

## Patient Protection and Affordable Care Act Checklist

Topic	Effective Date	Sec.	Summary	Comment	Status
<b>A. Medicaid</b>					
<b>Medicaid – New State Options</b>					
Home and Community Based Services	4/1/2010	2402	State Option (instead of current Waiver) to cover up to 300% FPL	State must elect to participate	
Home and Community Based Services	10/1/2011	10202	Financial incentives for States to shift Medicaid beneficiaries out of nursing homes and into HCBS by providing up to \$3 billion in FMAP increases to States (between 2% and 5% FMAP increases, depending on eligibility criteria) to rebalance spending between nursing homes and HCBS	State must elect to participate	
Community First Choice Option	10/1/2011	2401	Optional benefit through which States could offer community-based attendant services to Medicaid beneficiaries with disabilities. Increases FMAP by 6% for qualified services and supports	State must elect to participate	
Expanded Coverage for Prevention Services	1/1/2013	4106	1% FMAP increase if cover USPSTF services that receive a grade of A or B without co-pays	State must elect to participate	
Health Homes for Enrollees with Chronic Conditions	1/1/2011	2703	State planning grants to enroll chronically ill (2 conditions or 1 and risk of a second) in health homes. 90% match for first 8 quarters.	State must elect to participate	
Family Planning Services	3/23/2010	2303	New option for non-pregnant and 1115 waiver eligible. No enhanced match.	State must elect to participate	
<b>Medicaid – Demonstration Programs and Grant Opportunities</b>					
Money Follows the Person Rebalancing Demo.	Extended through 9/30/2016	2403	Extends and expands Demo through 9/30/2016 – aimed at promoting de-institutionalization	State must elect to participate	CMS soliciting additional States
Bundling	1/1/2012	2704	5-year demo program in up to 8 States to pay for hospital and concurrent physician services in bundled package	State must elect to participate	
Medicaid Global Payment Demonstration	FY 2010-2012	2705	In coordination with Innovation Center, Secretary to launch demo. under which participating states (no more than 5 states) adjust payments to eligible safety net hospital systems to global capitated payments	State must elect to participate	
Pediatric ACOs	1/1/2012	2706	ACO demo program for pediatric Medicaid beneficiaries	State must elect to participate	
Emergency Psychiatric Demonstration Program	10/1/2010	2707	3 Year Demo in up to 8 states targeted at population age 21-65	Does not cover pediatric population	

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Chronic Disease Prevention Grants	1/1/2011	4108	\$100 million in grants to States to incentivize Medicaid beneficiaries with chronic conditions to participate in healthy lifestyle programs	State must elect to participate	
Center for Medicare and Medicaid Innovation	1/1/2011	3021	\$10 Billion over 10 years to test, pilot, expand innovative approaches to delivery system reform	Requires demo design and advocacy	CMS prepping for quick start
<b>Medicaid Eligibility &amp; Reimbursement Changes (including CHIP)</b>					
Mandatory Enrollment Changes					
<ul style="list-style-type: none"> <li>Coverage of all adults under 65 up to 133% FPL</li> <li>Coverage of Former Foster Children</li> </ul>	1/1/2014	2001	Enhanced match – phases down to 90% in 2020		
	1/1/2014	2004	Must cover those who aged out as of the date of enactment (3/23/2010)		
Coverage of Non-Elderly, Non-Pregnant Individuals up to 133% FPL	4/1/2010 – 1/1/2014	2001	No enhanced match for voluntarily serving this population prior to 2014		
Coverage of Non-Elderly Above 133% FPL	1/1/2014	2001	Allowed as a plan amendment not a waiver. No enhanced match.		
Dual Eligible Coordinated Care Waivers	3/23/2010	26012 602	Clarifies can be for 5 years and HHS has to set up an office to facilitate – may lead to more interest in getting such waivers		
Presumptive Eligibility Determinations		2202	Allows any hospital the option, based off preliminary information, to provide Medicaid services during a period of presumptive eligibility to members of all Medicaid eligibility categories		
Modified Adjusted Gross Income Changes	1/1/2014	2002	States would be required to use modified adjusted gross income to determine Medicaid eligibility, the same measure used in the State Exchanges		

