



Health reform implementation timeline

The following is a timeline description of some of the major provisions in the Patient Protection and Affordable Care Act and changes made by the Health Care and Education Reconciliation Act of 2010. It highlights portions of the law that affect physicians and patients.

2010

- Enable dependent coverage up to age 26
- Prohibit lifetime limits, restrict annual limits (pending HHS approval) and prohibit coverage rescissions
- Prohibit pre-existing condition exclusions for children <19
- Provide \$250 rebate to Medicare patients in Part D doughnut hole
- Create temporary national high-risk pool and retiree reinsurance program
 - Implement small business tax credits
 - Mandate 85% medical loss ratio (MLR) for large group health plans, 80% MLR for individual/small group plans with rebates
 - Ban new physician-owned hospitals, limit growth of existing facilities
 - Create Patient-centered Outcomes Research Institute to advance comparative effectiveness research
 - Require no-cost sharing coverage for certain preventive services in new plans
 - Increase health professional workforce through scholarships and loans
 - Extend the 1.00 floor for the Geographic Practice Cost Index (GPCI) for physician work through December 2010. Adjust GPCI for practice expense by blending local and national averages for below average cost areas.
 - Increase funding for community health centers and National Health Service Corps

2011

- Fund five-year, state demonstration projects on alternatives to current tort litigation
- Provide 10% bonus for primary care who treat large numbers of Medicare patients (ends 2015)
- Provide 10% bonus for general surgeons in health professional shortage areas (ends 2015)
- Eliminate cost sharing for approved preventive services in Medicare and Medicaid
 - Provide comprehensive health risk assessments and prevention plans for Medicare patients
 - Restructure payments to Medicare Advantage plans
 - Develop national quality improvement strategy
 - Provide 1% incentive payment for participation in PQRI
 - Create Innovation Center within Centers for Medicare & Medicaid Services
 - Prohibit payment in Medicaid for hospital acquired conditions
 - Strengthen ER and trauma capacity by creating new trauma center program
 - Develop "Physician Compare" Web site by HHS for use by Medicare patients to analyze physician performance

2012

- Allow shared savings in Medicare costs by providers organized as accountable care organizations (ACO)
- Reduce Medicare payments for preventable hospital readmissions
- Establish hospital value-based purchasing program (VBP) in Medicare, develop plans for VBP in ambulatory surgical centers
- Provide 0.5% incentive payment for participation in PQRI, with additional 0.5% incentive for participation in maintenance of certification (ends in 2014)
- Create Medicaid demonstration projects on bundled payment for episodes of care, global capitation for safety net hospitals and pediatric ACOs

2013

- Begin public reporting of physician performance data
- Create CO-OP program to foster non-profit, member-run health insurance companies across country
- Enact national rules to standardize/streamline health insurance claims processing requirements
 - Establish national Medicare pilot on bundled payment for episodes of care
 - Begin phasing-in subsidies for brand-name Rx in Medicare Part D doughnut hole
 - Raise Medicaid payments for primary care using federal funding to 100% of Medicare rate (ends in 2014)
 - Require disclosure of financial relationships between health entities

2014

- Implement individual health insurance and employer responsibility requirements
- Create state-based health insurance exchanges and provide choice through multi-state plan
- Require guaranteed issue and limited rating restrictions
- Create essential benefits package and require its use in all qualified plans
- Provide affordability tax credits to individuals and families (income 133-400% FPL)
 - Expand small business tax credits
 - Prohibit all pre-existing condition exclusions
 - Eliminate all lifetime limit caps for essential benefits
 - Expand Medicaid to patients <65 with incomes up to 133% FPL
 - Establish Independent Payment Advisory Board (IPAB) to create proposals to reduce excess cost growth and improve care quality in Medicare
 - Reduce Medicare Disproportionate Share Hospital payments

2015 & later

- Establish high-cost (Cadillac) insurance excise tax
- Implement first year of IPAB cost reduction recommendations
- Reduce Medicare payments to hospital for hospital-acquired conditions
- Reduce Medicare physician payments by 1.5% for those that don't participate in PQRI (after 2015 will be 2%)

Source

Democratic Policy Committee, Short Summary, Detailed Summary and Section-by-Section analysis of the Patient Protection and Affordable Care Act, available at http://dpc.senate.gov/dpcdoc-sen_health_care_bill.cfm.
 Democratic Policy Committee, Implementation Timeline Reflecting the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act, available at <http://dpc.senate.gov/healthreformbill/healthbill65.pdf>.
 H.R. 3590, The Patient Protection and Affordable Care Act, available at http://docs.house.gov/rules/hr4872/111_hr3590_engrossed.pdf
 H. R. 4872, The Health Care & Education Affordability Reconciliation Act of 2010, available at <http://www.gpo.gov/fdsys/pkg/BILLS-111hr4872EH/pdf/BILLS-111hr4872EH.pdf>
 Kaiser Family Foundation Health Reform Implementation Timeline, available at <http://www.kff.org/healthreform/8060.cfm>