

**Quarterly Provider Update-Regulations
October 1 – December 31, 2020**

Key:

ASCs - Ambulatory Surgical Centers
 CLIA – Clinical Diagnostic Laboratories
 CMHCs - Community Mental Health Centers
 CORF – Comprehensive Outpatient Rehabilitation Facility
 DME – Durable Medical Equipment
 DMEPOS - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
 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
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CMS-4190-CN	Medicare Program; Contract Year 2021 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, and Medicare Cost Plan Program; Correction	10/13/2020	All Providers
CMS-5533-CN	Medicare Program; Alternative Payment Model (APM) Incentive Payment Advisory for Clinicians--Request for Current Billing Information for Qualifying APM Participants; Correction	10/16/2020	All Providers
CMS-1744-IFC	Medicare and Medicaid Programs; CY 2021 Home Health Prospective Payment System Rate Update, Home Health Quality Reporting Program Requirements, and Home Infusion Therapy Services and Supplier Enrollment Requirements; and Home Health Value-Based Purchasing Model Data Submission Requirements	11/04/2020	All Providers
CMS-5531-IFC	Medicare and Medicaid Programs; CY 2021 Home Health Prospective Payment System Rate Update, Home Health Quality Reporting Program Requirements, and Home Infusion Therapy Services and Supplier Enrollment Requirements; and Home Health Value-Based Purchasing Model Data Submission Requirements	11/04/2020	All Providers
CMS-9126-N	Medicare and Medicaid Programs; Quarterly Listing of Program Issuances--July Through September 2020	11/04/2020	All Providers
CMS-9912-IFC	Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency	11/06/2020	All Providers
CMS-8075-N	Medicare Program; CY 2021 Part A Premiums for the Uninsured Aged and for Certain Disabled Individuals Who Have Exhausted Other Entitlement	11/11/2020	All Providers
CMS-8076-N	Medicare Program; Medicare Part B Monthly Actuarial Rates, Premium Rates, and Annual Deductible Beginning January 1, 2021	11/11/2020	All Providers

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CMS-9915-F	Internal Revenue Service, Department of the Treasury; Employee Benefits Security Administration, Department of Labor; Centers for Medicare & Medicaid Services, Department of Health and Human Services.	11/11/2020	All Providers
CMS-6090-N	Medicare, Medicaid, and Children's Health Insurance Programs; Provider Enrollment Application Fee Amount for Calendar Year 2021	11/23/2020	All Providers
CMS-5528-IFC	Most Favored Nation (MFN) Model	11/27/2020	All Providers
CMS-9913-F	Amendments to the HHS-Operated Risk Adjustment Data Validation (HHS-RADV) Under the Patient Protection and Affordable Care Act's HHS-Operated Risk Adjustment Program	12/01/2020	All Providers
CMS-5527-CN	Medicare Program; Specialty Care Models To Improve Quality of Care and Reduce Expenditures; Correction	12/02/2020	All Providers
CMS-9914-P	Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2022 and Pharmacy Benefit Manager Standards; Updates To State Innovation Waiver (Section 1332 Waiver) Implementing Regulations	12/04/2020	All Providers
CMS-5533-N2	Medicare Program; Alternative Payment Model (APM) Incentive Payment Advisory for Clinicians--Request for Current Billing Information for Qualifying APM Participants--Update	12/07/2020	All Providers
CMS-9923-F	Grandfathered Group Health Plans and Grandfathered Group Health Insurance Coverage	12/15/2020	All Providers
CMS-4189-F	Medicare Program; Secure Electronic Prior Authorization For Medicare Part D	12/31/20	All Providers
CMS-4195-PN	Medicare Program; Request for Renewal of Deeming Authority of the National Committee for Quality Assurance (NCQA) for Medicare Advantage Health Maintenance Organizations and Preferred Provider Organizations	11/09/2020	All Providers/M+C
CMS-6063-N6	Medicare Program; National Expansion of the Prior Authorization Model for Repetitive, Scheduled Non-Emergent Ambulance Transports	11/23/2020	Ambulance

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CMS-1736-FC	Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; New Categories for Hospital Outpatient Department Prior Authorization Process; Clinical Laboratory Fee Schedule: Laboratory Date of Service Policy; Overall Hospital Quality Star Rating Methodology; Physician-Owned Hospitals; Notice of Closure of Two Teaching Hospitals and Opportunity To Apply for Available Slots, Radiation Oncology Model; and Reporting Requirements for Hospitals and Critical Access Hospitals (CAHs) To Report COVID-19 Therapeutic Inventory and Usage and To Report Acute Respiratory Illness During the Public Health Emergency (PHE) for Coronavirus Disease 2019 (COVID-19)	12/29/20	ASC
CMS-1738-P	Medicare Program; Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Policy Issues and Level II of the Healthcare Common Procedure Coding System (HCPCS)	11/04/2020	DMEPOS
CMS-1730-F	Medicare and Medicaid Programs; CY 2021 Home Health Prospective Payment System Rate Update, Home Health Quality Reporting Program Requirements, and Home Infusion Therapy Services and Supplier Enrollment Requirements; and Home Health Value-Based Purchasing Model Data Submission Requirements	11/04/2020	HHA
CMS-3404-PN	Medicare and Medicaid Programs: Application From the Joint Commission for Continued Approval of Its Hospice Accreditation Program	11/06/2020	Hospice
CMS-3399-FN	Medicare and Medicaid Programs: Application from DNV-GL Healthcare USA, Inc. for Continued Approval of its Critical Access Hospital Accreditation Program	10/16/2020	Hospitals
CMS-8074-N	Medicare Program; CY 2021 Inpatient Hospital Deductible and Hospital and Extended Care Services Coinsurance Amounts	11/11/2020	Hospitals

