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DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
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COMMISSIONER

DAWNA LOPATOSKY
STATE BUDGET OFFICER

To: Committee on Appropriations & Financial Affairs
From: Dawna Lopatosky, State Budget Officer DJL
Date: December 12, 2011
Subject: Federal Mandates

The State Budget Officer is required by 5 M.R.S.A., Section 1670, to submit a list of any new laws, regulations, or other actions that may require the State to comply with any new federal mandate in the current biennium or the next biennium.

Attached please find the report of federal mandates as submitted from the various State departments and agencies.

If you should have any questions regarding this report, please do not hesitate to contact the Budget Office at (207) 624-7810.

Thank you.

DJL/kb

cc: Grant Pennoyer, Director, OFPR
H. Sawin Millett, Jr., Commissioner, DAFS

FEDERAL MANDATES

DEPARTMENT OR AGENCY	PROGRAM NAME & ACCOUNT #	FED CITE	DESCRIPTION OF THE PURPOSE OF THE MANDATE	IMPLEMENT-STATION DATE (DD-MM-YY)	FUND (SEE KEY)	AMOUNT	STATE FISCAL YEAR
All State Departments & agencies receiving federal funds	All 013, 015, 020 & 021 accounts		FFATA reporting requirements	1-Oct-10	013, 015, 020, 021		FY 10

FUND KEY: 010, 012, 013, 014, 015, 016, 017, 018, 019, 020, 021, 029, 030, 031, 032, 033, 034, 035, 036, 037, 038, 039, 040, 041, 042, 043, 044, 045, 046, 047, 049, 052, 053, 054, 055, 056, 057,058,059, 060, 061, 062, 063, 064, 065, 066, 067, 069, 070, 071, 075, 076, 077, 080, 081, 082, 083, 084, 085, 086, 087, 088, 089, 091, 098, 099, 100

FEDERAL MANDATES

DEPARTMENT OR AGENCY	PROGRAM NAME & ACCOUNT #	FED CITE	DESCRIPTION OF THE PURPOSE OF THE MANDATE	IMPLEMENT-STATION DATE (DD-MM-YY)	FUND (SEE KEY)	AMOUNT	STATE FISCAL YEAR
15A	Services to Veterans 01015A011010	Title 38, Section 39.6	Maintain State Veterans Cemeteries according to VA National Administration Standards. This is not a new mandate, however, the Bureau of Veterans Services opened the most recent cemetery located in Springvale in the Summer of 2010. Each time the State of Maine applies for a federal grant to construct a new cemetery, the state is required to provide written assurance that the state will maintain the cemetery according to VA National Cemetery standards.	2010	10	$500,000	2012

FUND KEY: 010, 012, 013, 014, 015, 016, 017, 018, 019, 020, 021, 029, 030, 031, 032, 033, 034, 035, 036, 037, 038, 039, 040, 041, 042, 043, 044, 045, 046, 047, 049, 052, 053, 054, 055, 056, 057, 058, 059, 060, 061, 062, 063, 064, 065, 066, 067, 069, 070, 071, 075, 076, 077, 080, 081, 082, 083, 084, 085, 086, 087, 088, 089, 091, 098, 099, 100

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Education	Child Development Services	34 CFR Parts 303	The US Department of Education has issued final regulations for the Part C (Birth - 2) Program of Individuals with Disabilities Education Act (IDEA). The Maine Department of Education is proposing several amendments to Maine Department of Education Rule Chapter 101: Maine Unified Special Education Regulation to comply with the Federal Part C regulations. • In Childfind (Section IV): the timeline for referral to a regional site after a child has been identified has changed from two to 'as soon as possible but no later than seven days', new post referral procedures, clarification of the definition of initial evaluation and initial assessments, clarification that in the case of a child who is limited English proficient, native language means the language normally used by the parents of the child, steps to be taken when a child is determined not to be eligible; • In the Individualized Plan Membership (Section VI): that the IFSP team must have the parent and two or more individuals from separate disciplines or professions with one of these individuals being the service coordinator and new language with timelines for the transition into Part B, Section 619; • In the Individualized Plans (Section IX) the parental consent requirements have been amended to reflect that the Department cannot use due process to challenge a parents refusal to provide consent, in the case of surrogates a 30-day timeline requirement has been added to make reasonable efforts to ensure the assignment of a surrogate parent, and a new requirement that the parent be provided at no cost of each evaluation, assessment of the child, family assessment, and the IFSP as soon as possible after each IFSP meeting; • In Education Records (Section XIV) language has been added to address confidentiality of personally identifiable information and early intervention records; and • In Special Education Finance (Section XVIII) language has been added related to use of public benefits or insurance or private insurance to pay for Part C services. There is no fiscal impact.	28-10-11		$0	FY 2012