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DSH Cuts	FY2014-2019	2551	\$14.1 billion in DSH cuts nationwide over 6-year period. Secretary to develop methodology for reducing State DSH allotments		
Payments to Primary Care Physicians	1/1/2013	1202	For two years, payments to PCPs for primary care services must be not less than Medicare rates; Feds pick up the additional cost	Several regulatory implement. issues; advocacy to continue after 2014	
CHIP Program	End of FY 2015	2101	Federal CHIP funding authorization extended by two years through FY 2015. States will receive an enhanced FMAP of 23% added to their CHIP FMAP up to a cap of 100%. CHIP-eligible children not able to enroll do to federal allotment caps will be eligible for public subsidies in the State Exchange. Outreach and enrollment grants are increased by \$40 million. States will be required to maintain their CHIP programs through 9/30/2019. Federal Funding expires end of FY 2015.	Future of CHIP is unclear	

### B. 340B Drug Discount Pricing Program

340B Outpatient	1/1/2010	2501	Evaluate impact of rebate % increase.		
340B-1? (Narrow Inpatient Extension Proposal)	If enacted as part of jobs/tax extenders legislation later this year		Evaluate and implement if beneficial. Current draft includes a narrow application of the discount to hospitals with Medicare DSH thresholds of 20.2% or greater and the discount would be applied to uninsured patients and those for whom a drug has not been reimbursed.		

### C. Medicare

#### Medicare Demonstration and Optional Programs

Bundling	2013	2704	HHS to develop voluntary pilot for 3 days pre-admission to 30 days post-discharge. By 2016, HHS plan to expand, with authority to implement.		
ACOs	1/1/2012	3022	Establishes a voluntary shared savings program to (1) coordinate services under Medicare Parts A and B, and (2) encourage investment in high quality services. Providers will be paid fee-for-service payments for services, as well as a bonus payment if the ACO's per capita expenditures are below FFS-based benchmark and certain quality standards are met.		
Independence at Home Demonstration	1/1/2012	3024	Demo program to test payment incentive and service delivery model that utilizes physician and nurse-practitioner directed home-based		

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Program			primary care teams aimed at reducing expenditures and improving outcomes. Practices are eligible for incentive payments if actual expenditures are less than spending target, as well as performance on certain quality measures.		
Community Based Care Transitions Program	10/1/2010	3026	Provides \$500 million in dedicated funding from the Medicare Trust Fund for FY's 2011-2015 to hospitals and community-based entities that furnish evidence-based care transition services to Medicare beneficiaries with chronic conditions, a history of readmissions or impairments.	Funded	
Center for Medicare and Medicaid Innovation	1/1/2011	3021	\$10 Billion over 10 years to test, pilot, expand innovative approaches to delivery system reform	Requires demo design and advocacy	CMS prepping for quick start
<b>Medicare Reimbursement Changes</b>					
Market Basket and Productivity Adjustments	FY 2010, Productivity adjustments start in FY 2012	3401	Incorporates a productivity adjustment into the market basket update and implements additional market basket reductions		
Medicare DSH	FY 2014	2551	Secretary to develop a methodology for reducing DSH allotments to all states in order to achieve the mandated reductions		
Home Health Rebasing	2014	3131	Secretary to improve payment accuracy through rebasing home health payments.		
Imaging	1/1/2011	3135	Modification of equipment utilization factor for advanced imaging services.		
Lab Cuts	FY2011-2015	3401	Cuts lab fee schedule update by productivity adjustment plus an additional of reduction of 1.75%, except the productivity adjustment can't reduce beyond 0. 2016 and beyond – market basket reduced permanently.		
PQRI Reporting (MDs)		3002	Extends PQRI quality reporting requirements through 2014. Reductions begin 2014 for failure to submit measures to PQRI. Establishes alternative Maintenance of Certification program with 0.5% bonus to MDs who report quality measures.		
Secretarial Authority to Adjust Physician Payments		3134	Secretary required to identify physician services that may be misvalued and authorized to adjust fee schedule rates found to be misvalued or inaccurate		
Bonus Payments for Primary Care	FY2011	5501	Medicare will pay 10% bonus for 5 years for E&M services for primary care services and		

