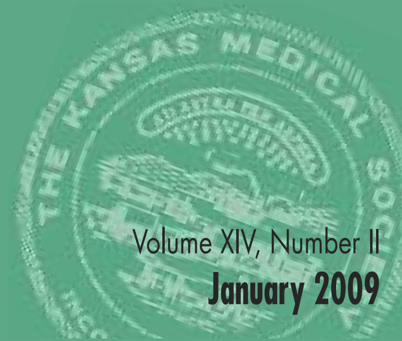
Kansas Physician

published monthly by the Kansas Medical Society *serving physicians since 1859*



Volume XIV, Number II
January 2009

2009 Legislature convenes; budget issues front and center

Dan Morin; KMS Director of Government Affairs

There's the looming budget deficit, and then there's everything else. The new legislature will commence in January with a number of policy priorities—but first, there's the question of an expected $141 million budget deficit at the end of the current fiscal year June 30, 2009. If left unaddressed by the legislature, it will grow to an estimated $1.02 billion in the next budget year.

Kansas's short-term budget outlook presents a significant challenge for the Republican legislature and Governor Sebelius as they attempt to address policy issues such as energy, public school funding, gambling, transportation, immigration, health care, and various economic development efforts. The budget issue will surely force tough votes on potential tax increases or cuts to popular programs. Governor Sebelius directed in early November that state agencies trim budgets by 3 percent and asked for recommendations to trim spending an additional 5 percent after July 2009. The Governor would like to protect public schools and some social services from cuts, however, legislative leaders have stated that doing such would require deep cuts elsewhere as education alone eats up about two-thirds of the budget. The state used hundreds of millions of dollars of one-time accounting procedures to help balance the budget during the last state budget crisis in 2003, however, such options are not available this time around. Legislative leaders and Governor Sebelius did in early December, however, approve borrowing $250 million in idle funds to cover spending commitments for December through April.

(Continued on page 3)

featured articles

Editorial:
Don't count on Harry & Louise . . . 2

President's message:
On my mind 2

Elections impact national & state leadership 4

Kansas system registers public health emergency volunteers 4

FTC indicates "red flag" regulations apply to physicians. 5

2009 Medicare physician fee schedule released 6

Supervising ARNPs 7

KaMMCO & KHA announce preferred insurance program

The Kansas Medical Mutual Insurance Company (KaMMCO), the Kansas Hospital Association (KHA) and the Kansas Health Service Corporation (KHSC), have announced the development and offering of a new preferred insurance program for Kansas hospitals. Beginning April 1, 2009, the preferred insurance program will allow KaMMCO, KHA and KHSC to work together more closely to provide liability insurance products and risk management services to all KHA member hospitals.

KHA is a voluntary non-profit association that has provided leadership, education, advocacy and a wide array of member services to hospitals for nearly 100 years. KHSC is a for-profit subsidiary of KHA that has focused on providing products and services to KHA members since 1984. KaMMCO, formed by the Kansas Medical Society in 1989, is the state's largest liability insurer of physicians, hospitals and other health care professionals.

"We continue to look for ways to serve our members with industry-leading programs and services. It makes good sense for KHA and KHSC to work with a strong Kansas based company, such as KaMMCO, to meet the professional liability insurance needs of Kansas hospitals and their affiliated health care professionals," stated Steve Poage, Chief Executive Officer of KHSC.

The collaboration represented by the preferred insurance program will make it possible for KaMMCO, working closely with KHA, to continue to improve its services, products and education for hospitals and health care personnel. This program creates a solid platform for the continued development of hospital and physician risk management programs that will benefit them and the patients they serve.

Kurt Scott, KaMMCO's Chief Operating Officer, commented, "KaMMCO and the KHA have missions and strengths which are complementary to one another. The ability to now share and build on these strengths for the benefit of the collective membership is very powerful."

