

THE FRIDAY

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Senator Harkin Addresses Medicaid Concerns at Iowa Hospitals

United States Senator Tom Harkin sponsored public forums on Medicaid issues at Mercy Medical Center in Cedar Rapids and Broadlawns Medical Center in Des Moines on January 31. The focus of the forums, which included presentations and comments from Medicaid recipients and service providers, was to draw attention to severe Medicaid shortfalls facing Iowa and other states in the nation. Mercy Medical Center CEO Jim Tinker, Broadlawns Medical Center CEO Susan Hunsaker, and IHA Interim President Kirk Norris all participated in the discussions.

“Medicaid funding is about the most vulnerable populations in our society and whether or not we are going to meet their needs in a time of recession,” said Sen. Harkin.

Sen. Harkin introduced legislation in Congress earlier in the week that would have increased the federal Medicaid match rate by three percent on a one-time basis, bringing \$60 million in Medicaid relief to Iowa. Although his proposal narrowly lost on a procedural vote, the Senator promised to attempt to achieve his measure again next week.

“Don’t tell me that we don’t have enough federal money to keep states whole and protect Medicaid...I don’t buy it,” the Senator said. “And we can’t cut providers anymore. When you whack Medicaid in that manner, you whack the impact of the federal dollars, too. That’s shortsighted for Iowa.”

Sen. Harkin and panelists also discussed Medicare inequities at length, especially noting Iowa’s status as the lowest Medicare-reimbursed state per beneficiary in the nation. Sen. Harkin pledged to continue to pursue strategies such as his Fairness in Reimbursement Act introduced last year to address Medicare payments in Iowa.

Sen. Harkin will return to Iowa as the keynote speaker for the annual IHA Legislative Day **February 20**. All Iowa hospitals should plan to send representatives to this important event, where Medicaid funding issues will take center stage. Remember that the registration deadline for this *free* program is **February 8**.

Insurance Division Adopts Prompt Payment Rules

The Iowa Insurance Division published adopted rules this week addressing prompt payment by insurers of clean claims for health-care benefits. The rules, which were developed pursuant to legislation passed during the 2001 session, contain definitions and guidelines for

insurers and health-care providers for compliance with the new section of the Iowa Administrative Code.

The rules establish an effective date of July 1, 2002 and set forth the requirement for an insurer to promptly pay or deny a clean claim, as defined in statute, for health-care benefits within 30 days or, request additional information to establish a clean claim within the same timeframe. Failure to pay a clean claim within 30 days after the insurer's receipt of a properly completed billing instrument, defined as either UB-92, HCFA 1500, or the electronic standard format for such claims as specified by HIPAA, requires the insurer to commence paying interest at 10 percent annum.

A more detailed summary of the rule is enclosed with this week's *Friday Mailing*. A complete copy of the rules can be accessed under the section on newly adopted rules on the Division of Insurance Web site at www.iid.state.ia.us/Division/Announcements.asp. Questions about prompt payment can be directed to Tracy Warner (warnert@ihaonline.org).

Program to Examine Pain Management

Despite the many advances in modern medicine, 30 million Americans suffer from chronic pain that is not being treated appropriately. To offer some guidance, IHA is sponsoring *Implementing Pain as a 5th Vital Sign in Your Organization*, on February 26 at the Sodexo DMACC Newton Conference Center, Newton.

The keynote speaker, Dr. Patricia Berry, is a national expert in the areas of palliative care and hospice. Her program will cover the following areas:

- Pain in all health-care settings
- Elements of a comprehensive pain assessment
- Methods of pain assessment in cognitively impaired patients
- Principles of pain management, medication choices, titration and equianalgesic conversions
- Elements of organization commitment to pain assessment and management
- Developing an action plan, based on an assessment, to improve pain management in your organization

Dr. Keela Herr with the Iowa Partnership for Quality Care in Dying with Dignity will be presenting an overview of the *Pain as the 5th Vital Sign of Life* initiative prior to Dr. Berry's program. A copy of the initiative will be provided for each participant. Nursing, social worker, and nursing home administrator continuing education credit will be available for this program.

Registration for this program is available online at www.ihaonline.org (click on "Education Calendar").