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Physicians			10% bonus for 5 years for general surgeons in health profession shortage areas		
Wage Index Reclassifications	FY2014	3137	Reclassifications extended through December 2010. Secretary must provide a report to comprehensively reform the wage index by December 2011. In FY 2011, restores reclassification thresholds to percentages used in FY2009 until Secretarial report.		
Medicare Part C		Varies	Freeze in MA payments in 2011. FY2012 reduces MA benchmarks from current levels based on FFS spending level in county ranging from 95% to 115%. 5% bonus for high quality plans. Medical Loss Ratio at 85% starting in 2014. Subject to RAC program.		
Medicare Part D		Varies	Closes donut hole to 25% by 2020. Subject to RAC program.		
<b>Medicare – Misc.</b>					
Independent Payment Advisory Board	Varies	3403	Will make proposals to achieve savings to reach specified growth targets unless Congress enacts an alternative to meet same savings target on expedited basis. Hospital rate cuts prohibited until 2020, but not other changes that may affect utilization.		
Geographic Cost Variation/ Utilization			Secretary implementing IOM studies and will convene a Summit on geographic variation in the fall of 2010. The Secretary has indicated her desire to utilize all authority granted to her to address geographic disparities in Medicare payments, including via IPAB and Innovation Center.		
<b>D. Quality</b>					
Value-Based Purchasing (Medicare)	FY2013	3001	A percentage of hospital payment would be tied to hospital performance on quality measures related to common and high-cost conditions		
Readmissions (Medicare)	FY2013	3025	Adjust payments for hospitals paid under the inpatient prospective payment system based on the dollar value of each hospital's percentage of potentially preventable Medicare readmissions.		
HACs (Medicare)	FY2015	3008	Hospitals in the top 25th percentile of rates of hospital acquired conditions for certain high-cost and common conditions would be subject to a payment penalty under Medicare.		
(Medicaid)	7/1/2011	2702	Feds will develop a list of HACs (looking in part at current Medicare program) and will not pay federal match.		

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MD Value Based Modifier (Medicare)	2015	3007	Will adjust Medicare physician payments based on the quality and cost of the care they deliver.		
Medicaid Quality Incentives/ Requirements (Medicaid)	Development begins 1/1/2011	2701	Effective 1/1/2013, providers will need to report to State on new adult quality measures	See also CHIPRA pediatric measures	
Quality Measure Development		3013 3014	Under Public Health Service Act, authorizes the Secretary to provide grants/contracts for quality measure development. \$75 million authorization.		
Gainsharing Demo. (Medicare)		3027	Extends through 9/30/2011 the demonstration project established under the Deficit Reduction Act of 2005, which was designed to evaluate arrangements between hospitals and physicians to improve the quality and efficiency of care provided to beneficiaries. Authorizes \$1.6 million in additional funds to carry out the project in FY 2010		
Hospice Concurrent Care Demo. (Medicare)		3140	Secretary to establish demonstration program at up to 15 hospice programs in both rural and urban areas that would allow hospice patients to also receive all other Medicare-covered services to evaluate impact on patient care, quality of life and Medicare spending		
Pay-for-Reporting	2014	3004 3005	New quality measure reporting programs established for LTC hospitals, inpatient rehabilitation facilities, PPS-exempt cancer hospitals and hospice, with reductions in market basket for non-participation beginning in 2014		
Value Based Purchasing for New Care Sites	FY2014	3004 3005	New value based purchasing for SNF, home health and ambulatory surgery centers		

