HEALTH CARE REFORM

Implementation Timeline

May 2010

American Hospital Association

www.aha.org

Background

American Hospital Association

In March, President Obama signed into law the *Patient Protection and Affordable Care Act* (PPACA) and the *Health Care and Education Reconciliation Act* (HCERA), which made modifications to the PPACA. Together, this historic legislation constitutes the largest change to America's health care system since the creation of Medicare and Medicaid.

To help hospitals understand the numerous provisions, programs, pilots and deadlines associated with implementing the health care reform legislation, the AHA developed this detailed timeline exclusively for our members. It graphically depicts key milestones in three-month increments from 2010 until 2020 and organizes the legislation into the following sections.

Consumers and Purchasers: The new law expands coverage to 32 million people through a combination of public program and private-sector health insurance expansions. Key insurance reforms include a mandate for individuals to have insurance; employer responsibility to provide or contribute to health insurance; low-income subsidies to help individuals purchase insurance; an expansion of Medicaid eligibility; and the creation of state-based health insurance "exchanges."

Payment and Revenue: The law takes a number of steps to reduce the rate of increase in Medicare and Medicaid spending through reduced payment updates, decreases in disproportionate share hospital payments, and financial penalties. The new law is financed by taxing high-premium health insurance plans, raising the Medicare tax for high-income individuals and imposing annual fees on the pharmaceutical, medical device, clinical laboratory and health insurance industries.

Delivery System Reform and Quality: The law adopts several key delivery system reforms to better align provider incentives to improve care coordination and quality and reduce costs. These reforms include value-based purchasing; pilot projects to test bundled Medicare payments; voluntary pilot programs where qualifying providers – including hospitals – can form Accountable Care Organizations and share in Medicare cost savings; and financial penalties for hospitals with "excessive" readmissions.

Wellness and Workforce: The law provides grants and loans to enhance workforce education and training, to support and strengthen the existing workforce, and to help ease health care workforce shortages. It requires public and private insurers to cover recommended preventive services, immunizations and other screenings with zero enrollee cost sharing. It also initiates policies to encourage wellness in schools, workplaces and communities, and takes steps to modernize the public health care system.

Other: The law includes provisions to reduce waste, fraud and abuse in the Medicare and Medicaid programs and new reporting requirements are imposed on tax-exempt hospitals. In addition, the law also incorporates several oversight programs including new requirements for physician-owned hospitals.

HEALTH CARE REFORM MOVING FORWARD

This timeline provides only a brief description and not every provision is depicted. (We recommend printing the timeline in color.) For a detailed summary of the health care reform legislation, refer to the AHA's April 19 *Legislative Advisory.* It is available at **www.aha.org** under "Health Care Reform Moving Forward." This section of our website features numerous resources and tools to help hospital leaders understand health care reform and inform their board, employees and community about the implications for the hospital.

American Hospital Association

Assumptions/Notes

- When changes are permanent, they are listed only once in the timeline, followed by "thereafter."
- Some provisions did not include a specific date within a year. If only a year was listed, it was included in 1st Quarter of the listed year.
- Few provisions did not include any reference to a due date. Those provisions are listed in Appendix A.
- A number of provisions extended previous legislative due dates. The assumed start date for those extensions is the date of enactment. Only the expiration date will be reflected in the timeline.
- If a provision began prior to the date of enactment or was a retrospective adjustment, it was included in 2010: 1st Quarter.
- Many items in the timeline have the PPACA and HCERA section numbers listed in parentheses. We encourage you to use these section numbers as a crosswalk to the April 19 AHA *Legistlative Advisory* and the PPACA and HCERA. Assume the section number refers to the PPACA unless noted as HCERA.

Acronyms

ACO: Accountable Care Organization
AGI: Adjusted Gross Income
ASC: Ambulatory Surgical Center
CAH: Critical Access Hospital
CDC: Centers for Disease Control & Prevention
CHIP: Children's Health Insurance Program
CLASS: Community Living Assistance Services and Supports Act
CMI: Center for Medicare & Medicaid Innovation
CMP: Civil Monetary Penalty
CMS: Centers for Medicare & Medicaid Services
CPI: Consumer Price Index
CY: Calendar Year
DGME: Direct Graduate Medical Education
DME: Durable Medical Equipment
DOL: Department of Labor
DRG: Diagnosis-Related Group
DSH: Disproportionate Share Hospital
EFT: Electronic Funds Transfer
FICA: Federal Insurance Contribution Act
FMAP: Federal Medical Assistance Percentage
FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
FTE: Full-Time Employee
FY: Fiscal Year
GAO: Government Accountability Office
GME: Graduate Medical Education
HAC: Hospital-Acquired Condition
HCERA: Health Care and Education Reconciliation Act of 2010
HCFAC: Health Care Fraud and Abuse Control
HHA: Home Health Agency
HHS: Health and Human Services
HIPAA: Health Insurance Portability and Accountability Act
HIT: Health Information Technology
HPSA: Health Professional Shortage Area
HRSA: Health Resources and Services Administration
HVBP: Hospital Value-Based Purchasing
IME: Indirect Medical Education
IPAB: Independent Payment Advisory Board
IPF: Inpatient Psychiatric Hospital
IPPS: Inpatient Prospective Payment System
IRC: Insurance Research Council
IRF: Inpatient Rehabilitation Facility
LTCH: Long-Term Care Hospital
MA: Medicare Advantage
MAC: Medicare Administrative Contractor
MACPAC: Medicaid and CHIP Payment Access Commission
MB: Market Basket
MEDPAC: Medicare Payment Advisory Commission
MIP: Medicare Program Integrity
MMSEA: Medicare, Medicaid, and S-CHIP Extension Act of 2007
MUA: Medically Underserved Area
NAIC: National Association of Insurance Commissioners
NF: Nursing Facility
NPI: National Provider Identifier
OPM: Office of Personnel Management
OPPS: Outpatient Prospective Payment System
PFS: Physician Fee Schedule (Medicare)
PI: Program Integrity
PPACA: Patient Protection and Affordable Care Act
PQRI: Physician Quality Reporting Initiative
PSO: Patient Safety Organization
PSTF: Prevention Services Task Force
RAC: Recovery Audit Contractor
ROI: Return on Investment
RRC: Rural Referral Center
RTC: Report to Congress
RY: Rate Year
SCH: Sole Community Hospital
SECA: Self-Employment Contribution Act
SNF: Skilled Nursing Facility
VBP: Value-Based Purchasing
USPSTF: U. S. Preventive Services Task Force

Health Care Reform Implementation Timeline

American Hospital Association

ENACTMENT (MARCH 23, 2010)

2010

CONSUMERS & PURCHASERS

- Nonprofit hospitals are required to conduct a community needs assessment; adopt financial assistance policy; limit charges to charity care patients to the amount billed to insured patients (10903)
- Publication of certain information on *Nursing Home Compare* (6103)
- Requires hospitals to publicize an annual updated list of their standard charges, including DRGs beginning in plan years after March 23, 2010 (1001)
- States required to maintain CHIP through Sept 30, 2019 (2101)
- Establish medical reimbursement data centers to collect, and publish publicly, reimbursement data from health insurers (10101)

PAYMENT & REVENUE

- Extends (from Oct 1, 2009 through Sept 30, 2010) Section 508 Medicare hospital payment protections
- Creates IPAB (3403)

DELIVERY SYSTEM REFORM & QUALITY

- Extends the gainsharing demonstration's completion date (3027)
- Creates 3-year demonstration program for up to 15 urban/rural hospices
- Establishes a nationwide program for national and state background checks on direct care providers in long-term care facilities (6701-6703)
- Establishes the patient-centered outcomes research institute to set a national research agenda and conduct comparative clinical effectiveness research (6301, 10602)