PRESIDENT'S MESSAGE

A high school physics instructor attended the varsity football game on Friday night and was asked for a scientific explanation regarding how the star wide receiver was able to tally the number of receptions and touchdowns he had to date in the season. The instructor responded that he couldn't explain the physics behind the success, but it was his theory that it was a combination of the receiver's limited physical stature and lack of foot-speed...the point being that the total package was deceptive enough to distract defenders just long enough for the receiver to slip past and notch another reception.

This story comes to mind when hospital advocates inform IHA staff of the responses they receive from legislators concerning the Medicaid budget problem. Like the high school football game, the dialog between legislators and constituents often involves legislators lofting a pass in the form of an idea to see if it will be well received or whether the constituent will bat it down. The *deception* includes the premise that since hospitals serve the Medicaid population they must have a solution for the expenses incurred when the state expands the program by 30,000 people that the state failed to budget for. The *deception* is that the Medicaid deficit is so big a problem that hospitals must assume additional cuts in payments to address the utilization deficit. The *deception* is that the Tobacco Settlement Fund and Senior Living Trust Fund have more significant purposes than funding utilization of the Medicaid program. The *deception* is that failing to reduce payments to providers means impacting non-healthcare areas of the state budget.

This is not to suggest that these legislative deceptions are malicious or instigated by insincere legislators--because they are not. It is merely to suggest that as these passes/ideas are thrown into the discussion, they need to be batted down with the following uncontested facts: (1) the state of Iowa projects a total Medicaid deficit of **\$150 million** for FY 02 and FY 03, *combined*; (2) the state of Iowa *currently* has **\$200 million** in the Tobacco Settlement Fund and the Senior Living Trust Fund, *combined*; (3) the Tobacco Settlement Fund is intended to be used for health-care expenditures and will increase in the future; (4) hospitals have already taken a reduction in payment for FY 02 to help pay for increased Medicaid utilization; (5) any state money appropriated is doubled in federal dollars (6) money spent in health-care sustains local economies and pays local taxes; (7) payment reductions to publicly governed county hospitals potentially increases the local property tax burden; (8) hospitals have made significant contributions toward efficient management of Medicaid resources over the past 15 years; (9) use of the Senior Living Trust Fund and/or Tobacco Settlement dollars for Medicaid appropriations *does not* come at the expense of other significant state priorities like K-12 education; (10) funding the Medicaid program when money is available is the *right policy decision to make!*

As this game progresses, hospital advocates need to continue the vigilant defense of their position and keep their eyes on the ball. This is a game that can be won, but each hospital needs to get the most out of their defenders/advocates on every down/day that this deliberation continues.

-- Kirk Norris
IHA Interim President

Medicaid Discount Nears 50 percent, at All-Time High

The Medicaid percent discounted payment in January-September 2001 is now at 47.5 percent, the highest level ever. The discount has now stayed above 40 percent from 1995 through September 2001, according to data from the IHA DATABANK program as highlighted in the table below. The discount to rural hospitals increased from 21.5 percent in 1990 to 34.1 percent in 2001. The discount to rural referral hospitals increased from 33.4 percent in 1990 to 44.9 percent in 2001. The discount to urban hospitals increased from 32.0 percent in 1990 to 51.4 percent in 2001.

High Medicaid discounts place an increasing financial burden on Iowa hospitals and health systems. Contact Perry Meyer (meyerp@ihaonline.org) at IHA with any questions.

Medicaid Contractual Adjustments Comparison
1990-2001

	Percent Discounted Payment											
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Iowa	31.0%	30.4%	34.3%	37.2%	39.3%	42.1%	41.2%	44.7%	43.1%	43.6%	43.0%	47.5%
Rural Hospitals	21.5%	18.2%	27.1%	30.4%	31.8%	33.1%	35.9%	36.3%	37.6%	33.1%	33.1%	34.1%
Rural Referral Hospit	33.4%	34.3%	32.0%	39.5%	39.2%	45.8%	48.2%	44.0%	44.4%	44.0%	43.5%	44.9%
Urban Hospitals	32.0%	32.1%	35.8%	38.1%	40.7%	43.3%	41.1%	46.6%	44.0%	46.1%	46.1%	51.4%

Source: IHA DATABANK/Contractual Adjustments Survey

Education for Managers to Begin in March

Employee shortages, high turnover rates, and the ever-changing world of health-care can take their toll on any manager, especially one that is newly appointed. Recognizing these challenges, IHA has developed a series of three programs to assist staff in their journey to becoming an effective manager.

