

Quarterly Provider Update-Regulations
April 1 – June 30, 2017

Key:

ASCs - Ambulatory Surgical Centers
 CLIA – Clinical Diagnostic Laboratories
 CMHCs - Community Mental Health Centers
 CORF – Comprehensive Outpatient Rehabilitation Facility
 DME – Durable Medical Equipment
 FOHC – Federally Qualified Health Center
 HHA- Home Health Agency

IDTF - Independent Diagnostic Testing Facility
 MA – Medicare Advantage
 OPO – Organ Procurement Organization
 OPT - Outpatient Physical Therapy
 RNHCI - Religious Non-medical Health Care Institution
 RHC - Rural Health Clinic
 SNF - Skilled Nursing Facility

| File Code | Subject | Issue or Publication Date | Provider Type |
|-----------------------------|--|---------------------------|---------------|
| CMS-9929-F | Patient Protection and Affordable Care Act; Market Stabilization | 04/18/2017 | ALL Providers |
| CMS-9103-N | Medicare and Medicaid Programs; Quarterly Listing of Program Issuances--January Through March 2017 | 05/05/2017 | ALL Providers |
| CMS-5519-F3 | Medicare Program; Advancing Care Coordination Through Episode Payment Models (EPMs); Cardiac Rehabilitation Incentive Payment Model; and Changes to the Comprehensive Care for Joint Replacement Model (CJR); Delay of Effective Date | 05/19/2017 | ALL Providers |
| CMS-9928-NC | Reducing Regulatory Burdens Imposed by the Patient Protection and Affordable Care Act & Improving Healthcare Choices To Empower Patients | 06/12/2017 | ALL Providers |
| CMS-9928-CN | Patient Protection and Affordable Care Act: Reducing Regulatory Burdens & Improving Healthcare Choices to Empower Patients; Correction | 06/27/2017 | ALL Providers |
| CMS-2431-N2 | Zika Health Care Services Program; Round 2 | 06/30/2017 | ALL Providers |
| CMS-1656-F2 | Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record (EHR) Incentive Programs; Payment to Nonexcepted Off-Campus Provider-Based Department of a Hospital; Hospital Value-Based Purchasing (VBP) Program; Establishment of Payment Rates Under the Medicare Physician Fee Schedule for Nonexcepted Items and Services Furnished by an Off-Campus Provider-Based Department of a Hospital; Correcting Amendment | 04/06/2017 | ASC |
| CMS-3343PN | Medicare and Medicaid Programs: Application From the American Osteopathic Association/Healthcare Facilities Accreditation Program (AOA-HFAP) for Continued CMS Approval of Its Ambulatory Surgical Center Accreditation Program | 06/13/2017 | ASC |

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| <u>CMS-1669-N</u> | Medicare Program; Rechartering, Membership, and Announcement of the Advisory Panel on Clinical Diagnostic Laboratory Tests Meeting on August 1, 2017 | 05/16/2017 | CLIA |
| <u>CMS-1668-N</u> | Medicare Program; Public Meeting on July 31, 2017 Regarding New and Reconsidered Clinical Diagnostic Laboratory Test Codes for the Clinical Laboratory Fee Schedule for Calendar Year 2018 | 05/16/2017 | CLIA |
| <u>CMS-3819-P2</u> | Medicare and Medicaid Programs; Conditions of Participation for Home Health Agencies; Delay of Effective Date | 04/03/2017 | HHA |
| <u>CMS-1675-P</u> | Medicare Program; FY 2018 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements | 05/03/2017 | Hospice |
| <u>CMS-1677-P</u> | Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2018 Rates; Quality Reporting Requirements for Specific Providers; Medicare and Medicaid Electronic Health Record (EHR) Incentive Program Requirements for Eligible Hospitals, Critical Access Hospitals, and Eligible Professionals; Provider-Based Status of Indian Health Service and Tribal Facilities and Organizations; Costs Reporting and Provider Requirements; Agreement Termination Notices | 04/28/2017 | Hospital |
| <u>CMS-2399-F</u> | Medicaid Program; Disproportionate Share Hospital Payments--Treatment of Third Party Payers in Calculating Uncompensated Care Costs | 04/03/2017 | Hospital |

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| CMS-1656-F2 | Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record (EHR) Incentive Programs; Payment to Nonexcepted Off-Campus Provider-Based Department of a Hospital; Hospital Value-Based Purchasing (VBP) Program; Establishment of Payment Rates Under the Medicare Physician Fee Schedule for Nonexcepted Items and Services Furnished by an Off-Campus Provider-Based Department of a Hospital; Correcting Amendment | 04/06/2017 | Hospital |
| CMS-1671-P | Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2018 | 05/03/2017 | Hospital |
| CMS-1671-P | Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2018 | 05/15/2017 | Hospital |
| CMS-3342-P | Medicare and Medicaid Programs; Revision of Requirements for Long-Term Care Facilities: Arbitration Agreements | 06/08/2017 | Hospital |
| CMS-1685-N | Medicare Program: Announcement of the Advisory Panel on Hospital Outpatient Payment (the Panel) Meeting on August 21-22, 2017 | 05/25/2017 | Meeting Notices |
| CMS-1669-N | Medicare Program; Rechartering, Membership, and Announcement of the Advisory Panel on Clinical Diagnostic Laboratory Tests Meeting on August 1, 2017 | 05/16/2017 | Meeting Notices |
| CMS-1668-N | Medicare Program; Public Meeting on July 31, 2017 Regarding New and Reconsidered Clinical Diagnostic Laboratory Test Codes for the Clinical Laboratory Fee Schedule for Calendar Year 2018 | 05/16/2017 | Meeting Notices |
| CMS-3345-N | Meeting of the Medicare Evidence Development and Coverage Advisory Committee (MEDCAC)—August 30, 2017 | 06/30/2017 | Meeting Notices |
| CMS-5523-N | Medicare Program; Funding in Support of the Pennsylvania Rural Health Model--Cooperative Agreement | 04/14/2017 | Other |

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| <u>CMS-5522-P</u> | CY 2018 Updates to the Quality Payment Program | 06/30/2017 | Physicians |
| <u>CMS-1679-P</u> | Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2018, SNF Value-Based Purchasing Program, SNF Quality Reporting Program, Survey Team Composition, and Proposal To Correct the Performance Period for the NHSN HCP Influenza Vaccination Immunization Reporting Measure in the ESRD QIP for PY 2020 | 05/04/2017 | SNF |
| <u>CMS-1686-ANPRM</u> | Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities: Revisions to Case-Mix Methodology | 05/04/2017 | SNF |
| <u>CMS-1686-N</u> | Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities: Revisions to Case-Mix Methodology; Extension of Comment Period | 05/14/2017 | SNF |