IMS Advocate

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IMS remains busy during funnel week

The Capitol was busy this week with the legislative session's first funnel deadline. By today, bills needed to be reported out of their respective chamber's committees to remain viable this session. Many pieces of legislation supported by IMS survived the funnel and continue to be considered, including IMS-supported language to strengthen insurance oversight (noted below). Additional successes include ***HF 2212***, which regulates public smoking, and health reform legislation outlined in ***SSB 3140*** and ***HSB 757***.

IMS also worked to prevent some adverse legislation from surviving the funnel. These include ***HF 2409/SF 2168***, which involved unlicensed alternative health care practice, and ***SSB 3003***, which would have allowed physician assistants to incorporate. IMS and the Iowa Psychiatric Society also worked to achieve a compromise on ***HSB 588***, which deals with the scope of practice of psychiatric ARNPs.

Unfortunately, some adverse outcomes included committee passage of bills that IMS opposes. This includes ***SF 2155*** and ***HSB 94***, which set limits on medical record copying fees. Additionally, IMS-supported legislation for Certificate of Merit requirements in medical malpractice cases did not survive the funnel.

IMS insurance oversight legislation moving forward

An important aspect of the IMS legislative agenda this year involved strengthening insurance oversight. The 2007 IMS House of Delegates adopted a resolution directing IMS to assure health plan retrospective payment for medical services covered by the plans and provided by a physician during the credentialing period. Medical practices have been frustrated when new physicians start employment but await health plan credentialing. IMS proposed language for the Iowa Insurance Division's omnibus bill, ***HSB 737***, that would require health plans to retroactively pay for medical services provided from the time the physician submits a completed credentialing application to when the health plan issues its credentialing decision. That language is moving forward.

Additionally, IMS supports legislation that would create an office for provider complaints within the Iowa Insurance Division. This would provide a formal regulatory body to which physician practices could voice concerns regarding insurers. Legislative language calling for the establishment of an office of health plan oversight within the Iowa Insurance Division survived the funnel and is moving forward in ***SSB 3140***.

IMS language requiring all health plans to accept credentialing applications from physicians using the Iowa statewide universal practitioner credentialing and recredentialing forms, however, was rejected in subcommittee. The Iowa Federation of Insurers questioned what that would mean for CAQH and its forms. IMS believes the universal application still allows plans to use the credentialing services of CAQH, but places the burden and costs of managing that business decision with the plans rather than those physician practices that already have imported data onto the Iowa forms.

Key legislation

HF 2212 – Establishes the Smokefree Air Act and prohibits smoking in public places and places of employment. IMS supports.

HSB 564 – Requires insurance coverage of mental illness and substance abuse. IMS supports. Died in funnel.

SF 2155/HSB 94 – Relates to communications concerning health care and health care record retrieval fees. IMS opposes.

HSB 737 – Insurance omnibus bill requires retrospective payments for physician during credentialing period. IMS is monitoring.

HF 2055 – Requires eye examination certification when a child enrolls in kindergarten. IMS opposes.

SSB 3140 – Relates to health reform. IMS is monitoring.

HSB 757 – Relates to health reform. IMS is monitoring.

SF 2168 – Relates to the practice of healing arts by unlicensed persons. IMS opposes. Died in funnel.

HF 2145 – Requires insurers offering certain policies or plans to cover HPV vaccinations. IMS supports.

SSB 3003 – Allows physician assistants to form professional corporations. IMS opposes. Died in funnel.

HF 2128 – Establishes a state health insurance mandate commission. IMS opposes.

HSB 588 – Allows psychiatric ARNPs to serve as "chief primary health clinicians" and file health care updates. IMS opposes. Died in funnel.

IMS
IOWA MEDICAL SOCIETY

This newsletter is a benefit of your membership in the Iowa Medical Society. Thank you for your support of our advocacy efforts in the Iowa Legislature, the regulatory arena, the private sector and in Congress.

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, RN, 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

Reminder: Tamper-resistant Rx pad requirement begins April 1

Due to language included in an Iraq supplemental spending bill, beginning April 1, all written Medicaid prescriptions must be on tamper-resistant prescription pads for the prescriptions to be reimbursed. This regulation was intended to reduce fraudulent prescriptions. By April 1, an appropriate prescription pad must contain one of three identified characteristics. By October 1, 2008, all three identified characteristics must be incorporated onto any pad used to write Medicaid prescriptions. This requirement applies only to Medicaid prescriptions and does not affect other programs such as ***hawk-i*** or Medicare. Additionally, this requirement only applies to written prescriptions and does not affect prescriptions transmitted by phone or electronically through fax or e-prescription.

Physicians should work with prescription pad suppliers to ensure they are following the tamper-resistant guidelines that can include features to prevent copying, modification and counterfeiting. Visit **www.iowamedical.org** to learn more about this new requirement, the tamper-proof pad characteristics, exceptions to the rule and other information.

MedPAC: re-examine Medicare Advantage payment structures

In testimony before the Senate Finance Committee, the Medicare Payment Advisory Commission (MedPAC) expressed substantial concern regarding payment structures for Medicare Advantage (MA) plans, especially MA private fee-for-service (PFFS) plans. The original goal of inviting private plan participation in Medicare was to gain efficiencies through these plans that have greater flexibility to innovate. According to MedPAC, "Over time, however, this original vision of the potential of private plans has been compromised and ultimately undermined by successive payment increases to plans. Payment increases have been so large that plans no longer need to be efficient to attract enrollees."

In particular, enrollment in PFFS MA plans has increased eight-fold in just two years. Medicare spends 17 percent more than it would if these beneficiaries had stayed in Medicare fee-for-service (FFS). MedPAC notes, "Enrollment growth in PFFS plans comes at an unacceptably high cost to Medicare." MedPAC called upon policymakers to pursue their goals of efficiency and innovation by rewarding providers in low-cost regions through the FFS payment structure or through innovative new payment systems, such as pay-for-performance.

MedPAC is an independent congressional agency that advises Congress on payments to private health plans participating in Medicare and providers in Medicare's FFS program. MedPAC also analyzes access to care, quality of care and other issues affecting Medicare.

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