Leaping from Staff to Management -- You're a Manager: Now What? (March 28). This program includes:

- Characteristics of an effective and successful management leader
- Issues and challenges of making the transition from a staff to management position
- Current trends in management and leadership practice
- Alternative leadership styles
- How your personality style affects your leadership style
- Evolution of employee motivation and current theory and practice of subordinate motivation
- Differentiate between “delegating” and “assigning” work and the relationship of “delegation” to time management

Leaping from Staff to Management-- You're a Manager: The Next Steps (March 29). This program includes:

- Conflict, its role in the process of change, and your personal style in dealing with it
- Guidelines for handling anger more effectively

- Positive and negative uses of leadership power
- Difference between problem-solving and decision-making
- Recognize and practice the skills of effective problem-solving and decision-making
- Value and dynamics of a “rewards and recognition” system

Financial Skills for Managers (May 7). This program includes:

- How budgets are developed and their role as key components of the administrative process
- Read and understand departmental financial performance reports
- Calculate Volume Adjusted Variance Analysis to quickly and accurately determine the underlying causes of budget deviations
- Bilateral Performance Mapping to objectively identify performance improvement targets

Nursing and social worker continuing education credits will be offered for these programs. The programs will be held at the University Park Holiday Inn, West Des Moines. Register online at www.ihaonline.org or by completing the registration form in this week's *Friday Mailing*.

Continuing Education for Nurses Available on Web

Nurses can enjoy the convenience of earning continuing education over the Internet. Delmar/Thomas Publishing has authored 21 nursing courses that are currently available at careLearning.com. These courses include:

- Advanced ECG for Nurses
- Applying Critical & Creative Thinking to Practice
- Assisting Grieving Patients & Families
- Blood & Blood Product Administration
- Cardiovascular Disease: Selected Electrical Interventions
- Communicable Diseases
- Cultural Assessment
- Economic & Social Issues: Ethical Concerns for Today's Nurse
- Fluid & Electrolyte Fundamentals of IV Therapy
- HR Management & Empowerment of the Nurse Leader
- Introduction to ECG Analysis
- IV Infusion Therapy for the Pediatric Patient
- IV Nutritional Support
- IV Therapy for the Geriatric Patient
- Medication Administration
- Nursing Care of the Culturally Diverse Patient
- Nursing Ethics - Transcultural & Spiritual Issues
- Nursing & the Decision-Making Process
- Nutritional Assessment

- Responsible Decision-Making & the Management of Resources
- Technology & Nursing Ethics

The Iowa Board of Nursing recognizes each of these courses for three contact hours of self-study. To register for these courses, go to www.carelearning.com and click on the “Course Catalog.” The cost of each course is \$29.95, and organizations may purchase multiple sessions of these courses by contacting IHA. For more information or to learn more about other *careLearning.com* offerings contact Kara Bylund (bylundk@ihaonline.org) at IHA.

HIPAA Satellite Broadcast Available on Tape

IHA is making available to its member hospitals, upon request and at no cost, a videotape of a satellite broadcast on the administrative simplification provisions in the Health Insurance Portability and Accountability Act (HIPAA) aired January 22 by the Centers for Medicare & Medicaid Services (CMS). The presentation was designed to serve as an informational resource to explain and highlight critical issues relating to HIPAA’s transaction and code sets, information about the privacy rule, and other new updates.

The videotape of the presentation may be useful to Iowa hospitals in providing a general overview of HIPAA trustees, medical staff, and other individuals who have had limited exposure to date to HIPAA provisions and the impact of its requirements on health-care providers.

To request a copy of the videotape, email Jennifer Lucas (lucasj@ihaonline.org) at IHA by February 15 and include the name of the requestor and facility. As an alternative, the broadcast can also be viewed on the Web cast February 22 on the CMS site at www.cms.livewebcasts.com.

IHA Information Center Services Offers a Menu of Services

The IHA Information Center serves the information needs of Iowa hospitals and health systems, health-care organizations and the public by offering a broad array of information services. Below is the listing of current information services. Contact Perry Meyer (InformationCenter@ihaonline.org) at IHA for further information on services.

