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IHA Memo on CMS' CY 2024 Physician Fee Schedule Final Rule

On Nov. 2, the Centers for Medicare & Medicaid Services (CMS) released its calendar year (CY) 2024 physician fee schedule (PFS) [final rule](#). Today, IHA released a [memo](#) summarizing key components of the final rule, including updates on services addressing health-related social needs, telehealth and behavioral health. Overall, CMS finalized a rate update of –1.25% compared to CY 2023, while finalizing payment increases for primary care and other direct patient care.

Focusing on coverage requirements, CMS finalized new practitioner payments to train caregivers and separate payment for services addressing health-related social needs. CMS adopted changes to evaluation and management visits, made permanent payment for preventative vaccine administration services, relaxed supervision requirements for physical and occupational therapists in private practice, and improved access to diabetes self-management training services. The final rule also expanded access to telehealth services, behavioral health services, diabetes screening and dental services. The rule also implements provisions from the Inflation Reduction Act (Pub. L. 117-169, Aug. 16, 2022) that affect payment limits for beneficiary out-of-pocket costs for certain drugs payable under Medicare Part B.

[Contact us](#) with questions.

Register: Complimentary Webinar on Strategies to Enhance Revenue Collection

Learn about the connection between word choice and revenue collection—and how your hospital can enhance documentation—during a Dec. 4 webinar sponsored by IHA Corporate Sponsor The Law Offices of Stephenson, Acquisto & Colman. From 2-3 p.m., you'll also gain strategies to upgrade policy language and enhance note-taking systems.

The complimentary webinar, "[On the Record: How Word Choices Impact Revenue Collection](#)," will be presented by Marcus Morrow, a partner in the firm. Morrow attended Loyola University Chicago Law School, was a Beazley Institute for Health Law and Policy Fellow, and earned a Certificate in Health Law and Policy.

The webinar will benefit hospital and health system leaders, especially those in:

- Revenue cycle and patient financial services;
- Utilization management; and
- Joint operating committees.

There is no cost to attend. Registrants will receive a link to the webinar recording, which will be available for 60 days after the program. [Register today](#).

[Contact us](#) with questions.

Register: IHA Webinar Series on Hospital CoPs Starts Tomorrow, 11/30

The first of five IHA webinars on acute care hospital Conditions of Participation (CoPs) will cover numerous clarified interpretive guidelines from the Centers for Medicare & Medicaid Services (CMS). Starting tomorrow, Nov. 30, the webinar series will help hospital leaders and staff meet CMS requirements.

The first webinar will address CMS' continued enforcement of its expectations that patients and staff have a safe environment. The program will also explore recent CMS memos, surveyor areas of focus and continual readiness tools to help your team prepare for your next survey. Accreditation specialist and nurse leader Lena Browning-Calloway, MHA, BSN, RNC-NIC, CSHA, will lead the webinar, providing essential compliance strategies and resources.

Tomorrow's webinar, from noon-2 p.m., will benefit:

- CEOs, COOs, Chief Medical Officers and Chief Nursing Officers; and
- Leaders and staff in accreditation and compliance, quality improvement, and risk management.

The webinar series, "2023 Acute Care Hospital Conditions of Participation," will continue next week on Tuesday, Dec. 5 and Thursday, Dec. 7, followed by the final two webinars on Dec. 12 and Dec. 14.

Topics of next week's webinars are: patient rights, consent and advance directives on Dec. 5; and nursing services, medications, pharmacy services and antibiotic stewardship on Dec. 7.

Registration is per webinar and includes an unlimited number of connections within the same hospital or within the hospital system corporate office. Webinar recordings will be made available to registrants for 60 days after each webinar.

Contact us with questions.

CDPH: Guidance to Ensure Coordinate Care for Asylum-seekers

Yesterday, the Chicago Dept. of Public Health (CDPH) sent a letter to Chicagoland healthcare providers providing information and guidance related to the care of asylum-seekers arriving in Chicago. Since Aug. 31, 2022, the City of Chicago has welcomed approximately 23,000 individuals arriving from the country's southern border. In response, the City of Chicago, Cook County and the State of Illinois have mobilized resources to provide shelter and wrap-around services for these individuals, with CDPH coordinating access to medical services for the new arrivals.

CDPH is seeking ongoing coordination and partnership within the Chicago healthcare system as the Department works to meet the health and wellness needs of these individuals. *Click here* to view the letter, which provides detail and resources related to: accessing primary care for arrivals; infection prevention and control in shelter settings; immunization and vaccine-preventable disease; syndemic infectious disease services; behavioral health services, including harm reduction resources and mental health services; pre-natal care, newborn care and early childhood nutrition support; and reproductive healthcare.

Durbin, Duckworth Announce Funding To Address Physician Shortage

U.S. Senators Dick Durbin (IL) and Tammy Duckworth (IL) announced that the Centers for Medicare & Medicaid Services (CMS) has awarded new Medicare Graduate Medical Education funding to support an additional 23 residency slots for hospitals in Illinois. With this new federal funding, eight Illinois hospitals will be able to expand their medical training opportunities for new doctors, in order to help address the nation's physician shortage. These new federally funded residency slots are part of the initial investment made by the *Consolidated Appropriations Act of 2021*.

The following Illinois institutions have been awarded funding to support additional residency slots:

- OSF St. Francis Medical Center, Peoria
- University of Chicago, Chicago

- Carle Foundation, Urbana
- Swedish Hospital, Chicago
- Rush University Hospital, Chicago
- University of Illinois, Chicago
- OSF Little Company of Mary, Cook County
- UW Health SwedishAmerican, Rockford

FDA: Safety Issue with Philips' DreamStation 2 CPAP Machines

The Food and Drug Administration (FDA) issued an [alert](#) yesterday to patients and healthcare providers of an emerging safety issue involving Philips Respironics' DreamStation 2 Continuous Positive Airway Pressure (CPAP) machines used for treatment of obstructive sleep apnea.

The FDA issued a [safety communication](#) to inform the public of reports involving thermal issues with the machine, some of which cited patient injuries, and to provide safety recommendations for patient use, including carefully monitoring machines for signs of overheating.

The agency recently received medical device reports associated with issues, such as fire, smoke, burns and other signs of overheating while using the machine. The FDA is in ongoing discussions with the company about mitigation strategies for this safety issue and will update the public accordingly.

COVID-19 Information

Since the end of the COVID-19 Public Health Emergency on May 11, the Illinois Dept. of Public Health (IDPH) is releasing updated COVID-19 data every other week. [Click here](#) for the most recent hospitalization update. IDPH will continue to report the weekly number of people with COVID-19 admitted to hospitals from emergency departments, deaths and vaccinations, as well through the dashboard of the [Illinois Wastewater Surveillance System](#).

Briefly Noted

The Food and Drug Administration (FDA) [issued a drug safety communication](#) warning that the antiseizure medicines levetiracetam (Keppra, Keppra XR, Elepsia XR, Spritam) and clobazam (Onfi, Sympazan) can cause a rare but serious reaction that can be life-threatening if not diagnosed and treated quickly. This reaction is called Drug Reaction with Eosinophilia and Systemic Symptoms. It may start as a rash, but can quickly progress, resulting in injury to internal organs, the need for hospitalization and even death. As a result, the agency is requiring warnings about this risk to be added to the [prescribing information](#) and patient [Medication Guides](#) for these medicines.

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