

**Quarterly Provider Update-Regulations
October 1 – December 31, 2016**

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
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 OPT - Outpatient Physical Therapy
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File Code	Subject	Issue or Publication Date	Provider Type
<u>CMS-9932-F</u>	Excepted Benefits; Lifetime and Annual Limits; and Short-Term, Limited-Duration Insurance	10/31/2016	ALL Providers
<u>CMS-6071-N</u>	Medicare, Medicaid, and Children's Health Insurance Programs; Provider Enrollment Application Fee Amount for Calendar Year 2017	11/07/2016	ALL Providers
<u>CMS-9099-N</u>	Medicare and Medicaid Programs; Quarterly Listing of Program Issuances-- July Through September 2016	11/14/2016	ALL Providers
<u>CMS-8063-N</u>	Medicare Program; CY 2017 Part A Premiums for the Uninsured Aged and for Certain Disabled Individuals Who Have Exhausted Other Entitlement	11/15/2016	ALL Providers
<u>CMS-3178-CN</u>	Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers; Correction	11/16/2016	ALL Providers
<u>CMS-8064-N</u>	Medicare Program; Medicare Part B Monthly Actuarial Rates, Premium Rate, and Annual Deductible Beginning January 1, 2017	11/15/2016	ALL Providers
<u>CMS-5521-N</u>	Medicare Program; Start-Up Funding in Support of the Vermont All-Payer Accountable Care Organization (ACO) Model--Cooperative Agreement	12/16/2016	ALL Providers
<u>CMS-9934-F;</u> <u>CMS-9933-F</u>	Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2018; Amendments to Special Enrollment Periods and the Consumer Operated and Oriented Plan Program	12/22/2016	ALL Providers
<u>CMS-1656-FC & IFC</u>	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	11/14/2016	ASC

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File Code	Subject	Issue or Publication Date	Provider Type
<u>CMS-6072-N</u>	Medicare Program; Implementation of Prior Authorization Process for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Items and Publication of the Initial Required Prior Authorization List of DMEPOS Items That Require Prior Authorization as a Condition of Payment	12/21/2016	DMEPOS
<u>CMS-3334-P</u>	Medicare and Medicaid Programs; Fire Safety Requirements for Certain Dialysis Facilities	11/04/2016	ESRD
<u>CMS-3337-IFC</u>	Medicare Program; Conditions for Coverage for End-Stage Renal Disease Facilities--Third Party Payment	12/14/2016	ESRD
<u>CMS-1651-CN</u>	Medicare Program; End-Stage Renal Disease Quality Incentive Program; Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Competitive Bidding Program Bid Surety Bonds, State Licensure, and Appeals Process for Breach of Contract Actions; Correction	12/23/2016	ESRD
<u>CMS-1648-F</u>	Medicare and Medicaid Programs; CY 2017 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model; and Home Health Quality Reporting Requirements	11/03/2016	HHA
<u>CMS-1651-F</u>	Medicare Program; End-Stage Renal Disease Prospective Payment System, Coverage and Payment for Renal Dialysis Services Furnished to Individuals With Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, Durable Medical Equipment, Prosthetics, Orthotics and Supplies Competitive Bidding Program Bid Surety Bonds, State Licensure and Appeals Process for Breach of Contract Actions, Durable Medical Equipment, Prosthetics, Orthotics and Supplies Competitive Bidding Program and Fee Schedule Adjustments, Access to Care Issues for Durable Medical Equipment; and the Comprehensive End-Stage Renal Disease Care Model	11/04/2016	HHA
<u>CMS-3260-F</u>	Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities	10/04/2016	Hospital

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File Code	Subject	Issue or Publication Date	Provider Type
CMS-1655-F, 1664-F & 1632-F2	Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2017 Rates; Quality Reporting Requirements for Specific Providers; Graduate Medical Education; Hospital Notification Procedures Applicable to Beneficiaries Receiving Observation Services; Technical Changes Relating to Costs to Organizations and Medicare Cost Reports; Finalization of Interim Final Rules With Comment Period on LTCH PPS Payments for Severe Wounds, Modifications of Limitations on Redesignation by the Medicare Geographic Classification Review Board, and Extensions of Payments to MDHs and Low-Volume Hospitals; Correction	10/05/2016	Hospital
CMS-1659-CN	Medicare Program; Explanation of FY 2004 Outlier Fixed-Loss Threshold as Required by Court Rulings; Correction	10/14/2016	Hospital
CMS-1655-CN3	Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2017 Rates; Quality Reporting Requirements for Specific Providers; Graduate Medical Education; Hospital Notification Procedures Applicable to Beneficiaries Receiving Observation Services; Technical Changes Relating to Costs to Organizations and Medicare Cost Reports; Finalization of Interim Final Rules With Comment Period on LTCH PPS Payments for Severe Wounds, Modifications of Limitations on Redesignation by the Medicare Geographic Classification Review Board, and Extensions of Payments to MDHs and Low-Volume Hospitals; Correction	10/31/2016	Hospital