- Statewide inpatient discharge data base - Data for January-June 2001 is now available – Data for non-acute inpatient services is also now available for the first time
- Statewide outpatient data base (144 most common procedures) – January-June 2001 is now available
- Out-of-state discharge data base – Data available on Iowans discharged from adjoining states participating hospitals
- Dimensions software – January-June 2001 data available – 85+ licenses sold statewide
- IHA Report Package – Hospital specific report package of 15 inpatient reports and 10 outpatient reports produced semi-annually

- IHA Inpatient and Outpatient Origin & Destination Studies for January-June 2001 soon to be released
- The IHA publication and annual fact book entitled: “Profiles”
- Comparative Outcome Profile – reporting system on more than 40 quality and outcome indicators– ORYX approved
- DATABANK monthly utilization and financial indicator reporting system – more than 105 hospitals and health systems participate in this Internet based system - IHA is one of 40 state participants nationwide – balance sheet and financial ratios data reporting to begin soon
- Salary & Benefits Survey – annual survey of management, non-management, and executive salaries data now available - executive benefits also included
- Statewide patient satisfaction program – more than 40 hospitals and health systems participate in the Press Ganey program
- AHA Annual Survey – annual services, utilization, audited financial and personnel data available on each hospital and health system
- Maryland Quality Indicator Program – ORYX approved quality indicator reporting program
- HIPAA resources, services and information
- APR-DRGs severity of illness adjustment and APGs available through partnership with 3M
- IHA also partners with the following state hospital associations under a data partnership agreement to offer the information services noted:
 - ✓ South Dakota Association of Healthcare Organizations – statewide inpatient and outpatient data bases
 - ✓ Indiana Hospital&Health Association - Dimensions

CDC Unveils New Bioterrorism Web Resource

The Centers for Disease Control and Prevention (CDC) has launched a redesigned Web site offering new and updated bioterrorism resources for health professionals and the public. The site focuses on public health preparedness and emergency response. It is the official federal Web site for medical, laboratory, and public health professionals to reference for providing public information (updates and protocols) related to health threats such as anthrax. The site was completed in response to overwhelming public demand in the wake of the recent anthrax crisis. To access the site, go to www.bt.cdc.gov.

CMC to Broadcast Quality Improvement Training

The Centers for Medicare & Medicaid Services (CMS) is sponsoring a satellite broadcast about the Outcome Based Quality Improvement reports on February 22 beginning at noon. In addition to the sites listed below, the satellite training will be taped and available for Webcast viewing for one year after the original broadcast at <http://cms.distributedclassroom.org>.

The intended audience is home health providers and those interested in improving patient outcomes, as well as anyone with a direct interest in the provision of home health services. The cost at all locations will be \$15, and nurses will be awarded .2 CEUs. The following community colleges are sponsoring sites to view the broadcast:

- Iowa Valley Continuing Education Center, Marshalltown; Grimes Building, State Capitol Complex, Des Moines
Register at 800-284-4823
- Kirkwood Community College, Cedar Rapids
Register at 800-332-8833
- Eastern Iowa Community College, Davenport
Register at 888-336-3907
- Iowa Lakes Community College, Emmetsburg
Register at 800-242-5106
- Northwest Community College, Sheldon
Register at 800-352-4907
- Health Education Center, Fort Dodge; Trinity Regional Medical Center, Fort Dodge
Register at 800-362-2793, ext. 2730
- Southeastern Community College, West Burlington
Register at 800-722-4692 ext. 8123
- Northeastern Community College, Calmar
Register at 800-728-2256, ext. 399
- North Iowa Community College, Mason City
Register at 888-466-4222, ext. 4358
- Southwestern Community College, Creston
Register at 800-247-4023, ext. 441

JCAHO Becomes Formal Partner with Leapfrog Group

The Joint Commission on Healthcare Organizations (JCAHO) has accepted an invitation from the Leapfrog Group to become a formal partner. This new partnership cements a previously informal relationship with the health-care purchaser group, and means the Leapfrog Group, made up of more than 90 Fortune 500 companies, will seek JCAHO's input on its patient-safety initiatives.

In this first collaboration effort, JCAHO will pursue the identification of a specific set of ICU-related outcomes and process measures. These measures may eventually be used to supplement or even replace the current Leapfrog measures, which recommend that hospitals have board-certified or board-eligible intensivists.