FUND KEY: 010, 012, 013, 014, 015, 016, 017, 018, 019, 020, 021, 029, 030, 031, 032, 033, 034, 035, 036, 037, 038, 039, 040, 041, 042, 043, 044, 045, 046, 047, 049, 052, 053, 054, 055, 056, 057,058,059, 060, 061, 062, 063, 064, 065, 066, 067, 069, 070, 071, 075, 076, 077, 080, 081, 082, 083, 084, 085, 086, 087, 088, 089, 091, 098, 099, 100

FEDERAL MANDATES

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DHHS	Office of Multicultural Affairs Refugee Program 013 10A Z03401	PL 111-148 and PL 111-152	Refugees, as lawfully present immigrants, are eligible for the same protections and benefits under the Affordable Care Act as U.S. citizens. Refugees will remain exempt from the five□year waiting period to receive Medicaid and Children's Health Insurance Program (CHIP), and will receive many new benefits thanks to health reform. The benefits and protections in the Affordable Care Act are particularly important for refugees, who often arrive to the United States after years without access to proper medical care, and in many cases work for employers who do not provide health insurance. As outlined below, the new law will give refugees access to affordable health coverage and protection against insurance practices that can deny coverage to individuals with pre□existing conditions or those who become ill. Refugees and asylees are eligible for Medicaid for seven years after arrival. After the seven years, they may be eligible for Medicaid at the state's option	3/23/2010	013	TBD	2012
	Office of Child & Family Services Child Welfare Fostering Conections 010/013 10A 013901	Sec. 473n(b)(3)(c)	Extends categorical Medicaid to children in kinship guardianship.	State plan approved	010/013	TBD	Ongoing
		Sec. 477 (a)(7)	Amends Educational and Training Vouchers (ETV) to 16.	Awaiting federal approval	010/013	TBD	Ongoing
		Sec. 475(8)(b)(iv)	Continue payments for over age 18 who are enrolled in school or work.	Awaiting federal approval	010/013	TBD	Ongoing
		Sec. 475(4)	Allow State to include cost of reasonable travel in foster care payment to keep child in same school.	State plan approved	010/013	TBD	Ongoing
	Office of Child & Family Services The Child & Family Services Improvement & Innovative Act 010/013 10A 013901	PL 112-34	Reauthorizes programs funded under title IV-B, includes plan for oversight of health care services for children in foster care. Protocols for appropriate use of antipsychotic medications. Reduce the length of time children under 5 are without a permanent family Adoption Assistance Program reinvestment requirements. Description of data sources to report maltreatment deaths. Must provide foster youth who reach age 16 a copy of their credit report to prevent indentity theft. Changes in reporting provisions.	10/1/2011	010/013	TBD	2012-2016
	Office of Child & Family Services Home Visiting 013 10A 019101	Social Security Act, Title V, Sec. 511 (42 U.S.C. §701) as amended by Sec. 2951 pf the PPACA of 2010 (PL 111-148)	Home Visiting was formally established in state statute (Title 22, §262) as an effective primary prevention public health strategy to meet the goals of the Department by improving the health and well-being of Maine's young children and their families through a connected network of home visiting providers. In accordance with the federal definition of home visiting as outlined in the Social Security Act, Title V, Section 511(b)(U.S.C. 701), as amended by the Patient Protection and Affordable Care Act of 2010, P.L. 111-148, home visiting is defined as an evidence-based program, implemented in response to findings from a needs assessment, that includes home visiting as primary service delivery strategy (excluding programs with infrequent, short-term or supplemental home visiting), and is offered on a voluntary basis to mothers, fathers, families, pregnant women, infants, and children.This funding was awarded on a competitive basis to "effectively implement home visiting models (or a single home visiting model) in the state's at-risk community(ies) to promote improvements in the benchmark and participant outcome areas as specfied in the legislation." Maine must use the federal funds to supplemne	9/30/2011	013	Formula Grant Funds FFY 12--$1,000,000 and Expansion Grant Funds FFY12 - $5,699,733; FFY 13 - $6,976,372; FFY14 - $8,209,996; FFY15 - $9,418,364	2012-2015
	Maine Center for Disease Control & Prevention Vital Statistics 010/014 10A Z03701	Intelligence Reform	To establish minimum national standards for state and local vital statistics offices for national security purposes.	Not known	010/014	Not known	Ongoing
	Maine Center for Disease Control & Prevention Vital Statistics 010/014 10A Z03701	42 U.S.C 242k, Sec. 306(h)	The State and Territorial Exchange of Vital Events System (STEVE) is an innovative messaging application developed by the National Association for Public Health Statistics and Information Systems (NAPHSIS) for the electronic exchange of vital event data between jurisdictions, National Center for Health Statistics (NCHS), and other future trading partners. STEVE replaces the current, less secure practice of exchanging paper copies, line lists and printed computer abstracts which most states use today for record exchange. STEVE will replace the Secure Data Network (SDN) as the conduit for state reporting of statistical data to the National Center for Health Statistics (NCHS) in 2013.	7/1/2013	010/014	Not known	Ongoing

