

# IMS Advocate

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## Legislative update

**Adjournment:** It appears that the legislature will adjourn by the end of the month as planned.

**DIA bills related to dependent adult abuse:** Legislators continue to discuss **SF 2333/HF 2451**, which require the Iowa Department of Inspections and Appeals (DIA) to disclose its investigation of potential dependent adult abuse to the facility and the health care worker being investigated. It also permits an appeal process that delays placement on the central abuse registry until final agency action.

Health care workers deserve adequate representation and due process when dealing with allegations of abuse. Please visit the "Legislative Advocacy" tab at [www.iowamedical.org](http://www.iowamedical.org) to contact your Representative and ask her/him to support **HF 2451** and ask that it be debated yet this session.

**Appropriations Bills:** The state fiscal year 2011 Health and Human Services Appropriations bill, **HF 2526**, was voted out of the House on March 18. The bill did not include provisions that would impact Medicaid provider rates.

The Transportation Appropriations bill, **SF 2381**, was voted out of the Senate. Of interest to some providers, a provision was included that mandates seat belt use for all children under 18. As the bill moves to the House, the viability of the seat belt provision remains unclear.

## Federal health system reform moves forward

On Sunday, March 21, the U.S. House of Representatives is expected to vote on H.R. 3590, the health reform bill previously passed by the Senate. The AMA has announced its qualified support for the bill. The House has also released language expected to be included in a reconciliation bill that would later tweak the legislation. Key components of the reconciliation bill for physicians include:

- 1) Improved Medicaid payment rates for primary care physicians to equal 100 percent of Medicare payment rates, including payments for office visits and immunizations.
- 2) Extended health insurance market reforms, which includes dependent coverage up to age 26, prohibition of lifetime limits and rescissions, and limitations on waiting periods. For group plans, the bill bars pre-existing condition exclusions beginning in 2014, restricts annual limits six months after enactment, and prohibits them entirely by 2014.
- 3) Closes the Medicare prescription drug donut hole through a process beginning in 2010 and completed by 2020.
- 4) Increased federal medical assistance percentage (FMAP) paid to states for new Medicaid enrollees as a result of the expansion of eligibility to 133 percent of the federal poverty level. It also changes the formula used to calculate the amount of increased FMAP that will be paid to states that had expanded Medicaid eligibility to adults.

Additionally, on March 17, the U.S. House passed legislation that would further extend the current Medicare physician payment rates through April 30, 2010. This again postpones the scheduled 21.3 percent cut from taking place but fails to address the fundamentally flawed payment formula used to determine physician payment rates.

Read more on this at the AMA Web site, [www.ama-assn.org](http://www.ama-assn.org). You can also stay updated with health reform news at the IMS Web site, [www.iowamedical.org](http://www.iowamedical.org).

## IMS Annual Meeting in April; candidate slate announced

The IMS Annual Meeting is April 16-18 at the Sheraton Hotel in West Des Moines. Speakers for Saturday afternoon include: Kathleen Sebelius, U.S. Secretary for Health and Human Services; Senator Charles Grassley (R); and Rep. Bruce Braley (D). Visit [www.iowamedical.org](http://www.iowamedical.org) to view the agenda, register, and download meeting materials.

At the Annual Meeting, members will elect IMS leadership. The IMS Nominating Committee has announced the following slate of candidates: **President-elect:** Lawrence Hutchison, MD, Dubuque; **At-large Directors:** Joseph Hart, MD, Waterloo; Steven Jacobs, MD, Cedar Rapids; **House Speaker:** Peter Reiter, MD, Ottumwa; **Vice Speaker:** Paul Mulhausen, MD, Iowa City; **AMA Delegates:** Carole Frier, DO, Des Moines; Janice Kirsch, MD, Mason City; **AMA Alternate Delegate:** Michael Kitchell, MD, Ames; **Nominating Committee:** Robert F. Anderson, MD, Bettendorf.

Candidates for positions can also be nominated from the floor of the House of Delegates. For more information, contact Ed Whitver at [ewhitver@iowamedical.org](mailto:ewhitver@iowamedical.org).



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## Wellmark PAC discusses prior notification and consult codes

Wellmark's Iowa Physician Advisory Committee (PAC) met on March 9 and addressed: 1) Wellmark's response to the PAC's recommendation that a unique, lower cost code be developed for Propofol administration for endoscopic procedures; 2) Wellmark's cardiology and oncology notification programs as well as BCBSA's centers of distinction programs; and 3) Wellmark's anticipated elimination of payment for consult codes in line with Medicare's Calendar Year 2010 physician payment rule.

Regarding Propofol administration for endoscopic procedures, Wellmark responded that HIPAA transaction standards preclude the creation of local codes. Wellmark believes its medical policy is appropriate in light of the several enunciated exceptions that allow for payment on appeal. The PAC provided additional reasons in support of Propofol administration for endoscopic procedures. Wellmark continues to evaluate this policy.

After considerable discussion, the PAC made new recommendations relating Wellmark's prior notification programs. The PAC called for elimination of the burdens/costs on physicians in favor of positive incentive-based options. Furthermore, the PAC called for Wellmark to delay proposed elimination of payment for consult codes pending a national resolution. Wellmark offered explanations for its decision to eliminate consult codes.

In discussion this week with IMS, Wellmark provided data on crosswalk consultation codes and impact analyses of its 2010/11 physician fee schedule on specialties most affected by elimination of the consult codes. Wellmark's notification of July 1 contract changes, including information on elimination of consult codes, will be mailed to physicians beginning April 1. PAC information, including recommendations and responses, is posted when available at [www.wellmark.com/Provider/CommunicationAndResources/PACs.aspx](http://www.wellmark.com/Provider/CommunicationAndResources/PACs.aspx).

## Iowa Department of Public Health receives health IT grant

The U.S. Department of Health and Human Services announced a new round of grant recipients to help advance health information technology (health IT). Funded by the American Recovery and Reinvestment Act of 2009, the latest round of awards is part of the \$2 billion national effort to achieve widespread meaningful use of health IT and provide use of an electronic health record to all Americans by the year 2014. As part of this most recent round, the Iowa Department of Public Health has been awarded \$8,375,000 over the next four years. The money will help Iowa implement a statewide health information exchange.

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