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<u>CMS-1735-CN</u>	Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Final Policy Changes and Fiscal Year 2021 Rates; Quality Reporting and Medicare and Medicaid Promoting Interoperability Programs Requirements for Eligible Hospitals and Critical Access Hospitals; Correction	12/07/2020	Hospitals
<u>CMS-1758-PN</u>	Medicare Program; 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	12/11/2020	Hospitals
<u>CMS-1736-FC</u>	Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; New Categories for Hospital Outpatient Department Prior Authorization Process; Clinical Laboratory Fee Schedule: Laboratory Date of Service Policy; Overall Hospital Quality Star Rating Methodology; Physician-Owned Hospitals; Notice of Closure of Two Teaching Hospitals and Opportunity To Apply for Available Slots, Radiation Oncology Model; and Reporting Requirements for Hospitals and Critical Access Hospitals (CAHs) To Report COVID-19 Therapeutic Inventory and Usage and To Report Acute Respiratory Illness During the Public Health Emergency (PHE) for Coronavirus Disease 2019 (COVID-19)	12/29/20	Hospitals
<u>CMS-2438-PN</u>	Basic Health Program; Federal Funding Methodology for Program Year 2022	11/03/2020	Medicaid
<u>CMS-2408-F</u>	Medicaid Program; Medicaid and Children's Health Insurance Program (CHIP) Managed Care	11/13/2020	Medicaid

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CMS-9123-P	Medicaid Program; Patient Protection and Affordable Care Act; Reducing Provider and Patient Burden by Improving Prior Authorization Processes, and Promoting Patients' Electronic Access to Health Information for Medicaid Managed Care Plans, State Medicaid Agencies, CHIP Agencies and CHIP Managed Care Entities, and Issuers of Qualified Health Plans on the Federally-Facilitated Exchanges; Health Information Technology Standards and Implementation Specifications	12/18/2020	Medicaid
CMS-2482-F	Medicaid Program; Establishing Minimum Standards in Medicaid State Drug Utilization Review (DUR) and Supporting Value-Based Purchasing (VBP) for Drugs Covered in Medicaid, Revising Medicaid Drug Rebate and Third Party Liability (TPL) Requirements	12/31/20	Medicaid
CMS-1742-N	Medicare Program; Town Hall Meeting on the FY 2022 Applications for New Medical Services and Technologies Add-On Payments	10/16/2020	Meeting Notices
CMS-3406-N	Medicare Program; Town Hall Meeting on Merit-Based Incentive Payment System (MIPS) Value Pathway (MVP) Implementation	11/23/2020	Meeting Notices
CMS-3380-F	Medicare and Medicaid Programs; Organ Procurement Organizations Conditions for Coverage: Revisions to the Outcome Measure Requirements for Organ Procurement Organizations	12/02/2020	ORGANP
CMS-3386-CN	Medicare Program; Approval of Application by The Compliance Team for Initial CMS-Approval of its Home Infusion Therapy Accreditation Program; Correction	10/01/2020	Physicians
CMS-1720-F	Medicare Program; Modernizing and Clarifying the Physician Self-Referral Regulations	12/02/2020	Physicians

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<u>CMS-1734-F</u>	Medicare Program; CY 2021 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Quality Payment Program; Coverage of Opioid Use Disorder Services Furnished by Opioid Treatment Programs; Medicare Enrollment of Opioid Treatment Programs; Electronic Prescribing for Controlled Substances for a Covered Part D Drug; Payment for Office/Outpatient Evaluation and Management Services; Hospital IQR Program; Establish New Code Categories; Medicare Diabetes Prevention Program (MDPP) Expanded Model Emergency Policy; Coding and Payment for Virtual Check-in Services Interim Final Rule Policy; Coding and Payment for Personal Protective Equipment (PPE) Interim Final Rule Policy; Regulatory Revisions in Response to the Public Health Emergency (PHE) for COVID-19; and Finalization of Certain Provisions from the March 31st, May 8th and September 2nd Interim Final Rules in Response to the PHE for COVID-19	12/28/20	Physicians
<u>CMS-1732-F</u>	Medicare Program; End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals With Acute Kidney Injury, and End-Stage Renal Disease Quality Incentive Program	11/09/2020	RDF/ESRD