

**PATIENT PROTECTION AND AFFORDABLE CARE ACT, RECONCILED  
KEY DATES**

**2010**

3/23/2010	"Preservation of right to maintain existing coverage" aka Grandfathered Plans. No one is required to terminate participation in group coverage. Subtitle A (Immediate Improvements in Health Care Coverage for all Americans) and Subtitle C (Quality Health Insurance Coverage for All Americans) does not apply to such coverage except the specific MLR provision and uniform coverage provisions (e.g. no pre-existing condition, no excessive waiting periods, lifetime and annual limits, prohibition on rescission, coverage of dependents through age 26, uniform explanation of coverage reports etc.)	PPACA §§1251 and 10103(d) and (e)(1) Interim Final Regulations 6/14/10
3/23/2010	"Value for Dollars" requires premium rate review - for unreasonable rate increases. Provides 250 million in grants to States to review premiums and Medical Reimbursement Data Centers created to review rates. State may recommend health insurance issuers be excluded from the "American Health Benefit Exchange" aka Exchange if they have a history of "unjustified" premiums. The first \$51 million was made available June 7, 2010.	PPACA §1003(c), PHSA §2794 and §10101(i) amending PHSA §2794
3/23/2010	Adequate time and space for nursing mothers required by employers. [have 50 or fewer employee hardship exception].	PPACA §4207
3/23/2010	Health Insurance Consumer Information grants available to States for insurance assistance programs or ombudsman programs. (Assist in filing complaints, appeals, track problems, etc.	PPACA §1002, PHSA §2793
3/23/2010	HHS to provide money [no later than 3/23/11] to States to help planning for and establishing "American Health Benefit Exchange".	PPACA §1311(a)
3/23/2010	Community Health Teams to support primary care practices [grant based] [may coordinate Medication Management Services "MTM"].	PPACA §3502 and §10321 amending §3502(c)(2)(A)
4/23/2010	HHS internet portal site listing "all of the authorities provided to HHS Secretary under the PPACA "transparency in government" requirement.	PPACA §1552
6/21/2010	Temporary tax-free subsidy program to be implemented for early retiree coverage [through 1/1/14]. 55 yrs. or older not eligible for Medicare not employees of an employer with an employment - based plan [a plan that 1) generates cost-savings for enrollees with chronic high cost conditions, 2) documents costs of actual claims; and, 3) certified by HHS.] 80% of a claim between \$15,000 and \$90,000 is reimbursable and not taxable as gross income to the entity.	PPACA §1102

6/21/2010	High Risk Insurance Pool to be established by HHS [through 1/1/14]. Eligible if 1) U.S. Citizen or in the U.S. lawfully; 2) not covered under creditable coverage during 6 months before application date; and, 3) has a pre-existing condition. \$5 Billion available from HHS to pay claims (and administrative costs) that exceed premiums collected. Plan must cover 65% of health care costs for "standard" population. Premiums not yet determined. * On April 2, 2010 HHS gave States choice of operating under certain options or do nothing and the HHS would run it. Plans that encourage individuals to de-enroll could be liable to reimburse Pool for medical expenses. Mississippi has elected not to participate in operation of such.	PPACA §1101
6/21/2010	HHS is to establish a "Personal Care Attendants Workforce Advisory Panel" to examine and advise HHS and Congress on workforce issues relating to personal care attendants.	PPACA §8002 amending PHSA §4302(a) and adding PHSA §3210
7/1/2010	Internet website available for individuals to identify affordable health insurance coverage options in that State. [standards for format to be made within 60 days of enactment].	PPACA §§1103 and 10102; 45 CFR Part 159
9/23/2010	Non-discrimination rules based on salary apply to group insured plans. Technically 9/23/10 but for Plan years after effective date so look to 1/1/11. Previously applied only to self-funded plans. Does not apply to Grandfathered Plans.	PPACA §1001 and §10101(d); PHSA §2716
9/23/2010	No lifetime limits. [Caveat for "per beneficiary" lifetime limits for non essential health benefits, if otherwise permitted by federal or state laws]. Applies to Grandfathered Plans. Technically 9/23/10 but for Plan years after effective date so look to 1/1/11.	PPACA §1001 and §10101(a) and PHSA §2711 and HCERA §2301(a)
9/23/2010	Restricted annual limits on "essential health benefits" for plan years pre 1/1/14. No annual limits beginning 1/1/14. [Caveat for "per beneficiary" annual limits for non essential health benefits - can place limits on specific benefits if otherwise allowed under federal or state laws]. The Interim Final Regulations provides for a "phased" dollar limit for Annual Benefits. Applies to Grandfathered Plans. Technically 9/23/10 but for Plan years beginning after effective date so look to 1/1/11.	PPACA §1001, §10101(a) and PHSA §2711 and HCERA §2301(a); Interim Final Regulations 6/14/10
9/23/2010	Dependent coverage for children up to age 26. Applies to grandfathered plans for plan years 6 months after enactment and before 1/1/14, if the "child" not eligible for another employer-sponsored plan. Also note tax exclusion for employer provided benefits for person who was not age 27 at the end of the taxable year [HCERA 1004(d)]. Technically 9/23/10 but for Plan years beginning after effective date so look to 1/1/11.	PPACA §1001; PHSA §2714; HCERA §2301(a) & (b) and §1004(d). 75 F.R. 27122 and IRS Notice 2010-38

