

Health Centers and Health Reform

HEALTH REFORM IMPLEMENTATION TIMELINE

National Health Reform Implementation Timeline 2010 – 2015

2010

MEDICARE AND MEDICAID IMPROVEMENTS

Extends Medicare payment protections for small rural hospitals and facilities that have a low-volume of Medicare patients.ⁱ

Allows states to cover parents and childless adults up to 133 percent of FPL at current federal matching rates.ⁱⁱ

Shrinks Medicare prescription drug coverage gap by \$500 and begins a 50 percent discount on brand name drugs for beneficiaries in the coverage gap.ⁱⁱⁱ

Improves access to home and community-based services in Medicaid to individuals with disabilities.^{iv}

Requires states to maintain (at least) current eligibility levels and enrollment procedures in place as of March 23, 2010 in Medicaid and CHIP (until 2014, with some exceptions; CHIP until 2019).^v

PUBLIC HEALTH IMPROVEMENTS

Establishes an independent National Workforce Commission; expands low-interest student loan programs, scholarships, and loan repayments for health students and professionals.^{vi}

Eliminates income tax liability for National Health Service Corps loan repayment, state loan repayment, and loan forgiveness payments for service in MUAs or HPSAs.^{vii}

Establishes National Health Care Workforce Commission.^{viii}

IMPROVED BENEFITS

Creates a \$5 billion temporary insurance program for those who are uninsurable due to pre-existing conditions.^{ix}

Creates a new, voluntary, public long-term care insurance program (the CLASS Act).^x

INSURANCE MARKET REFORMS

Prohibits insurers from rescinding existing health insurance policies, and from placing lifetime caps on coverage.^{xi}

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Prohibits lifetime caps on coverage.^{xii}

Requires insurers to end pre-existing condition exclusions for children.^{xiii}

Requires nonprofit insurers to spend at least 85% of premiums on medical care.^{xiv}

Allows parents to continue covering their children through age 26.^{xv}

Initiates the first phase of the small business tax credit to qualified small employers (fewer than 25 FTEs) for up to 35% of the premiums a small business pays to cover its workers. Nonprofits with fewer than 25 FTEs are eligible for a 25% tax credit.^{xvi}

Requires all insurers to provide first-dollar coverage of preventive services.^{xvii}

Creates a temporary program to help offset the cost of retiree coverage for those ages 55-64.^{xviii}

2011

MEDICARE AND MEDICAID IMPROVEMENTS

Expands health centers' scope of service under Medicare to include all preventive services.^{xix}

Provides a 10 % Medicare bonus for primary care MDs & general surgeons.^{xx}

Revises Medicare GME policy allowing unused training slots to be re-distributed to primary care training.^{xxi}

Establishes a new CMS Innovation Center to test innovative payment and service delivery models, reduce health care costs and enhance quality.^{xxii}

Eliminates all cost-sharing for preventive services in Medicare and covers an annual wellness visit and personalized prevention services for Medicare beneficiaries.^{xxiii}

Begins to close the Medicare doughnut hole giving beneficiaries a 50% discount on all brand-name drugs in the doughnut hole, to completely close the coverage gap by 2020.^{xxiv}

Establishes a temporary Medicaid state option with an enhanced FMAP for states coordinating care for low-income patients with more than one chronic condition at a "health home."^{xxv}

PUBLIC HEALTH IMPROVEMENTS

Provides \$1 billion in new funding for Community Health Centers, in addition to existing discretionary levels.^{xxvi}

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Provides \$290 million in new funding for National Health Service Corps, in addition to existing discretionary spending.^{xxvii}

Establishes a prevention and public health investment fund beginning at \$500 million, to fund prevention and public health programs.^{xxviii}

Establishes the Community Based Collaborative Care Network Program to support consortia of health centers, safety net hospitals and other providers to coordinate care for low-income and uninsured populations.^{xxix}

