### 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

File Code	Subject	Issue or Publication Date	Provider Type
<u>CMS-3284-N</u>	Medicare Program; Revised Process for Making National Coverage Determinations	08/07/2013	ALL Providers
<u>CMS-9958-F</u>	Patient Protection and Affordable Care Act; Exchange Functions: Eligibility for Exemptions; Miscellaneous Minimum Essential Coverage Provisions	07/01/2013	ALL Providers
CMS-9968-F	Coverage of Certain Preventive Services Under the Affordable Care Act	07/02/2013	ALL Providers
<u>CMS-9955-F;</u> <u>CMS-2334-F2</u>	Patient Protection and Affordable Care Act; Exchange Functions: Standards for Navigators and Non-Navigator Assistance Personnel; Consumer Assistance Tools and Programs of an Exchange and Certified Application Counselors	07/17/2013	ALL Providers
CMS-4173-CN	Medicare Program; Medical Loss Ratio Requirements for the Medicare Advantage and the Medicare Prescription Drug Benefit Programs; Correction	07/22/2013	ALL Providers
<u>CMS-9957-F</u>	Patient Protection and Affordable Care Act; Program Integrity: Exchange, SHOP, and Eligibility Appeals	08/30/2013	ALL Providers
CMS-9953-PN	Health Insurance Exchanges; Application by the Accreditation Association for Ambulatory Health Care To Be a Recognized Accrediting Entity for the Accreditation of Qualified Health Plans	09/13/2013	ALL Providers
CMS-6054-IFC	Medicare Program; Obtaining Final Medicare Secondary Payer Conditional Payment Amounts via Web Portal	09/20/2013	ALL Providers
CMS-1443-P	Medicare Program; Prospective Payment System for Federally Qualified Health Centers; Changes to Contracting Policies for Rural Health Clinics; and Changes to Clinical Laboratory Improvement Amendments of 1988 Enforcement Actions for Proficiency Testing Referral	09/23/2013	ALL Providers
<u>CMS-4167-N</u>	Adjustment to the Amount in Controversy Threshold Amounts for Calendar Year 2014	09/27/2013	ALL Providers
CMS-1601-P	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	07/19/2013	ASC

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File Code	Subject	Issue or Publication Date	Provider Type
	Program; Provider Reimbursement Determinations and Appeals		
CMS-1601-CN	Medicare and Medicaid Programs: Hospital Outpatient Prospective	09/06/2013	ASC
	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; Correction and Limited		
	Extension of Comment Period		
<u>CMS-3111-N</u>	Clinical Laboratory Improvement Amendments of 1988 Exemption of	09/27/2013	CLIA
	Laboratories Licensed by the State of Washington		
<u>CMS-1526-P</u>	Medicare Program; End-Stage Renal Disease Prospective Payment System,	07/08/2013	DMEPOS
	Quality Incentive Program, and Durable Medical Equipment, Prosthetics,		
	Orthotics, and Supplies; Proposed Rule		
CMS-5506-N2	Medicare Program; Comprehensive ESRD Care Initiative; Extension of the	07/17/2013	ESRD
	Submission Deadlines for the Letters of Intent and Applications		
CMS-5506-N3	Medicare Program; Comprehensive ESRD Care Initiative; Extension of the	08/09/2013	ESRD
	Submission Deadlines for the Letters of Intent and Applications		
CMS-1450-P	Medicare and Medicaid Programs; Home Health Prospective Payment	07/03/2013	HHA
	System Rate Update for CY 2014, Home Health Quality Reporting		
	Requirements, and Cost Allocation of Home Health Survey Expenses		
CMS-1450-CN	Medicare and Medicaid Programs; Home Health Prospective Payment	07/09/2013	HHA
	System Rate Update for CY 2014, Home Health Quality Reporting		
	Requirements, and Cost Allocation of Home Health Survey Expenses		
	Correction		
CMS-6048-N	Medicare, Medicaid, and Children's Health Insurance Programs: Announcement	07/31/2013	HHA
	of Temporary Moratoria on Enrollment of Ambulances Suppliers and Providers		
	and Home Health Agencies in Designated Geographic Areas		