Look for additional information to be released in each of the organization's upcoming publications and on their respective websites in 2009. ▲

FIRST CLASS
PRSRT
US Postage
PAID
Holton, KS
Permit No. 70

Kansas Medical Society
623 SW 10th Avenue
Topeka Kansas 66612-1627
FORWARDING SERVICE REQUESTED

Don't count on Harry & Louise

Jerry Slaughter; KMS Executive Director

Be thankful we're not getting all the government we're paying for.
– Will Rogers

As the resilience of the American economy is weathering its fiercest test in 75 years, the words of the likable Oklahoma humorist – who died tragically in 1935 in the midst of the Great Depression - may turn out to be not so funny. Not since that moribund economic decade has there been such an opportunity for growth in government control, reach and influence. And not just because of the billions of freshly-printed greenbacks to bail out banks and car companies.

The convulsions in our economy, and its effects on employment and consumer confidence, represent the first real chance of taking significant and lasting steps towards universal health insurance coverage in our country. Covering the 46 million uninsured has long been the holy grail of health reformers, and the current conditions are ripe for Congress to finally act. The public and business are frustrated with high health costs; health care providers and insurers, weary of being blamed for the shortcomings of the current system, seem less resistant to the notion; the new President and Congress are committed to prompt reform action; and most importantly, the problems of the economy dwarf all other issues, by an order of magnitude, in terms of importance to average Americans. In other words, it will be very difficult this time around for anyone to mount a vigorous defense of the status quo.

Although there has never been, nor may there ever be again, a better opportunity for those advocating sweeping health care reform, it will most likely start small, such as a relatively benign-looking individual mandate. With the economy wobbling and lurching about, the country simply can't afford to do much else right now. Plus, pretty much everyone realizes that once you cross the threshold of a nationally imposed mandate, it's for all practical purposes, done. Congress will probably pass legislation that is intentionally short on specifics, but which delegates substantial authority to the government to fill in the blanks, as it were. As time passes, the health system will be gradually reshaped by the federal bureaucracy.

Whether this unique point in our history produces something that is good for patients, physicians and the entire health system, remains to be seen. One thing is pretty clear, however. We're about to find out if we can live with all the government we will soon be paying for. ▲

On February 10, 1859– four years before Kansas became a state, twenty-nine physicians gathered at the historic Eldridge Hotel in Lawrence to the adopt the original charter establishing the Kansas Medical Society– among them was the man who would become the state's first governor, Charles Robinson, MD.

Join us at our 150th Annual Meeting in Topeka, May 1–3, to celebrate the rich tradition and legacy of our organization.

On my mind . . .

Mary Redmon, DO; KMS President

The holidays have come and gone. A new year is upon us, and as I reflect on the first half of my term as KMS President, I'm appreciative of many things that deserve our thankfulness.

Your KMS representatives attended the AMA interim meeting in November, and I'm thankful that we represent Kansas. Our state has had a very favorable climate for medical practice for the last 20 years, impacted directly by our strong tort reforms, and in particular the cap on noneconomic damages. The cap has helped us retain physicians in our state and has helped preserve access for Kansas patients.

Our state legislature had the foresight to ask the Governor to appoint a Health Policy Authority to recommend methods by which we can provide better and more efficient health care for our citizens. Few other states have developed such well-coordinated and focused support for its health care programs and for approaching health reform.

Our state has a strong medical society. In fact, over 80 percent of the practicing physicians in our state belong to the Kansas Medical Society—we are so appreciative of the support we receive from each of you. Very few states in the country can match our levels of membership and the strength of our organization helps us be even more effective in our representation of Kansas physicians.

I'm thankful for all of you and what you do for the less fortunate of our patients, for the uninsured. We have a strong system of safety net clinics all over the state which are staffed by volunteer physicians who serve thousands of patients. We also have strong community-based programs which coordinate care for the uninsured. Physicians involved in these programs volunteer their services to help ensure both access and quality care. Our state's three largest metro areas each have an active, successful program to provide uninsured Kansans assistance in the health care system: Project Access in Sedgwick county, HealthAccess in Shawnee county and WyJo Care in the Kansas City area. Each of these programs was founded, at least in part, by the area county medical society—demonstrating once again the power of physicians working together through organized medicine. Throughout their existence, these three programs have coordinated the donation of millions of dollars of care to uninsured and underinsured Kansans.