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	Office for Family Independence MaineCare 010/013 10A 014701	PL 111-148, Sec. 2404	Affordable Care Act - Protection of Home-and Community-Based Services Recipients from Spousal Impoverishment - During a five year period beginning on January 2014, the spousal impoverishment provisions are expanded to include spouses of individuals who are receiving home and community based waiver services.	January 2014	010/013	TBD	2014 - 2019
	Office for Family Independence MaineCare 010/013 10A 014701	PL 111-148, Sec. 2004	Affordable Care Act - Medicaid Coverage For Former Foster Care Children - Beginning January 2014, former foster children under age 26 must be covered under Medicaid, if, on the day they reached the age of 18 (or a higher age under the state's child welfare plan) they were: (1) in foster care under the responsibility of the state; and (2) enrolled in Medicaid or a waiver program.	January 2014	010/013	TBD	Ongoing
	Office of Adult Mental Health Services Shelter Plus Care 013 14A 012140	HEARTH Act	Most significant re-write of authorizing legislation to the HUD McKinney-Vento Homeless Assistance Act. HUD has yet to issue rules around this legislation as congressional funding has not yet met the mandates invisioned in the legislation. HUD's rulemaking was initially expected by June of 2011. Significant relaxation of homeless definition to include 'at risk of homeless' Creation of a 'Unified Funding Agent' to administer these funds statewide similar to a Block Grant. That entity in Maine has yet to be identified although MSHA appears to be positioning itself in that role. The Legislation calls for up to 6% of a state's allocation to be used to support the Unified Funding Agent.	Unknown	013	TBD	Ongoing
	Office of Adult Mental Health Services SAMHSA Mental Health Block Grant 010/015 14A 012192	CFR 24.582	SAMHSA is requiring Mental Health Authorities to develop IT systems capable of capturing client identifiable data.	10/1/2011	010/015	814,000	Ongoing
	Office of Adult Mental Health Services SAMHSA PATH 013 14A 012140	HEARTH ACT, PHS 521	SAMHSA is encouraging states to utilize HUD's Homeless Management Information System for PATH program. Also encouraging states to incorporate several specific performance measures as a result of GPRA review.	Unknown	013	$300,000	Ongoing
	Office of MaineCare Services Pharmacy 010 10A 014701	PL 111-148, § 3309	(Affordable Care Act)-Elimination of Medicare Part D cost-sharing for full dual eligibles receiving HCBS - Full dual eligibles who are eligible for Home and Community Based Services will no longer have any Medicare Part D cost sharing responsibilities. Medicaid agencies are responsible for reporting dual eligible members receiving HCBS to CMS monthly.	1/1/2012	010	No Fiscal Impact	Ongoing
	Office of MaineCare Services MaineCare 010/013 10A 014701	PL 111-148, § 4106	(Affordable Care Act) Preventative Services - Provides 1 percentage point increase in FMAP for the preventative services set out by the US Preventative Services Task Force. Prohibits co-payments on those services.	1/1/2013	010/013	TBD	
	Office of MaineCare Services MaineCare 013 10A 014701	PL 111-148, § 10201 (RB-1202)	(Affordable Care Act) Payments to primary care physicians - Requires that Medicaid payment rates to primary care physicians for furnishing primary care services be no less than 100% of Medicare payment rates in calendar years 2013 and 2014. Provides 100% federal funding for the incremental costs to States of meeting this requirement.	1/1/2013	013	No Fiscal Impact	2013-2015
	Office of MaineCare Services MaineCare	PL 111-148, § 2701	(Affordable Care Act) Quality Measures for Maternity and Adult Health - State Medicaid programs will be required to report on quality measures for adults, similar to standard measures currently used in CHIPRA.	1/1/2012 - DHHS to publish measures. 1/1/2013 States report to Congress.		No Fiscal Impact	Ongoing
	Office of MaineCare Services Program Integrity 010/013 10A 014701	PL 111-148 § 6401, 6402, 6501, 6502, 6503	The ACA included numerous provisions in both Medicare and Medicaid to reduce fraud and abuse. These include –but are not limited to: - Required screening of providers and suppliers according to their level of risk of fraud, waste and abuse. (eff. 9/23/10) (In progress) - Required disclosure by providers and suppliers enrolling or reenrolling regarding affiliations with others that have uncollected debt, have had payments suspended, been excluded from a federal health care program, or had billing privileges revoked. (In progress) - Requires NPI on enrollment applications (eff. 1/1/11) (In progress) - Termination of provider participation in Medicaid if provider had been terminated under Medicare or another state's Medicaid program (eff. 1/1/11) (In progress) - Exclusion from participation of providers with ownership, control or management affiliations with entities that fail to repay overpayments or are excluded, suspended or terminated from Medicaid. (eff. 1/1/11) (REPEALED 12/15/10 Medicare and Medicaid Extenders Act) - Requires alternate payees (e.g. billing agents) that submit claims on behalf of health care providers to - Requires states to contract with one or more Recovery Audit Contractors. (eff. 1/1/11). (Completed) - Requires all ordering and referring providers to enroll. (In progress)	3/25/11 *Not yet fully implemented in Maine	010/013	TBD	Ongoing

