

Quarterly Provider Update-Regulations
October 1- December 31, 2013

Key:

ASCs - Ambulatory Surgical Centers
 CLIA – Clinical Diagnostic Laboratories
 CMHCs - Community Mental Health Centers
 CORF – Comprehensive Outpatient Rehabilitation Facility
 DME – Durable Medical Equipment
 FQHC – 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 |
|---|--|---------------------------|---------------|
| <u>CMS-8053-N</u> | Medicare Program; Inpatient Hospital Deductible and Hospital and Extended Care Services Coinsurance Amounts for CY 2014 | 10/30/2013 | ALL Providers |
| <u>CMS-8054-N</u> | Medicare Program; Part A Premiums for CY 2014 for the Uninsured Aged and for Certain Disabled Individuals Who Have Exhausted Other Entitlement | 10/30/2013 | ALL Providers |
| <u>CMS-8055-N</u> | Medicare Program; Medicare Part B Monthly Actuarial Rates, Premium Rate, and Annual Deductible Beginning January 1, 2014 | 10/30/2013 | ALL Providers |
| <u>CMS-9957-F2;</u> <u>CMS-9964-F3</u> | Patient Protection and Affordable Care Act; Program Integrity: Exchange, Premium Stabilization Programs, and Market Standards; Amendments to the HHS Notice of Benefit and Payment Parameters for 2014 | 10/30/2013 | ALL Providers |
| <u>CMS-9964-F3</u> | Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2014; Correcting Amendment | 11/06/2013 | ALL Providers |
| <u>CMS-4140-F</u> | Final Rules Under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008; Technical Amendment to External Review for Multi-State Plan Program | 11/13/2013 | ALL Providers |
| <u>CMS-3288-NC</u> | Patient Protection and Affordable Care Act; Exchanges and Qualified Health Plans, Quality Rating System (QRS), Framework Measures and Methodology | 11/25/2013 | ALL Providers |
| <u>CMS-6051-N</u> | Medicare, Medicaid, and Children's Health Insurance Programs; Provider Enrollment Application Fee Amount for Calendar Year 2014 | 12/02/2013 | ALL Providers |
| <u>CMS-6061-ANPRM</u> | Medicare Program; Medicare Secondary Payer and Certain Civil Money Penalties | 12/11/2013 | ALL Providers |
| <u>CMS-9945-IFC</u> | Patient Protection and Affordable Care Act; Maximizing January 1, 2014 Coverage Opportunities | 12/17/2013 | ALL Providers |
| <u>CMS-3180-N3</u> | Pilot Program for Parallel Review of Medical Products; Extension of the Duration of the Program | 12/18/2013 | ALL Providers |
| <u>CMS-2380-PN</u> | Basic Health Program: Proposed Federal Funding Methodology for Program Year 2015 | 12/23/2013 | ALL Providers |

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|------------------------------------|--|------------|---------------|
| <u>CMS-9953-FN</u> | Health Insurance Exchanges; Approval of an Application by the Accreditation Association for Ambulatory Health Care (AAAHC) To Be a Recognized Accrediting Entity for the Accreditation of Qualified Health Plans | 12/23/2013 | ALL Providers |
| <u>CMS-3178-P</u> | Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers | 12/27/2013 | ALL Providers |
| <u>CMS-6055-P</u> | Medicare Program; Right of Appeal for Medicare Secondary Payer Determination Relating to Liability Insurance (Including Self-Insurance), No Fault Insurance, and Workers' Compensation Laws and Plans | 12/27/2013 | ALL Providers |
| <u>CMS-9957-CN</u> | Patient Protection and Affordable Care Act; Program Integrity: Exchange, Premium Stabilization Programs, and Market Standards; Amendments to the HHS Notice of Benefit and Payment Parameters for 2014 Correction | 12/31/2013 | ALL Providers |
| <u>CMS-1601-FC</u> | Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Hospital Value-Based Purchasing Program; Organ Procurement Organizations; Quality Improvement Organizations; Electronic Health Records (EHR) Incentive Program; Provider Reimbursement Determinations and Appeals | 12/10/2013 | ASC |
| <u>CMS-3202-F</u> | Medicare Program: Conditions of Participation (CoPs) for Community Mental Health Centers | 10/29/2013 | CMHC |
| <u>CMS-1526-F</u> | Medicare Program; End-Stage Renal Disease Prospective Payment System, Quality Incentive Program, and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies | 12/02/2013 | DMEPOS |
| <u>CMS-1526-F</u> | Medicare Program; End-Stage Renal Disease Prospective Payment System, Quality Incentive Program, and Durable Medical Equipment, Prosthetics, | 12/02/2013 | ESRD |

