Centers for Medicare & Medicaid Services

RULES

Basic Health Program:
Federal Funding Methodology for Program Year 2021 – 49264 (Aug 13)

Medicare and Medicaid Programs, Basic Health Program, and Exchanges:
Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency and Delay of Certain Reporting Requirements for the Skilled Nursing Facility Quality Reporting Program – 27550 (May 8)

Medicare and Medicaid Programs:

Adjustment of Civil Monetary Penalties for Inflation – 7 (Jan 2)

Patient Protection and Affordable Care Act; Interoperability and Patient Access for Medicare Advantage Organization and Medicaid Managed Care Plans, State Medicaid Agencies, CHIP Agencies and CHIP Managed Care Entities, Issuers of Qualified Health Plans on the Federally-facilitated Exchanges, and Health Care Providers – 25510 (May 7)

Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency – 19230 (Apr 6)

Medicare Program:

Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs, etc. – 224 (Jan 3)

Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Revisions of Organ Procurement Organizations Conditions of Coverage, etc. – 8475 (Feb 14)

Contract Year 2021 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, and Medicare Cost Plan Program – 33796 (Jun 2)

CY 2020 Revisions to 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; Establish – 8 (Jan 2)

Fiscal Year 2021 Hospice Wage Index and Payment Rate Update – 47070 (Aug 4)

Fiscal Year 2021 Inpatient Psychiatric Facilities Prospective Payment System and Special Requirements for Psychiatric Hospitals for Fiscal Year Beginning October 1, 2020 – 47042 (Aug 4)

FY 2016 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements; Correcting Amendment – 53679 (Aug 31)

FY 2021 Inpatient Psychiatric Facilities Prospective Payment System and Special Requirements for Psychiatric Hospitals for Fiscal Year Beginning October 1, 2020; Correction – 52923 (Aug 27)

Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2021 – 48424 (Aug 10)

Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Value-Based Purchasing Program for Federal Fiscal Year 2021 – 47594 (Aug 5)

Update to the Required Prior Authorization List of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies items That Require Prior Authorization as a Condition of Payment – 7666 (Feb 11)

Nondiscrimination in Health and Health Education Programs or Activities: Delegation of Authority – 37160 (Jun 19)

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Basic Health Program; Federal Funding Methodology for Program Year 2021 – 7500 (Feb 10)

Coordinating Care from Out-of-State Providers for Medicaid Eligible Children with Medically Complex Conditions – 3330 (Jan 21)

Coordinating Care From Out-of-State Providers for Medicaid-Eligible Children with Medically Complex Conditions – 26438 (May 4)

Medicaid Program:

Establishing Minimum Standards in Medicaid State Drug Utilization Review and Supporting Value-Based Purchasing for Drugs Covered in Medicaid, Revising Medicaid Drug Rebate and Third Party Liability Requirements – 37286 (Jun 19)

Preadmission Screening and Resident Review – 9990 (Feb 20)

Preadmission Screening and Resident Review; Extension of Comment Period – 21811 (Apr 20)

Medicare and Medicaid Programs:

Contract Year 2021 and 2022 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly – 9002 (Feb 18)

2021 Home Health Prospective Payment System Rate Update; Home Health Quality Reporting Requirements; and Home Infusion Therapy Services Requirements – 39408 (Jun 30); 43805 (Jul 20)

Medicare Program:

Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Addition of New Categories for Hospital Outpatient Department Prior Authorization Process; etc. – 48772 (Aug 12)

Comprehensive Care for Joint Replacement Model Three Year Extension and Changes to Episode Definition and Pricing – 10516 (Feb 24)

Comprehensive Care for Joint Replacement Model Three Year Extension and Changes to Episode Definition and Pricing; Extension of Comment Period – 22978 (Apr 24)

2021 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; etc. – 50074 (Aug 17)

Electronic Prescribing of Controlled Substances; Request for Information – 47715 (Aug 4)

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 – 42132 (Jul 13)

FY 2021 Hospice Wage Index and Payment Rate Update – 20949 (Apr 15)

FY 2021 Inpatient Psychiatric Facilities Prospective Payment System – 20625 (Apr 14)

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 2021 Rates; etc. – 32460 (May 29)

Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2021 – 22065 (Apr 21)

Medicare Secondary Payer and Certain Civil Money Penalties – 8793 (Feb 18)

Modernizing and Clarifying the Physician Self-Referral Regulations – 52940 (Aug 27)

Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Value-Based Purchasing Program for Federal Fiscal Year 2021 – 20914 (Apr 15)

Treatment of Medicare Part C Days in the Calculation of a Hospital’s Medicare Disproportionate Patient Percentage – 47723 (Aug 6)

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Medicare and Medicaid Programs:
Application from DNV GL Healthcare USA Inc. for Initial CMS Approval of its Psychiatric Hospital Accreditation Program – 45639 (Jul 29)
Application from DNV-GL Healthcare USA Inc. for Initial CMS Approval of its Psychiatric Hospital Accreditation Program – 12306 (Mar 2)
Application from DNV-GL Healthcare USA, Inc. for Continued Approval of its Critical Access Hospital Accreditation Program – 29723 (May 18)
Application from the Joint Commission for Continued Approval of its Home Health Agency Accreditation Program – 18245 (Apr 1)
Application from the Joint Commission for Continued Approval of its Home Health Agency Accreditation Program; Correction – 33159 (Jun 1)
Application from the Joint Commission for Continued Approval of its Hospital Accreditation Program – 8874 (Feb 18); 43582 (Jul 17)
Application from the Joint Commission for Continued CMS Approval of its Ambulatory Surgical Center Accreditation Program – 31511 (May 26)
Quarterly Listing of Program Issuances - January through March 2020 – 23030 (Apr 24)
Quarterly Listing of Program Issuances: April through June 2020 – 48691 (Aug 12)
Quarterly Listing of Program Issuances; October through December 2019 – 8282 (Feb 13)

Medicare Program:
Application from Community Health Accreditation Partner for Initial CMS Approval of Its Home Infusion Therapy Accreditation Program – 23364 (Apr 27)
Application from National Association of Boards of Pharmacy for Initial CMS Approval of Its Home Infusion Therapy Accreditation Program – 23519 (Apr 28)
Application from the Compliance Team for Initial CMS Approval of its Home Infusion Therapy Accreditation Program – 26477 (May 4)
Approval of Application by the Accreditation Commission for Healthcare for Initial CMS Approval of Its Home Infusion Therapy Accreditation Program – 23046 (Apr 24)
Approval of Application by the Utilization Review Accreditation Commission for Initial CMS Approval of Its Home Infusion Therapy Accreditation Program – 18243 (Apr 1)

Meetings:
Advisory Panel on Hospital Outpatient Payment – 48257 (Aug 10)
Advisory Panel on Outreach and Education – 52134 (Aug 24)
Announcement of the Advisory Panel on Outreach and Education – 35655 (Jun 11)
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Medicare Evidence Development and Coverage Advisory Committee; Virtual Meeting – 35933 (Jun 12)
Medicare Program; Medicare Advisory Panel on Clinical Diagnostic Laboratory Tests – 26480 (May 4)
Medicare Program; New and Reconsidered Clinical Diagnostic Laboratory Test Codes for the Clinical Laboratory Fee Schedule for Calendar Year 2021 – 26475 (May 4)
Privacy Act; Matching Program – 8873 (Feb 18)