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	Office of MaineCare Services Pharmacy 010/013 10A 014701 010 10A Z01501 010 10A 020201	PL 111-148 § 2502	(Affordable Care Act) Eliminate exclusion of certain drugs. Medicaid and Medicare will no longer exclude OTC smoking cessation drugs, barbiturates and benzodiazepines.	1/1/2014	010/013	TBD	Ongoing
	Office of MaineCare Services MaineCare 013 10A 014801 010 14B 073310 010 14C 073415	PL 111-148 § 2551	(Affordable Care Act)-Medicaid DSH Reduction-Methodology in law used to reduce DSH to hospitals by a total of $14.1 billion.	1/1/2014	010/013	TBD	2014 - 2020
	Office of MaineCare Services MaineCare/Pharmacy 010/013 10A 014701 010 10A Z01501 010 10A 020201	PL 111-148 § 2001	(Affordable Care Act)-Benchmark coverage. Newly eligible adults must receive at least basic benchmark equivalent plans, with some exemptions. Law amends DRA to include pharmacy and mental health coverage as part of benchmark.	1/1/2014	010/013	TBD	Ongoing
	Office of MaineCare Services MaineCare 010/013 10A 014701	PL 111-148 § 2702	(Affordable Care Act)-Prohibits federal payment for Health Acquired Conditions. Requires that states reduce payments to hospitals when a patient develops a condition in the hospital that was not present on admission. Conditions developed are limited to those defined by the Secretary. States have flexibility in defining additional conditions and/or applying this provision to settings outside of the hospital.	7/1/11 - Option to delay State implemetnation to 7/1/12.	010/013	TBD	Ongoing
	Office of MaineCare Services MaineCare 010/013 10A 012901	PL 111-148 § 1321	(Affordable Care Act)-The Exchange-Requires states to develop and implement insurance Exchanges which will help qualified individuals to shop for and select a private health plan that fits their individual needs. This provision also requires states to develop a simple, streamlined eligibility system.	1/1/2014	010/013	TBD	Ongoing
	Office of MaineCare Services MaineCare 010/013/10A 012901	PL 104-191 § 262	(HIPPA) 50/10 & ICD 10-- On January 1, 2012, standards for electronic health care transactions change from Version 4010/4010A1 to Version 5010. These electronic health care transactions include functions like claims, eligibility inquiries, and remittance advances. Version 5010 accommodates the ICD-10 codes, and must be in place first before the changeover to ICD-10. If providers do not conduct electronic health transactions using 5010 as of January 1, 2010, delays in claim reimbursement may result. If health plans cannot accept Version 5010 transactions from providers, they may experience a large increase in provider customer service inquiries affecting their operations. ICD-10 codes must be used on all HIPAA transactions, including outpatient claims with dates of service, and inpatient claims with dates of discharge on and after October 1, 2013.	10/1/2013 - ICD-10 1/1/2012 - Version 5010	010/013	TBD	Ongoing
	Division of Licensing & Regulatory Services 010/013 10A Z03601	PL 111-148 § 6101 - 6107, 6111 - 6114, 6121, 6201, 6403, 6501, 6703,	The ACA includes numerous provisions in Medicare and Medicaid for transparency and improvement of healthcare including: - Disclosure of information about ownership and additional disclosable parties - Ethics and compliance - accountability requirements - Quality assurance and performance improvement	3/25/2011 - Not yet fully implemented in Maine.	010/013	TBD	Ongoing
	Division of Licensing & Regulatory Services 010/013 10A Z03601	Partnership for Patients Hospital Initiative from CMS	This initiative contains survey and certification requirements which include updating survey processes and tools, more comprehensive survey processes and surveys which focus on hospitals who have been identified as being at a higher risk.	9/30/2011	010/013	TBD	Ongoing