Our colleagues in rural Kansas may not have the umbrella organizations of the larger county societies, but they are equally diligent in providing care for the uninsured and under-insured. In fact, one of our members in Great Bend estimates that his practice donates more than 10 percent of their services each year. I hear from physicians all over the state and the stories of their generosity and kindness, their faithfulness in helping the disadvantaged in their

(Continued on next page)

On my mind . . .

(Continued from previous page)

communities remind me how grateful I am to be a part of this esteemed profession. I know that all over Kansas, we can find stories which illustrate the value of our charitable work. I'd like to share one with which I'm familiar:

"Mike" had been seen many times in the local emergency rooms for treatment of his liver failure. During one of his visits, hospital staff contacted WyJo Care to see if we could make a hospice referral for Mike. WyJo Care does not provide hospice services, but they offered to set Mike up with a local safety net clinic for primary care and pain management services. Through the safety-net system, Mike obtained some relief, and then was referred by WyJo Care to a gastroenterologist who donates his services through the program. The physician performed a successful procedure to help reduce Mike's ascites. Mike later called the WyJo Care office to express his thanks in helping to facilitate the procedure that saved his life. Mike's condition has continued to improve; he was placed on the transplant list and then, as his health improved, was able to find work. His new job even provides health insurance. We recently heard that Mike is doing so well that he was taken off the transplant list.

As I mentioned before, I know situations like this play out every day in physician offices all over Kansas. We are truly thankful for you! I wish you all a joyous and prosperous new year. ▲

SAVE THE DATE

Join us at the 2009 Annual Meeting to celebrate KMS' 150th Anniversary & KaMMCO's 20th Anniversary

Event highlights:

- **KMS/KaMMCO Education program**–On Friday, come learn from Jay Kaplan MD, a nationally recognized expert, how to revitalize your medical practice and create a highly-performing work team
- **Anniversary Gala Celebration**–Friday evening join both KMS and KaMMCO and help us celebrate the rich tradition of our two organizations
- **House of Delegates**–Be a part of the next generation of physicians who help define and develop KMS policy. This year, our annual business meeting will be held in two parts: the first on Saturday and the second on Sunday morning
- **Keynote speaker George F. Will**–This well-known syndicated columnist and panelist for ABC television's *This Week* will join us for lunch on Saturday to share his perspective on today's political environment

May 1-3, 2009
Capitol Plaza Hotel–Topeka

Registration & additional schedule information will be mailed soon.

Legislative preview

(Continued from page 1)

It is not expected that health care reform will be a top priority when numerous policy topics are addressed by the legislature when it convenes in early January. The Kansas Health Policy Authority has brought forward a less ambitious reform plan than proposed just 12 months ago, mainly in response to already discussed budget challenges. The Authority will continue to recommend key reforms, however, they will focus on three primary policy areas: a statewide indoor smoking ban, increased tobacco user fees, and increased access to affordable health care and health and wellness. A very real fear for public health advocates is that the legislature will indeed increase tobacco taxes; however, the funding will instead be used to plug looming budget gaps in other areas as opposed to health care reform or coverage.

Besides addressing the tobacco addiction, the KHPA will also attempt to address health care coverage for less fortunate Kansans. They will recommend expanding Medicaid to include parents earning up to the federal poverty level (FPL), $17,604 annually for a family of three. Currently, the threshold for parents and caretakers to qualify for Medicaid is less than one-third the federal poverty level.

Other reforms to be presented to legislators will be proposals to assist small businesses and young adults to access health insurance, expanded cancer screenings, school health programs, workplace wellness grants, and electronic health records.

The Kansas Medical Society will also continue to monitor a number of recurring policy issues concerning private health plans, scope issues with allied health professionals, proposals concerning insurance company oversight, and of course, annual discussions concerning the liability cap on non-economic damages.

Visit our website at www.KMSonline.org throughout the upcoming session for a review of bills and proposals concerning the practice of medicine in Kansas. While there, you can also sign-up for eConnect, a weekly e-newsletter for KMS members highlighting Statehouse happenings concerning medicine. ▲

Do not hesitate to contact Dan Morin at dmorin@KMSonline.org or by phone at 785.235.2383 or 800.332.0156 with any questions, comments or concerns regarding the legislative session.