**E. Public/Community/Preventive Health**

**Prevention/Public/Community Health – Programs Funding Entities**

Cooperative Community Transformation Grants	When funded	4201	State/local/nonprofits eligible to conduct broad-based community health interventions	High probability for funding this and similar activities	First tranche announced; Senate funded for FY11 at \$220M.
CHIP Obesity Demonstration	FY2010-2014	4306	\$25 million in funding over FY 2010-2014	Funded	

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Project					
Community-Based Collaborative Care Networks	When funded	10333	Grants to develop networks of providers to deliver coordinated care to low-income populations. Funds can be used for direct costs associated with patient care services	Requires appropriation or Innovation Center funding.	Senate provided FY11 funding of \$40 million toward this and Sec. 3502 for FY2011
Diabetes Prevention Program	FY 2010-2014	10501	CDC to provide grants for community-based diabetes prevention model sites. Authorization only	Needs to receive appropriation or distribution from Public Health Trust Fund	Senate provided \$251M for FY11 (including \$140M in trust fund monies) to create new State Chronic Disease block grant.
Trauma Center Grants	When/if funded	3505	Direct grants to trauma centers for uncompensated care and core mission requirements	Funding outlook uncertain	
School Based Clinics	FY10 – FY13	4101	\$50 million per year for each of FY2010-2013 to sponsors of SBCs for construction/equipment	Funded	NOFA Issued 6/2010
Abstinence Education	FY10 – FY14	2954	\$50 million appropriated each year for FY 2010-2014 for this existing program that funds private abstinence education organizations	Funded	
Oral Health Disease Management Demo	When/if funded	4102	To Demo research-based caries DM approaches	Funding outlook uncertain	
Medication Management Services to Treat Chronic Disease	When/if funded	3503	Grants to implement medication management programs	Funding outlook uncertain	
Patient Navigator Demo Reauthorization	When/if funded	3510	Grants to recruit, train and employ patient navigators	Funding outlook uncertain	
<b>Prevention/Public/Community Health – Funding to State</b>					
Prevention and Public Health Fund	FY 2010 and beyond	4002	\$7 billion trust fund established and appropriated for FY 2010-2014. \$2 billion appropriated every year thereafter.  Initial funding awards for FY 2010: <ul style="list-style-type: none"> <li>• Federal/State/Community Prevention &amp; Public Health Inits. (\$126M)</li> <li>• State/Local/Tribal Public Health Depts. (\$70M)</li> <li>• CDC Research &amp; Tracking (\$31M)</li> <li>• CDC Public Health Training (\$23M)</li> </ul>	Grant award guidance and application criteria have not been announced yet	
Maternal/Child Early Childhood Home Visits	FY2010 - 2014	2951	Grant funds to conduct home visitation for pregnant and young children – funded at \$1.5 billion	Funded	
Community Health	FY2011-	10503	\$9.5 billion for Section 330 community health	Funded	HHS announced