FUND KEY: 010, 012, 013, 014, 015, 016, 017, 018, 019, 020, 021, 029, 030, 031, 032, 033, 034, 035, 036, 037, 038, 039, 040, 041, 042, 043, 044, 045, 046, 047, 049, 052, 053, 054, 055, 056, 057,058,059, 060, 061, 062, 063, 064, 065, 066, 067, 069, 070, 071, 075, 076, 077, 080, 081, 082, 083, 084, 085, 086, 087, 088, 089, 091, 098, 099, 100

FEDERAL MANDATES

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DHHS-OMS	Pharmacy	PL 111-148 § 2501	**(Affordable Care Act) Prescription drug rebates-**"The flat rebate for single source and innovator multiple source outpatient prescription drugs would increase from 15.1 percent to 23.1 percent, except the rebate for clotting factors and outpatient drugs approved by the Food and Drug Administration exclusively for pediatric indications would increase to 17.1 percent. The basic rebate percentage for multi-source, non-innovator drugs would increase from 11 percent to 13 percent. Drug manufacturers would also be required to pay rebates for drugs dispensed to Medicaid beneficiaries who receive care from a Medicaid managed care organization (MCO). Total rebate liability would be limited to 100 percent of the average manufacturer price (AMP). Additional revenue generated by these increases is remitted to the federal government. Also, effective 3/23/10, the Reconciliation Bill narrowed the definition of a new formulation of drug for the purpose of applying the additional rebate. " (CMS)	1/1/2010		($1.7M) SFY 10; ($3.4M SFY 11)	SFY 10-11
DHHS-OMS	Pharmacy	PL 111-148 § 2503	**(Affordable Care Act) Medicaid Pharmacy Reimbursement (AMP Fix)-"**• Changes the Federal upper payment limit (FUL) to no less than 175 percent of the weighted average (determined on the basis of utilization) of the most recent AMPs for pharmaceutically and therapeutically equivalent multiple source drugs available nationally through commercial pharmacies. - Clarifies what transactions, discounts, and other price adjustments were included in the definition of AMP. - Clarifies that retail survey prices do not include mail order and long term care pharmacies. - Expands the disclosure requirement to include monthly weighted average AMPs and retail survey prices" (NCSL)	10/1/2010		No fiscal impact	SFY 11
DHHS-OMS	Pharmacy	PL 111-148 § 3309	**Elimination of Medicare Part D cost-sharing for full dual eligibles receiving HCBS-**Full dual eligibles who are elilgible for Home and Community Based Services will no longer have any Medicare Part D cost sharing responsibilities. Medicaid agencies are responsible for reporting dual eligible members recieving HCBS to CMS monthly.	1/1/2012		No fiscal impact	SFY 11
DHHS-OMS	Home Health/DME	PL 111-148 § 6407	**(Affordable Care Act) Face-to-face encounter-**Requires physicians to have a face-to-face encounter with the individual prior to issuing a certification for home health services. The Secretary would be authorized to apply the face-to-face encounter requirement to other items and services based upon a finding that doing so would reduce the risk of fraud, waste, and abuse. " (CMS)	1/1/2011		No fiscal impact.	SFY 10