WELLNESS & WORKFORCE

- Establishes grants for teaching health center GME programs (5508)
- Directs negotiated rulemaking, with stakeholders, to establish a methodology and criteria for designating medically underserved populations and HPSAs (5602)
- Establishes an Office for Women's Health in the Office of the HHS Secretary and several HHS agencies
- Extends the National Health Service Corps Scholarship and Loan Repayment Program for 2011-2015 (5207, 10503)
- Provides grants and contracts to support and develop a primary care training program (5201-5202)
- Establishes a Prevention and Public Health Investment Fund to improve health and restrain cost growth (4002)
- Requires better coordination between the USPSTF and Community PSTF (4003)
- Implements a national public-private partnership for a prevention and health promotion outreach and education campaign (4004)
- Establishes grants, through FY 2014, to support "school-based health centers" (4101)
- Retroactively establishes (Oct 1, 2009) grant programs (FY 2010-2014) through CDC to community-based organizations to reduce chronic disease, address health disparities, and promote evidence-based community preventive health activities; not less than 20% of grants must be awarded to rural and frontier areas
- Retroactively establishes (Oct 1, 2009) community-based prevention programs for Medicare beneficiaries and others (4202)
- Allows for redistribution of residency positions from a hospital closed on or after March 23, 2008 (5506)

OTHER

- Prohibits physician-owned hospitals from converting to ASCs
- Expands of existing PI programs, data sources, and data sharing across Federal agencies (6402)
- Authority to impose administrative penalties if a beneficiary knowingly participates in a Federal health care offense
- MAC authority to perform additional PI reviews (1302 of HCERA)
- Requires any person with knowledge of an overpayment to return it
- Violation of claims processing statutes constitutes false or fraudulent claims; amends CMP and anti-kickback statutes (6403)
- Authority to suspend Medicare and Medicaid payments to a provider/supplier pending an investigation of fraud
- Provides $10 million each year, for 10 years, to the HCFAC program
- Authorizes annual CPI adjustment to HCFAC and MIP funding
- Requires Medicare and Medicaid administrative contractors to submit performance statistics on fraud referrals, overpayments, and ROI
- Requires that all Medicare claims be submitted within 1 year after the date of service (previously allowed 3 years), beginning with services rendered after Jan 1, 2010 (6404)
- Requires SNFs and NFs to implement compliance and ethics programs
- Establishes additional requirements for Section 501(c)(3) charitable hospital organizations (pertains to conducting community needs assessments in 2012)
- Establishes Health Reform Implementation Fund within HHS to implement the PPACA legislation with a $1 billion appropriation (1005)
- Modification to SNF cost reporting (staff wages and benefits) by staff type

FIRST QUARTER 2010

CONSUMERS & PURCHASERS

- Retroactively provides small business tax credit of up to 35% of premiums for the purchase of coverage for employees (1421, 10105) **(Jan 1)**
- Requires drug manufacturers to pay rebates for beneficiaries in managed care plans (2501-2503) **(Jan 1)**
- Extends Medicaid drug rebate program to drugs dispensed through managed care plans (2501) **(Jan 1)**
- Provides $250 rebate for Medicare Part D beneficiaries who have reached prescription drug "donut hole" (3301) **(Jan 1)**
- Retroactively establishes the Federal Coordinated Health Care Office within CMS to coordinate coverage and payment for dually eligible beneficiaries (2602) **(March 1)**

PAYMENT & REVENUE

- Retroactively requires MB - 0.25% for OPPS **(Jan 1)**
- Retroactively extends 340B expansion to children's hospitals, free standing cancer hospitals, CAHs, RRCs and SCHs that meet certain outpatient criteria; orphan drugs excluded **(Jan 1)**
- Retroactively extends payment for the technical component for certain lab services; through Dec 31, 2010 **(Jan 1)**
- Reinstates Medicare Dependent Hospital Program through Sept 30, 2012 **(Jan 1)**
- Retroactively extends MMSEA LTCH provisions and therapy caps through Dec 31, 2012 **(Jan 1)**
- Extends and revises the Medicare Rural Hospital Flexibility Program through FY 2012 (3129) **(Jan 1)**
- Retroactively extends Rural Community Hospital Demonstration Program; through Dec 31, 2014 **(Jan 1)**
- Extends the 1.0 floor for the geographic index for physician work through 2010 **(Jan 1)**
- Authorizes $11 million for MAC-PAC (2802) **(Jan 1)**
- Retroactively increases PFS payment rate for psychiatric services by 5% for 1 year; through Dec 31, 2010 (3107) **(Jan 1)**
- Retroactively modifies how power wheel chairs are reimbursed (3109) **(Jan 1)**
- Requires a medical loss ratio of 85% or higher in order for non-profit Blue Cross Blue Shield organizations to take advantage of their special tax benefits (9016) **(Jan 1)**

DELIVERY SYSTEM REFORM & QUALITY

- Retroactively establishes the Medicaid global payment demonstration in 5 states (2705) **(Oct 1)**

WELLNESS & WORKFORCE

- Retroactively authorizes modification of certain preventive services covered by Medicare; prohibits payment for preventive services that have been graded A, B, C, or I by the USPSTF (4105) **(Jan 1)**

OTHER

- No provision to be implemented

SECOND QUARTER 2010

CONSUMERS & PURCHASERS

- Allows state Medicaid option to cover parents and childless adults up to 133% FPL and receive current law FMAP (2001) **(April 1)**
- Establishes temporary national high risk pools for adults with pre-existing conditions and who have been uninsured for 6 months through Jan 1, 2014 (1101) **(June 21)**
- Establishes a temporary national reinsurance pool for early retirees (55-64) and their families through Jan 1, 2014 (1102) **(June 21)**

PAYMENT & REVENUE

- MB – 0.25% for IPPS hospitals, IRFs, and LTCHs **(April 1)**
- Reinstates 3% add-on payment for rural home health providers through 2015 (3131, 10315)

DELIVERY SYSTEM REFORM & QUALITY

- Medication management in the treatment of chronic diseases program begins (3503) **(May 1)**

WELLNESS & WORKFORCE

- No provision to be implemented

OTHER

- Publication on HHS website of a list of all authorities provided under PPACA **(April 23)**

THIRD QUARTER 2010

CONSUMERS & PURCHASERS

- Requires the Secretary to establish a website for the public to access information on affordable and comprehensive options (1103) **(July 1)**
- Requires insurance coverage for dependent children up to age 26 (1001-1105) **(Sept 23)**
- Requires insurance ban on rescission, pre-existing condition exclusions for children, no lifetime coverage limits (1001-1105) **(Sept 23)**
- Requires new health plans to cover preventive services and immunizations with no cost sharing (1001) **(Sept 23)**
- Prohibits discrimination by group health plans in favor of highly compensated individual plans (1001) **(Sept 23)**
- Requires plans to allow enrollees to select participating pediatrician as primary care provider for a child and other patient protections related to the choice of health care professionals and access to OB/GYN services (1001) **(Sept 23)**
- Requires HRSA to establish a 10-State, 3-year, demonstration for the uninsured to reduce fees for comprehensive health services (10504) **(Sept 23)**
- Plans required to have an effective internal appeals process for coverage determinations and claims denials (1001) **(Sept 23)**
- Hospitals must begin reporting annually to HHS and the public its standard charges for items and services (2818) **(Sept 23)**

PAYMENT & REVENUE

- MB – 0.25% for IPF **(July 1)**
- Excise tax on indoor tanning services begins (9017) **(July 1)**
- Retroactively extends outpatient hold-harmless, ambulance add-on, physician pathology services through Dec 31, 2010 **(July 1)**
- Reinstates reasonable cost reimbursement for laboratory services in small rural hospitals through June 30, 2011 **(July 1)**

DELIVERY SYSTEM REFORM & QUALITY

- Development of standards and protocols, in consultation with the HIT Policy and Standards Committees, to promote interoperability of enrollment in Federal and State programs (3021) **(Sept 19)**

WELLNESS & WORKFORCE

- Modifies rules for counting resident time in non-provider outpatient settings for purposes of DGME and IME payments if the hospital incurs the cost of resident stipends and benefits (5504) **(July 1)**
- Establishes a National Health Care Workforce Commission to review and project workforce needs. GAO appoints the board of governors (5101, 10501) **(Sept 30)**
- Interim final rule for designating MUA and HPSA through negotiated rulemaking (9017) **(July 1)**