Elections impact both national & state legislative leadership

Some may wonder which came first: the War of 1812 or the launch of the most recent presidential campaign, however, the "historic" national election of 2008 is indeed over. While the nation elected Barrack Obama president and Kansans in the second congressional district elected State Treasurer Lynn Jenkins over Democratic freshman Nancy Boyda, the makeup of the Kansas state legislature once again remained stable.

Democrats who hoped enthusiasm generated by the Obama campaign would translate into more seats in Topeka were disappointed after the results were tallied. Republicans continued their dominance of both chambers of the legislature. The GOP's current 77-48 majority in the House is one fewer than it was after the 2000 election, eight years ago. The Senate Republicans will outnumber their Democrat colleagues 31-9 in 2009, as opposed to 30-10 in 2001. Democrats continue to trail Republicans 2-1 statewide in voter registration. While 72 percent of Kansans cast a ballot, setting a state record, turnout fell below the 78 percent predicted by the Secretary of State's office.

Changes, however, did happen during early December leadership races in the Kansas House. Republicans picked a new Kansas House speaker. Representative Mike O'Neal of Hutchinson will replace current speaker Melvin Neufeld (R-Ingalls) for the 2009 and 2010 sessions. Neufeld is the first incumbent speaker to be denied a second two-year term since 1994. KMS members may recognize Representative O'Neal as the longtime chairman of the House Judiciary Committee. House Republicans did award Majority Leader Ray Merrick (Stilwell) a second term while Democrats chose Rep. Paul Davis (Lawrence) to replace outgoing Minority Leader Dennis McKinney of Greensburg, who has been appointed to fill the vacancy left in the state treasurer's office with the election of Lynn Jenkins to Congress.

In the Senate, President Steve Morris (R-Hugoton), Majority Leader Derek Schmidt (R-Independence), and Minority Leader Anthony Hensley (D-Topeka) all retained their positions.

The physician contingent of the Kansas legislature remains at three. However, with Jeff Colyer, MD (R-Overland Park) moving from the House to the Senate there are no physicians remaining in the House. Senate physician members include Roger Reitz, MD (R-Manhattan) and Jim Barnett, MD (R-Emporia).

Pertinent 2009 committee chairpersons for most KMS issues are as follows (an "*" indicates the member is a newly appointed chair):

Committee	Chair
House Health and Human Services	Brenda Landwehr (R-Wichita)
House Judiciary	Lance Kinzer* (R-Olathe)
House Insurance	Clark Schultz (R-Lindsborg)
House Appropriations	Kevin Yoder* (R-Overland Park)
House Social Services Budget	Peggy Mast* (R-Emporia)
Senate Public Health and Welfare	Jim Barnett, MD (R-Emporia)
Senate Judiciary	Tim Owens* (R-Overland Park)
Senate Financial Institutions and Insurance	Ruth Teichman (R-Stafford)
Senate Ways and Means	Jay Emler* (R-Lindsborg)

KMS will continue to work with legislative leaders on shared priorities around issues rather than identity or partisan-based coalitions. We will review all policy proposals affecting medicine in Kansas and weigh in at the appropriate time. ▲

If you would like more information about a particular race or candidate, please contact Dan by email at dmorin@KMSonline.org or calling 785.235.2383 or 800.332.0156.

How can I follow legislative activities relating to medicine?

During the legislative session, it's easy to stay up-to-date on issues affecting the practice of medicine in Kansas. **All you have to do is read eConnect**, KMS' electronic newsletter. Sent directly to your in-box on Fridays, eConnect provides a brief overview of the significant happenings each week. If you are a KMS member and don't already receive eConnect, we'd be happy to add you to the ever-growing list of recipients. You can give us a call or send your information (with "eConnect" in the subject line) to Trisha McAlexander at tmcalexander@KMSonline.org. KMS can also be reached by phone at 785.235.2383 or 800.332.0156. ▲

Kansas system registers public health emergency volunteers

K-SERV, a secure registration system and database for volunteers willing to respond to public health emergencies, has registered over 400 interested volunteers throughout Kansas since its inception in 2007. K-SERV, which stands for the Kansas System for the Early Registration of Volunteers, is part of a national program, called ESAR-VHP, which encourages the pre-registration and pre-credentialing of volunteer health professionals. The aim is to have a list of pre-identified volunteers whose healthcare credentials have been verified and are available for ready deployment in case of a disaster or incident. The K-SERV system also allows for the registration of non-healthcare volunteers in addition to volunteer health professionals.