9/23/2010	No Pre-existing condition exclusions for children under age 19. Applies to individual and group coverage, including group Grandfathered Plans. The Interim Final Regulations imply "guaranteed issue" 9/23/10 or Plan year rather than 2014 for under age 19 children with pre-existing conditions. Technically 9/23/10 but for Plan years beginning after effective date so look to 1/1/11.	PPACA §10103(e), PHSA §2704 and HCERA §2301(a); Interim Final Regulations 6/22/10
9/23/2010	Prohibitions on rescission except for fraud or intentional misrepresentation. Applies to grandfathered plans. Technically 9/23/10 but for Plan years beginning after effective date so look to 1/1/11.	PPACA §1001, PHSA §2712 and HCERA §2301(a); Interim Final Regulations 6/22/10
9/23/2010	Claim Appeal Procedures - comply with appeal procedures in place at time of enactment [and when updated]. Applies to Internal and External appeal procedures. Does not apply to Grandfathered Plans. Mississippi will adopt Model Policy from National Association of Insurance Commissioners	PPACA §1001 and §10101(g) and PHSA §2719.
9/23/2010	Coverage for certain preventive services and immunizations without cost-sharing requirement [eg. no deductible or co-pay] Technically 9/23/10 but for Plan years beginning after effective date so look to 1/1/11. Does not apply to Grandfathered Plans.	PPACA §1001, PHSA §2713

9/23/2010	Patient Protections requirements: if required or permitted to designate primary care physician than allowed to select any such physician that is available to accept under the plan/provider network; allow choice of pediatrician as child's primary care physician; women allowed to choose a participating OB/GYN without referral; emergency services without pre-authorization and treat as in network. Technically 9/23/10 but for Plan years beginning after effective date so look to 1/1/11. Does not apply to Grandfathered Plans.	PPACA §10101(h) adds PHSA §2179A; Interim Final Regulations 6/22/10
9/23/2010	Minimum Loss Ratios: Rebates required if minimum loss ratio [general premium to benefits] are not met. [80% Small Groups and Individuals and 85% Large Groups]. Applies to grandfathered plans but not self-funded plans. Technically 9/23/10 but for Plan years beginning after effective date so look to 1/1/11.	PPACA §10101(f) and §10103(d); PHSA §2718 and HCERA §2301(a)
9/23/2010	HHS to begin promulgating rules to allow States to Opt Out for plan years 1/1/17.	PPACA §1332(b)(4)
9/23/2010	HHS and HIT Committee to begin development of Health Information Technology enrollment standards and protocols.	PPACA §1561 and PHSA §3021
	Donut hole gap \$250 rebate for 2010 expenses. Rebate checks starting being sent out June 2010.	PPACA §3301 and HCERA §1101
	Comparative Clinical Effectiveness Research to be conducted by Patient-Centered Outcomes Research Institute [non profit] to be created by the Act. Designed to evaluate and compare health outcomes and the clinical effectiveness, risks and benefits of 2 or more medical treatments, services and items such as health care interventions, protocols for treatment, medical devices, drugs, etc. Funded through Patient-Centered Outcomes Research Trust Fund (\$10 million in 2010; \$50 million in 2011; \$150 million in 2012; \$150 million plus revenues from fees on health insurance and self-insured plans in 2013)	PPACA §6301 and §9511
unclear	Employers with more than 200 full time employees with a health benefit plan must automatically enroll employees [subject to waiting period] and continue enrollment of current employees. Employee can opt out. Effective Date is unclear.	PPACA §1511
2010, 2011,2012-2013	Small Business Tax Credit: Less than 25 full time employees [defined] and average annual wages of less than \$50,000 are eligible for tax credits up to 35% [25% tax exempt eligible small employer] of the employer's non elective contribution toward the employee's health insurance premium. Employers must pay for at least 50% of the employee's premium. Employers with less than 10 full time employees [defined] and average annual wages of less than \$25,000 is allowed full credit. IRS Notice 2010-40 provides means by which to count employees. See IRS Notice 2011-36 seeking comments on definition of employer and employees.	PPACA §§1421(a) and (g) and §10105(e)(1). IRS Notice 2010-40