DHHS-OMS	MaineCare	PL 111-148 § 4107	**(Affordable Care Act) Tobacco cessation services for pregnant women-** States must cover counseling, pharmacological smoking cessation services for pregnant women.	10/1/2010		No fiscal impact. Tobacco cessation is already provided to MaineCare members with no co-pay.	SFY 11
DHHS-OMS	MaineCare	PL 111-148 § 2302	**(Affordable Care Act) Hospice care for children-**Allows children who are enrolled in either Medicaid or CHIP to receive hospice services without foregoing curative treatment related to a terminal illness.	3/23/2010			SFY 10
DHHS-OMS	MaineCare	PL 111-148 § 4106	**(Affordable Care Act) Preventative Services-**Provides 1 percentage point increase in FMAP for the preventative services set out by the US Preventative Services Task Force. Prohibits co-payments on those services.	1/1/13 (optional coverage, mandatory co-pay prohibition)			SFY 13
DHHS-OMS	MaineCare	PL 111-148 § 2702	**(Affordable Care Act) Prohibition of federal payment for Health Acquired Conditions-**Federal funds cannot be used to reimburse for services to treat a hospical acquired condition.	7/1/11 (option to delay state implementation to 7/1/12)			SFY 12
DHHS-OMS	MaineCare	PL 111-148 § 10201 (RB - 1202)	**(Affordable Care Act) Payments to primary care physicians-**Requires that Medicaid payment rates to primary care physicians for furnishing primary care services be no less than 100% of Medicare payment rates in calendar years 2013 and 2014. Provides 100% federal funding for the incremental costs to States of meeting this requirement.	1/1/2013		No fiscal impact	SFY 13
DHHS-OMS	MaineCare	PL 111-148 § 2701	**Quality Measures for Maternity and Adult Health-**State Medicaid programs will be required to report on quality measures for adults, similar to standard measures currently used in CHIPRA.	1/1/12-HHS publishes measures; 1/1/13-States report to Congress			SFY 13
DHHS-OMS	MIHMS	PL 111-148 § 6506	**(Affordable Care Act) National Correct Coding Initiative (NCCI)-**Requires States to make their MMIS methodologies compatible with Medicare's national correct coding initiative (NCCI) that promotes correct coding and controls improper coding.	9/1/2010		No fiscal impact	SFY 11
DHHS-OMS	Program Integrity	PL 111-148 § 6505, 6402(a)	**(Affordable Care Act) No payments to entities outside the United States-** The State shall not provide any payments for items or services provided under the State plan or under a waiver to any financial institution or entity located outside of the United States.	1/1/2011		No fiscal impact	
DHHS-OMS	MaineCare	PL 111-148 § 10201	**(Affordable Care Act) Waiver Process-**Increases the transparency of the Medicaid § 1115 waiver development and approval processes, at the State and federal levels by requiring the Secretary to promulgate regulations relating to the application and renewals of a demonstration project that provides for a process for public hearings.	9/23/2011			SFY 12