OTHER

- Development of a mechanism for voluntary disclosure of information on actual and potential violations of the physician self-referral law (6409) **(Sept 23)**

FOURTH QUARTER 2010

CONSUMERS & PURCHASERS

- Secretary and NAIC shall develop a uniform explanation of coverage documents and standard definitions for all health plans (1001) **(Dec 31)**
- NAIC to establish standard methodology for calculating minimum medical loss ratios (1001, 10101 **(Dec 31)**

PAYMENT & REVENUE

- MB – 0.25% for IPPS and IRF **(Oct 1)**
- MB – 0.5% for LTCH **(Oct 1)**
- MB – 0.3% for hospice **(Oct 1)**
- Application of budget neutrality nationwide for the calculation of the wage index floor annually thereafter (3137, 3141, 10317) **(Oct 1)**
- Implementation of SNF concurrent therapy change and changes to the "look-back" period (10325) **(Oct 1)**
- Application of wage index floor of 1.0 for frontier states annually thereafter (10324) **(Oct 1)**
- Year 1 geographic variation Medicare payments made to hospitals in low-cost counties (1109 of HCERA)

DELIVERY SYSTEM REFORM & QUALITY

- $75 million authorized for the Medicaid emergency psychiatric demonstration project; funds available through Sept 30, 2015 (2707) **(Oct 1)**
- Funding available for demonstration on alternative approaches to tort reform (10607) **(Oct 1)**

WELLNESS & WORKFORCE

- Funding available for healthy living grants to states to conduct community-based prevention and wellness program for the pre-Medicare (ages 55-64) population (4202) **(Oct 1)**
- Establishes grants (FY 2011 – 2015) for community-based collaborative care networks; Hospitals must meet certain low-income utilization; all FQHCs located in the community must participate (10333) **(Oct 1)**
- Establishes grants (5-years) for small businesses (less than 100 employees) to provide access to comprehensive workplace wellness programs (10408) **(Oct 1)**
- Funding available to build new and expand existing community health centers (3502)

OTHER

- Eliminates the physician-owned hospital exception under Stark Law if no provider agreement prior to Dec 31, 2010; Grandfathers providers with existing agreements (6001, 10601, 1106) **(Dec 31)**
- Expands Medicare RAC program to Medicare Parts C and D and Medicaid (6411) **(Dec 31)**

FIRST QUARTER 2011

CONSUMERS & PURCHASERS

- Freezes income thresholds at 2010 levels for income-related Part B premium through Dec 31, 2019 (3402) **(Jan 1)**
- Creation of a voluntary long-term care insurance program for adults (CLASS), financed by payroll deductions (8002) **(Jan 1)**
- Federal grant money available to states to establish or expand health insurance consumer assistance and ombudsman programs (1001) **(March 23)**
- Requires HHS Secretary to establish a basic health program for individuals below 200% FPL and not eligible for state Medicaid programs (1331)
- Requires employers to disclose the cost of employer-sponsored health insurance coverage on employee's annual W-2 form for taxable year after Dec 31, 2010 (9004) **(Jan 1)**
- Requires insurance company annual reporting on the share of premium dollars spent on medical care and where appropriate, includes medical loss ratio requirements as determinants by minimum medical loss ratios (1003, 10101) **(Jan 1)**
- Federal assistance must be available to states to start health insurance exchanges; funds available through Jan 1, 2015 (1311) **(March 23)**
- Deadline for proposed regulation on nutritional labeling of menu items at chain restaurants (4205) **(March 23)**

PAYMENT & REVENUE

- MB - 0.25% for OPPS **(Jan 1)**
- MB - productivity for ASCs, Certain DME, Ambulance **(Jan 1)**
- MB - 1.0% for HHAs **(Jan 1)**
- MB - (1.75% + productivity) for Clinical Laboratories **(Jan 1)**
- Provider-specific HHA outlier cap of 10%; annually thereafter **(Jan 1)**
- Annual fee for branded prescription pharmaceuticals begins **(Jan 1)**
- Additional 10% Medicare payment bonus to primary care practitioners and general surgeons through 2015 **(Jan 1)**
- Establishes minimum floors for the IPPS, OPPS, and PFS in certain states where at least 50% of counties are frontier (less than 6 people/square mile)
- Special FMAP adjustment for states recovering from major disasters (LA hurricane relief) (2006) **(Jan 1)**
- Increases reimbursement for certified nurse-midwife services from 65% to 100% of PFS rate (3114) **(Jan 1)**
- Payment cuts for imaging services based on equipment utilization factors begin (3135) **(Jan 1)**
- Study on whether costs incurred under OPPS by cancer hospitals exceed costs incurred by other hospitals (3138) **(Jan 1)**
- Exclusion of over-the-counter medicines, unless prescribed by a physician, for health reimbursement arrangements, health flexible spending accounts and Archer medical savings accounts (9003) **(Jan 1)**
- MA payments frozen at 2010 level **(Jan 1)**
- Increases the medical expense tax from 10% to 20% for early withdrawal from health savings accounts for those under age 65 (9004) **(Jan 1)**
- Requires an annual flat fee on the pharmaceutical manufacturing sector for branded prescription drugs (9008) **(Jan 1)**

DELIVERY SYSTEM REFORM & QUALITY

- Secretary shall publish for comment, a recommended core set of adult health quality measures for Medicaid eligible adults (2701) **(Jan 1)**
- Awards for state planning grants for the Medicaid health home program for enrollees with chronic conditions begin (2703) **(Jan 1)**
- Extends voluntary Medicare PQRI Program through 2014; Maintenance of Certification may serve as a substitute for submission of quality measures in PQRI; PQRI informal appeals process begins; 0.5% bonus for PQRI **(Jan 1)**
- Establishes the CMI to test 20 possible models of payment reform and provides $1 billion/year for 10 years (3021) **(Jan 1)**
- Five year community-based care transitions program to reduce readmissions in PPS hospitals begins (3026) **(Jan 1)**
- Development of a *Physician Compare* website due (10331) **(Jan 1)**
- Permits physician assistants to order SNF services (3108) **(Jan 1)**
- Phase down of Part D co-insurance to 25% (3301) **(Jan 1)**
- Manufacturers provide 50% discount on drugs to participate in Part D (3301) **(Jan 1)**

WELLNESS & WORKFORCE

- Expands coverage for an annual Medicare wellness visit during which personalized prevention plan is provided (4103) **(Jan 1)**
- Eliminates cost sharing requirements for certain Medicare covered preventive and screening services (initial physician exam and personalized prevention services and colorectal screening) (4104, 10406) **(Jan 1)**
- Provides grants (5-years) to states to implement incentives to Medicaid beneficiaries who successfully participate in programs for healthy lifestyles (4108) **(Jan 1)**
- Secretary to submit to Congress an implementation plan for VBP in ASCs (3306, 10301) **(Jan 1)**

OTHER

- ICD-9-CM crosswalk to ICD-10 due **(Jan 1)**
- Deadline for all Medicare and Medicaid providers and suppliers to include national provider identifier on claims and enrollment applications (6402) **(Jan 1)**

SECOND QUARTER 2011

CONSUMERS & PURCHASERS

No provision to be implemented

PAYMENT & REVENUE

Deadline for congressional committees of jurisdiction to report legislation with targeted level of savings (3403) **(April 1)**

DELIVERY SYSTEM REFORM & QUALITY

No provision to be implemented

WELLNESS & WORKFORCE

No provision to be implemented

OTHER

No provision to be implemented

THIRD QUARTER

CONSUMERS & PURCHASERS

Establishes the Community First Choice Medicaid Benefit option for community-based services provided to Medicaid beneficiaries with disabilities (2401)

Medicaid FMAP to Puerto Rico and territories increased by 5% (2005) **(July 1)**

PAYMENT & REVENUE

MB – 0.25% for IPF **(July 1)**

Demonstration project altering payment for laboratory services rendered in an inpatient setting begins (3113) **(July 1)**

Requires a 10% tax paid by individuals for indoor tanning services (10907) **(July 1)**