**END OF YEAR 2010**

**2011**

<b>1/1/2011</b>	<b>Pre-existing condition exclusion for "children" under age 19. The Interim Final Regulation appears to require Guarantee Issue for children under age 19 not just limitation on prohibition of benefits. See Comment for 9/23/10 entry.</b>	<b>PPACA §10103(e), PHSA §2704 and HCERA §2301(a); Interim Final Regulations 6/22/10</b>
<b>1/1/2011</b>	<b>Dependent coverage for children up to age 26. Applies to grandfathered plans for plan years 6 months after enactment and before 1/1/14, if the "child" not eligible for another employer-sponsored plan. See Comment for 9/23/10 entry.</b>	<b>PPACA §1001; PHSA §2714; HCERA §2301(a) &amp; (b) and §1004(d); Interim Final Regulations 6/18/10</b>
<b>1/1/2011</b>	<b>Prohibitions on rescission except for fraud or intentional misrepresentation. See Comment for 9/23/10 entry.</b>	<b>PPACA §1001, PHSA §2712 and HCERA §2301(a); Interim Final Regulations 6/22/10</b>
<b>1/1/2011</b>	<b>Non-discrimination based on salary. See Comment for 9/23/10 entry.</b>	<b>PPACA §1001 and §10101(d); PHSA §2716</b>
<b>1/1/2011</b>	<b>Lifetime and annual limits. The Interim Final Regulations provides for "phase" in of annual limits prior to 2014. See Comment for 9/23/10 entry.</b>	<b>PPACA §1001 and §10101(a) and PHSA §2711and HCERA §2301(a); Interim Final Regulations 6/22/10</b>
<b>1/1/2011</b>	<b>Claim Appeal Procedures. See Comment for 9/23/10 entry.</b>	<b>PPACA §1001 and §10101(g) and PHSA §2719.</b>
<b>1/1/2011</b>	<b>Minimum health care expenditure requirement aka minimum loss ratio. See Comment for 9/23/10 entry.</b>	<b>PPACA §§1001 and 10101(f) and PHSA §2718.</b>
<b>1/1/2011</b>	<b>Patient Protection Requirements. See Comment for 9/23/10 entry.</b>	<b>PPACA §10101(h) adds PHSA §2179A; Interim Final Regulations 6/22/10</b>
<b>1/1/2011</b>	<b>Preventive services without cost sharing. See Comment for 9/23/10 entry.</b>	<b>PPACA §1001, PHSA §2713</b>
<b>1/1/2011</b>	<b>Medicare prescription drug donut hole begins to phase out [2011-2020]. Drug companies, for brand drugs, will provide 50% discount and over time the federal government will provide a 25% subsidy. For generic drugs, the federal government over time will provide a 75% subsidy. There are various deadlines for agreements to be entered into by drug companies and HHS.</b>	<b>PPACA §3301 and HCERA §1101(a)</b>

