

IMS Advocate

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Key legislation

HF 778/SF 236 – Allows local governments to adopt smoking bans. IMS supports.

SF 49 – Provides a .08 blood alcohol limit for motorboat or sailboat operating. IMS supports.

SF 203 – Requires children to wear flotation devices when aboard certain boats. IMS supports.

SF 382 – Required insurance coverage benefits for treatment of mental illness. IMS supported. Died in funnel.

SF 326 – Provided appropriation for a public awareness program for HPV vaccinations of low-income uninsured persons. IMS supported. Died in funnel.

SF 478 – Addressed healing arts treatments by unlicensed persons. IMS opposed. Died in funnel.

SF 522 – Related to litigation access to communications concerning health care and health care records. IMS opposed. Died in funnel.

HF 744/SF 533 – Provides that debtors' personal injury structured settlements are exempt from creditors in legal actions. IMS opposes.

SF 538 – Relates to a parent's cause of action for the recovery of expense and loss related to injury or death of a child. IMS opposes.

SF 520 – Created private cause of action for consumer fraud violations. IMS opposed. Died in funnel.

HF 831/SF 509 – Revises the Uniform Anatomical Gift Act. IMS was monitoring. Signed by Governor.

Legislative session nearing home stretch

The General Assembly is entering its final weeks of the session. The Legislature has determined the fate of the majority of legislation. However, some bills of interest to IMS and many appropriations bills have yet to be solidified. This includes the Health and Human Services appropriations legislation. As previously noted, the Health and Human Services Appropriations Subcommittee failed to include any increase for reimbursement to Iowa physicians providing Medicaid services. Please contact your legislator and other members of the Appropriations Committees and urge them to include a physician reimbursement increase in their appropriations bill. IMS can help you find these legislators and deliver your message. Visit www.iowamedical.org and click on "IMS Advocacy ALERT" under the "Legislative Advocacy" menu.

IBME position reopens – contact IMS if interested

The Governor's office again has a vacancy on the Iowa Board of Medical Examiners (IBME). The Governor had appointed Shahid Habib, MD, a Des Moines internist, to fill the vacancy but discovered that Dr. Habib was one year shy of the statutory qualification requirement for five years of active medical practice in the United States.

The Governor's office has asked for IMS assistance in identifying qualified physician candidates. By law and/or preference to achieve IBME balance, the candidate should be an MD, male, preferably an internist or family practitioner and preferably from outside of Polk County. It is also preferable for the candidate to be a Democrat, but sufficient political party balance now exists on the IBME to allow consideration at this time of Republican or Independent candidates as well. Please contact Jeanine Freeman at jfreeman@iowamedical.org if you have an interest or know of a physician who does.

IME revises provider agreements

The Iowa Medicaid Enterprise (IME) has substantially revised its agreements for providers. The new agreement adds many provisions, some of which IME believes make the document clearer with respect to state and federal laws. IMS is examining the updated form and is discussing questions and concerns with the Attorney General's (AG) office, who worked with the IME in the form's development. The AG's office has been receptive to a dialogue with IMS regarding potential issues with the new agreement. IMS plans to provide further guidance to members regarding the form in the near future. Please contact Eric Nemmers at enemmers@iowamedical.org with any questions.

Please complete IMS membership survey

IMS recently distributed the 2007 Iowa Physician Needs Assessment Survey. IMS works with the AMA to create and send this survey to Iowa physicians. Most of the questions only require checking a box to answer, and the survey should take about 10 minutes to complete. Please take a few moments to complete the survey and share your thoughts.



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Follow-up to reference committee report

During its December 2006 meeting, the IMS Board of Directors approved a reference committee report on Resolution BOD-06-01: Observed Office Visits. As a result, IMS requested and has received an official response from the Centers for Medicare & Medicaid Services (CMS) Acting Administrator. To obtain a copy of the reference committee report, the IMS letter or the CMS response, please send an e-mail to snelson@iowamedical.org.

Medicaid integrity – education of employees on false claims

The federal Deficit Reduction Act of 2005 (DRA) dedicates substantial federal funding to enhance abuse detection and enforcement in the Medicaid program. The Medicaid Integrity Program (MIP) is a federal-state partnership administered through the Centers for Medicare & Medicaid Services (CMS) and its Center for Medicaid & State Operations division consistent with a comprehensive MIP. (See *Iowa Medicine*, “Legalese,” Jan-Feb 2007.)

The first wave of program implementation has reached Iowa and its Medicaid program. Informational Letter No. 547, issued January 23, 2007, directs providers that receive Medicaid payments of at least \$5 million in a given fiscal year to comply with the requirements of section 6032 of the DRA for employee education on the False Claims Act. IMS submitted a letter of concern to the Department of Human Services (DHS) stating, among other things, that no enforcement should occur until Iowa’s state plan is amended and rules are noticed, commented upon and adopted. Further, IMS indicated that the filing requirements of Informational Letter No. 547 are not required by the DRA and are burdensome for physician offices.

By letter dated April 4, 2007, DHS disagreed and offered clarifications. IMS followed up with DHS staff and learned that in requiring entities that meet the \$5 million threshold to “provide the name, address, and NPI provider number(s) associated with each provider or provider entity,” DHS is looking for the “organizational” NPI and not necessarily each provider’s NPI unless a physician practice does not have an organizational NPI (i.e., sole proprietorship), in which case the physician’s NPI should be submitted.

Section 6032’s January 1, 2007, effective date has been problematic because many questions remained unanswered. Go to www.cms.hhs.gov and search “DRA 6032” to obtain CMS responses to frequently asked questions. These can be helpful in assessing when a physician’s office that by itself does not receive \$5 million of Medicaid payments annually is nonetheless bound to meet section 6032’s educational requirements because the practice is corporately connected to a system meeting the \$5 million threshold.

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