DELIVERY SYSTEM REFORM & QUALITY

Regulations prohibiting federal Medicaid payment for health care-acquired conditions due (2702) **(July 1)**

Establishes and announces performance standards for HVBP (3001) **(Aug 1)**

Gainsharing demonstration extension ends (3027) **(Sept 30)**

WELLNESS & WORKFORCE

Final rule on MUAs and HPSAs due (5602) **(July 1)**

Redistribution of unused residency position for DGME and IME cost reporting periods beginning after July 1, 2011 (5503) **(July 1)**

OTHER

Secretary shall adopt operating rules for electronic eligibility determinations for health plans and health claim status transactions (10109) **(July 1)**

Establishes physician ownership policies for Stark compliance audits (6001) **(Sept 23)**

FOURTH QUARTER

CONSUMERS & PURCHASERS

Establishes new state option with enhanced FMAP for Community First Choice Medicaid Benefit to provide home and community-based services to Medicaid beneficiaries (2401) **(Oct 1)**

PAYMENT & REVENUE

MB – (0.1% + productivity) for IPPS, LTCH and IRF **(Oct 1)**

MB – productivity for SNF **(Oct 1)**

Expands temporary Medicare payment adjustment to certain low-volume hospitals through 2012 **(Oct 1)**

MB – (0.3% + productivity) for hospice

Delays for 1 year the implementation of certain "RUGs-IV" Medicare payment changes

CMS plan for Medicare wage index reform plan due (3137, 3141, 10317) **(Dec 31)**

DELIVERY SYSTEM REFORM & QUALITY

Publication of Medicare quality measures; annually thereafter (3011 – 3015) **(Dec 1)**

Initial performance period begins for HVBP (3001) **(Oct 1)**

WELLNESS & WORKFORCE

Provides grants (FY 2011-2015) for training GME residents in preventive medicine specialties (10501) **(Oct 1)**

OTHER

No provision to be implemented

FIRST QUARTER 2012

CONSUMERS & PURCHASERS

- Requires regulatory standards to be issued by the Architectural and Transportation Barriers Compliance Board for medical diagnostic equipment based in hospitals, emergency rooms, clinics and physician offices to be accessible to individuals with disabilities (4203) **(March 23)**
- Health plans will be required to provide information about the plans' benefits and coverage to applicants and enrollees; failure to provide information results in $1,000 fine/failure for each enrollee (1001) **(March 23)**
- Deadline for proposed regulation on providing break time for nursing mothers (4207) **(March 23)**

PAYMENT & REVENUE

- MB – (0.1% + productivity) for OPPS **(Jan 1)**
- MB – productivity for ASCs, Dialysis, Certain DME, Ambulance **(Jan 1)**
- MB – 1.0% for HHAs **(Jan 1)**
- MB – (1.75% + productivity) for Clinical Laboratories **(Jan 1)**
- Revision of practice expense geographic adjustment factor under the PFS due (3102; 1108 of HCERA) **(Jan 1)**
- MA plan payment cut phase-in begins (3201-3210) **(Jan 1)**
- Requires businesses that pay any amount over $600 per year to corporate providers of property and services to file an information report with each provider and with the IRS (9006) **(Jan 1)**

DELIVERY SYSTEM REFORM & QUALITY

- Final recommended core set of adult health quality measures for Medicaid enrollees published (2701) **(Jan 1)**
- State Medicaid health home demonstration begins and continues through Dec 31, 2015 (2703) **(Jan 1)**
- Pediatric ACO demonstration with states and pediatric providers begins and continues through Dec 31, 2016 (2706) **(Jan 1)**
- Plan for integrating PQRI physician data with Meaningful Use due; 0.5% PQRI bonus through 2014 (3002, 10327) **(Jan 1)**
- Episode grouper and physician resource use reports due (3003) **(Jan 1)**
- Publication of specific physician value-based modifier measures for implementation and identification of the performance period due (3007) **(Jan 1)**
- Medicare shared savings ACO program begins (3022) **(Jan 1)**
- 8-State Medicaid bundled payment pilot begins and continues through Dec 31, 2016 (2704) **(Jan 1)**
- Independence at home Medicaid demonstration begins (3024) **(Jan 1)**
- Performance quality measurement data made available to qualified entities (10331) **(Jan 1)**
- Secretary shall recommend to Congress options to expand Medicare's hospital-acquired conditions payment policy to other settings of care, including LTCH, IRF, IPF and OPPS (3008) **(Jan 1)**
- HHS Secretary shall develop health plan quality reporting requirements including care coordination and prevention of hospital readmissions (1001) **(March 23)**
- PSO program to support quality improvement efforts to reduce IPPS readmissions begins (3025) **(March 23)**
- CAH and hospitals with "small numbers" HVBP demonstrations begin (3001) **(March 23)**

WELLNESS & WORKFORCE

- Establishes a 5-year national public education campaign focused on oral health care prevention and education (4102) **(March 23)**
- Requires all federally funded programs to collect data on race, ethnicity, primary language and other factors (4302) **(March 23)**
- Secretary to implement approaches to collect health disparities data in Medicaid and CHIP (4302) **(March 23)**

OTHER

- Deadline for HHS regulations on the process that grandfathered physician-owned hospitals must comply with in order to expand (6001) **(Jan 1)**
- Deadline for implementation of the process that grandfathered physician-owned hospitals must comply with in order to expand (6001) **(Feb 1)**
- Mandates screening of all providers and suppliers enrolled in Medicare, Medicaid and CHIP before granting billing privileges (6401) **(March 23)**
- Annual treasury RTC on levels of charity care, bad debt, unreimbursed costs and costs of community benefit activities (9007)
- Community needs assessment requirement for hospitals (9007)

SECOND QUARTER 2012

CONSUMERS & PURCHASERS	No provision to be implemented
PAYMENT & REVENUE	No provision to be implemented
DELIVERY SYSTEM REFORM & QUALITY	No provision to be implemented
WELLNESS & WORKFORCE	No provision to be implemented
OTHER	Deadline for the HHS audit process that ensures compliance with the regulations for physician-owned hospital expansion **(May 1)**

THIRD QUARTER

CONSUMERS & PURCHASERS	HHS Secretary shall establish federal guidance on the initial enrollment process for state exchanges (1311) **(July 1)**
PAYMENT & REVENUE	MB – (0.1% + productivity) for IPF **(July 1)**
DELIVERY SYSTEM REFORM & QUALITY	CMS to Inform each hospital of the HVBP adjustments to payments (3001) **(Aug 1)** Medicaid global payment demonstration ends (2705) **(Sept 30)**
WELLNESS & WORKFORCE	No provision to be implemented
OTHER	Secretary shall adopt operating rules for electronic funds transfers and health care payment and remittance advice **(July 1)**

FOURTH QUARTER

CONSUMERS & PURCHASERS	Secretary shall promulgate regulations concerning the standards for a CLASS independence benefit plan (8002) **(Oct 1)**
PAYMENT & REVENUE	MB – (0.1% + productivity) for IPPS, IRF, LTCH **(Oct 1)** MB – productivity for SNF **(Oct 1)** MB – (0.3% + productivity) for hospice through FY 2019 (depending upon number of insured individuals nationwide) (10391) **(Oct 1)** Year 2 geographic variation payments to hospitals in low-cost counties (1109 of HCERA)
DELIVERY SYSTEM REFORM & QUALITY	HVBP Medicare program begins; 1.0% of IPPS MB tied to HVBP; Risk adjustment of HVBP quality outcome measures due; (3001) **(Oct 1)** Selection and publication of LTCH, IRF, IPF, PPS-exempt cancer hospital, and hospice quality measures due (3004, 3005, 10322) **(Oct 1)** Maximum reduction to IPPS MB update under readmissions policy is 1% Appropriation of Medicare Trust funds to the Patient-Centered Outcomes Research Trust Fund (6301) **(Oct 1)**
WELLNESS & WORKFORCE	No provision to be implemented
OTHER	Effective date for unique health plan identifier (1104) **(Oct 1)**