1/1/2011	Health saving accounts, flexible spending accounts, Archer MSA can no longer be used to purchase over the counter medicines - only prescribed drugs and insulin. Reimbursements for such will be included in employee's gross income and if an HSA or Archer MSA not only will distributions of the accounts be included in gross income they will be subject to additional penalty.	PPACA §§9003 and 9004
1/1/2011	Grants available to establish Wellness Programs to small employers [less than 100 employees who work 25hrs or more per week] and who did not have a Wellness Program in place as of 3/23/10. Grants available through 2015.	PPACA §10408
1/1/2011	Grants to States to help establish Exchanges (until 1/1/15).	PPACA §1311(a)
1/1/2011	"Sense of the Senate" Congress should address long term care assistance/disability insurance plan. All working adults will be automatically enrolled in the program unless they choose to opt-out.	PPACA §2046
1/1/2011	Small Employers [100 or less] can create Simple Cafeteria Plans. Must meet certain employee eligibility and minimum contribution requirements in order to have safe harbor from non-discrimination requirements relating to highly compensated employees.	PPACA §9022
1/1/2011	States have the option to expand Medicaid to 133% of federal poverty level (must be completed by 2014). For years 2014, 2015 and 2016 will be fully federally funded. Effective rate is 138% due to required 5% income disregard when determining Medicaid eligibility.	PPACA 2001(a)(4)
1/1/2011	Imposition of tax on branded prescriptions pharmaceutical manufacturers and importers. [\$2.5 billion yr 2011; \$2.8 billion yrs 2012 and 2013; \$3 billion yrs 2014 -2016; \$4 billion yrs 2017; \$4.1 billion yr 2018; \$2.8billion for yrs 2019+].	PPACA §9008 and HCERA §1404
3/23/2011	HHS shall develop standards for summary of benefits and coverage. Applies to grandfathered plans. These standards were not provided as of May, 2011.	PPACA §1001 and §10101(f) and §10103(d); PHSA §2715(a)
3/23/2011	HHS to provide report on self-funded plans - to review Form 5500. (and each subsequent year).	PPACA §1253
3/23/2011	HHS to provide study of Large Group Market including self funded.	PPACA §1254
2010, 2011, 2012-2013	Small Business Tax Credit: Less than 25 full time employees [defined] and average annual wages of less than \$50,000 are eligible for tax credits up to 35% [25% tax exempt eligible small employer] of the employer's non elective contribution toward the employee's health insurance premium. Employers must pay for at least 50% of the employee's premium. Employers with less than 10 full time employees [defined] and average annual wages of less than \$25,000 is allowed full credit.	PPACA §§1421(a) and (g) and §10105(e)(1).
<b>End of Year 2011</b>		

**2012**

<b>1/1/2012</b>	The value of employer-sponsored health benefits for tax year 2012 must be reported on W-2 provided in January 2013. Certain plans exempted such as Church Plans	PPACA §9002(b)
<b>3/23/2012</b>	New health quality reporting required by group health plans and insurers offering individual and group insurance "Ensuring the Quality of Care". A) improve health outcomes through quality reporting, effective case management, care coordination, chronic disease management, etc; B) implement activities to prevent hospital readmission; C)implement activities to improve patient safety and reduce medical errors; and, D) implement wellness and health promotion activities.	PPACA §1001 and §10101(e) and PHSA §2717
<b>3/23/2012</b>	Standardized summaries of benefits and coverages using HHS uniform definitions required. Includes grandfathered plans. \$1000 for each failure and failure with respect to each enrollee will constitute a separate offense. This deadline will likely be extended since the definitions scheduled for 3/23/11 were not provided.	PPACA §1001, §10103(d) and PHSA §2715(d) and (f)
<b>9/30/2012</b>	For each policy year ending AFTER 9/30/02 fee on employer-sponsored plan takes effect to fund Comparative Clinical Effectiveness Research. [\$1 * average # of lives for policy year ending 2013 and \$2 * average # of lives covered under the policy for 2014-19] . Applies to Insured and Self Insured.	PPACA §9511
<b>End of Year 2012</b>		