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Centers	2015		center operations and \$1.5 billion for health center construction and renovation		\$250 million for "New Access Point" grants on 8/9/10.
Community Health Teams/Medical Home	When funded	3502	State oversees program to provide capitated funding to PCPs and support medical homes. Similar to Medicaid option.		Senate Labor-Health Approps. Committee put \$40 million toward this and Sec. 10333 for FY2011
Health Aging/Living Well	When/if funded	4202	Five Year Pilots to provide interventions to age 55-64 population	Funding outlook uncertain	
Regionalized Emergency Care Systems	When/if funded	3504	Supports at least 4 pilot projects to test innovative approaches to regionalized emergency care	Funding outlook uncertain	
Trauma Service Availability Grants	When/if funded	3505	Support for on-call pay, physician recruitment and other availability support	Funding outlook uncertain	
Personal Responsibility Education	FY 2010-2014	2953	Funded at \$75M/year for five years. Funding allotted to States to conduct personal responsibility education programs. Non-profits can receive the funding in a State that opts out.	Funded	
Pregnancy Assistance Fund	FY 2010-2019	10212	Funded at \$25M/year for ten years; funds go to States that can be used to provide awards to Higher Ed Institutions	Funded	
Epidemiology Lab Grants	FYs 2010-2013	4304	Grants to enhance lab capacity	Funding outlook uncertain	
Immunization Coverage Improvement Demo	FYs 2010-2014	4204	Grants to demonstrate improved methods of compliance with immunization recommendations. Allows States to purchase vaccines for adults under the CDC 317 program at the negotiated price.	Funding outlook uncertain	
<b>Public Health Research</b>					
Comparative Effectiveness	Ongoing	6301	Creates and funds a new private foundation – the Patient Centered Outcomes Research Institute – to administer CER research grants		
AHRQ Center for Patient Safety and Quality	Subject to Appropriations	3501	Anticipate enhanced research through AHRQ for quality/safety initiatives		
NIH Research Authorizations	Subject to Appropriations		Numerous new research authorizations, but not funded		
<b>F. Workforce</b>					
<b>Federal/State/Regional Workforce Commissions and Centers</b>					
National HCWF Commission		5101	National Commission develops overall strategy - \$5 million FY10 start-up funding	Initial funding in FY2010	
State HCWF Commission		5102	Comprised of augmented State Workforce Improvement Board		

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State HCWF Planning Grant	FY2010 and beyond	5102	Initial grant to State Board to prepare a workforce plan		
State HCWF Implementation Grant	FY2010 and beyond	5102	Follow-on grant to State Board to implement plan		
Regional Health Care Leader Partnerships		5102	State HCWF Board is responsible for pulling regional leaders together as part of planning/implementation process		
Workforce Analysis Centers	When Funded, FY2010-2014	5103	Federal/State/Regional centers to analyze workforce issues	Funding outlook uncertain	
<b>Workforce – Programs Funding Entities</b>					
Primary Care Physician Training	FY 2010-2014	5301	Secretary may make grants to public or nonprofit private hospitals and other eligible entities to operate a program for the training of primary care physicians, pediatricians and physician assistants.	Received an FY10 initial allocation of \$168 million in Trust Fund monies	Application criteria have not been released
Nurse Practitioner Training	FY 2010-2014		HHS press release (6/17/10) indicates funding for nurse practitioner training in FY 2010. Unclear which section of the ACA this funding will apply to.	Received an FY10 initial allocation of \$30 million in Trust Fund monies	Application criteria have not been released
Physician Assistant in Primary Care Training	FY 2010-2014	5301	Secretary may make grants to public or nonprofit private hospitals and other eligible entities to operate a program for the training of primary care physicians, pediatricians and physician assistants.	Received an FY10 initial allocation of \$32 million in Trust Fund monies	Application criteria have not been released
Advance Practice Nurse Managed Clinics	FY 2010	5208	Authorizes \$50 million for FY 2010 and beyond to award grants to develop and operate nurse managed health clinics.	Received an FY10 initial allocation of \$15 million in Trust Fund monies	Application criteria have not been released
Teaching Health Centers Program	FY2011	5508	Two components: grant program to create teaching programs at health centers (unfunded) and program to make GME-like payments to institutions running such programs funded at \$230 million	High probability of being funded. GME funded.	
Graduate Nurse Education Demo	FY2012-2015	5509	\$50 million/year appropriated over 4 years for 5 hospitals to increase graduate nurse training	Funded	
Long-Term Care Direct Worker Training	FY2011-2013	5302	\$10 million authorization for institutions of higher learning for training programs for workers providing long term care	Funding outlook uncertain	
Dentistry Training	FY2010-2015	5303	\$30 million authorization for grants to schools of dentistry or hospitals to carry out dentistry training programs. Such sums for FY's 2011-2015.	Funding outlook uncertain	
Mental/ Behavioral Health	FY2010-2013	5306	\$35 million authorization for institutions of higher education to recruit, educate and provide clinical	Funding outlook uncertain	

