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. Notes: A does not see info if they pass background check just that they are registered	Not applicable (N/A)	Interim Final Rule, 75 Fed. Reg. 24437 (May 5, 2010)	AHCCCS did not submit comments.	July 6, 2010
Exchange Functions in the Individual Market: Eligibility Determinations; Exchange Standards for Employers	Implements certain functions of the new Exchanges consistent with the PPACA.	Proposed Rule 76 Fed. Reg. 51202 (August 17, 2011)		AHCCCS Comments October 31, 2011	

Short Title (in Alpha Order)	Summary	Proposed Rules	Final Rules	AHCCCS Comments	Effective Date, including most recent Congressional or Administrative Action
Medicaid; Federal Funding for Medicaid Eligibility Determination and Enrollment Activities	Revises 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)	Final Rule 76 Fed. Reg. 21950 (April 19, 2011)	AHCCCS did not submit comments.	April 19, 2011
Medicaid Program; Eligibility Changes Under the Affordable Care Act of 2010	This proposed rule would implement provisions of the Patient Protection and Affordable Care Act of 2010 and the Health Care and Education Reconciliation Act of 2010 (collectively referred to as the Affordable Care Act). The Affordable Care Act expands access to health insurance through improvements in Medicaid, the establishment of Affordable Insurance Exchanges (''Exchanges''), and coordination between Medicaid, the Children's Health Insurance Program (CHIP), and Exchanges.	Proposed Rule, 76 Fed. Reg. 51148 (August 17, 2011)		AHCCCS Comments (October 31, 2011)	
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)		AHCCCS did not submit comments	December 31, 2010

Short Title (in Alpha Order)	Summary	Proposed Rules	Final Rules	AHCCCS Comments	Effective Date, including most recent Congressional or Administrative Action
Opportunities for Alignment under Medicaid and Medicare	This document is a request for comments on opportunities to more effectively align benefits and incentives to prevent cost-shifting and improve access to care under the Medicare and Medicaid programs for individuals with both Medicare and Medicaid (``dual eligibles").	Proposed Rule, 76 Fed. Reg. 28196 (May 16, 2011)		AHCCCS Comments, July 11, 2011	
Payment Adjustment for Provider-Preventable Conditions including Healthcare Acquired Conditions	Implements §2702 of the ACA prohibiting Federal payments to States for any amounts expended for providing medical assistance for health care-acquired conditions specified in the regulation. It will also authorize States to identify other provider-preventable conditions for which Medicaid payment will be prohibited.	Proposed Rule 76 Fed. Reg. 9283 (Feb. 17, 2011)	Final Rule, 76 Fed. Reg. 32816 (June 6, 2011)		July 1, 2011; states have until July 1, 2012, to come into compliance
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	TBD
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)	Final Rule, 76 Fed. Reg. 5862 (Feb 2, 2011)	AHCCCS Comments, Nov. 16, 2010	TBD