<b>2013</b>		
1/1/2013	Increase Medicare tax rate on employee wages by .09% on high income individuals. [\$200,000 single; \$250,000 joint].	PPACA §9015 and §10906 and HCERA §1402
1/1/2013	New Medicare tax 3.8% on unearned income takes effect [\$200,000 single; \$250,000 joint].	HCERA §1402
1/1/2013	Lower contribution limits on Health Flexible Spending Arrangements (FSAs) take effect for purposes of being a "qualified benefit" (employee contribution limited to \$2,500 per year ).	PPACA §9005 and §10902(a)(b) and HCERA §1403
1/1/2013	Imposition of tax on medical device manufacturers, producer importer. [2.3% excise tax excluding glasses, contacts, hearing aids and other devices deemed for regular retail] [§9009 and 10904 dealing with tax medical device was repealed by HCERA §1405(d) but new subchapter under §1405].	HCERA §1405
1/1/2013	Medical expense deduction raised from 7.5% to 10% [If taxpayor or spouse is 65+ then stays at 7.5% for tax years 2013-2016]	PPACA §9013(a)
1/1/2013	HHS to determine whether a State's Exchange will be operational by 1/1/14. If not, HHS has authority to take actions as are necessary to establish and operate such Exchange and take such actions as are necessary to implement such other requirements.	PPACA §1321(c)
3/1/2013	Employers are required to disclose details of Exchange to employees.	PPACA §1512
7/1/2013	HHS to provide regulations for interstate "Health Care Choice Compacts" which is for individual market [States must have enacted legislation authorizing joining].	PPACA §1333
7/1/2013	HHS to provide grants and loans to encourage non-profits to establish CO-OPs to participate in Exchanges [grants to be made no later than 7/1/13] \$6 billion available	PPACA §1322
12/31/2013	Health Plan Certification: Employers required to annually certify data and information compliance for electronic funds transfers, eligibility for a health plan, health claim status and health care payment and remittance advice.	PPACA §1104(b)(2)(B)(4)(c)(h)
<b>End of Year 2013</b>		

**2014**

1/1/2014	Elimination of annual limits [even for "essential health benefits"]. Includes Grandfathered Plans.	PPACA §§1001 and §10101(a), PHSA §2711(b) and HCERA §2301(a)
1/1/2014	No Pre-existing condition exclusion [regardless of age]. Includes Grandfathered Plans.	PPACA §§1201 and 10103(e), PHSA §2704 and HCERA §2301(a) and (b)
1/1/2014	Dependent coverage up to age 26 [to include grandfathered plans regardless of other employer sponsored coverage available]. Includes Grandfathered Plans.	HCERA §2301(a) and (b)
1/1/2014	Guaranteed renewability of coverage [exceptions for not paying premium, policy no longer offered in the market, etc] Does not apply to Grandfathered Plans.	PPACA §1201 and PHSA §2703
1/1/2014	Guaranteed Issue ["Guaranteed Availability of Coverage" and "Prohibiting Discrimination Against Individuals Participants and Beneficiaries Based on Health Status"] for all individual and group plans. Does not apply to Grandfathered Plans.	PPACA §1201 and PHSA §§2701 and §2702 and §2705
1/1/2014	No waiting period in excess of 90 days for employer plans. Includes grandfathered plans. [Penalty on large employers exceeding 60 days at \$600 for each employee to whom extension applied was deleted HCERA§1003(d)]. Includes Grandfathered Plans.	PPACA §1201 and PHSA §2708 and HCERA §2301(a)
1/1/2014	No Discrimination against Providers, if practicing within scope of their license but does not require plan or insurer to contract with them.	PPACA §1201 and PHSA §2706
1/1/2014	Individual and small group market must provide "essential health benefits".	PPACA §1201, §1302(a); PHSA §2707(a)
1/1/2014	Small group market - deduction limitations \$2000 individual and \$4000 with formula increase after 2014. May be increased by maximum amount of reimbursement which is reasonably available under FSAs.	PPACA §1302(c)(2)