INSURANCE MARKET REFORMS

Requires employers to disclose the value of the benefit provided by the employer for each employee's health insurance coverage on W-2 forms.^{xxx}

2012

MEDICARE AND MEDICAID IMPROVEMENTS

Implements provider payment reforms, including Medicare medical homes and Accountable Care organization (ACO) demos.^{xxxi}

Medicare penalties are imposed on hospitals for avoidable hospital readmissions.^{xxxii}

PUBLIC HEALTH IMPROVEMENTS

Provides \$1.2 in new funding for Community Health Centers, in addition to existing discretionary spending.^{xxxiii}

Provides \$295 million in new funding for the National Health Service Corps, in addition to existing discretionary spending.^{xxxiv}

2013

MEDICARE AND MEDICAID IMPROVEMENTS

Creates a pilot program in Medicare for integrated care (including payment bundling) to improve coordination, quality and efficiency of health care services.^{xxxv}

Provides a 1 percentage point FMAP increase if state Medicaid programs eliminate cost-sharing for preventive services.^{xxxvi}

PUBLIC HEALTH IMPROVEMENTS

Provides \$1.5 billion in new funding for Community Health Centers, in addition to existing funding discretionary levels.^{xxxvii}

Provides \$300 million in new funding for National Health Service Corps, in addition to existing discretionary levels.^{xxxviii}

INSURANCE MARKET REFORMS

Increases income tax threshold for itemizing medical deductions from 7.5% of income to 10% of income.^{xxxix}

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Increases Medicare Hospital Insurance (HI) tax by 0.9% for all individuals earning over \$200,000/yr (individual) or \$250,000/year (joint filers)^{xi}

2014

MEDICARE AND MEDICAID IMPROVEMENTS

Expands Medicaid to all non-elderly US citizens under 133% of the Federal Poverty Level (or \$29,327 for a family of 4 and \$14,404 for an individual). The expansion is fully federally funded from 2014 to 2016; thereafter states receive 95% federal funding for FY 2017 and 2018, and 90% funding for 2019 and beyond.^{xli}

Extends the current reauthorization of CHIP through September 2015.^{xlii}

Creates a Medicare Prospective Payment System for health centers, to be implemented by October 2014.^{xliii}

PUBLIC HEALTH IMPROVEMENTS

Provides \$2.2 billion in new funding for Community Health Centers, in addition to existing discretionary levels.^{xliv}

Provides \$305 million in new funding for the National Health Service Corps, in addition to existing discretionary levels.^{xlv}

INSURANCE MARKET REFORMS

Requires states to establish Health Insurance Exchanges and Small Business Health Options Program (SHOP) Exchanges, administered by a government agency or nonprofit, through which individuals without other coverage and employers with 50 or fewer employees can purchase qualified insurance coverage. To purchase exchange-based coverage individuals must be lawfully residing US citizens or immigrants.^{xlvi}

Defines an essential benefits package that all qualified insurance exchange plans must cover, at a minimum; also establishes four benefit categories (bronze, silver, gold, platinum), all including the essential benefits package, mandating a minimum actuarial value and maximum out-of-pocket cost to consumers.^{xlvii}

In conjunction with the start-up of state exchanges, health centers' payment (no less than health centers' PPS rate) and participation is mandated under any exchange plan.^{xlviii}

Requires individuals to obtain acceptable health insurance coverage or pay a penalty of \$95 in 2014, \$495 in 2015, and \$750 in 2016.^{xlix}

Requires employers of 50 or more to offer employee coverage or pay \$750/yr per employee.^l

Establishes income-based tax credits for non-Medicaid eligible individuals with

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incomes between 133% and 400% of poverty who are not enrolled in an affordable employer-sponsored plan to purchase coverage through an exchange.^{li}

Establishes a Basic Health Program to give states the option of pooling federal subsidies for individuals earning between 133-200% of the Federal Poverty Level (states could also work together); would provide these individuals with a non-Medicaid, state-based “standard health plan” offered by providers under contract.^{lii}