After going live in August of 2007, public health workers around the state have been recruiting volunteers to register in the system. The work has paid off as close to 300 healthcare volunteers have since registered. The registered professions include nurses, behavioral scientists, physicians and laboratory technicians. Additionally, over 100 non-healthcare workers have registered in K-SERV.

The database is maintained by the Kansas Department of Health and Environment. System administrators, however, will be located throughout the state. If an event requiring volunteer assistance occurs, appropriate local public health officials will use K-SERV to generate a list of potential volunteers based on information provided during registration, minimizing the role of the state in local incidents. Volunteer data entered onto the system is considered highly confidential and is protected by federal, state and local laws governing security and confidentiality.

Those interested in volunteering during a disaster should consider registering on K-SERV. Interested volunteers should visit https://kshealth.kdhe.state.ks.us/ . Once there, click on "Login or Register for K-SERV." Registration does not obligate one to volunteer during an emergency. The process will take approximately 10 minutes, and it is recommended that one have their driver's license and professional licensure information with them in order to speed the registration/approval process. ▲

FTC indicates new "red flag" regulations apply to physicians

Ruth Cornwall; KMS Director of Health Care Finance

The health care industry was caught off guard when the Federal Trade Commission (FTC) indicated regulations would apply to the health care arena. The regulations were thought by most to pertain to banks and other financial institutions that offer credit in the traditional sense. The regulations, referred to as the Red Flag Rules, require entities that regularly extend credit, or defer payment for services, to establish a written program for preventing identity theft as well as detecting and responding to warning signs of such thefts. The FTC first released the rules last November as directed by the Fair and Accurate Credit Transactions Act of 2003.

The FTC has taken the position that physicians are "creditors," and therefore subject to the rules, if they do not require full payment up front at the time they see patients, but rather bill patients after the services are rendered. In addition physicians who accept insurance are considered "creditors" if the patient is ultimately responsible for the medical fees, as is routinely the case with respect to co-pays. deductibles or services not covered by insurance.

In light of the current HIPAA regulations many are wondering if this isn't duplication and if the FTC failed to consider the additional administrative burden the new rules impose when HIPAA already requires patient information to be private and secure.

The AMA and other national associations have asked the agency to clarify its position and delay implementation. The FTC announced that it would delay enforcement from November 1 to May 1, 2009 because many were not aware they would be subject to the regulations. Failure to comply could mean administrative penalties or up to $2,500 in fines per violation.

It's unlikely this regulation will disappear, which leaves physicians to develop a formal program. The rule mandates implementation of a formal program with "reasonable" policies and procedures for recognizing patterns, practices or activities that could signal identity theft. Some examples of these warning signs include:

- A query from a patient regarding a bill or insurance statement for services never received.
- Records showing medical treatment that is inconsistent with a patient's history.
- Suspicious documents, such as a forged driver's license or health insurance card.
- A patient who has an insurance number but never produces a card or other documentation.
- Unusual billing patterns.

For more information on the Red Flag rules check out the FTC news alert at: http://www.ftc.gov/bcp/edu/pubs/business/alerts/alt050.shtm or the World Privacy Forum report at www.worldprivacyforum.org/pdf/WPF_RedFlagReport_09242008fs. ▲

For more information, contact Ruth by email at rcornwall@KMSonline.org or by phone at 785.235.2383/800.332.0156.

Overdue taxes to be deducted from Medicare payments

Your Medicare payments could be reduced if the IRS needs to collect overdue taxes. Under federal law, the IRS is authorized to reduce certain federal payments, including Medicare payments, to allow collection of overdue taxes.