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| | Orthotics, and Supplies | | |
| CMS-3286-PN | Medicare and Medicaid Programs: Application From the Joint Commission for Continued Approval of Its Home Health Agency (HHA) Accreditation Program | 10/25/2013 | HHA |
| CMS-1450-F | Medicare and Medicaid Programs; Home Health Prospective Payment System Rate Update for CY 2014, Home Health Quality Reporting Requirements, and Cost Allocation of Home Health Survey Expenses | 12/02/2013 | HHA |
| CMS-3110-FN | Medicare & Medicaid Programs: Application From the Accreditation Commission for Health Care for Continued CMS-Approval of Its Hospice Accreditation Program | 11/05/2013 | Hospice |
| CMS-1462-N | Medicare Program; Solicitation of Five Nominations to the Advisory Panel on Hospital Outpatient Payment (HOP, the Panel) | 11/01/2013 | Hospital |
| CMS-1599-CN2 | Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2014 Rates; Quality Reporting Requirements for Specific Providers; Hospital Conditions of Participation; Payment Policies Related to Patient Status; Corrections | 10/03/2013 | Hospital |
| CMS-1599-IFC | Medicare Program; FY 2014 Inpatient Prospective Payment Systems: Changes to Certain Cost Reporting Procedures Related to Disproportionate Share Hospital Uncompensated Care Payments | 10/03/2013 | Hospital |
| CMS-3285-FN | Medicare and Medicaid Programs; Continued Approval of American Osteopathic Association/Healthcare Facilities Accreditation Program's Critical Access Hospital Accreditation Program | 11/29/2013 | Hospital |
| CMS-1601-FC | Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Hospital Value-Based Purchasing Program; Organ Procurement Organizations; Quality Improvement Organizations; Electronic Health Records (EHR) Incentive Program; Provider Reimbursement Determinations and | 12/10/2013 | Hospital |

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| | Appeals | | |
|-----------------------------|--|------------|--------------------|
| CMS-1446-CN | Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2014; Correction | 10/03/2013 | Meeting Notice |
| CMS-3289-N | Medicare Program; Request for Nominations for Members for the Medicare Evidence Development & Coverage Advisory Committee | 10/25/2013 | Meeting Notice |
| CMS-1604-N | Medicare Program; Town Hall Meeting on FY 2015 Applications for New Medical Services and Technology Add-On Payments | 11/29/2013 | Meeting Notice |
| CMS-1463-N | Medicare Program; Semi-Annual Meeting of the Advisory Panel on Hospital Outpatient Payment (HOP Panel) March 10-11, 2014 | 12/06/2013 | Meeting Notice |
| CMS-9081-N | Medicare and Medicaid Programs; Quarterly Listing of Program Issuances-- July Through September 2013 | 11/08/2013 | Other CMS Business |
| CMS-9954-P | Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2015 | 12/02/2013 | Other CMS Business |
| CMS-1600-FC | Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, Clinical Laboratory Fee Schedule & Other Revisions to Part B for CY 2014 | 12/10/2013 | Physician |
| CMS-1454-F | Medicare Program; Physicians' Referrals to Health Care Entities With Which They Have Financial Relationships: Exception for Certain Electronic Health Records Arrangements | 12/27/2013 | Physician |
| CMS-3180-N3 | Pilot Program for Parallel Review of Medical Products; Extension of the Duration of the Program | 12/18/2013 | Supplier |
| CMS-3178-P | Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers | 12/27/2013 | Supplier |

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