Authorizes funding for Consumer Oriented and Operated Plans (CO-OP) program to create nonprofit consumer-governed organizations that provide insurance and deliver health services to beneficiaries.^{liii}

Increases the small business tax credit to cover 50% of an employer’s premium contribution to offset the cost of providing health insurance to employees (nonprofit employers can receive a 35% tax credit).^{liv}

2015

MEDICARE AND MEDICAID IMPROVEMENTS

Creates Independent Medicare Advisory Board to submit proposals to Congress for fast-track approval to reduce costs & improve quality.^{lv}

States are eligible to receive a 23 percentage point increase in the CHIP federal match rate (FMAP). If a state runs out of funding for CHIP, states are permitted to shift children eligible for CHIP to health plan sold in state insurance exchanges, with HHS Secretary approval.^{lvi}

PUBLIC HEALTH IMPROVEMENTS

Provides \$3.6 billion in new funding for Community Health Centers, in addition to existing discretionary levels.^{lvii}

Provides \$310 million in new funding for the National Health Service Corps, in addition to existing discretionary levels.^{lviii}

INSURANCE MARKET REFORMS

Opens the Health Insurance Exchange to small businesses with 100 or fewer employees.^{lix}

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ⁱ Responsible Reform for the Middle Class: The Patient Protection and Affordable Care Act. Implementation Timeline.
<http://casey.senate.gov/imo/media/doc/timeline.pdf>

ⁱⁱ Ibid. Responsible Reform for the Middle Class: The Patient Protection and Affordable Care Act. Implementation Timeline.
<http://casey.senate.gov/imo/media/doc/timeline.pdf>

ⁱⁱⁱ Responsible Reform for the Middle Class: The Patient Protection and Affordable Care Act. Implementation Timeline.
<http://casey.senate.gov/imo/media/doc/timeline.pdf>

^{iv} Responsible Reform for the Middle Class: The Patient Protection and Affordable Care Act. Implementation Timeline.
<http://casey.senate.gov/imo/media/doc/timeline.pdf>

^v Georgetown University Health Policy Institute, Center for Children and Families, Key Health Reform Dates for Children and Families. <http://ccf.georgetown.edu/index/cms-filesystem-action?file=ccf%20publications/health%20reform/health%20reform%20dates.pdf>

^{vi} Responsible Reform for the Middle Class: The Patient Protection and Affordable Care Act. Implementation Timeline.
<http://casey.senate.gov/imo/media/doc/timeline.pdf>

^{vii} [Patient Protection and Affordable Care Action, Section 10908.](#)

^{viii} Responsible Reform for the Middle Class: The Patient Protection and Affordable Care Act. Implementation Timeline.
<http://casey.senate.gov/imo/media/doc/timeline.pdf>

^{ix} http://energycommerce.house.gov/Press_111/health_care/hr3962_IMPLEMENTATION_TIMELINE.pdf

^x http://energycommerce.house.gov/Press_111/health_care/hr3962_IMPLEMENTATION_TIMELINE.pdf

^{xi} Responsible Reform for the Middle Class: The Patient Protection and Affordable Care Act. Implementation Timeline.
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^{xii} Responsible Reform for the Middle Class: The Patient Protection and Affordable Care Act. Implementation Timeline.
<http://casey.senate.gov/imo/media/doc/timeline.pdf>

^{xiii} The Patient Protection and Affordable Care Act. Implementation Timeline.
<http://dpc.senate.gov/healthreformbill/healthbill65.pdf>

^{xiv} Responsible Reform for the Middle Class: The Patient Protection and Affordable Care Act. Implementation Timeline.
<http://casey.senate.gov/imo/media/doc/timeline.pdf>

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^{xv} Responsible Reform for the Middle Class: The Patient Protection and Affordable Care Act. Implementation Timeline. <http://casey.senate.gov/imo/media/doc/timeline.pdf>