Beginning October 2008, Medicare provider payments will be levied to pay delinquent tax debts owed by Medicare providers. Payments are subject to a maximum 15 percent levy. The levy is continuous until the overdue taxes are paid in full or other arrangements are made to satisfy the debt. CMS will send out a remittance advice which includes the amount withheld and a Department of the Treasury telephone number to be used by the payee to discuss the reduction in payment. If the amount of the withholding exceeds the total debt owed, the IRS/Treasury is responsible for refunding the overpayment.

If you are affected by this program, under current privacy rules, only the IRS or Treasury may discuss the tax issue with you. Medicare contractors, will not have any information to share with you. You must contact the IRS directly by calling 800.829.3903. ▲

2009 OIG Work Plan Released

The federal Office of Inspector General (OIG) has released its work plan for 2009, with respect to the programs and operations of the U.S. Department of Health and Human Services (HHS). It is important to be aware of the annual work plan, and consider whether issues identified by the OIG should be included in your compliance plan and/or education. A few areas to be evaluated include:

- Evaluation and Management Services During Global Surgery Periods: determining whether industry practices related to the number of E&M services provided during the global surgery period have changed since the global surgery fee concept was developed in 1992.
- Payments for Colonoscopy: verify that payments for services were properly supported, billed, and paid in accordance with the program requirements.
- Physicians' Medicare Services Performed by Nonphysicians: Concern that these services may be vulnerable to overutilization or put beneficiaries at risk of receiving services that do not meet professionally recognized standards of care. OIG will evaluate the qualifications of nonphysician staff that perform "incident to" services and assess whether these qualifications are consistent with professionally recognized standards of care.
- Appropriateness of Medicare Payments for Polysomnography: payment for this service has increased from $62 million in 2001 to $215 million in 2005.
- Laboratory Test Unbundling by Clinical Laboratories: review the extent to which clinical laboratories have inappropriately unbundled laboratory profile or panel test to maximize Medicare payments. ▲

A complete list of targeted areas may be viewed at: http://oig.hhs.gov/publications.html. For more information contact Ruth at the KMS office; she may be reached by phone at 785.235.2383 or 800.332.0156 or by email at rcornwall@kmsonline.org

2009 Medicare physician fee schedule released

The Centers for Medicare and Medicaid Services (CMS) has issued the 2009 Medicare physician payment rule that replaces a scheduled 15.1 percent cut with a 1.1 percent increase.

The new conversion factor for 2009 is $36.07 which incorporates the payment update. This figure is roughly $2 lower than the current conversion factor of $38.09. A provision in MIPPA altered the way the budget neutrality adjustor works. The neutrality adjustor had been applied to work relative value units, but under MIPPA, the adjustment is applied to the entire conversion factor instead, making the final conversion factor less than 1.1 percent higher compared to the 2008 conversion factor.

The Congressional-passed fix also:

- Makes changes to the Physician Quality Reporting Initiative (PQRI), including a 2 percent bonus payment for 2009 and 2010.
- Implements a five-year program of incentive payments for "successful electronic prescribers."
- Makes several changes in the Welcome to Medicare initial preventive exam.

Finally, the legislation makes several onerous changes to Medicare enrollment and billing rules:

- The effective date of billing for physicians and non-physician practitioners (NPPs) is now the later of either the filing date of a Medicare enrollment application that's ultimately approved or 2) the date an enrolled physician or NPP first started providing services at a new practice location. You may bill retrospectively for services provided up to 30 days prior to the effective date in either of the above cases, which is a major change to policy. Previously CMS allowed for a 27-month back dating.
- Defers a proposal to require physicians providing imaging and other tests in their office to be certified as Independent Diagnostic and Testing Facilities.
- Seeks additional input on exceptions to physician self-referral laws in order to permit incentive payments or shared savings programs. ▲

If you have questions, contact Ruth at the KMS office at 785.235.2383/800.332.0156 or by email at rcornwall@kmsonline.org.

WPS Medicare website has a new look

WPS Medicare is making changes to its website, http://www.wpsmedicare.com. The changes were made based on feedback received from providers and associations. The changes are designed to help providers locate information more quickly and easily by improving the ease of navigating the website.

