### The Affordable Care Act: An Implementation Timeline for California

#### Medicaid and Medicare Care Delivery Reforms

- **Medicaid Expansion**
  - State may expand Medicaid coverage to a new eligibility group. (4/1/10)
  - State must define “benchmark benefits,” including “wraparound” benefits for children. (1/1/14)
  - State must make changes to state law, amend the Medi-Cal State Plan, and modify application and enrollment systems. (1/1/14)

- **New Insurance Standards for Health Plans**
  - May not impose lifetime limits on essential benefits and may only impose restricted annual limits on coverage. (9/23/10)
  - May not rescind coverage except in cases of fraud and abuse. (9/23/10)
  - Must provide preventive services without cost-sharing. (9/23/10)
  - Must provide coverage for dependents up to age 26. (9/23/10)
  - May be required to report quality data, pending federal guidance. (9/23/10)
  - May not condition health coverage on an employer’s wages or salary. (9/23/10)
  - Must implement internal claims appeals and external review processes. (9/23/10)
  - May not withhold coverage due to pre-existing conditions for children under 19. (9/23/10)

- **Temporary High-Risk Pool**
  - HHS must establish temporary high-risk pool program. (6/23/10)

- **Temporary High-Risk Pool**
  - State must define “benchmark benefits,” including “wraparound” benefits for children. (1/1/14)
  - State may expand Medi-Cal coverage to a new eligibility group. (4/1/10)

- **Changes in Eligibility and Enrollment Rules**
  - State must apply modified adjusted gross income formula for Medi-Cal and Healthy Families. (1/1/14)
  - Enrollment Simplification
    - State must implement procedures to simplify Medi-Cal and Healthy Families enrollment. (1/1/14)
  - State must possess an operational exchange. (1/1/14)
  - State may create Basic Health Program for targeted individuals. (1/1/14)

- **New Insurance Standards for Health Plans**
  - May not impose annual limits on essential benefits. (1/1/14)
  - Must sell and renew insurance policies to interested individuals and employers. (1/1/14)
  - May not withhold coverage due to a pre-existing condition for all populations. (1/1/14)
  - May not apply waiting periods for coverage in excess of 90 days. (1/1/14)

- **New Insurance Standards**
  - HHS must promulgate regulations for health plan quality-reporting requirements. (1/1/12)

- **Medicaid Shared Savings Program**
  - State must provide Med-Cal coverage for all individuals under 133% FPL. (1/1/14)
  - State must transition children ages 6-18 with family incomes between 100%-133% FPL from Healthy Families to Medi-Cal. (1/1/14)

- **Enhanced Federal Support for Children’s Health**
  - State may transition Healthy Families-eligible children to Medi-Cal or comparable coverage in the exchange. HHS must certify pediatric coverage in the exchange is comparable. (4/1/15)
  - Last year of new federal CHIP funding. (9/30/15)
  - State will start accessing 88% Federal Medical Assistance Percentage (FMAP) for Healthy Families. (10/1/15)
  - State may start enrolling eligible Healthy Families children in the Exchange. (10/1/15)

#### Medicare and Medicare Payment Reforms

- **Money Follows the Person Demonstration (Medicaid)**
  - (Grant period: 2010 to 2014)

- **Medicaid Global Payment System Demonstration projects.** (FY 2010 to FY 2012)

- **Demonstration to Improve Care Quality for Nursing Facility Residents.** (Program begins: Fall 2011)

- **Community-Based Care Transition Program (Medicare).** (Ruling application period opens: 4/12/11)

- **Federally Qualified Health Center (FQHC) Advanced Primary Care Practice demonstration (Medicare).** (Program begins: 11/1/11)

- **Pediatric Accountable Care Organization Demonstration Project (Medicaid).** (Program begins: 1/1/12)

- **Independence at Home Demonstration Program (Medicaid).** (Program begins: 1/1/12)

- **Demonstration Project to Evaluate Integrated Care Around a Hospitalization (Medicaid).** (Program begins: 1/1/12)

- **Bundled Payments for Care Improvement Initiative (Medicare).** (Application released: 8/23/11, program begins: 6/23/FY 2012)

- **Medicare Shared Savings Program (MSSP ACO).** (Program begins: 1/1/12)

- **National Pilot Program on Payment Bundling (Medicare).** (Policy effective: 1/1/13)

- **Financial Models to Support State Efforts to Integrate Care for Medicare-Medicaid Enrollees.** (Program begins: end of 2012)

- **Hospital Value-Based Purchasing program**
  - (Medicare). (Policy effective: 10/1/12)

- **Hospital Readmissions Reduction Program**
  - (Medicare). (Policy effective: 10/1/12)

- **Medicare hospital-acquired conditions payment adjustment.** (10/1/14)

#### Contracts and Grants

- **Community Transformation Grants.** (Grant period: 2010 to 2014)

- **Grants for Co-Locating Primary and Specialty Care.** (Grant period: 2010 to 2014)

- **State Demonstrations to Integrate Care for Dual-Eligible Individuals.** (Contracts Awarded: 4/1/11)

- **Hospital Engagement Contractors.** (Solicitation released: 6/22/11)

Source: California HealthCare Foundation / Manatt Health Solutions (November 2011)