JCAHO has made patient safety its top priority since implementing its performance-based standards in 1995. More than half of its standards address patient safety standards. Standards issued in 1999 require the internal definition, reporting, and analysis of adverse events in accredited health-care organizations and the implementation of indicated improvements. New standards implemented last year encourage the creation of a culture of safety in hospitals, set expectations for the identification and redesign of error prone systems, and require the disclosure of unanticipated outcomes to patients and their families.

Member-Abilia

A \$22,000 boost from the Shenandoah Healthcare Foundation has allowed **Shenandoah Medical Center** to replace its nine-year-old mammographer with a new, \$75,000 unit. The foundation raised the money during its annual golf tournament.



Recent weather aside, not many hospitals are thinking daily about sand and surf. The notable exception may be **Mercy Medical Center-North Iowa** in Mason City, which will benefit from a Beach Boys concert in April. The hospital's foundation has scheduled the world-famous California band for its annual Crystal Cabaret dinner and show, which, in its 10-year history, has raised more than \$300,000 for the hospital.



The **Guthrie County Hospital** board of trustees voted recently to sign an affiliation agreement with **Iowa Health System (IHS)**. The hospital, located in Guthrie Center, has had an informal relationship with IHS for several years.



One of **Hancock Memorial Hospital's** five clinics is closing. The Titonka Medical Clinic in rural northern Iowa will close January 31. The hospital's other clinics are in Wesley, Garner, Kanawha, and Britt, where the hospital is also located.



The Iowa Life and Health Insurance Association and the Iowa Managed Care Association have merged to become the **Federation of Iowa Insurers**. The new association represents companies with combined assets of more than \$300 billion that employ more than 20,000 Iowans. The association's Web site is at www.iowafederation.com.



Skiff Medical Center in Newton is offering two \$1,200 Ronald R. Ross Scholarships for students pursuing a degree in health-care administration. Deadline for the application is April 3. To order an application or for more information, contact Diane Ellerbee at 641/792-5093.



Three Iowa hospital systems have been named to the Top 100 Integrated Healthcare Networks by SMG Marketing Group of Chicago. **Iowa Health System** in Des Moines ranked 44th on the list, which also included **Genesis Health System** in Davenport (89th) and **Mercy Medical Center-North Iowa** in Mason City (91st). Intermountain Health Care of Salt Lake City was at the top of the list.

Enclosures for this week's *Friday Mailing*:

1. *Newsstand*
 2. *Legislative Bulletin #20*
 3. *Administrative Rules*
 4. *DATABANK Input Forms Received for December*
 5. *Manager Education Programs Brochure*
 6. *Iowa Insurance Division Prompt Payment Rules*
 7. *Hospital and Health System Data Trends*
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“Tough times or not, we cannot let Medicaid recipients – some of the most vulnerable Iowans – fall through the cracks.”

-- U.S. Senator Tom Harkin on his bill that would increase federal Medicaid funding in Iowa by \$60 million

Administrative Rules
February 1, 2002

The following notices and final rules were published in the January 23, 2002 volume of the Iowa Administrative Bulletin (IAB):

