

**Delegated Provider Website Postings
Weeks of January 1 through 31, 2017**

CMS

The Centers for Medicare & Medicaid Services (CMS) have released a final rule with comment period for the Calendar Year (CY) 2017 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System policy changes, quality provisions, and payment.

<http://apps.humana.com/marketing/documents.asp?file=3100903>

<http://apps.humana.com/marketing/documents.asp?file=3100916>

<http://apps.humana.com/marketing/documents.asp?file=3100929>

The Centers for Medicare & Medicaid Services (CMS) have issued Original Medicare instruction regarding new waived tests approved by the Food and Drug Administration under Clinical Laboratory Improvement Amendments (CLIA) of 1988 which will be effective April 1, 2017.

<http://apps.humana.com/marketing/documents.asp?file=3100942>

The Centers for Medicare & Medicaid Services (CMS) have issued a ruling on policy concerning the classification of therapeutic continuous glucose monitoring systems as durable medical equipment under Part B of the Medicare program.

<http://apps.humana.com/marketing/documents.asp?file=3100955>

Federal

The HHS Office of Civil Rights (OCR) published new guidance regarding electronic information technology to ensure equal access to all health services and benefits provided through electronic means.

<http://apps.humana.com/marketing/documents.asp?file=3100890>

Colorado

Bulletin No. B-4.93

CONTINUITY OF CARE REQUIREMENTS FOR HEALTH BENEFIT PLANS

I. Background and Purpose

All health benefit plans must contain provisions to ensure continuity of care for the policyholder when certain events occur. The purpose of this bulletin is to provide consumers and carriers with the standards and requirements for ensuring continuity of care for health benefit plans, and help ensure carrier compliance with those requirements.

<http://apps.humana.com/marketing/documents.asp?file=3100968>

GHHJWAEEN