FIRST QUARTER 2013

CONSUMERS & PURCHASERS

- HHS Secretary certifies state-based exchanges will be operational by Jan 1, 2014and HHS will establish a federally operated exchange in any state failing certification (1321, 1322) **(Jan 1)**
- New tax on insured and self-insured health plans; levied to fund the Patient-Centered Outcomes Research Institute (6301) **(Jan 1)**
- Secretary will determine whether a state will have a qualified exchange operational by Jan 1, 2014 (1321) **(Jan 1)**
- Drug manufacturers shall provide a 50% discount on prescriptions when a beneficiary is in the "donut hole" (3301-3315; 1101 of HCERA) **(Jan 1)**
- Employers must notify employees of the availability of state exchanges and potential eligibility for federal subsidies for insurance purchased through the exchange (1512) **(March 1)**
- HIT rules become operational that allow use of a machine-readable insurance identification card (1104, 10109) **(Jan 1)**

PAYMENT & REVENUE

- MB – (0.1% + productivity) for OPPS **(Jan 1)**
- MB – productivity for ASCs, Dialysis, Certain DME, Ambulance **(Jan 1)**
- MB – 1.0% for HHAs **(Jan 1)**
- MB – (1.75% + productivity) for Clinical Laboratories **(Jan 1)**
- Requires states to pay Medicare rates to primary care physicians serving Medicaid enrollees. Fully funds (100% FMAP) additional state costs; through Dec 31, 2014 (1202) **(Jan 1)**
- $2,500 cap on annual tax-free contribution to a flex spending account begins for tax years after Dec 31, 2012 (1403) **(Jan 1)**
- Requires an annual tax on the sale of taxable medical devices by a manufacturer, producer or importer equal to 2.3% of the sales price (1405 of HCERA) **(Jan 1)**
- Increases the adjusted gross income threshold for claiming the itemized deduction for medical expenses from 7.5% to 10% for tax years after Dec 31, 2012 (9013) **(Jan 1)**
- Imposes a new $500,000 limit on the amount that can be deducted from executive compensation for insurance providers if at least 25% of the insurance provider's gross premium income from health business is derived from health insurance plans (9014) **(Jan 1)**
- Increases Medicare hospital payroll tax by 0.9 percentage points on wages in excess of $200,000 ($250,000 for married couples filing jointly). Increases unearned income Medicare contribution of individuals, estates, and trusts 3.8% for taxable year starting with 2013 (9015) **(Jan 1)**

DELIVERY SYSTEM REFORM & QUALITY

- Secretary issues standard format for reporting adult quality measures (2701) **(Jan 1)**
- Public reporting of physician performance information on *Physician Compare* begins (10331) **(Jan 1)**
- Deadline for establishing the national voluntary (5-year) Medicare bundled payment pilot for hospitals, physicians and post-acute care providers through Dec 31, 2018 – may be extended nationwide by the Secretary (3023, 10308) **(Jan 1)**

WELLNESS & WORKFORCE

- Amends Medicaid state option to include any clinical preventive service assigned grade A, B, C, or I by the USPSTF. Provides 1% FMAP increase when states cover these clinical preventive services with no cost sharing. Approves vaccines and certain services for adults. (4106) **(Jan 1)**

OTHER

- Drug, device, and supply manufacturers that pay or transfer items of value to a physician or teaching hospital must submit information to the Secretary; annually thereafter **(March 31)**
- Eliminates the deduction subsidy for employers who maintain prescription drug plans for their Medicare Part D eligible retirees (9012) **(Jan 1)**

SECOND QUARTER 2013

CONSUMERS & PURCHASERS
No provision to be implemented

PAYMENT & REVENUE
No provision to be implemented

DELIVERY SYSTEM REFORM & QUALITY
No provision to be implemented

WELLNESS & WORKFORCE
No provision to be implemented

OTHER
No provision to be implemented

THIRD QUARTER

CONSUMERS & PURCHASERS
- Consumer Operated and Oriented Plan (CO-OP) Program established (1322) **(July 1)**
- Health Care Choice Compact (2 or more states agree to offer one or more plans in both or all states) regulations due (1333) **(July 1)**

PAYMENT & REVENUE
- MB – (0.1% + productivity) for IPF **(July 1)**
- Complex laboratory tests payment demonstration ends (3113)

DELIVERY SYSTEM REFORM & QUALITY
- MB penalty (2%) for failure to report IPF quality measures (10322) **(July 1)**
- IPAB must submit first annual draft report to MedPAC and HHS with a proposal to reduce Medicare spending by targeted amounts (3403) 10320) **(Sept 1)**

WELLNESS & WORKFORCE
No provision to be implemented

OTHER
No provision to be implemented

FOURTH QUARTER

CONSUMERS & PURCHASERS
No provision to be implemented

PAYMENT & REVENUE
- MB – (0.3% + productivity) for IPPS, IRF, LTCH, Hospice **(Oct 1)**
- MB – productivity for SNF **(Oct 1)**
- $500 million reduction to funds available for Medicaid DSH (2551) **(Oct 1)**
- Medicare DSH payment reductions begin; annually thereafter **(Oct 1)**
- Increased federal match of 23 percentage points up to 100% for CHIP-covered items and services begins (2101) **(Oct 1)**
- Requires an annual flat fee of $6.7 billion on the health insurance sector (9010) **(Oct 1)**

DELIVERY SYSTEM REFORM & QUALITY
- Inclusion of efficiency measures in HVBP and 1.25% of IPPS MB tied to HVBP (3001) **(Oct 1)**
- Mandatory quality reporting program begins for PPS-exempt cancer hospitals (3004, 10322) **(Oct 1)**
- MB penalty (2%) for LTCHs, IRFs and Hospices that fail to report quality measures (3004 and 3005) **(Oct 1)**
- Maximum reduction to IPPS MB update under readmissions policy is 2%
- 1.25% of IPPS MB update withheld for HVBP redistribution.

WELLNESS & WORKFORCE
No provision to be implemented

OTHER
Requires health plans to file a statement with HHS certifying that their data and information systems are in compliance with federal applicable HIPAA standards and associated operating rules for electronic fund transfers, eligibility, health claim status, health care payment, and remittance advice **(Dec 31)**

FIRST QUARTER 2014

CONSUMERS & PURCHASERS

- Prohibits health insurers and health plans from pre-existing condition exclusions for adults, prohibits annual limits, requires guaranteed issue and renewability of coverage, and limits premium rating (1201) **(Jan 1)**
- Prohibits all health plans from applying excessive waiting periods exceeding 90 days (1201) **(Jan 1)**
- Medicaid FMAP for newly eligible enrollees (children, childless adults and parents) is set at 100% through FY 2017 (2001) **(Jan 1)**
- Medicaid FMAP for childless adults in early expansion states (AZ, DE, DC, HI, ME, MA, MN, NY, PA, VT, WA and WI) increases to 50% (2001) **(Jan 1)**
- Health insurance exchanges open in each state to individual and small group markets (1311) **(Jan 1)**
- OPM enters into contracts with health insurers to offer at least 2 multi-state qualified health plans in each state (1334) **(Jan 1)**
- Creates transitional re-insurance program to cover costs for high-risk individuals in the individual and group markets for 2014 – 2016 (1341) **(Jan 1)**
- Tax credits and cost-sharing subsidies available through the state exchanges for individuals and families between 100-400% of FPL (1401) **(Jan 1)**
- Tax credits for small employers begin with full tax credit available for those with 10 or fewer employees (1421) **(Jan 1)**
- Imposes individual mandate on purchase of acceptable health insurance subject to penalties for non-compliance for taxable years after Dec 31, 2013 (1501) **(Jan 1)**
- Employers with 200 or more employees must automatically enroll employees in their health plans (1511) **(Jan 1)**
- "Free Rider" employer assessment is imposed on employers with 50 or more employees that either do not offer coverage or have employees that purchase coverage through the exchange with federal subsidies (1512) **(Jan 1)**
- Medicaid program expansion to 133 percent of FPL for parents, children and childless adults (2001) **(Jan 1)**
- Requires states to offer premium assistance and wrap around benefits to Medicaid beneficiaries offered employer-sponsored insurance if it is cost effective (2003) **(Jan 1)**
- Permits Medicaid-participating hospitals and eligible providers to make presumptive eligibility determinations (2202) **(Jan 1)**
- Free choice vouchers available for workers who qualify for an affordability exemption (10108) **(Jan 1)**
- Requires plans to cover routine patient care costs of qualified individuals participating in certain clinical trials (10103) **(Jan 1)**
- Secretary of Labor to report to Congress annually on self-insured plans (1253, 10103) **(Jan 1)**

