

IMS Advocate

published by the Iowa Medical Society

May 7, 2010

Please complete AMA survey!

IMS is partnering with the AMA to survey physicians regarding their challenges in working with insurers' prior authorization/notification programs. Responses to the survey will help in advocacy with health plans and assist our physician members in this highly frustrating arena. Physicians involved in direct patient care are asked to complete the 10-minute survey. Please note that only one survey per computer can be completed. The AMA is allowing two weeks for responses. Take the survey now by accessing it at www.iowamedical.org.

Take advantage of PQRI

This is the final year physicians can receive the two percent reimbursement rate from the CMS physician quality reporting initiative (PQRI). IMS would like to assist physicians in reporting PQRI information and has coupons redeemable for DocSite licenses. To learn more, contact Kara Bylund at (515) 223-1401 or kbylund@iowamedical.org.

IME Medicaid HIT survey

The Iowa Medicaid Enterprise (IME) asks physicians to complete a short survey by May 20 regarding technology used in practice. Some physicians can receive incentives for using health information technology (HIT) and meeting patient threshold requirements. Visit www.ifaforms.com/148942 to take the survey. Read Informational Letter No. 902 to learn more.

Tell Congress to stop the Medicare cuts!

IMS and other state medical societies have launched an online petition drive to "Keep Doctors for Medicare Patients." The petition urges lawmakers to correct the flawed physician payment formula and once again stop the looming physician payment cut scheduled for June 1. Visit www.iowamedical.org to sign the petition today!

IMS Annual Meeting wrap-up

IMS held its Annual Meeting April 16-18 in Des Moines. Timothy Kresowik, MD, Iowa City, was elected President, and Lawrence Hutchison, MD, Dubuque, was voted President-elect. The Board later elected to the Executive Committee Robert Lee, MD, Johnston, as Board Chair and Victoria Sharp, MD, Iowa City, as Secretary/Treasurer.

In addition, the 2010 House of Delegates elected several new board members. Curtis Page, MD, Dubuque, was elected District 1 Director and Ann O'Donnell, DO, Davenport, is the new District 4 Director. In addition, Joseph Hart, MD, Waterloo, was elected as an At-large Director and Susan Hagen, MD, Iowa City, was re-elected as Resident Director. Andrew Mortenson, M3, UI, will serve as the medical student director.

The House also re-elected Peter Reiter, MD, Ottumwa, as Speaker of the House and Paul Mulhausen, MD, Iowa City, was elected as Vice Speaker. Carole Frier, DO, Des Moines, and Janice Kirsch, MD, Mason City, were re-elected as Delegates to the AMA, and Michael Kitchell, MD, was elected as an AMA Alternate Delegate. Robert F. Anderson, MD, Bettendorf, was elected to the IMS Nominating Committee.

The House also considered 14 resolutions on a wide array of topics. To learn more about the resolutions and the House's actions on each, visit www.iowamedical.org.

IMS unveils Center for Physician Recruitment

At the recent Annual Meeting, IMS released its new Center for Physician Recruitment (CPR). The goal of IMS CPR is to help physician practices recruit new members to the state and laud the positive aspects of practicing medicine in Iowa. To read more about the program, view the recruitment video, and learn how you can obtain the IMS CPR recruitment kit, visit www.iowamedical.org/cpr/.

IBM says it is premature to interpret proposed pain rule

On May 6, the Iowa Board of Medicine (IBM) voted to deny an application for a declaratory order that had asked the IBM to interpret language in its proposed rule on interventional chronic pain management (ICPM). The proposed rule notes that ICPM is the practice of medicine. The order was put forth by the Iowa Association of Nurse Anesthetists, which asked for clarification as to whether the proposed rule would be interpreted to define ICPM as "solely and exclusively" the practice of medicine. The IBM determined the request to be premature, as the rule has not yet been adopted. The IBM is considering comments and will promulgate its final rule soon. For more information, contact Heidi Goodman at hgoodman@iowamedical.org.



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PPACA requires disclosures re: high-end radiology services

The "Patient Protection and Affordable Care Act" (PPACA) places a new disclosure responsibility upon physicians who refer their patients for in-office MRI, CT, or PET scanning services and operate under the Stark law ownership/compensation exception for in-office ancillary services. In referring a patient for these in-office services, a physician must give the patient written notice stating that such services also are available from other suppliers in the area in which the patient resides. The other suppliers must be identified in the notice. Problematically, the notice is to be given starting January 1, 2010, even though the bill was passed on March 23 and signed into law on March 30. Some attorneys believe this law is not effective until the Department of Health and Human Services (HHS) adopts implementing regulations. Others are encouraging medical practices to make good faith efforts to develop and distribute the written notice now. To date, HHS has issued no guidance on this issue.

UHG settlement claims due October 5, 2010

UnitedHealth Group (UHG) settled legal claims made by the AMA in national class action litigation alleging that payment to out-of-network physicians was substantially reduced due to UHG's use of its flawed Ingenix database and its application of flawed payment policies. Physicians are eligible to receive a share of the \$350 million settlement if they: 1) provided covered medical services to patients insured by UHG or one of its related organizations (e.g., John Deere Health, Fiserv) as a non-network physician between March 15, 1994, and November 18, 2009; and 2) billed UHG or one of its related organizations for those services pursuant to a patient assignment. Eligible physicians should receive notice from the Settlement Claims Administrator. Proof of claims must be filed by October 5, 2010. The AMA has compiled guidance to assist physicians with the filing process. Go to www.ama-assn.org/go/ucrssettlement. AMA members also may call (800) 621-8335 for assistance.

Timely filing requirements for Medicare fee-for-service claims

A provision in the new "Patient Protection and Affordable Care Act" (PPACA) amends the time period for filing Medicare fee-for-service (FFS) claims. Claims for services furnished on or after January 1, 2010, must be filed within one calendar year. In addition, claims for services furnished before January 1, 2010, must be filed no later than December 31, 2010. Claims with dates of service before October 1, 2009, must follow the pre-PPACA timely filing rules. Claims with dates of service October 1, 2009, through December 31, 2009, must be submitted by December 31, 2010.

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