You may notice the following changes:

- A new "Most Popular" section has been added to our homepage. This contains links to some the most popular pages such as "Forms" and "Modifiers."
- Also added a "Spotlight" section, intended to draw attention to useful links, currently including "How to File Electronically When Medicare is the Secondary Payer."
- As part of this process, WPS has re-organized the content to make the most frequently visited pages easier to access. On the home page, the drop-down lists on the primary (top) navigation bar are replaced with user-friendly listings within the main body of the home page.
- News articles are located on a newly created page within the Publications section.
- The state-specific implementation information has been moved to the relevant departments and you can access this information under the "Medicare Area" section of the Website. Deleted are some implementation pages that are no longer being utilized.

Visit the WPS Medicare Website at http://www.wpsmedicare.com to see the new look. WPS has requested feedback on the new website design. You may submit your comments, concerns or suggestions to Ruth Cornwall at the KMS office or by email at rcornwall@kmsonline.org. ▲

WPS Medicare system conversion information

WPS Medicare made changes to the Part B processing system affecting claims processed November 1, 2008, and after allowing for consistent claims processing in accordance with the Centers for Medicare & Medicaid Services (CMS) claims processing guidelines. These changes automated many of the current manual processes allowing for accurate and timely payment.

Based on these changes, providers may see different claim results than in the past. Please research the reasons and remarks codes on your remittance advice to determine further action you need to take before calling Customer Service. Should you have questions or need assistance please contact Ruth Cornwall at the KMS office.

You can view all the system conversion information as well as a concerns/resolutions table by visiting http://www.wpsmedicare.com/mac/transition/sysconversioninfo.shtml. ▲

WPS Medicare gathering information through website survey

The ForeSee survey that pops up shortly after you enter the WPS Medicare website is one of the ways WPS obtains feedback from providers to determine updates needed to the website. WPS Medicare asks all providers who visit the website to complete the ForeSee survey. Once you complete the ForeSee survey it will not pop up again until you clear your cookies.

Please take the time to visit the WPS Medicare website, http://www.wpsmedicare.com and complete the ForeSee survey. ▲

Electronic newsletter provides up-to-date Medicare information

Join the thousands of other providers already receiving WPS' weekly e-News messages via the WPS Medicare listserv! The WPS Medicare listserv allows you to get the most current Medicare news delivered right to your computer. Messages include: policy updates, alerts regarding urgent news, claims processing issues, Medicare Tips of the Week and much more. The listserv is free, and you can subscribe right now and unsubscribe at any time.

To subscribe go to the following web page http://www.wpsmedicare.com/mac/index.shtml and click on sign up for e-News. ▲

2009 Medicare Part B deductible announced

In 2009, the Part B deductible will be $135, the same as it was in 2008. The Part B deductible increased to $110 in 2005 and, as a result of the Medicare Modernization Act, is currently indexed to the annual percentage increase in the Part B actuarial rate for aged beneficiaries. ▲

Supervising ARNPs

Traci Doering Ferrell, JD; KaMMCO Loss Prevention Advisor

If you or one of your colleagues supervises a mid-level practitioner, it is always a good idea to revisit the Kansas laws and regulations that govern what a mid-level practitioner is allowed to do, and what the responsibilities of the responsible physician are. This article will focus on the scope of practice guidelines regarding Advanced Registered Nurse Practitioners (ARNPs), as well as the duties of the responsible physician who oversees the ARNP.

Kansas statute (K.S.A. §65-1130) establishes that an ARNP practice in an independent role with a responsible physician, and is held to standards and requirements established by the Kansas State Board of Nursing. These standards and requirements are laid out in the Kansas Administrative Regulations (K.A.R.), and address the scope of practice of an ARNP, the functions of an ARNP, and the procedure for establishing a prescription protocol with a responsible physician.

K.A.R. 60-11-1-1 defines the "advanced role" of an ARNP and provides some basic guidelines. Those guidelines include:

- ARNPs shall function in a collegial relationship with physicians and other health care professionals in the delivery of primary health care services;
- ARNPs shall be authorized to make independent decisions about nursing needs of families and clients, and interdependent decisions with physicians in carrying out health regimens for families and clients; and,
- The physical presence of the supervising physician shall not necessarily be required when care is given by the ARNP.