^{xvi} The White House. <http://www.whitehouse.gov/the-press-office/fact-sheet-small-business-health-care-tax-credit>

^{xvii} The Patient Protection and Affordable Care Act. Implementation Timeline. <http://dpc.senate.gov/healthreformbill/healthbill65.pdf>

^{xviii} The Patient Protection and Affordable Care Act. Implementation Timeline. <http://dpc.senate.gov/healthreformbill/healthbill65.pdf>

^{xix} NACHC. http://www.nachc.com/client/Health_Reform_Fact_Sheet_-_Medicare_Reimbursement.pdf

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^{xxi} Responsible Reform for the Middle Class: The Patient Protection and Affordable Care Act. Implementation Timeline. <http://casey.senate.gov/imo/media/doc/timeline.pdf>

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^{xxiii} Responsible Reform for the Middle Class: The Patient Protection and Affordable Care Act. Implementation Timeline. <http://casey.senate.gov/imo/media/doc/timeline.pdf>

^{xxiv} The Commonwealth Fund. Timeline for Health Care Reform Implementation. <http://www.commonwealthfund.org/Content/Publications/Other/2010/Timeline-for-Health-Care-Reform-Implementation.aspx>

^{xxv} Patient Protection and Affordable Care Act, Section 2703. <http://democrats.senate.gov/reform/patient-protection-affordable-care-act-as-passed.pdf>

^{xxvi} NACHC. http://www.nachc.com/client/Health_Reform_Fact_Sheet_-_Growth.pdf

^{xxvii} NACHC. http://www.nachc.com/client/Health_Reform_Fact_Sheet_-_NHSC.pdf

^{xxviii} Patient Protection and Affordable Care Act, Section 4002. <http://democrats.senate.gov/reform/patient-protection-affordable-care-act-as-passed.pdf>

^{xxix} Patient Protection and Affordable Care Act, Section 10333. <http://democrats.senate.gov/reform/patient-protection-affordable-care-act-as-passed.pdf>

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^{xxxi} Responsible Reform for the Middle Class: The Patient Protection and Affordable Care Act. Implementation Timeline. <http://casey.senate.gov/imo/media/doc/timeline.pdf>

^{xxxiii} NACHC. http://www.nachc.com/client/Health_Reform_Fact_Sheet_-_Growth.pdf

^{xxxiv} NACHC. http://www.nachc.com/client/Health_Reform_Fact_Sheet_-_NHSC.pdf

^{xxxv} Patient Protection and Affordable Care Act, Section 3023. <http://democrats.senate.gov/reform/patient-protection-affordable-care-act-as-passed.pdf>

^{xxxvi} Patient Protection and Affordable Care Act, Section 4106. <http://democrats.senate.gov/reform/patient-protection-affordable-care-act-as-passed.pdf>

^{xxxvii} NACHC. http://www.nachc.com/client/Health_Reform_Fact_Sheet_-_Growth.pdf

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^{xxxix} Responsible Reform for the Middle Class: The Patient Protection and Affordable Care Act. Implementation Timeline. <http://casey.senate.gov/imo/media/doc/timeline.pdf>

^{xi} The Patient Protection and Affordable Care Act. Implementation Timeline. *Reflecting the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act.* <http://dpc.senate.gov/healthreformbill/healthbill65.pdf>

^{xii} The Commonwealth Fund. Timeline for Health Care Reform Implementation. <http://www.commonwealthfund.org/Content/Publications/Other/2010/Timeline-for-Health-Care-Reform-Implementation.aspx>

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^{xliii} NACHC. http://www.nachc.com/client/Health_Reform_Fact_Sheet_-_Medicare_Reimbursement.pdf

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^{xlvi} The Commonwealth Fund. Timeline for Health Care Reform Implementation. <http://www.commonwealthfund.org/Content/Publications/Other/2010/Timeline-for-Health-Care-Reform-Implementation.aspx>

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