

## Health Care Reform Implementation Timeline

<ul style="list-style-type: none"> <li>o Small Business Tax Credit (35% of cost of offering) available for certain employers of 25 or less</li> <li>o SCHIP eligibility levels frozen through 2019</li> <li>o Secretary of HHS and states to establish process for annual review of "unreasonable" insurance premium increases</li> <li>o Insurers required to report amount spent on clinical and quality services and (beginning in 2011) issue rebates equaling difference between this spending and 80% of premium revenue for individual/small group policies and 85% for large group policies (<i>ends 1/1/2014</i>)</li> <li>o States allowed to expand Medicaid to population that will be eligible as of 1/1/2014 (<i>state option</i>)</li> <li>o Internet portal displaying insurance options established by HHS</li> <li>o COOP Advisory Board appointed (<i>sunset by 12/31/15</i>)</li> <li>o Reinsurance program for employers of retirees over age 55 and ineligible for Medicare established (<i>6/23/2010</i>)</li> <li>o High Risk Pool(s) for those with Pre-Existing conditions begins operations (<i>6/23/2010</i>)</li> </ul>	<ul style="list-style-type: none"> <li>o Secretary must determine if state will establish exchange and establish on state's behalf if not (<i>1/1/2013</i>)</li> <li>o Operating rules for eligibility for a health plan and health claim status transactions adopted (<i>1/1/2013 at latest</i>)</li> <li>o Auto-enrollment in group health plans required of employers 200+ (<i>3/1/2013</i>)</li> <li>o \$6 B funding for COOPs awarded and distribution begun (<i>7/1/2013 at latest</i>)</li> <li>o Regulations for establishment of multi-state compacts must be in place (<i>7/1/2013 at latest</i>)</li> </ul>	<ul style="list-style-type: none"> <li>o Multi-state compacts may go into effect (<i>1/1/2016, at states' option and with approval of Secretary</i>)</li> <li>o Access to exchange expanded to firms 100+ (<i>1/1/2017 at state option</i>)</li> <li>o State waivers from terms of PPACA authorized (<i>1/1/2017 with approval of Secretary</i>)</li> </ul>	
<b>March-June 2010</b>	<b>2012-2013</b>	<b>2016-2017</b>	
<ul style="list-style-type: none"> <li>o Dependents eligible for parents' insurance up to age 26 (<i>9/23/2010</i>)</li> <li>o Prohibitions on policy rescission, lifetime limits on coverage and exclusion of children with pre-existing conditions go into effect (<i>9/23/2010</i>)</li> <li>o Cost-sharing on preventive services prohibited (<i>9/23/2010</i>)</li> <li>o Awards to states for planning and other activities required to establish exchanges (<i>3/23/2011 at latest</i>)</li> <li>o Requirements for uniform explanation of coverage documents effective (<i>3/23/2011 at latest</i>)</li> <li>o Operating rules for eligibility for a health plan and health claim status transactions adopted (<i>7/1/2011 at latest</i>)</li> <li>o Establishment of initial open enrollment period for exchanges (<i>7/1/2011</i>)</li> <li>o Regulations from Secretary of HHS on standards for states operating exchanges (<i>As soon as practicable</i>)</li> </ul>	<b>2014-2015 (effective 1/1/2014 unless noted)</b> <ul style="list-style-type: none"> <li>o Establishment of American Health Benefit Exchanges and Small Business Health Options Program (SHOP) Exchanges by States (may be merged)</li> <li>o States may offer Basic Health Plans for those 133-200% FPL</li> <li>o OPM to establish at least two multi-state plans</li> <li>o Tax credits and cost sharing subsidies provided on sliding scale to those 133-400% FPL</li> <li>o Employer penalties for non-offering businesses of 50+</li> <li>o Penalties for uncovered individuals go into effect</li> <li>o Guaranteed issue, guaranteed renewability and prohibition on pre-existing condition rules go into effect</li> <li>o Essential health benefits/qualified health plan criteria effective for plans offered via exchanges</li> <li>o Mandatory reporting of insurance coverage to IRS (<i>individuals and employers</i>)</li> <li>o Establishment of reinsurance entities to administer payments for insurers with high risk individuals (<i>2014-2016</i>)</li> <li>o Risk adjustment mechanisms applied (<i>2014-2016</i>)</li> <li>o All individuals below 133% FPL eligible for Medicaid, with enhanced federal match for expansion population</li> </ul>		
<b>July 2010-2011</b>	<b>2014-2015 (effective 1/1/2014 unless noted)</b>		