create patient safety risks. Finally, elements of the state reorganization bill of concern to IMS members, including a state False Claims Act and inclusion of mental health drugs on the Medicaid PDL, have yet to be finalized. Look for more information next week.

Contact AMA re: recredentialing faxes from MultiPlan

The AMA has notified state medical societies of faxes sent by Medversant, a contractor for MultiPlan, to 60,000 physicians nationwide. The faxes are for recredentialing of physicians contracted either with MultiPlan or Private Healthcare Systems (PHCS). Many of the physicians who received the fax say they are not contracted with either group. The AMA invites physicians who have incorrectly received such a fax to notify the AMA Practice Management Center at practicemanagementcenter@ama-assn.org. Physicians can determine if they are listed as a contract provider of either MultiPlan or PHCS by accessing www.multiplan.com/patients/.

ICD-10 and HIPAA 5010 transitions – the clock is ticking!

It is not too early to begin planning for the transition to ICD-10 and HIPAA 5010. Transition deadlines are January 1, 2012, for the HIPAA 5010 and October 1, 2013, for the ICD-10. The AMA has prepared a primer for medical practices preparing for these transitions. Go to www.ama-assn.org/go/hipaa and search for "Preparing for the Conversion from ICD-9 to ICD-10: What You Need to Be Doing Today."

The AMA also has stated that regulators and industry are considering a "freeze" on modifications of the ICD-9 and ICD-10 codes sets to assist the transition. As such, the AMA is recommending that specialties review their relevant diagnoses and procedures in the ICD-10 code sets to ensure that all of the clinically necessary codes are present and to submit requests for modifications, if needed, to the ICD-9-CM Coordination and Maintenance Committee at www.cdc.gov/nchs/icd/icd9cm_maintenance.htm.



Iowa Medical Society legislative staff

Michael Abrams

Executive Vice President
mabrams@iowamedical.org

Jeanine Freeman, JD

Senior Vice President of Legal Affairs
jfreeman@iowamedical.org

Karla Fultz McHenry

Vice President of Public Policy & Advocacy
kmchenry@iowamedical.org

Eric Nemmers, JD, MHA

Legislative Counsel
enemmers@iowamedical.org

Heidi Goodman, BSN, JD

Policy Counsel
hgoodman@iowamedical.org

Sandy Nelson

Manager of Health Care Economics
snelson@iowamedical.org

Cheryl Peers

Legislative Coordinator
cpeers@iowamedical.org

IMS Headquarters
1001 Grand Avenue
West Des Moines, Iowa 50265
(800) 747-3070 or (515) 223-1401
Fax (515) 223-0590
www.iowamedical.org

Comparative Billing Reports – tools for provider improvement

As a CMS contractor, WPS Medicare must identify and correct potential problems related to coding and billing errors. A review of recent Comprehensive Error Rate Testing (CERT) findings has demonstrated that Evaluation and Management (E/M) codes and/or documentation account for the greatest percentage of WPS' jurisdictional CERT errors.

Therefore, in fiscal year 2010, an area of focus by WPS Medical Review will be improvement in billing accuracy for E/M services. Based on data analysis, WPS will send Comparative Billing Reports (CBRs) to providers. CBRs will go to providers who consistently bill only one E/M code within a given category of E/M services. In some cases this may be appropriate; in others it may not. Regardless, this trend throws up a "red flag" to oversight contractors. The CBRs are for educational purposes only and receiving a CBR does not mean a provider is being audited. Should providers have questions, the letter that accompanies the CBR will provide WPS Medicare contacts for policy and/or Medicare guidelines for E/M services and suggested resources for E/M coding advice.

Iowa Medicaid receives \$1.6 million matching grant for health IT

Iowa was the first state to receive CMS matching funds for health IT implementation planning activities. This will include creation of an Iowa Medicaid IT plan that defines the state's vision for long-term IT use by March 2010. Iowa Medicaid also is in the process of developing its incentive program for adoption and meaningful use of certified electronic health records (EHRs), with the initial payments to be made in 2011. Medicaid EHR incentives will be available only for eligible professionals who meet minimum patient volume percentages and waive rights to receive duplicative incentive payments under Medicare.

WPS Medicare requests comments on draft LCDs

WPS Medicare has posted ten draft local coverage determinations (LCDs). Review the LCDs at www.wpsmedicare.com/j5macpartb/policy/draft/#list and submit comments electronically at policycomments@wpsic.com by April 5, 2010. The next meeting of the J5 MAC Carrier Advisory Committee is February 19, 2010, when these LCDs will be discussed.

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: Cymbalta[®], Lyrica[®], and Savella[®]. Visit www.iowamedical.org to see the letter from the DUR. Send feedback by February 26 to enemmers@iowamedical.org.

Non-Profit Org.
U.S. POSTAGE
PAID
Permit No. 9901
Des Moines, Iowa

Iowa Medical Society
1001 Grand Avenue
West Des Moines, IA 50265