PAYMENT & REVENUE

- MB – (0.3% + productivity) for OPPS **(Jan 1)**
- MB – productivity for ASCs, Dialysis, Certain DME, Ambulance **(Jan 1)**
- MB – (1.75% + productivity) for Clinical Laboratories **(Jan 1)**
- Requires health plans participating in an exchange to pay FQHCs at Medicaid rates or higher (1302) **(Jan 1)**
- Rebasing of HHA payments begins; 4-year phase-in period
- IPAB must present proposals to the President to reduce cost growth and improve quality and it must be transmitted to Congress within 2 calendar days. Exempts IPPS hospitals (3403) **(Jan 15)**
- Secretary must submit proposed to Congress and the President if IPAB fails to submit a proposal (3403) **(Jan 25)**

DELIVERY SYSTEM REFORM & QUALITY

- Interim report on state Medicaid health home program participants due (2703) **(Jan 1)**

WELLNESS & WORKFORCE

- Employer-sponsored health plans can offer financial rewards in the form of discounts or rebates on premiums or cost-sharing waivers (subject to certain requirements) for participation in wellness programs (1201) **(Jan 1)**
- Establishes non-discrimination requirements for employer-provided health promotion or diseases prevention (wellness) programs (1201) **(Jan 1)**

OTHER

- HIT rules become operational that allow for EFT and health care payment and readmittance advice (1104, 10109) **(Jan 1)**

SECOND QUARTER 2014

CONSUMERS & PURCHASERS	No provision to be implemented
PAYMENT & REVENUE	Deadline for congressional committees of jurisdiction to report legislation with targeted level of savings. If unable to report, IPAB proposals move forward. (3403) **(April 1)**
DELIVERY SYSTEM REFORM & QUALITY	No provision to be implemented
WELLNESS & WORKFORCE	No provision to be implemented
OTHER	No provision to be implemented

THIRD QUARTER

CONSUMERS & PURCHASERS	No provision to be implemented
PAYMENT & REVENUE	MB – (0.3% + productivity) for IPF **(July 1)** Due date for IPAB's first annual public report (3403) **(July 1)** IPAB proposals are implemented automatically if Congress fails to act on a package without the required level of Medicare savings (3403) **(Aug 15)**
DELIVERY SYSTEM REFORM & QUALITY	Medicaid adult quality reporting program begins (2701) **(Sept 30)**
WELLNESS & WORKFORCE	No provision to be implemented
OTHER	IPAB proposals are implemented automatically if Congress fails to act on a package without the required level of Medicare savings (3403) **(Aug 15)**

FOURTH QUARTER

CONSUMERS & PURCHASERS	No provision to be implemented
PAYMENT & REVENUE	MB – (0.2% + productivity) for IPPS, IRF, LTCH **(Oct 1)** MB – productivity for SNF **(Oct 1)** MB – (0.3% + productivity) for Hospice; Potential for "give back" **(Oct 1)** $600 million reduction to funds available for Medicaid DSH (2551) **(Oct 1)** New prospective payment system for FQHCs begins (10501) **(Oct 1)**
DELIVERY SYSTEM REFORM & QUALITY	1.5% of IPPS MB withheld for HVBP redistribution (3001) **(Oct 1)** 1.0% IPPS MB penalty applied for hospitals with HAC rates in the top 25% nationally, annually thereafter (3008) **(Oct 1)** Maximum reduction to IPPS MB update under readmissions policy is 3%. Four additional conditions from the June 2007 MedPac RTC will be added (3025) **(Oct 1)**
WELLNESS & WORKFORCE	No provision to be implemented
OTHER	No provision to be implemented

2015

FIRST QUARTER

CONSUMERS & PURCHASERS

- Medigap plans C & F shall require nominal cost sharing to encourage the appropriate use of physician services (3210) **(Jan 1)**
- State-based exchanges shall be financially self-sustaining (1311) **(Jan 1)**
- States shall begin annual reporting on the number and characteristics of Medicaid enrollees, including estimates of the number of newly enrolled individuals (2001,10201) **(Jan 1)**
- Medicaid FMAP for childless adults in early expansion states (AZ, DE, DC, HI, ME, MA, MN, NY, PA, VT, WA and WI) increases to 60% (2001) **(Jan 1)**
- Qualified health plans in state-based exchanges can no longer contract with hospitals with more than 50 beds unless the hospital participates in a PSO and implements a mechanism for a comprehensive program for hospital discharges (1311) **(Jan 1)**

PAYMENT & REVENUE

- MB – (1.75% + productivity) for Clinical Laboratories **(Jan 1)**
- MB – productivity for ASCs, Dialysis, Certain DME, Ambulance and HHAs **(Jan 1)**
- MB – (0.2% + productivity) for OPPS **(Jan 1)**
- IPAB to submit recommendation to Congress and the President on slowing growth in national health expenditures (3403) **(Jan 15)**

DELIVERY SYSTEM REFORM & QUALITY

- Regulations updating the Medicaid adult quality measures program due and annually thereafter (2701) **(Jan 1)**
- 1.5% penalty applied to PFS update for physicians who fail to submit PQRI measures successfully (3002, 10327) **(Jan 1)**
- Implements a budget neutral value-based payment adjustment to vary physician payments based on quality of care relative to costs (3007) **(Jan 1)**
- CAH and hospitals with "small numbers" demonstrations on HVBP ends (3001) **(March 23)**

WELLNESS & WORKFORCE

No provision to be implemented

OTHER

No provision to be implemented

SECOND QUARTER

CONSUMERS & PURCHASERS

No provision to be implemented

PAYMENT & REVENUE

No provision to be implemented

DELIVERY SYSTEM REFORM & QUALITY

No provision to be implemented

WELLNESS & WORKFORCE

No provision to be implemented

OTHER

No provision to be implemented

THIRD QUARTER

CONSUMERS & PURCHASERS

No provision to be implemented

PAYMENT & REVENUE

MB – (0.2% + productivity) for IPF **(July 1)**

DELIVERY SYSTEM REFORM & QUALITY

No provision to be implemented

WELLNESS & WORKFORCE

No provision to be implemented

OTHER

No provision to be implemented

FOURTH QUARTER

CONSUMERS & PURCHASERS

Increases FMAP for each state for CHIP through FY 2019 (2101, 10203) **(Oct 1)**

PAYMENT & REVENUE

- MB – (0.2% + productivity) for IPPS, IRF, LTCH **(Oct 1)**
- MB – productivity for SNF **(Oct 1)**
- MB – (0.3% + productivity) for Hospice; Potential for "give back" **(Oct 1)**
- $600 million cut to funds available for Medicaid DSH (2551) **(Oct 1)**

DELIVERY SYSTEM REFORM & QUALITY

- 1.75% of IPPS MB withheld for HVBP redistribution (3001) **(Oct 1)**
- Community-based care transitions of care program targeting readmissions ends (3026) **(Dec 31)**

WELLNESS & WORKFORCE

No provision to be implemented

OTHER

No provision to be implemented

2016

FIRST QUARTER

CONSUMERS & PURCHASERS

- Medicaid FMAP for childless adults in early expansion states (AZ, DE, DC, HI, ME, MA, MN, NY, PA, VT, WA and WI) increases to 70% (2001) **(Jan 1)**
- States can enter into health care choice compacts to allow health benefits to be sold across state lines (1333) **(Jan 1)**

PAYMENT & REVENUE

- MB – (0.2% + productivity) for OPPS **(Jan 1)**
- MB – productivity for ASC, Dialysis, Certain DME, Ambulance, HHAs and Clinical Laboratories **(Jan 1)**