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<u>CMS-1656-FC & IFC</u>	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	11/14/2016	Hospital
<u>CMS-8062-N</u>	Medicare Program; CY 2017 Inpatient Hospital Deductible and Hospital and Extended Care Services Coinsurance Amounts	11/15/2016	Hospital
<u>CMS-1681-N</u>	Medicare Program; Renewal of the Advisory Panel on Hospital Outpatient Payment and Solicitation of Nominations to the Advisory Panel on Hospital Outpatient Payment	12/23/2016	Hospital
<u>CMS-2401-N</u>	Medicaid Program; Final FY 2014 and Preliminary FY 2016 Disproportionate Share Hospital Allotments, and Final FY 2014 and Preliminary FY 2016 Institutions for Mental Diseases Disproportionate Share Hospital Limits	10/26/2016	Medicaid
<u>CMS-2397-PN</u>	Medicaid Program; Announcement of Medicaid Drug Rebate Program National Rebate Agreement	11/09/2016	Medicaid
<u>CMS-2404-NC</u>	Medicaid Program; Request for Information (RFI): Federal Government Interventions To Ensure the Provision of Timely and Quality Home and Community Based Services	11/09/2016	Medicaid
<u>CMS-2345-IFC</u>	Medicaid Program; Covered Outpatient Drug; Delay in Change in Definitions of States and United States	11/15/2016	Medicaid
<u>CMS-2402-P</u>	Medicaid Program; The Use of New or Increased Pass-Through Payments in Medicaid Managed Care Delivery Systems	11/22/2016	Medicaid

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File Code	Subject	Issue or Publication Date	Provider Type
<u>CMS-2334-P2</u>	Medicaid and Children's Health Insurance Programs: Eligibility Notices, Fair Hearing and Appeal Processes for Medicaid and Other Provisions Related to Eligibility and Enrollment for Medicaid and CHIP	11/30/2016	Medicaid
<u>CMS-2334-F2</u>	Medicaid and Children's Health Insurance Programs: Eligibility Notices, Fair Hearing and Appeal Processes for Medicaid and Other Provisions Related to Eligibility and Enrollment for Medicaid and CHIP	11/30/2016	Medicaid
<u>CMS-2431-N</u>	Zika Health Care Services Program	12/09/2016	Medicaid
<u>CMS-2343-F</u>	Flexibility, Efficiency, and Modernization in Child Support Enforcement Programs	12/20/2016	Medicaid
<u>CMS-4183-N</u>	Medicare Program; Listening Session Regarding the Implementation of Certain Medicare Part D Provisions in the Comprehensive Addiction and Recovery Act of 2016 (CARA)	10/26/2016	Meeting Notice
<u>CMS-1662-N</u>	Medicare Program; Town Hall Meeting on the FY 2018 Applications for New Medical Services and Technologies Add-On Payments	11/09/2016	Meeting Notice
<u>CMS-1661-FN</u>	Medicare Program; Approval of Request for an Exception to the Prohibition on Expansion of Facility Capacity Under the Hospital Ownership and Rural Provider Exceptions to the Physician Self-Referral Prohibition for Rockwall Regional Hospital, Limited Liability Company Doing Business as (d/b/a) Texas Health Presbyterian Hospital Rockwall	10/28/2016	Physician
<u>CMS-1667-FN</u>	Medicare Program; Approval of Request for an Exception to the Prohibition on Expansion of Facility Capacity Under the Hospital Ownership and Rural Provider Exceptions to the Physician Self-Referral Prohibition	10/28/2016	Physician
<u>CMS-5517-FC</u>	Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models	11/04/2016	Physician

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<u>CMS-1654-F</u>	Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2017; Medicare Advantage Bid Pricing Data Release; Medicare Advantage and Part D Medical Loss Ratio Data Release; Medicare Advantage Provider Network Requirements; Expansion of Medicare Diabetes Prevention Program Model; Medicare Shared Savings Program Requirements	11/15/2016	Physician
<u>CMS-1654-CN2</u>	Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2017; Medicare Advantage Bid Pricing Data Release; Medicare Advantage and Part D Medical Loss Ratio Data Release; Medicare Advantage Provider Network Requirements; Expansion of Medicare Diabetes Prevention Program Model; Medicare Shared Savings Program Requirements	11/18/2016	Physician
<u>CMS-1654-CN3</u>	Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2017; Medicare Advantage Bid Pricing Data Release; Medicare Advantage and Part D Medical Loss Ratio Data Release; Medicare Advantage Provider Network Requirements; Expansion of Medicare Diabetes Prevention Program Model; Medicare Shared Savings Program Requirements; Corrections	12/29/2016	Physician
<u>CMS-3334-P</u>	Medicare and Medicaid Programs; Fire Safety Requirements for Certain Dialysis Facilities	11/04/2016	RDF
<u>CMS-3337-IFC</u>	Medicare Program; Conditions for Coverage for End-Stage Renal Disease Facilities--Third Party Payment	12/14/2016	RDF
<u>CMS-3180-N4</u>	Program for Parallel Review of Medical Devices	10/24/2016	Suppliers