The Affordable Care Act:
An Implementation Timeline for California

Key ACA Implementation Milestones

Medi-Cal Expansion
- State may expand Medi-Cal coverage to a new eligibility group. (4/1/10)
- State must define "benchmark benefits," including "wraparound" benefits for children. (1/1/2014)
- State must make changes to state law, amend the Medi-Cal State Plan, and modify application and enrollment systems. (1/1/2014)

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 employee'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)

2010	2011

Medicare and Medicaid Pilots and Demonstrations

2010:
- Money Follows the Person Demonstration (Medicaid). (ACA extended program upon passage.)
- Medicaid Global Payment System Demonstration projects. (FY 2010 to FY 2012)

2011:
- Demonstration to Improve Care Quality for Nursing Facility Residents. (Program begins: Fall 2011)
- Community-Based Care Transition Program (Medicare). (Rolling application period opens: 4/12/11)
- Pioneer ACO (Medicare). (Program begins: Q4 2011)
- Federally Qualified Health Center (FQHC) Advanced Primary Care Practice demonstration (Medicare). (Program begins: 11/1/11)

Medicaid and Medicare Care Delivery and Payment Reforms

2010:
- State Plan Option for Home and Community-Based Services (Medicaid). (Policy effective: 10/1/10)

2011:
- Incentive Payments to Primary Care Practitioners for Primary Care Services (Medicare). (Policy effective: 1/1/11)
- Incentive Payments for General Surgery Services in Rural Areas (Medicare). (Policy effective: 1/1/11)
- State Option to Provide Health Homes for Enrollees with Chronic Conditions (Medicaid). (Policy effective: 1/1/11)
- Payment Adjustment for Hospital-Acquired Conditions (HACs) (Medicaid). (Policy effective: 7/1/11)
- Community First Choice Option (Medicaid). (Policy effective: 10/1/11)
- State Balancing Incentive Program (Medicaid). (Policy effective: 10/1/11)

Contracts and Grants

2010:
- Community Transformation Grants. (Grant period: 2010 to 2014)
- Patient Navigator Program. (Extends program to 2015)
- Grants for Co-Locating Primary and Specialty Care. (Grant period: 2010 to 2014)
- Grants for Medication Management in the Treatment of Chronic Diseases (Medicaid). (Program launch: 5/1/10)

2011:
- State Demonstrations to Integrate Care for Dual-Eligible Individuals. (Contracts Awarded: 4/1/11)
- Hospital Engagement Contractors. (Solicitation released: 6/22/11)

Medi-Cal Expansion
- State must provide Medi-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)

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)

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 eligible children in the Exchange. (10/1/15)
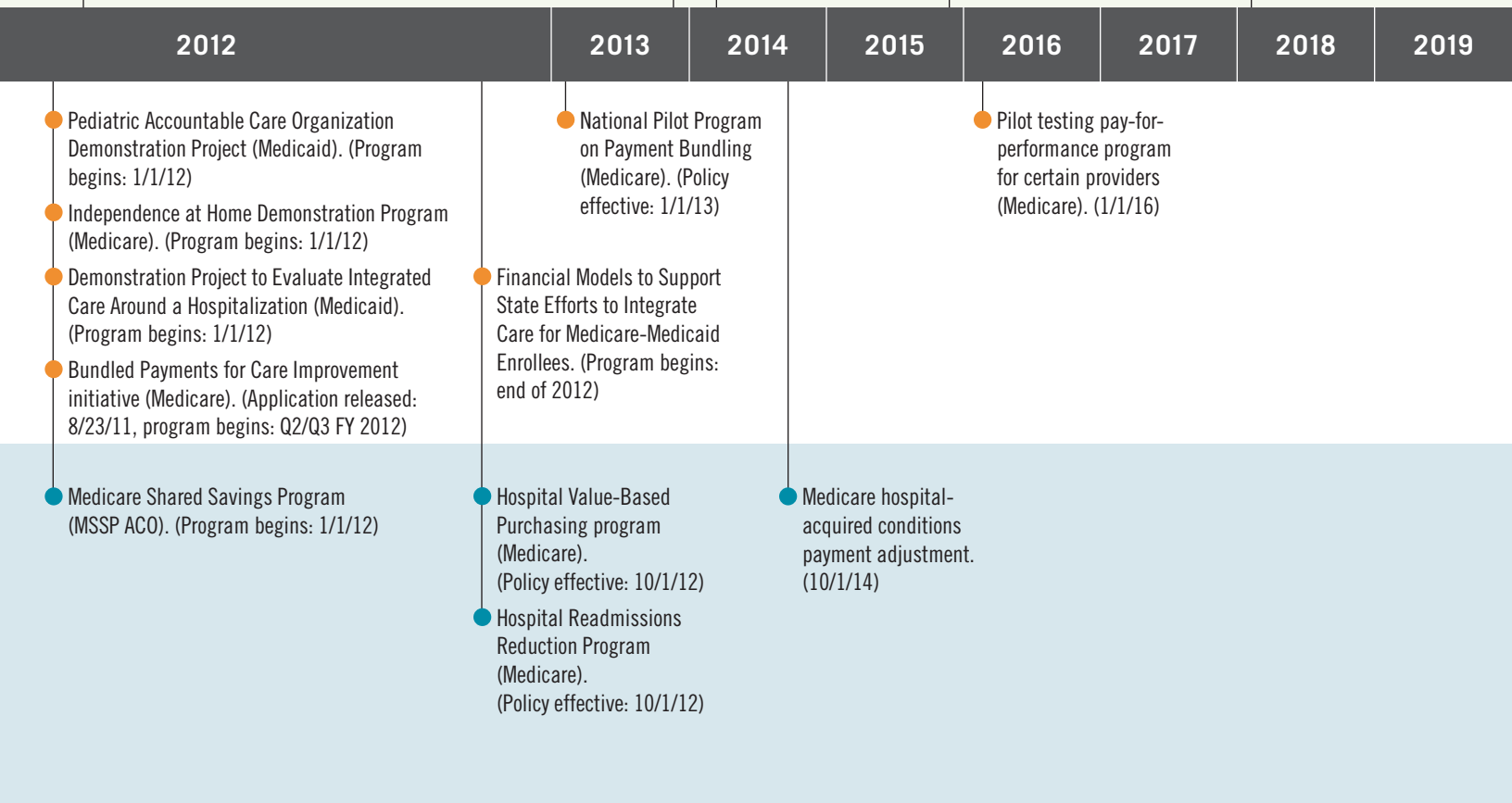
New Insurance Standards
- HHS must promulgate regulations for health plan quality-reporting requirements. (3/23/12)

Temporary High-Risk Pool
Program sunsets. (12/31/13)

Excise tax on high-cost health plans goes into effect. (1/1/18)

2012	2013	2014	2015	2016	2017	2018	2019

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

Independence at Home Demonstration Program (Medicare). (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: Q2/Q3 FY 2012)

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)

Pilot testing pay-for-performance program for certain providers (Medicare). (1/1/16)

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

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)

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