1/1/2014	Large employers required to report on health insurance enrollment and coverage, including waiting periods, premiums etc.	PPACA §1514
1/1/2014	Premium rating limitations to tobacco use, age, rating are and individual vs family. Does not apply to large groups unless the large group is in an Exchange.	PPACA 1210 and PHSA 2701
1/1/2014	Limits on cost-sharing apply to Plans in effect on the date of enactment.	PPACA §1201 and PHSA §2707(b)
1/1/2014	Cafeteria Plan limitations: Payment for a QHP would not be considered a "qualified benefit" through a Cafeteria Plan <u>unless</u> offered by a Qualified Employer in a group market. Small Employers in 2014 and Large Employers in 2017, if allowed into the Exchange under State law.	PPACA §1515(c)
1/1/2014	State Medicaid increase of eligible population must be in place - 133% [138%]. See Comment in 2011 year.	PPACA §2001
1/1/2014	"American Health Benefit Exchange" aka Exchange are to be operational in each State [must include "Small Business Health Options Program" [SHOP] or have a separate SHOP Exchange] [no later than 1/1/14].	PPACA §1311(b)
1/1/2014	Exchanges must include at least one "CO-OP Plans" , if they offer qualified health plan. Must be not for profit.	PPACA §§1322 and 1323
1/1/2014	Exchanges must include - at least 2 Multi-State Qualified Health Plans to be offered in each State Exchange [at least one must be non-profit].	PPACA §1301(a)(2) and §10104(q)
1/1/2014	HHS establishes a "Basic Health Program" under which States may enter into contracts to offer one or more "Standard Health Plans" [must included the "essential health benefits"] for uninsured residents of the State or an alien lawfully present in the United States under 65yrs whose income is within the federal poverty level of 133-200% and who would otherwise be eligible to participate in the Exchange and obtain a premium subsidy.	PPACA §1331 and §10104(o)
1/1/2014	Wellness Incentive "rewards" for employees up to 30% of employee only premium [or 50% if deemed appropriate by HHS]. Wellness programs defined by Act. Rewards available in certain programs that also require a standard health status factor or reasonable alternative or waiver for employee for whom it is not reasonable to achieve due to a medical condition. CDC Director to provide technical assistance to employers for wellness programs.	PPACA §§2705 and 2705(j) and §4303
1/1/2014	Coverage for Clinical Trials for "qualified individuals".	PPACA §1201
1/1/2014	Temporary high risk pool established by HHS to cease.	PPACA §1101(a)

1/1/2014	Transitional reinsurance program - Insurers and TPAs to make reinsurance payments to the reinsurance entity who in turns makes payments to those who cover "high risk individuals". Not applicable to grandfathered plans. \$26 Billion to be raised on these "fees" over 3 years.	PPACA §1341
1/1/2014	Tax penalties aka "shared responsibility penalty" occur for those who are not enrolled in a health plan aka "individual mandates" The greater of \$95 for 2014 and \$325 for 2015 OR 1% beginning in 2014, 2% in 2015 and 2.5% after 2015. After 2106, greater of \$695 adjusted for cost of living or 2.5% of taxable income. Not subject to penalty for certain reasons: financial hardship, religious objections , American Indians, illegal aliens, those in jail, those without coverage for less than three months, those for whom the "bronze plan" [lowest option in an Exchange] exceeds 8% of household income, incomes below filing threshold and those living outside the U.S. [See IRC§5000A(c)]. 8% changes in 2015 to a percentage set by HHS under IRC 5000A(e)(1)(B)(i).	PPACA §§1501(b) and §10106(b)(c)(d) and HCERA §1002
1/1/2014	Premium Assistance Tax Credit for those who purchase insurance in the Exchange. Paid by the IRS directly to the insurance carrier in advance and any balance is paid by the individual through payroll deductions. Assistance is available to those at 400% poverty level [\$43,320 individual and \$88,200 family of four]. The Credit is sliding scale based on percentage of income: 2% of income at 100% poverty level and 9.5% of income at 400% of poverty level.	PPACA §1401 and §10105(b) and (d) and HCERA §1001(a) and §1004(a)
1/1/2014	Employers with more than 50 employees who offer minimal "unaffordable" coverage but who have employees who qualify for premium assistance or cost sharing reductions and who have been certified as enrolled in a qualified health plan, will be subject to a tax of 1/12th of \$3,000 for each full time employee per month. Total penalty is capped at amount of total penalty employer would have paid if no coverage had been offered. "Unaffordable" is premium paid by employee that is more than 9.5% of the employee's household income [as further defined by PPACA]. Provision regarding Free Choice Voucher was repealed 4/15/11	PPACA §§1401,1513 and 10106, 10108(i) and HCERA §1001(a)(2) and 1003(b)(2) and (d); Voucher provision repealed P.L. 112-10
1/1/2014	Employers with more than 50 employees who do not offer their employees health coverage will be subject to a 1/12th of \$2,000 tax penalty /per full-time employee (per month) if one of their employees is enrolled for a premium subsidy (first 30 employees exempted) [See IRC 4980H].	PPACA §§1513 and §10106 and HCERA §1003(b)(2) and (d)

