Thursday, October 5, 2017

Senate and House Committees Move Health Bills Forward

Yesterday, the U.S. House Committee on Ways and Means passed the Protecting Seniors’ Access to Medicare Act. This bipartisan legislation would repeal the Independent Payment Advisory Board (IPAB) that was created by the Affordable Care Act (ACA). The IPAB, which has long been opposed by lawmakers, was created as a means to control spending in the Medicare program. The Protecting Seniors’ Access to Medicare Act is supported by the hospital community and will now be considered by the House of Representatives.

Also yesterday, the Senate Committee on Finance and House Committee on Energy and Commerce marked up legislation to extend funding for the Children’s Health Insurance Program (CHIP), which expired on Sept. 30. Both bills extend funding for CHIP through federal fiscal year (FFY) 2022 and include: the 23 percent funding increase outlined in the ACA through FFY 2019; an 11.5 percent funding increase in FFY 2020; and the traditional CHIP matching rate in 2021.

In addition, the House bill includes a delay in the Medicare disproportionate share hospital cuts for FFY 2018 but adds two more years of cuts in FFY 2026 and 2027. The House bill also includes $1 billion in Medicaid funding for Puerto Rico, as well as offsets that have been met by resistance from House Democrats. Some of the offsets include accounting for lottery earnings by Medicaid beneficiaries and increased Medicare premiums for higher income individuals.

Staff contact: Cristina Batt

Save the Date: IHA Medicaid MCO Education Series

IHA has developed a series of full-day programs designed to educate member hospitals and health systems on the operational policies and procedures of the Medicaid Managed Care Organizations (MCOs) selected to provide covered
services to certain Medicaid-eligible populations statewide, beginning Jan. 1, 2018.

Given the state’s current implementation timeline, the first set of programs will be held from 8 a.m. to 4 p.m. on Nov. 1 in Springfield, Nov. 13 in Naperville and Nov. 15 in East Peoria. A second set of programs will be held in March 2018 for member hospitals located in the 72 counties where managed care is not currently mandatory. The dates and locations of these programs will be shared with members in the coming weeks. Registration information will be available on IHA’s website and distributed to member hospitals shortly.

Each of the MCOs has been invited to share information on its billing and claims processing guidelines, provider portal functionality, discharge planning procedures, and utilization review processes, among other topics. These sessions are intended for revenue cycle, managed care, patient financial services, access/registration, utilization review/case management, and denials and appeals management staff at IHA member hospitals and health systems.

Staff contacts: Paula Dillon, Helena Lefkow

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**CMS Publishes Medicare IPPS Final Rule Corrections**

Yesterday, the Centers for Medicare & Medicaid Services (CMS) published a correction notice in the Federal Register amending certain payment factors contained in its federal fiscal year (FFY) 2018 Medicare Inpatient Prospective Payment System (IPPS) final rule, previously published Aug. 14. IHA member hospital CEOs and CFOs received, via the IHA C-Suite on the IHA website, estimated hospital impacts of the FFY 2018 Medicare payment changes on Sept. 21. Because the changes included in this correction notice are relatively small, those reports will not be reissued.

Within the next few days, IHA will be issuing a memo highlighting the changes, which affect the following Medicare payment variables:

- Medicare Operating and Capital Standardized Base Rates;
- MS-DRG weights;
- Area wage indices;
- Cost outlier fixed-loss payment threshold; and
- Value-Based Purchasing, Readmission and Uncompensated Care payment adjustment factors.

Staff contact: Tom Jendro

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**Submit Your Community Benefit Story by Oct. 19**

The community benefit story is one of our greatest advocacy tools. Legislators, media and the public develop a greater appreciation and understanding of hospitals when they hear a story that exemplifies the value of having a hospital in their community. These stories aid in our advocacy on issues such as
protecting Medicaid payments and reducing regulatory barriers.

All Illinois hospitals and health systems are encouraged to submit their community benefit story by October 19 to Patty Pensa. Stories are limited to 300 words. Include a photo that reflects the program or initiative your story describes. Click here for the submission form.

In addition, Illinois’ 200th Birthday/Bicentennial celebration takes place in 2017-18. As part of the celebration, organizers and IHA are working together to collect notable hospital and health system achievements— including medical/healthcare firsts—that have played a major role in the state's history. Members interested in participating in the celebration and contributing an historical achievement from your hospital or health system should contact Valerie Culver.

Staff contacts: Sandy Kraiss, Valerie Culver

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**IHA's Weekly Regional Roundup**

This week, the Illinois Criminal Justice Information Authority released a report evaluating the Safe Passage program in Lee and Whiteside Counties. Elsewhere, the Logan County Dept. of Public Health announced that its home health division will cease operations at the end of the year. Also, Kankakee County filed a lawsuit against pharmaceutical companies and physicians, seeking damages stemming from the opioid epidemic. Click here to read more.

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**Register for IHA Webinar on Claims Edits**

Learn best practices and strategies for achieving revenue integrity in IHA's NCCIs and MUEs: Solving Claims Edits webinar on Monday, Nov. 6. Expert faculty will provide guidance on researching and resolving national correct coding initiative (NCCI) edits and medically unlikely edits (MUEs) without duplicating efforts within your organization.

The webinar, from noon to 1:30 p.m., will benefit frontline hospital staff who perform resolution of edits and managers with operational responsibility, including:

- Patient financial services;
- Access and registration;
- Revenue integrity;
- Health information management;
- Compliance; and
- Clinical leaders with revenue ownership in highly impacted outpatient business areas, e.g., radiology, laboratory, clinics, and rehabilitation.

NCCIs and MUEs lead to returned claims, require in-depth research to resolve and have a significant impact on your organization's accounts receivable.

Continuing education credits will be available from the American Health Information Management Association (AHIM) and American Academy of Professional Coders (AAPC). Click here
Briefly Noted
The Illinois Dept. of Healthcare and Family Services issued a provider notice on retroactive renal dialysis add-on payments. Under PA 100-23, Medicaid add-on payments to hospitals and freestanding dialysis facilities previously established under 89 Ill. Admin. Code Section 148.40(g) will be restored retroactively to dates of service beginning July 1, 2015. The add-on payment is $60 per treatment day and is applicable for all of the renal dialysis revenue codes covered by the Department. Click here for more information.

Yesterday, by a vote of 57-38, the U.S. Senate confirmed attorney Eric Hargan as the Deputy Secretary of the Dept. of Health and Human Services (HHS). Hargan, a native Illinoisan, previously served at HHS during the George W. Bush administration and was part of President Trump’s HHS transition team.

On Monday, the National Institutes of Health announced that it is funding a study to evaluate treatment options for newborns with opioid withdrawal syndrome, a condition caused by exposure to opioids during pregnancy. Currently, U.S. healthcare providers lack standard, evidence-based treatments for neonatal opioid withdrawal syndrome, despite states reporting more cases in recent years. The study, called Advancing Clinical Trials in Neonatal Opioid Withdrawal Syndrome, aims to find and implement best practices for treating infants with this syndrome.