NEWS & INSIGHTS

Don’t leave CEUs on the table

April 1, 2026
News & Insights

Did you know that, as a Revenue Cycle Advisor subscriber, you have the ability to earn continuing education units (CEU)? Every monthly issue of *HIM Briefings* comes with the opportunity to earn one CEU from the American Health Information Management Association (AHIMA) and/or one CEU from the National Association of Healthcare Revenue Integrity (NAHRI).

At the end of each month, subscribers are invited to complete an evaluation and quiz related to that month’s issue of *HIM Briefings.* Successful completion of these steps results in earning AHIMA and NAHRI CEUs.

Did you miss a previous issue of *HIM Briefings* and are worried you missed your chance to earn CEUs? Don’t worry, as Revenue Cycle Advisor subscribers can also access archives of the newsletters. Subscribers can go as far back as the September 2025 issue of *HIM Briefings* to earn CEUs. Please note that you must obtain CEUs within one year of the date that the final article is posted.

The evaluation and quiz for the March issue of *HIM Briefings* are available by clicking here (scroll to the end of the article). Evaluation and quiz links for previous issues of *HIM Briefings* can be found by opening the last article posted in that month’s issue.

Click here for additional information on AHIMA’s CEU and recertification process, and click here to learn more about NAHRI’s Certification in Healthcare Revenue Integrity (CHRI).

For questions regarding our new *HIM Briefings* CEU offer or your Revenue Cycle Advisor membership, contact Karen Kondilis at karen.kondilis@hcpro.com.

Related Topics:
HIM/HIPAA

CMS releases several FY 2027 proposed rules

April 8, 2026
News & Insights

CMS kicked off the month of April by releasing a slew of proposed rules, spelling out its plans to update Medicare reimbursement and policies for a variety of facilities in fiscal year (FY) 2027.

CMS is proposing to update the hospice payment rate by 2.4% in FY 2027, which would equate to a payment increase of roughly $785 million compared to FY 2026. Hospice payments are subject to a statutory aggregate cap that limits the overall payments made to a hospice facility per year. For FY 2027, CMS is proposing to increase this amount to $36,210.11.

In the FY 2027 Skilled Nursing Facility (SNF) Prospective Payment System (PPS) proposed rule, CMS is calling to update payment rates by 2.4%. Along with proposals related to the SNF Quality Reporting Program and Value-Based Purchasing Program, the rule also includes requests for information on advanced care planning and the Patient-Driven Payment Model payment system.

The FY 2027 Inpatient Psychiatric Facility (IPF) PPS proposed rule includes a 2.3% payment rate increase. The agency is also proposing to cap IPF PPS outlier payments at the provider level to minimize the impact of certain high-cost facilities on the outlier pool.

Lastly, CMS is proposing to increase payments to inpatient rehabilitation facilities (IRF) by 2.4% in FY 2027, as well as update the outlier threshold to maintain outlier payments at 3.0% of total payments. CMS projects that these proposals would increase total IRF payments by approximately $355 million in FY 2027.

Comments are due by June 1 for all four of these proposed rules.

Related Topics:
Billing and reimbursement, Medicare news

Key takeaways from the FY 2027 IPPS proposed rule

April 15, 2026
News & Insights

CMS recently published the fiscal year (FY) 2027 Inpatient Prospective Payment System (IPPS) proposed rule, detailing its tentative plans to update Medicare inpatient coding and billing.

CMS is proposing a 2.4% increase to IPPS payments for FY 2027, reflecting a 3.2% hospital market basket increase and -0.8% productivity adjustment. Overall, the agency estimates that the proposed updates will increase hospital payments by approximately $1.4 billion in FY 2027, and new technology payments are expected to increase by $464 million.