1/1/2014	Free Choice Vouchers <b>was repealed 4/15/11.</b>	PPACA §§1513 and 10108(c)(g)(h) and (i); HCERA 1001(a); Voucher provision repealed P.L. 112-10
1/1/2014	<b>Small Business Tax Credit: Less than 25 employees and average annual wages of less than \$50,000 (* cost of living) are eligible for tax credits up to 50% [35% tax exempt eligible small employer] of the employer's non elective contribution toward the employee's health insurance premium. Employers must pay for at least 50% of the employee's premium. Employers with less than 10 full time employees [defined] and average annual wages of less than \$25,000 is allowed full credit.</b>	PPACA §§1421(a) and §10105(e)(1).
4/1/2014	Penalty assessed by HHS to plans that fail to certify data and information compliance for electronic funds transfers, eligibility for a health plan, health claim status and health care payment and remittance advice.	PPACA §1104(b)(2)(B)(4)(c)(h)
7/1/2014	HHS to develop 10 State Pilot Program for individual markets to participate in Wellness Programs.	PPACA §2705(l)
2014	Insurance Company Tax \$8 billion [based on market share and certain exemptions].	PPACA §§9010 and §10905; HCERA§1406
<b>End of Year 2014</b>		

<b>2015</b>		
2015	State Exchanges must be self sustaining and can charge assessments and user fees. [Must be operational 1/1/14].	PPACA §1311(d)
2015	Insurance Company Tax \$11.3 billion [based on market share and certain exemptions].	PPACA §§9010 and 10905; HCERA§1406
2015	Plan to certify compliance with HHS operating rules for health claims, enrollment, premium payments, etc.	PPACA §1104
<b>2016</b>		
2016	States' Health Care Choice Compacts may go into effect. Regulations to go into effect 7/1/13)	PPACA §1333
2016	Insurance Company Tax \$11.3 billion [based on market share and certain exemptions].	PPACA §§9010 & 10905; HCERA§1406
<b>2017-2018</b>		
2017	Insurance Company Tax \$13.9 billion [based on market share and certain exemptions].	PPACA §§9010 & 10905; HCERA§1406
2017	Waiver for State Innovations for Plan Years beginning in 2017 must be filed but time and manner has not yet been determined. Waiver would be of requirements in Part I [Establishment of Q.H.P.] and Part II of Subtitle D [Consumer Choices and Insurance Competition Through Health Benefit Exchanges], Sections 1401 [refundable tax credit] and IRC 36B, 4980H and 5000A [tax credit, tax penalty and individual mandates]. Must not increase Federal deficit, not prevent tax credits or cost-sharing reductions, provide "Essential Health Benefits", etc.	PPACA §1332
2017	Exchanges open to Large Employers, if allowed by the State.	PPACA §1312(f)
2017	Floor on deductible medical expenses is raised to 10% AGI for all taxpayers, <u>including</u> 65 and over.	PPACA §9013(b)
2018	Insurance Company Tax \$14.3 billion [based on market share and certain exemptions].	PPACA §§9010 and §10905; HCERA§1406
2018	Excise tax on high-value employer-sponsored health plans "cadillac". [\$10,200 for single and \$27,500 family].	PPACA §9001(e) and HCERA §1401(b)