The function of an ARNP is governed by KAR 60-11-104. This regulation establishes that an ARNP is authorized to:

- Perform all functions defined for basic nursing practice;
- Evaluate the physical and psychosocial health status of the client through a comprehensive health history and physical examination, and also using diagnostic instruments or laboratory procedures that are basic to the screening of physical signs and symptoms;
- Assess normal and abnormal findings from the history, physical examination, and laboratory reports;
- Manage the medical plan of care prescribed for the client, based on the protocols or guidelines adopted jointly by the ARNP and the supervising physician; and,
- Initiate and maintain accurate records, appropriate legal documents and other health and nursing care reports.

Perhaps the most important aspect of supervising an ARNP is maintaining the required prescription protocol. K.A.R. 60-11-104a establishes the requirements for creating and maintaining a prescription protocol. The protocol must meet the following requirements:

- Specify for each classification of disease or injury the corresponding class of drugs that the ARNP is permitted to prescribe;
- Be maintained in either a loose-leaf notebook or a book of published protocols.

The notebook or book of published protocols shall include a cover page with the following data:

- The names, telephone numbers, and signatures of the ARNP and a supervising physician who has authorized the protocol; and,
- The date on which the protocol was adopted or last reviewed.
- The protocol shall be kept at the ARNPs principal place of practice; and,
- Each ARNP shall ensure that each protocol is reviewed by the ARNP and the supervising physician at least annually.

K.A.R. 60-11-104a also outlines the requirements for all prescriptions written by an ARNP. Each prescription order must meet the following requirements:

- Include the name, address, and telephone number of the practice location of the ARNP;
- Include the name, address, and telephone number of the supervising physician;
- Be signed by the ARNP with the letters, "A.R.N.P.;"
- Be from a class of drugs prescribed pursuant to the protocol; and,
- Contain any D.E.A. registration number issued to the ARNP when a controlled substance, as defined in K.S.A. § 65-4104(e), is prescribed.

The beginning of a new year is a great time to revisit the requirements of supervising an ARNP and ensure compliance with these requirements. In addition to lowering risk, proper utilization of a mid-level practitioner can be an invaluable asset to your practice. ▲

Important information about your membership

The 2009 KMS Membership Directory will be distributed later this spring. Members whose dues are received by March 1 can be assured their names will be included. If you have any questions about the directory, please feel free to contact Trisha at the KMS office.

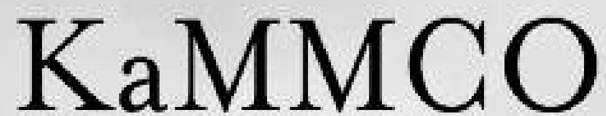
KaMMCO now offering CodeCorrect

In an effort to provide physician members access to comprehensive coding and compliance information, KaMMCO is offering a web-based product to members at no charge. CodeCorrect is a product of Accuro, a MedAssets company. The product, CodeCorrect Knowledge PRO, helps physicians identify missed revenue opportunities and ensure compliance by providing critical regulatory coding and reimbursement guidance in one location.

Features of the software include the ability to verify CPT, ICD-9 and modifier usage, check for correct coding initiative (CCI) bundling edits, and verify medical necessity with local and national coverage determination policies published by the Centers for Medicare and Medicaid Services (CMS) and Medicare contractors.

CodeCorrect can help physician practices reduce costly claims errors and improve the revenue cycle process.

Contact KaMMCO if you are interested in learning more about this product. ▲



Kansas Medical Mutual Insurance Company

When your name, reputation, and livelihood are on the line, you want an insurance company with a reputation for aggressive defense of meritless claims and early disposition of all other claims.

Our pledge is to provide you with superior claims protection.

© Daniel W. Coburn

YOUR PROTECTION. YOUR VALUES.
YOUR COMPANY.

623 SW 10th Avenue, Topeka, KS 66612 800.232.2259
www.kammco.com