

**Delegated Provider Website Postings
Weeks of May 1 through 31, 2016**

CMS

Medicare/Medicaid

The Centers for Medicare & Medicaid Services (CMS) have issued instructions to use the mechanical ventilation procedure code date to calculate the length of stay for ventilation use greater than 96 consecutive hours.

<http://apps.humana.com/marketing/documents.asp?file=2894853>

This final rule implements Section 1557 of the Affordable Care Act (ACA) (Section 1557). Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs and activities.

<http://apps.humana.com/marketing/documents.asp?file=2894879>

This Recurring Update Notification describes changes to and billing instructions for various payment policies implemented in the July 2016 OPPS update. The July 2016 Integrated Outpatient Code Editor (I/OCE) and OPPS Pricer will reflect the Healthcare Common Procedure Coding System (HCPCS), Ambulatory Payment Classification (APC), HCPCS Modifier, and Revenue Code additions, changes, and deletions identified in this Change Request (CR). This Recurring Update Notification applies to Chapter 4, section 200.3.1.

<http://apps.humana.com/marketing/documents.asp?file=2894892>

The purpose of this change request is to provide instruction for updating the two Medicare ZIP Code files (ZIP5 and ZIP9) for the October 2016 quarter. The attached Recurring Update Notification applies to Chapter 15, Section 20.1.5 (B).

<http://apps.humana.com/marketing/documents.asp?file=2894905>

Payment files were issued to contractors based upon the CY 2016 Medicare Physician Fee Schedule (MPFS) Final Rule. This change request amends those payment files. This Recurring Update Notification applies to Pub. 100-04, Medicare Claims Processing Manual, Chapter 23, Section 30.1.

<http://apps.humana.com/marketing/documents.asp?file=2894918>

This notification provides the Integrated OCE instructions and specifications for the Integrated OCE that will be utilized under the OPPS and Non-OPPS for hospital outpatient departments, community mental health centers, all non-OPPS providers, and for limited services when provided in a home health agency not under the Home Health Prospective Payment System or to a hospice patient for the treatment of a non-terminal illness. The attached Recurring Update Notification applies to 100-04, Chapter 4, section 40.1.

<http://apps.humana.com/marketing/documents.asp?file=2894944>

FEDERAL

HHS finalizes rule to improve health equity under the Affordable Care Act Final rule prohibits discrimination based on race, color, national origin, sex, age or disability; enhances language assistance for individuals with limited English proficiency; and protects individuals with disabilities.

<http://apps.humana.com/marketing/documents.asp?file=2894866>

GHHJMYTEN

TEXAS

Bulletin B-0012-16 provides information regarding HB 574 which prohibits HMO, PPO and EPO benefit plans from discouraging providers from discussing patient health care options.

<http://apps.humana.com/marketing/documents.asp?file=2894957>

ILLINOIS

The Personal Information Protection Act is amended by changing Sections 5, 10, and 12 and adding Sections 45 and 50.

<http://apps.humana.com/marketing/documents.asp?file=2894931>