<b>Subtitle D - Available Coverage Choices for All Americans</b> <b>Part I - Establishment of Qualified Health Plans</b> <b>Part II Consumer Choices and Insurance Competition Through Health Benefit Exchanges [§§1311-1313]</b> <b>Part III State Flexibility Relating to Exchanges [§§1321-1324]</b> <b>Part IV State Flexibility to Establish Alternative Programs [§§1331-1333]</b>		
	HHS to provide money [no later than 3/23/11] to States to help planning for and establishing "American Health Benefit Exchange".	PPACA §1311(a)
	Exchanges to be operational [must include "Small Business Health Options Program" [SHOP] or have a separate SHOP Exchange] (Operational no later than 1/1/14).	PPACA §1311(b)
	Provides general definition of a "Qualified Health Plan". Q.H.P. = 1) Certified 2) Provides Essential Health Benefits Package (a. Essential Health Benefits b. Limits cost sharing c. Provides Bronze, Silver, Gold or Platinum plans); and 3) offered by health insurance issuer who is a) licensed in the State; b) agrees to offer at least one Q.H.P. in Silver and in Gold; c) charges same premium for Q.H.P. whether offered in Exchange, directly through the issuer/agent; and, d) follow all other regulations applicable to Exchanges in the PPACA and as later may be established. An Essential Health Benefits Package <u>does not have</u> to include abortion services §1303(a)(1)(A)(i). Self-funded plans not included in Q.H.P. regulations.	PPACA §1301(a) and (b)
	Self-funded and MEWAs exempt [ERISA §514].	PPACA §1301
	Essential Health Benefits established aka Minimum Essential Coverage from essential health benefits: (A) Ambulatory Patient Services; (B) Emergency Services; (C) Hospitalization; (D) Maternity and Newborn care; (E) Mental health and substance use disorder services, including behavioral health treatment; (F) Prescription Drugs; (G) Rehabilitation and habilitative services and devices; (H) Laboratory Services; (I) Preventive and wellness services and chronic disease management; and, (J) Pediatric services, including oral and vision care [can have a stand alone Dental Plan PPACA §1311(d)(2)(B)(ii)]	PPACA §1302(a)
	Defines Bronze, Silver, Gold and Platinum Levels in terms of actuarial value of benefits (60%, 70%, 80% and 90%).	PPACA §1302(d)
	Qualified Individual for a Q.H.P. : 1) seeks to enroll in a QHP and 2) resides in that State. Does not include those in jail.	PPACA §1312(f)(1)

	<b>Qualified Employer for a Q.H.P. : Small Employer is one who elects to make all Full Time Employees, as defined, eligible for one or more Q.H.P.s offered in the Small Market Group in the Exchange. Will include Large Employers, if State opts to allow their participation, in 2017. §1312(f)(2)(A) and (B)</b>	<b>PPACA §1312(f)(2)(A) &amp; (B)</b>
	<b>Child-Only Plans: A Q.H.P. at any level must be offered as a separate Plan for individuals less than 21yrs.</b>	<b>PPACA §1302(f)</b>
	<b>Catastrophic Plan - offered in individual market for those under 30 before the beginning of the Plan Year or who meets certain hardship or uninsured requirements. Must offer Q.H.P. at least three primary care visits. No "essential health benefits" coverage until certain cost-sharing requirements are met.</b>	<b>PPACA §1302(e)</b>
	<b>Exchange Qualified Health Plans must include cost sharing provisions. Cost-sharing: co-payment, deductible or any expense incurred by the individual that would qualify as a medical expense under the I.R.C. (not including though such expenses as premiums)</b>	<b>PPACA §1302(c)</b>
	<b>Exchanges must include at least one not for profit "CO-OP Plans" , if they offer Qualified Health Plan. Also provides for "Community Health Insurance Option" but States can opt of this option.</b>	<b>PPACA §§1322 and 1323 and 10104(a)&amp;(q)</b>
	<b>A Multi-State Q.H.P. generally must be uniform in each State, include Essential Health Benefits, offer Bronze, Silver or Gold Plan and a Catastrophic Plan. Exchanges must include 2 Multi-State Qualified Health Plans to be offered in each State Exchange [at least one must be non-profit]. Multi-State Plan can include group affiliated by common ownership and control by nationally licensed trademark (e.g. Blue Cross Blue Shield). A Multi-State Plan must be offered in at least 60% of States in first year, 70% year 2, 85% year 3 and all States year 4.</b>	<b>PPACA 1301(a)(2) and §10104(q), which adds §1334</b>
	<b>Exchange Qualified Health Plans must be equal to scope of benefits offered by typical employer sponsored plans.</b>	<b>PPACA §1302(b)(2)</b>
	<b>Navigators: Grants provided to entities that provide impartial information and services to increase public awareness and education regarding Q.H.P. [e.g., Chambers of Commerce, trade associations, insurance agents and brokers, community groups, etc].</b>	<b>PPACA §1311 and §10104(h)</b>
	<b>Exchanges may be open to Large Employers. [Generally 101 employees is Large; 100 or less is Small but for any plan year before 1/1/16, the State may limit Small Employers to 50 or less employees].</b>	<b>PPACA §1312(2)(B)(f) and 1304(a)</b>
	<b>Stayed Tune for the Rest of the Story</b>	