DELIVERY SYSTEM REFORM & QUALITY

- 2.0% penalty applied to PFS update for physicians who fail to submit PQRI measures successfully; annually thereafter (3002, 10327) **(Jan 1)**
- Secretary must initiate separate programs to test VBP for LTCHs, IRFs, IPFs, PPS-exempt cancer hospitals and hospices (10326) **(Jan 1)**
- Secretary may expand scope and duration of the national Medicare voluntary bundling pilot (3023, 10308) **(Jan 1)**
- Extends Medicaid "Money Follows the Person" rebalancing demonstration (2403) **(Jan 1)**

WELLNESS & WORKFORCE

- No provision to be implemented

OTHER

- Claims and encounter information operating rules enforced **(Jan 1)**

SECOND QUARTER

CONSUMERS & PURCHASERS

- No provision to be implemented

PAYMENT & REVENUE

- No provision to be implemented

DELIVERY SYSTEM REFORM & QUALITY

- No provision to be implemented

WELLNESS & WORKFORCE

- No provision to be implemented

OTHER

- No provision to be implemented

THIRD QUARTER

CONSUMERS

- No provision to be implemented

PAYMENT & REVENUE

- MB – (0.2% + productivity) for IPF **(July 1)**

DELIVERY SYSTEM REFORM & QUALITY

- No provision to be implemented

WELLNESS & WORKFORCE

- No provision to be implemented

OTHER

- No provision to be implemented

FOURTH QUARTER

CONSUMERS & PURCHASERS

- States may enroll CHIP eligible children in exchange based qualified health plans if the children are denied CHIP coverage due to enrollment caps (2101) **(Oct 1)**

PAYMENT & REVENUE

- MB – (0.75% + productivity) for IPPS, IRF, LTCH **(Oct 1)**
- MB – productivity for SNF **(Oct 1)**
- MB – (0.3% + productivity) for Hospice; Potential for "give back" **(Oct 1)**
- $1.8 billion cut to funds available for Medicaid DSH (2551) **(Oct 1)**

DELIVERY SYSTEM REFORM & QUALITY

- 2.0% of IPPS MB tied to HVBP; annually thereafter (3001) **(Oct 1)**
- State Medicaid health home demonstration ends (2703) **(Dec 31)**
- Medicaid bundled payment demonstration ends (2704) **(Dec 31)**
- Pediatric ACO demonstration ends (2706) **(Dec 31)**

WELLNESS & WORKFORCE

- No provision to be implemented

OTHER

- No provision to be implemented

2017

FIRST QUARTER

CONSUMERS & PURCHASERS

- Medicaid FMAP for newly eligible enrollees (children, childless adults and parents) decreases to 95% (2001) **(Jan 1)**
- Medicaid FMAP for childless adults in early expansion states (AZ, DE, DC, HI, ME, MA, MN, NY, PA, VT, WA and WI) increases to 80% (2001) **(Jan 1)**
- States may allow for large groups to obtain coverage in the exchanges (1312) **(Jan 1)**
- Permits states to apply to HHS for a 5-year waiver of requirements, such as individual mandate, qualified health plans and exchanges health insurance (alternative coverage programs) (1332) **(Jan 1)**

PAYMENT & REVENUE

- MB – (0.75% + productivity) for OPPS **(Jan 1)**
- MB - productivity for ASC, Dialysis, Certain DME, Ambulance, HHAs and Clinical Laboratories **(Jan 1)**

DELIVERY SYSTEM REFORM & QUALITY

- Value-based payment modifier applied to PFS update with respect to all physicians, physician groups and eligible professionals (3007) **(Jan 1)**

WELLNESS & WORKFORCE

- No provision to be implemented

OTHER

- No provision to be implemented

SECOND QUARTER

CONSUMERS & PURCHASERS

- No provision to be implemented

PAYMENT & REVENUE

- No provision to be implemented

DELIVERY SYSTEM REFORM & QUALITY

- No provision to be implemented

WELLNESS & WORKFORCE

- No provision to be implemented

OTHER

- No provision to be implemented

THIRD QUARTER

CONSUMERS & PURCHASERS

- No provision to be implemented

PAYMENT & REVENUE

- MB – (0.75% + productivity) for IPF **(July 1)**

DELIVERY SYSTEM REFORM & QUALITY

- No provision to be implemented

WELLNESS & WORKFORCE

- No provision to be implemented

OTHER

- No provision to be implemented

FOURTH QUARTER

CONSUMERS & PURCHASERS

- No provision to be implemented

PAYMENT & REVENUE

- MB – (0.75% + productivity) for IPPS, IRF, LTCH **(Oct 1)**
- MB – productivity for SNF **(Oct 1)**
- MB – (0.3% + productivity) for Hospice; Potential for "give back" **(Oct 1)**
- $5 billion cut to funds available for Medicaid DSH (2551) **(Oct 1)**

DELIVERY SYSTEM REFORM & QUALITY

- No provision to be implemented

WELLNESS & WORKFORCE

- No provision to be implemented

OTHER

- No provision to be implemented

2018

FIRST QUARTER

CONSUMERS & PURCHASERS

Medicaid FMAP for newly eligible enrollees (children, childless adults and parents) decreases to 94% (2001) **(Jan 1)**

Medicaid FMAP for childless adults in early expansion states (AZ, DE, DC, HI, ME, MA, MN, NY, PA, VT, WA and WI) increases to 90% (2001) **(Jan 1)**

PAYMENT & REVENUE

MB – (0.75% + productivity) for OPPS **(Jan 1)**

MB – productivity for ASCs, Dialysis, Certain DME, Ambulance, HHAs and Clinical Laboratories **(Jan 1)**

Imposes an excise tax on insurers that offer high cost plans ("Cadillac" tax); Subject to threshold of $10,200 for individuals and $27,500 for families; Exempts separate vision and dental coverage policies from premium amounts (9001) **(Jan 1)**

DELIVERY SYSTEM REFORM & QUALITY

Decision due on whether to expand SNF, HHA, and ASC VBP pilot programs (10326) **(Jan 1)**

WELLNESS & WORKFORCE

No provision to be implemented

OTHER

No provision to be implemented

SECOND QUARTER

CONSUMERS & PURCHASERS

No provision to be implemented

PAYMENT & REVENUE

No provision to be implemented

DELIVERY SYSTEM REFORM & QUALITY

No provision to be implemented

WELLNESS & WORKFORCE

No provision to be implemented

OTHER

No provision to be implemented

THIRD QUARTER

CONSUMERS & PURCHASERS

No provision to be implemented

PAYMENT & REVENUE

MB – (0.75% + productivity) for IPF **(July 1)**

DELIVERY SYSTEM REFORM & QUALITY

No provision to be implemented

WELLNESS & WORKFORCE

No provision to be implemented

OTHER

No provision to be implemented

FOURTH QUARTER

CONSUMERS & PURCHASERS

No provision to be implemented

PAYMENT & REVENUE

MB – (0.75% + productivity) for IPPS, IRF, LTCH **(Oct 1)**

MB – productivity for SNF **(Oct 1)**

MB – (0.3% + productivity) for Hospice; Potential for "give back" **(Oct 1)**

$5.6 billion cut to funds available for Medicaid DSH (2551) **(Oct 1)**

DELIVERY SYSTEM REFORM & QUALITY

National Medicare voluntary bundled payment pilot ends (3023, 10308) **(Dec 31)**

WELLNESS & WORKFORCE

No provision to be implemented

OTHER

No provision to be implemented

2019

CONSUMERS & PURCHASERS

- Medicaid FMAP for newly eligible enrollees (children, childless adults and parents) decreases to 93% (2001) **(Jan 1)**
- Medicaid FMAP for childless adults in early expansion states (AZ, DE, DC, HI, ME, MA, MN, NY, PA, VT, WA and WI) increases to 100% thereafter (2001) **(Jan 1)**