DHHS-OMS	Program Integrity	PL 111-148 § 6506, 6402(a)	**(Affordable Care Act) Overpayments**-Extends the period for States to recover overpayments due to fraud to one year after date of discovery of the overpayment, before an adjustment is made to the federal payment. If the State has not recovered the overpayment due to fraud within one year of discovery because there has not been a final determination of the overpayment amount, no adjustment shall be made in the Federal payment to such State on account of such overpayment (or portion thereof) before the date that is 30 days after the date on which a final judgment (including, if applicable, a final determination on an appeal) is made. The Secretary shall promulgate regulations that require States to correct Federally identified claims overpayments, of an ongoing or recurring nature, with new Medicaid Management Information System (MMIS) edits, audits, or other appropriate corrective action. Section 6402(a) of the Affordable Care Act also addresses overpayments. This provision, which amends the Act by creating a new section 1128J, has no impact on a State's obligations under section 6506 of the Afforda	3/23/2010			SFY 10
DHHS-OMS	Program Integrity	PL 111-148 § 6401, 6402, 6501, 6502, 6503	**(Affordable Care Act) Program Integrity**-The ACA included numerous provisions in both Medicare and Medicaid to reduce fraud and abuse. These include –but are not limited to: - Required screening of providers and suppliers according to their level of risk of fraud, waste and abuse. (eff. 9/23/10) (In progress) - Required disclosure by providers and suppliers enrolling or reenrolling regarding affiliations with others that have uncollected debt, have had payments suspended, been excluded from a federal health care program, or had billing privileges revoked. (In progress) - Requires NPI on enrollment applications (eff. 1/1/11) (In progress) - Termination of provider participation in Medicaid if provider had been terminated under Medicare or another state's Medicaid program (eff. 1/1/11) (In progress) - Exclusion from participation of providers with ownership, control or management affiliations with entities that fail to repay overpayments or are excluded, suspended or terminated from Medicaid. (eff. 1/1/11) (REPEALED 12/15/10 Medicare and Medicaid Extenders Act) - Requires alternate payees (e.g. billing agents) that submit claims on behalf of - Requires states to contract with one or more Recovery Audit Contractors. (eff. - Requires all ordering and referring providers to enroll. (In progress)	3/25/2011			SFY 11
DHHS-OMS	MaineCare	PL 111-5 § 4201	**(ARRA) Medicaid Health Information Technology (HIT) Activities**-Provides incentives to eligible Medicaid providers to adopt, implement and upgrade meaningfully use certified Electronic Health Record (HER) technology. The Recovery Act provides 100% Federal financial participation (FFP) to States for incentive payments to eligible providers. The States will be provided with 90% FFP match for State administrative expenses related to the program. In order to qualify for the 90% FFP administrative match, the State must, at a minimum, demonstrate compliance with three requirements: Administration, Oversight and Encourage the adoption of certified EHR technology and the electronic exchange of health information.	10/4/2011		($219,382) SFY 11-12; ($164,382) SFY 12-13	SFY 11; SFY 12