A key provision in the proposed rule is a nationwide expansion of the Comprehensive Care for Joint Replacement (CJR) model, which ended in December 2024 and generated significant Medicare savings. Proposed to launch on October 1, 2027, the CJR Expanded (CJR-X) model would hold hospitals responsible for spending and care during a patient's lower extremity joint replacement procedure through 90 days post-discharge. If finalized, the CJR-X model would be the first nationwide test of a mandatory episode-based payment model. However, hospitals participating in the Transforming Episode Accountability Model (TEAM) would be excluded.

Other proposals in the rule include various quality and reporting program updates, several TEAM modifications, codification of certain organ procurement payment policies, and more.

Comments on the FY 2027 IPPS proposed rule are due by June 9. Revenue cycle professionals can view CMS' press release and fact sheet for more information.

Related Topics:
Billing and reimbursement, IPPS, Medicare news

Last chance: Take our survey for a chance to win a gift card

April 22, 2026
News & Insights

We want to hear from revenue cycle professionals like you about your Medicare education gaps and how we can help fill them. Take our survey by Friday, April 24, to share your thoughts on HCPro's newsletters, webinars, boot camps, and more! Do you have a *Revenue Cycle Advisor* subscription? If so, take the survey to share your thoughts on our content, resources, membership offerings, and more.

Your responses will help us better assist healthcare organizations in navigating and implementing complex Medicare requirements. Previous or current use of HCPro products is not a prerequisite to participate in the survey.

Survey participants can enter a raffle for a $50 Amazon gift card. Void where prohibited. See official sweepstake rules here.

Analyzing CMS' proposed CJR-X model

April 29, 2026
News & Insights

In the fiscal year (FY) 2027 Inpatient Prospective Payment System (IPPS) proposed rule, CMS outlined its plans to launch a nationwide expansion of its Comprehensive Care for Joint Replacement (CJR) model.

Launched in 2016, the CJR model produced significant Medicare savings while maintaining quality of care. Due to CJR's success, CMS is proposing to expand this model to improve care for original Medicare beneficiaries undergoing lower extremity joint replacements (LEJR) in both the inpatient and outpatient hospital settings.

The proposed CJR Expanded (CJR-X) model would hold hospitals responsible for all spending and care associated with an LEJR episode, starting with the procedure and ending 90 days post-discharge. For eligible patients, each episode would include all related items and services paid under Parts A and B, including the procedure, hospital stay, physical therapy, and follow-up visits. At the end of each performance year, CMS would compare actual total episode spending to the participating hospital's target prices.

CJR-X would improve on the previous model by applying a risk adjustment methodology designed to reduce administrative burden while better accounting for patient acuity. This would prevent hospitals from being penalized for complex beneficiaries or those who require complicated care, according to CMS.

While CJR primarily focused on hip and knee procedures, CJR-X would also include ankle replacements. CMS is proposing to include the following procedures in the new model:

- MS-DRG 469: Major hip and knee joint replacement or reattachment of lower extremity with major complications or comorbidities (MCC) or total ankle replacement
- MS-DRG 470: Major hip and knee joint replacement or reattachment of lower extremity without MCC
- MS-DRG 521: Hip replacement with principal diagnosis of hip fracture with MCC
- MS-DRG 522: Hip replacement with principal diagnosis of hip fracture without MCC
- HCPCS 27447: Total knee arthroplasty
- HCPCS 27130: Total hip arthroplasty

CMS is proposing to launch the new model on October 1, 2027. If finalized, CJR-X would represent the first mandatory, nationwide test of an episode-based payment model. Most IPPS hospitals would be required to participate, but certain organizations, including those participating in the Transforming Episode Accountability Model (TEAM) and/or located in Maryland, would be exempt. After TEAM concludes in December 2030, eligible hospitals would be required to participate in CJR-X.

CMS is accepting comments on the CJR-X model and other provisions in the FY 2027 IPPS proposed rule until June 9.

Editor's note: *A version of this article originally appeared in* Revenue Integrity Insider*, NAHRI's weekly e-newsletter.*

Related Topics:
IPPS, Medicare news

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