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			experience, including placement and training in State-licensed mental health organizations		
Nursing Education Practice and Retention	FY2010-2012	5309	Authorizes grants to schools of nursing, health care facilities or partnerships of the two to conduct Career Ladder programs and programs that enhance nursing retention	Funding outlook uncertain	
Community Health Worker Programs	FY2010-2014	5313	Authorizes CDC to award grants to public or non-profit entities (including hospitals) for programs that support the use of community health workers to advance positive health behaviors and outcomes in medically underserved areas	Funding outlook uncertain	
Alternative Dental Health Provider Demo	No later than 3/23/2012	5304	Authorizes awards for up to 15 eligible entities (public-private partnerships, CHCs, governmental entities and public hospitals) to establish demonstration programs to train and place alternative dental health care providers in underserved areas	Funding outlook uncertain	
Health Care Workforce Needs Demo	FY2010-2014	5507	HHS and DoL to award \$85 million/year in grants to States, IHEs, Workforce Investment Boards and apprenticeship program sponsors to conduct demonstration projects designed to assist TANF-eligible individuals obtain education in the health care field	Funded	
<b>Medicare Graduate Medical Education (GME)</b>					
Redistribution of Residency Slots	7/1/2011	5503	Secretary to reduce the resident limit to hospitals with unused residency slots and redistribute to hospitals for primary care with priority to hospitals in States with resident-to-population ratio in lowest quartile and with the highest ratio of population living in a HPSA relative to the general population.		
Preserve Resident Cap Positions From Closed Hospitals		5506	Secretary to redistribute resident positions from hospitals closing within 2 years prior to enactment according to established priority listing based on geographic proximity to closed hospital. Allows Secretarial consideration to adjust FTE cap. Application shall not include reopening settled cost reports.		
Counting Time in Non-provider Settings	7/1/2010	5504	Allows IME and DGME funding for residents for all time including in non-hospital settings to count toward determination of full-time equivalency if the hospital incurs the costs of stipends and fringe benefits during the time in those settings		
Counting Time for Didactic Non-Patient Care		5505	Allows hospitals to count toward IME and DGME resident time spent in non-patient care setting, such as didactic conferences and		

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			seminars, but not research unrelated to a particular patient. Applies to cost reporting periods on or after 7/1/09 for GME and 10/1/01 and pending appeals, but will not reopen settled cost reports.		
<b>Other Workforce Issues</b>					
Assistance to Individuals	Varies	Varies	<ul style="list-style-type: none"> <li>▪ Increased Nursing Student Loan Amounts (Sec. 5202)</li> <li>▪ Pediatric and Mental/Behavioral Health Subspecialist Loan Repayment Program (Sec. 5203)</li> <li>▪ Loan Repayment for 3 Years Service in Public Health Department (Sec. 5204)</li> <li>▪ Loan Repayment for Allied Health Professionals at Public Health Settings, MUAs and HPSAs (Sec. 5205)</li> <li>▪ Scholarships to Mid-career Allied Health Professionals in Public Positions (Sec. 5206)</li> <li>▪ NHSC Authorization Expansion (Sec. 5207)</li> <li>▪ Nurse Faculty Loan Program (Sec. 5311)</li> </ul>		
U.S. Public Health Sciences Track	FY2010	5315	Surgeon General to establish a U.S. Public Health Sciences Track at accredited health professions education training programs at academic medical centers to train medical, dental, nursing, public health, behavioral/mental health, physician assistant, nurse practitioner, pharmacy students. Provides reimbursement to health professions institutions for Track students.		
Public Health Fellowship Training	FY2010-2013	5314	Authorizes \$39.5 million/year to expand fellowship programs through CDC to address workforce shortages in State and local health departments		
State Primary Care Extension Hubs	FY2011-2014	5405	Authorizes \$120 million/year in FY 2011 and 2012 (such sums in FY 2013 and 2014) for State competitive grant program to establish Primary Care Extension Hubs to educate providers about health promotion, chronic disease management and behavioral health		

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