

Federal Regulations re: Provisions of the Patient Protection and Affordable Care Act (Pub. L. 111-148)

As Published in the Federal Register

The table below includes links to selected regulations that implement provisions of the Patient Protection and Affordable Care Act (ACA), as well as any formal comments submitted by AHCCCS.

All documents in this page are in Adobe Acrobat Portable Document Format (PDF).

Short Title (in Alpha Order)	Summary	Proposed Rules	Final Rules	AHCCCS Comments	Effective Date, including most recent Congressional or Administrative Action
Changes in Provider and Supplier Enrollment, Ordering and Referring, and Documentation Requirements; and Changes to Provider Agreements	Implements PPACA provisions that require all providers of medical or other items or services and suppliers who qualify for a National Provider Identifier to include their NPI on all applications to enroll in Medicare and Medicaid programs and on all claims for payment. Includes other Medicare-specific requirements for providers and suppliers.	Not applicable (N/A)	Interim Final Rule, 75 Fed. Reg. 24437 (May 5, 2010)	AHCCCS did not submit comments.	July 6, 2010
Medicaid; Federal Funding for Medicaid Eligibility Determination and Enrollment Activities	Revise Medicaid regulations for Mechanized Claims Processing and Information Retrieval Systems; to include systems used for eligibility determination, enrollment, and eligibility reporting activities; makes enhanced FFP available for design, development and installation or enhancement of eligibility determination systems until December 31, 2015; requires that all MMIS systems meet defined standards and conditions in terms of timeliness, accuracy, efficiency, and integrity in order to receive enhanced FFP.	Proposed Rule, 75 Fed. Reg. 68583 (Nov. 8, 2010)		Comments are due on January 7, 2011.	

Short Title (in Alpha Order)	Summary	Proposed Rules	Final Rules	AHCCCS Comments	Effective Date, including most recent Congressional or Administrative Action
Medicaid Program; Recovery Audit Contractors	Includes information on Federal/State funding for start up, operation and maintenance costs of RACs and provides requirements for States to assure that adequate appeal processes are in place for providers to dispute adverse determinations made by Medicaid RACs.	Proposed Rule, 75 Fed. Reg. 69037 (Nov. 10, 2010)		Comments are due on January 10, 2011.	
Review & Approval Process for §1115 Demonstration	Implement §10201(i) of the ACA regarding transparency and public notice procedures for experimental, pilot, and demonstration projects approved under section 1115 of the Social Security Act.	Proposed Rule, 75 Fed. Reg. 56946 (Sept. 17, 2010)		AHCCCS Comments, Nov. 16, 2010	
Screening Requirements, Application Fees, etc. for Providers & Suppliers	This proposed rule would implement provisions of the ACA that establish: Procedures under which screening is conducted for providers of medical or other services and suppliers in the Medicaid program, providers in the Medicaid program, and providers in the CHIP; an application fee to be imposed on providers and suppliers; temporary moratoria that may be imposed if necessary to prevent or combat fraud, waste, and abuse under the Medicare and Medicaid programs, and CHIP.	Proposed Rule, 75, Fed. Reg. 58204 (Sept. 23, 2010)		AHCCCS Comments, Nov. 16, 2010	