DHHS-OMS	MaineCare	PL 109-71 § 603	ability to identify and collect payments from liable third parties. This provision creates a process in which State Medicaid agencies and health plans may exchange eligibility and coverage data; including but not limited to: transition formats for sharing eligibility and benefit information between the State, or its agency, and health plans. The transmission formats are: Payer Initiated Eligibility/Benefit (PIE) Transaction, Accredited Standards Committee (ASC) X12 270-271 Health Care Eligibility/Benefit Inquiry and Response Standard Transactions ("270/271 Transactions"). The ACA includes a number of changes that will impact health information technology, including measures to accelerate the standardization of transactions ("Administrative Simplification" provisions). Such standardization could necessitate revisions of existing standards such as the 270/271 Transaction; any forthcoming changes made to the 271 as a result of the ACA may necessitate changes to the PIE Transaction in the future.				
DHHS-OMS	MaineCare	PL 104-191 § 262	**(HIPPA) 50/10 & ICD 10--** On January 1, 2012, standards for electronic health care transactions change from Version 4010/4010A1 to Version 5010. These electronic health care transactions include functions like claims, eligibility inquiries, and remittance advances. Version 5010 accommodates the ICD-10 codes, and must be in place first before the changeover to ICD-10. If providers do not conduct electronic health transactions using 5010 as of January 1, 2010, delays in claim reimbursement may result. If health plans cannot accept Version 5010 transactions from providers, they may experience a large increase in provider customer service inquiries affecting their operations. ICD-10 codes must be used on all HIPAA transactions, including outpatient claims with dates of service, and inpatient claims with dates of discharge on and after October 1, 2013.	ICD-10 10/01/13; 5010 01/01/12			SFY 12-SFY 13

FUND KEY: 010, 012, 013, 014, 015, 016, 017, 018, 019, 020, 021, 029, 030, 031, 032, 033, 034, 035, 036, 037, 038, 039, 040, 041, 042, 043, 044, 045, 046, 047, 049, 052, 053, 054, 055, 056, 057,058,059, 060, 061, 062, 063, 064, 065, 066, 067, 069, 070, 071, 075, 076, 077, 080, 081, 082, 083, 084, 085, 086, 087, 088, 089, 091, 098, 099, 100

FEDERAL MANDATES

DEPARTMENT OR AGENCY	PROGRAM NAME & ACCOUNT #	FED CITE	DESCRIPTION OF THE PURPOSE OF THE MANDATE	IMPLEMENT-STATION DATE (DD-MM-YY)	FUND (SEE KEY)	AMOUNT	STATE FISCAL YEAR
SEC - Department of the Secretary of State/Bureau of Motor Vehicle	Commercial Driver License Improvement Program 013-29B-0077-05	Docket # FMCSA-1997-2210 Section 215 of the Motor Carrier Safety Improvement Act of 1999 (MCSIA) 49 CFR Parts 383, 384, 390 and 391	**Medical Certification Requirements as Part of the CDL (Commercial Driver's License).** Federal Motor Carrier Safety Administration amends the Regulations to require interstate CDL holders subject to the physical qualification requirements of the FMCSR's to provide a current original or copy of their medical examiner's certificates to their State Driver Licensing Agency. The regulations also requires the state to record on the Commercial Driver License Information System (CDLIS) driver record the self-certification the driver made. Finally the rule requires states to take certain actions against CDL operators if they do not provide the required medical certification status information in a timely manner.	30-Jan-12	013	$442,403	4/1/10-09/30/12
SEC - Department of the Secretary of State/Bureau of Motor Vehicle	Commercial Driver License Improvement Program 013-29B-0077-05	Docket #FMCSA-2007-27659 49 CFR 383, 384 and 385	**Commercial Driver's License Testing & Commercial learner's Permit Standards.** Federal Motor Carrier Safety Administration amends the commercial driver's license knowledge and skills testing standards & establishes new standards for States to issue the commercial learner's permit (CLP). The regulation also requires that a CLP holder meet virtually the same requirements as those for a CDL holder. This rule implements section 4109 of the Transportation Equity Act for the 21st Century (TEA-21), section 4122 of the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU), and section 703 of the Security and Accountability For Every Port Act of 2006 (SAFE Port Act). It will enhance safety by ensuring that only qualified drivers are allowed to operate commercial vehicles on our nation's highways.	08-Jul-14	013	$1,492,260	6/01/11-6/30/13