- ✓ **Medicaid -- Employed People With Disabilities Coverage Group. ARC 1299B.** The Iowa Department of Human Services published a notice of intended action making amendments to premium payment policy and procedures for recipients who are assessed premiums for coverage under the Medicaid for Employed People with Disabilities coverage group. Written comments will be considered if received by February 13 when a public hearing will be held at various times and locations throughout the state.
- ✓ **Medicaid – Eligibility. ARC 1300B.** The Iowa Department of Human Services published a notice of intended action to make amendments that revise Medicaid policy regarding eligibility, including but not limited to; utilize gender-neutral terms in reference to breast and cervical cancer to be consistent with federal language, lengthen the time period within which an applicant or recipient must express an intent to apply or refuse to apply for other benefits, clarify the use of social security numbers for people whom Medicaid is being requested, and clarify eligibility for pregnant women in groups other than the Mothers and Children (MAC) group when they do not cooperate in establishing paternity. These changes are a result of a rule review under Executive Order Number 8. Written comments will be considered if received by February 13.
- ✓ **Medicaid – Enrollment of Psychiatric Nurse Practitioners. ARC 1301B.** The Iowa Department of Human Services published a notice of intended action to make amendments allowing advanced registered nurse practitioners with psychiatric certification to enroll as Iowa Medicaid independent providers for covered services. The addition of this independent status will have minimal impact upon the Medicaid population as a whole as most are enrolled in the Iowa Plan. Medicaid recipients that would benefit from this provision would be those with dual coverage and those in the Medically Needy program. Written comments will be considered if received by February 13.
- ✓ **Insurance Division – Workers’ Compensation Rate Filing.** The Insurance Division published a notice that the National Council on Compensation Insurance has made a rate filing which affects the premium rates for workers’ compensation insurance proposing that a catastrophe provision of 4.0% be applied to the rates for all class codes with an effective date of January 1, 2002. A hearing may be requested before the Commissioner of Insurance if filed by February 7.
- ✓ **Insurance Division – Workers’ Compensation and September 11, 2001.** The Insurance Division published a notice to specifically exclude from the experience rating calculations claims directly attributable to the terrorist acts of September 11, 2001, which affects the premium rates for workers’ compensation insurance. The filing has a proposed effective date of May 27, 2002. A hearing may be requested before the Commissioner of Insurance if filed by February 7.

- ✓ **Insurance Division – Procedures for Prompt Payment of Medical Claims. ARC 1303B.** The Iowa Insurance Division adopted and filed rules governing the audit of medical claims by insurers and prompt payment by insurers of clean claims for health care benefits. These rules contain definitions and guidelines for insurers and health care providers for compliance with these two new requirements. Several changes and clarifications were made to the rules as a result from comments and a public hearing. The effective date requiring insurers to develop compliance systems indicating the purpose of an audit is delayed until July 1, 2002. The effective date for prompt payment of claims involving coordination of benefits will be January 1, 2003. These rules will become effective February 27.
- ✓ **Labor Services Division -- OSHA Record-Keeping Regulations. ARC 1293B.** The Labor Commissioner adopted and filed emergency after notice, amendments for record keeping and reporting by employers as necessary or appropriate for enforcement of the Act, to develop information regarding the causes and prevention of occupational accidents and illnesses; and to maintain a program of collection, compilation and analysis of occupational safety and health statistics. These amendments became effective January 1.
- ✓ **Pharmacy Examiners Board -- Automated Medication Distribution Systems (AMDS). ARC 1304B.** The Board of Pharmacy Examiners terminated the rule making published in the July 11, 2001 Administrative Bulletin (ARC 0801B), based on comments from numerous parties. The Board has incorporated changes and clarifications to the amended rules and published a new notice of intended action. The rules define various terms relating to AMDS and assign responsibility for medication distribution and other functions relating to AMDS. Requirements were established for policies, procedures, and record keeping, while establishing quality measurements. Written comments will be considered if received by February 12.
- ✓ **Professional Licensure Division – Massage Therapists. ARC 1286B.** The Board of Examiners for Massage Therapy published a notice of intended action to rescind current licensure rules, adopt new chapters for licensure, education curriculum, fees, and renumber and amend the chapter on continuing education. Written comments will be considered if received by February 12, when a public hearing will be held from 9:00 a.m. to 11:00 a.m.
- ✓ **Professional Licensure Division – Respiratory Care Practitioners. ARC 1285.** The Board of Respiratory Care Examiners published a notice of intended action to rescind current licensure rules and fees, adopt new chapters for the board and for licensure, discipline, and fees, and amend the chapter on continuing education. Written comments will be considered if received by February 12, when a public hearing will be held from 1:00 p.m. to 3:00 p.m.

The following notices were published in the *Federal Register*:

- ✓ **Medicaid-- Upper Payment Limit (UPL).** On January 18, the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) published a final rule modifying the final rule published on January 12, 2001, to remove the 150 percent UPL for inpatient hospital services and outpatient hospital services furnished by non-State government-owned or operated hospitals. This final rule is part of this Administration's efforts to restore fiscal integrity to the Medicaid program and reduce the opportunity for abusive funding practices based on payments unrelated to actual covered Medicaid services. These regulations are effective on March 19.
- ✓ **Nurse Practitioner and Physician Assistant Practice.** On January 22, the Department of Health and Human Services (HHS), National Institute of Health (NIH), published a notice for a proposed collection on ethical issues associated with Nurse Practitioner and Physician Assistant practice. The purposes of the study are (1) to examine whether the current practice environment has created ethical concerns/conflict for Nurse Practitioners and Physician Assistants in the provision of patient care; (2) to explore relationships between selected individual, organizational, and state regulatory factors and ethical conflict in practice and the perceived delivery of quality care; and (3) to examine the perceived level of ethics preparedness and confidence in ethics decision-making. The findings will provide valuable information concerning: (1) the importance of ethics and ethical factors from the perspective of different professional groups; and (2) ethics educational needs of Nurse Practitioners and Physician Assistants. Comments are due within 60-days of this publication
- ✓ **Excise Taxes on Excess Benefit Transactions.** On January 23, the Department of the Internal Revenue Service (IRS), published final regulations and removed temporary regulations relating to excise taxes on excess benefit transactions under section 4958 of the Internal Revenue Code, as well as certain amendments and additions to existing Income Tax Regulations affected by section 4958. Section 4958 imposes excise taxes on any transaction that provides excess economic benefits to a person in a position to exercise substantial influence over the affairs of a public charity or a social welfare organization. These regulations will limit how much tax-exempt organizations can compensate individuals, such as hospital CEOs who reap improper gains from their dealings with tax-exempt organizations, such as charity hospitals. The effective date for these regulations is January 23.
- ✓ **Reporting and Repayment of Overpayments.** On January 25, the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) published a proposed rule that would supplement and modify the notice of proposed rulemaking that was published on March 25, 1998 (63 FR 14506). That notice proposed to amend the Medicare regulations governing liability for overpayments from the Centers for Medicare & Medicaid services (CMS) to providers, suppliers, and individuals to eliminate application of certain regulations of the Social Security Administration and to replace them with regulations more specific to circumstances involving Medicare overpayments. This proposed regulation would supplement and modify that notice in order to establish, in regulations, the longstanding responsibility of providers, suppliers, individuals and also managed care organizations contracting with us to report and return overpayments to us. This proposed would establish the timeframe and process for making the reports and returning the overpayments. Comments will be considered if received by March 26.

- ✓ **State Allotments for Payment of Medicare Part B Premiums for Qualifying Individuals.** On January 25, the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), published a proposed notice announcing the allotments that would be available for State agencies to pay Medicare Part B premiums for two specific eligibility groups of low-income Medicare beneficiaries, referred to as Qualifying Individuals for Federal fiscal year 2001. Comments will be considered if received by March 26. If the proposed allotments are adopted as final, they will be available for expenditures made during the Federal fiscal year 2001 (beginning October 1, 2000).
- ✓ **Medicare+Choice Organizations and NCQA.** On January 25, the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) published a final notice announcing the approval of the National Committee for Quality Assurance (NCQA) for deeming authority of Medicare+Choice (M+C) organizations that are licensed as health maintenance organizations (HMOs). CMS have found that NCQA's standards for managed care organizations (MCOs) submitted in the application process meet or exceed those established by the Medicare program. Therefore, M+C organizations that are licensed as HMOs and are accredited by NCQA may receive, at their request, deemed status for the M+C requirements in the six areas that are specified in Section 1852(e)(4)(C) of the Social Security Act (the Act). Regulations set forth in 42 CFR 422.157(b)(2) specify that the Secretary will publish a Federal Register notice that indicates whether an accreditation organization's request for approval has been granted and the effective date and term of the approval, which may not exceed 6 years.
- ✓ **Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Enhancement of Dental Benefits Under the TRICARE Retiree Dental Program.** On January 30 the Department of Defense issued a final rule to allow additional benefits under the retiree dental insurance plan for Uniformed Services retirees and their family members that may be comparable to those under the Dependents Dental Program. This final rule is effective October 1, 2000.

For copies of these rules go to the following web sites or contact Jennifer Lucas (lucasj@ihaonline.org) at IHA:

Iowa Administrative Rules may be accessed through the Iowa Legislative web site at www.legis.state.ia.us, or may be linked to through the IHA web site at www.ihaonline.org.

The Federal Register may be accessed at www.gpo.ucop.edu/search/fedfld.html, or through the IHA web site at www.ihaonline.org (see page number information for each individual notice).