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RHC - Rural Health Clinic

SNF - Skilled Nursing Facility

File Code	Subject	Issue or Publication Date	Provider Type
<u>CMS-1449-F</u>	Medicare Program; FY 2014 Hospice Wage Index and Payment Rate Update; Hospice Quality Reporting Requirements; and Updates on Payment Reform	08/07/2013	Hospice
<u>CMS-1459-CN</u>	Medicare Program; Notification of Closure of Teaching Hospitals and Opportunity To Apply for Available Slots; Correction	07/02/2013	Hospital
<u>CMS-1601-P</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	07/19/2013	Hospital
CMS-3280-FN	Medicare and Medicaid Programs; Initial Approval of Center for Improvement in Healthcare Quality's (CIHQ's) Hospital Accreditation Program	07/26/2013	Hospital
CMS-1447-N	Medicare Program; Inpatient Psychiatric Facilities Prospective Payment System- -Update for Fiscal Year Beginning October 1, 2013 (FY 2014)	08/01/2013	Hospital
CMS-1448-F	Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2014	08/06/2013	Hospital
CMS-1599-F; CMS-1455-F	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	08/19/2013	Hospital
CMS-3281-FN	Medicare and Medicaid Programs: Continued Approval of American Osteopathic Association/Healthcare Facilities Accreditation Program (AOA/HFAP's) Hospital Accreditation Program	08/28/2013	Hospital
<u>CMS-1601-CN</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	09/06/2013	Hospital

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	Procurement Organizations; Quality Improvement Organizations; Electronic Health Records (EHR) Incentive Program; Provider Reimbursement Determinations and Appeals; Correction and Limited Extension of Comment Period		
CMS-2334-F	Medicaid and Children's Health Insurance Programs: Essential Health Benefits in Alternative Benefit Plans, Eligibility Notices, Fair Hearing and Appeal Processes, and Premiums and Cost Sharing; Exchanges: Eligibility and Enrollment	07/15/2013	Medicaid
<u>CMS-2388-N</u>	Children's Health Insurance Program (CHIP); Final Allotments to States, the District of Columbia, and U.S. Territories and Commonwealths for Fiscal Year 2013	07/26/2013	Medicaid
CMS-2342-N	Medicaid Program; Disproportionate Share Hospital Allotments and Institutions for Mental Diseases Disproportionate Share Hospital Limits for FY 2012, and Preliminary FY 2013 Disproportionate Share Hospital Allotments and Limits	07/26/2013	Medicaid
<u>CMS-2387-N</u>	Medicaid Program; State Allotments for Payment of Medicare Part B Premiums for Qualifying Individuals (QIs): Federal Fiscal Years 2012 and 2013	07/26/2013	Medicaid
CMS-2367-F	Medicaid Program; State Disproportionate Share Hospital Allotment Reductions	09/18/2013	Medicaid
CMS-2380-P	Basic Health Program: State Administration of Basic Health Programs; Eligibility and Enrollment in Standard Health Plans; Essential Health Benefits in Standard Health Plans; Performance Standards for Basic Health Programs; Premium and Cost Sharing for Basic Health Programs; Federal Funding Process; Trust Fund and Financial Integrity	09/25/2013	Medicaid
CMS-3111-N	Clinical Laboratory Improvement Amendments of 1988 Exemption of	09/27/2013	Medicaid

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	Laboratories Licensed by the State of Washington		
CMS-4173-CN	Medicare Program; Medical Loss Ratio Requirements for the Medicare Advantage and the Medicare Prescription Drug Benefit Programs; Correction	07/22/2013	Medicare Advantage
CMS-7030-N	Medicare, Medicaid, and Children's Health Insurance Programs; Meeting of the Advisory Panel on Outreach and Education	08/30/2013	Meeting Notice
CMS-9080-N	Medicare and Medicaid Programs; Quarterly Listing of Program IssuancesApril Through June 2013	07/26/2013	Other
<u>CMS-1600-P</u>	Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule, Clinical Laboratory Fee Schedule & Other Revisions to Part B for CY 2014	07/19/2013	Physician
<u>CMS-1590-CN</u>	Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, DME Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Part B for CY 2013	08/12/2013	Physician
CMS-3287-PN	Medicare and Medicaid Programs; Application from the Compliance Team for Initial CMS-Approval of its Rural Health Clinic Accreditation Program	09/20/2013	RHC
CMS-1446-F	Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2014	08/06/2013	SNF
CMS-6048-N	Medicare, Medicaid, and Children's Health Insurance Programs: Announcement of Temporary Moratoria on Enrollment of Ambulances Suppliers and Providers and Home Health Agencies in Designated Geographic Areas	07/31/2013	Suppliers
CMS-6023-N	Approval of Accrediting Organization for Suppliers of Advanced Diagnostic Imaging Supplier Accreditation Program	09/27/2013	Suppliers