PAYMENT & REVENUE

- MB – (0.75% + productivity) for OPPS **(Jan 1)**
- MB – productivity for ASC, Dialysis, Certain DME, Ambulance, HHA and Clinical Laboritories **(Jan 1)**
- MB – (0.75% + productivity) for IPF **(July 1)**
- First year IPAB proposal to reduce Medicare spending can include recommendations to reduce hospital or hospice payments (3403) **(Sept 1)**
- MB – productivity for IPPS, IRF, LTCH, SNF; annually thereafter **(Oct 1)**
- MB – (0.3% + productivity) for Hospice; Potential for "give back" **(Oct 1)**
- $4 billion cut to national state allotments for Medicaid DSH (2551) **(Oct 1)**

DELIVERY SYSTEM REFORM & QUALITY

- Allows Secretary to establish a demonstration to provide financial incentives to beneficiaries who receive services from high-quality physicians (10331) **(Jan 1)**

WELLNESS & WORKFORCE

- No provision to be implemented

OTHER

- No provision to be implemented

2020

CONSUMERS & PURCHASERS

- Medicaid FMAP for newly eligible enrollees (children, childless adults and parents) decreases to 90% (2001) **(Jan 1)**

PAYMENT & REVENUE

- MB – productivity for OPPS, ASC, HHA, Dialysis, Certain DME, Ambulance and Clinical Laboritories and annually thereafter **(Jan 1)**
- MB – productivity for IPF; annually thereafter **(July 1)**
- MB – productivity for Hospice; annually thereafter **(Oct 1)**

DELIVERY SYSTEM REFORM & QUALITY

- No provision to be implemented

WELLNESS & WORKFORCE

- No provision to be implemented

OTHER

- No provision to be implemented

Health Care Reform Appendix

Appendix A

PROVISIONS THAT DID NOT INCLUDE A DUE DATE

No Date

- Requirements and definitions for qualified health plans and essential health benefits will be determined by HHS Secretary with opportunities for public comment (1301 and 1302)
- Improvements to the demonstration project on community health integration models in certain rural counties (3126)
- Health care delivery system research; quality improvement technical assistance (3501)
- Establishing community health teams to support the patient-centered medical home (3502)
- Program to establish shared decision making (3506)
- Patient navigator program (3510)
- Community-based collaborative care networks (10333)
- Community college and career training grant program (1501)
- CDC study and evaluation of the best employer-based wellness practices; Educational campaign to promote benefits of workplace wellness programs to employers (4303)

Appendix B

REPORT DUE DATES

2010

- Report on the National Prevention, Health Promotion and Public Health Council due to the President and Congress and annually at the beginning of the CY thereafter **July 1**
- Biosimilar disposal user fee RTC due (7001-7003) **Oct 1**
- HHS study due on additional payment for urban MDHs (3142) **Dec 23**
- Plan to modernize CMS data systems due (10330) **Dec 23**
- Inter-agency quality working group RTC due (3011 – 3015) **Dec 31**

2011

- National quality strategy RTC and internet website due; annually thereafter (3011 – 3015) **Jan 1**
- HHS study due on cancer hospitals (3138) **Jan 1**
- National Prevention, Health Promotion and Public Health Council RTC due; annually thereafter through 2015 **Jan 1**
- Efforts with states and Medicaid enrollees to reduce obesity RTC due; every 3-years through 2017 thereafter (4004) **Jan 1**
- RTC for SNF, HHA, and ASC VBP programs due (10301) **Jan 1**
- MEDPAC RTC on Medicare payment accuracy for rural health care providers due (3125, 10314) **Jan 1**
- HHS RTC on providing HHA in low-income or medically underserved areas due (3131) **March 1**
- MACPAC first annual RTC **March 15**
- RTC on prescription drug labeling due (3507) **March 23**
- RTC on the effects of insurance reforms on large group markets and self-insured group plans (10103) **March 23**
- GAO study on the cost, affordability, and rates of denial for plans offered in the exchanges **March 23**
- GAO study on oral drugs in the treatments of end-stage renal disease due (10336) **March 23**
- National Health Care Workforce Commission high priority area RTC due; every year thereafter (5105, 10501) **April 1**
- National Health Care Workforce Commission general RTC due; every year thereafter (5105, 10501) **Oct 1**
- RTC for SNF, HHA, and ASC VBP programs due (3006) **Oct 1**
- GAO study on improving the 340B program due **Oct 1**
- Secretary of Labor RTC on self-insured health plans due (10103)

2012

- Adjusting the FPL for different geographic regions RTC due **Jan 1**
- HAC RTC due (3008) **Jan 1**
- Multi-stakeholder group quality measure input due; annually thereafter (3011 – 3015) **Feb 1**
- HHS assessment of National Quality Strategy due; at least once every three years thereafter (3011 – 3015) **March 1**
- Health professional patient safety training RTC due; annually thereafter (3508) **March 23**
- CMI RTC due; once every other year thereafter (3021) **Dec 31**

2013

- Gainsharing demonstration RTC due (3027) **March 31**
- RTC with recommended legislation and administrative actions to promote healthy lifestyles and chronic-disease self-management for Medicare beneficiaries due (4202) **Sept 30**
- RTC on pre-Medicare population (55-64) wellness pilot due (4202) **Sept 30**
- Medicaid global payment demonstration RTC due (2705) **Oct 1**
- Emergency psychiatric demonstration RTC and recommendations for expansion due (2707) **Dec 31**

2014

- GAO RTC on competition and market concentration in the reformed health insurance market due every other year thereafter (1322) **Dec 31**
- Medicaid adult quality measure program RTC due; every 3 years thereafter (2701) **Jan 1**
- Medicaid healthier lifestyles grant program RTC due (4108) **Jan 1**
- Interim preventive care and obesity-related services available via Medicaid RTC due (4004) **Jan 1**
- IPAB RTC; annually thereafter **Jan 15**
- Effectiveness of vaccine grant program RTC due (4204) **March 23**
- RTC with recommendations on improving and identifying health care disparities among Medicaid and CHIP beneficiaries due (4302) **March 23**

2015

- Physician Compare RTC due (10330) **Jan 1**
- MEDPAC HHA payment RTC due (3131) **Jan 1**
- GAO IPAB RTC due July 1
- GAO interim HVBP RTC due (3001) **Oct 1**

2016

- HHS HVBP RTC due (3001) **Jan 1**
- RTC on Medicaid healthier lifestyles due (4108) **Jan 1**
- Final preventive care and obesity-related services available via Medicaid RTC due (4004) **Jan 1**
- HVBP CAH and hospitals with "small numbers" demonstration RTCs due (3001) **Sept 23**
- MEDPAC and MACPAC tort reform alternative payment RTCs due **Dec 23**

2017

- State health home program RTC due (2703) **Jan 1**
- GAO final HVBP RTC due (3001) **Oct 1**
- Nurse in-hospital training program RTC due (5509) **Oct 17**
- Medicaid bundled payment demonstration RTC due (2407) **Dec 31**

Appendix C

ADVISORY BOARDS, COMMISSIONS, COUNCILS AND COMMITTEES

- Advisory Boards for State Cooperatives (1322)
  - Appointments made no later than **June 23, 2010**
  - Terminates by **Dec 31, 2015**
- Independent Payment Advisory Board (IPAB) (3403)
  - IPAB Consumer Advisory Council
- Advisory Group on Prevention, Health Promotion, and Integrative and Public Health (4001)
- Interagency Pain Research Coordinating Committee (4305)
  - Appointments made no later than **March 23, 2011**
- National Health Care Workforce Commission (5101)
  - Appointments made no later than **Sept 30, 2010**
- Commission on Key National Indicators (5605)
  - Appointments made no later than **April 22, 2010**
- Patient-Centered Outcomes Research Institute (6301)
  - Appointments made no later than **Sept 23, 2010**
  - Clinical Trials Advisory Panel
  - Rare Disease Advisory Panel
  - Standing Methodology Committee for the Institute
- Advisory Board on Elder Abuse, Neglect and Exploitation (6703)
- CLASS Independence Advisory Council (8002)
- Personal Care Attendant's Workforce Advisory Panel (8002)
  - Appointments made no later than **June 21, 2010**
- Cures Acceleration Network Review Board (10409)
- Advisory Committee for Young Women's Breast Health Awareness Education Campaign (10413)
  - Appointments made no later than **May 22, 2010**