

Public Coverage

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.
- State must make changes to state law, amend the Medi-Cal State Plan, and modify application and enrollment systems.

Changes in Eligibility and Enrollment Rules

- State must monitor CMS guidance to determine how to implement the modified adjusted gross income (MAGI) formula and its effect upon eligibility for beneficiaries already in the program.

Maintenance of Effort (MOE)

- State must maintain Medi-Cal and Healthy Families eligibility levels, standards and procedures.

Dual Eligible Coverage Coordination

- State may pursue Home and Community Based Services option. (4/1/10)
- State may pursue new Money Follows the Person Demonstration Projects. (4/22/10)

Enrollment Standards

- HHS Secretary to develop interoperable and secure standards and protocols for enrollment in federal and state health and human services programs. (9/23/10)

Dual-Eligible Coverage Coordination

- State may pursue health homes for the chronically ill. (1/1/11)
- State may pursue Balancing Incentive Payments. (1/1/11)
- State may pursue Medicaid Community First Choice Option. (10/1/11)

Health Insurance Exchange

State may be able to get federal support for an existing consumer assistance office or establish a new one, pending federal guidance. (3/23/10)

Comptroller General must appoint CO-OP Advisory Board. (6/23/10)

HHS must establish an Internet portal for consumers to identify coverage options. (7/1/10)

HHS must make available exchange planning grants for the state. (3/21/11)

State must monitor federal guidance around the exchange. (Prior to 2014)

2010

APR

MAY

JUNE

JULY

AUG

SEPT

OCT

NOV

DEC

2011

Temporary High-Risk Pool

- State must inform HHS that it intends to apply for an HHS contract to operate the pool. (4/30/10)

Temporary High-Risk Pool

- HHS must establish temporary high-risk pool program. (6/23/10)

New Insurance Standards

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 discriminate coverage eligibility or benefits in favor of highly compensated individuals. (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)

New Insurance Standards

- National Association of Insurance Commissioners must develop medical loss ratio calculation guidelines. (12/31/10)

New Insurance Standards

- HHS must develop standardized format for benefits summary and coverage information. (3/23/11)

Premium Rate Review

State must review plan premium rates, pending federal guidance. (3/23/10)

Private Coverage

Basic Health Plan

State must monitor federal guidance to determine whether the state will opt to create a Basic Health Plan. (Prior to 2014)

Insurance Provisions of the Affordable Care Act: An Implementation Timeline for California

MOE requirements for adults lifted. State may begin modifying Medi-Cal eligibility levels, standards, and income levels for adults. (1/1/14)

MOE requirements for children lifted. State may begin modifying Medi-Cal eligibility levels, standards, and income levels for children. (1/1/19)

- State may pursue Hospitalization Care Integration-Payment Bundling. (1/1/12)
- Dual-eligible Special Needs Plans must contract with state. (1/1/13)
- 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)
- 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 drawing 88% federal matching funds rate for Healthy Families. (10/1/15)
 - State may start enrolling Healthy Families—eligible children in the exchange. (10/1/15)

- HHS must award loans and grants for CO-OPs. (7/1/13)
- State must possess an operational exchange. (1/1/14)

2012	2013	2014	2015	2016	2017	2018	2019
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- New Insurance Standards**
 - HHS must promulgate regulations for health plan quality-reporting requirements. (3/23/12)
 - Health plans must provide benefits summary and coverage information to individuals, following a standardized format. (3/23/12)
- Temporary High-Risk Pool**
 - Program ends. (12/31/13)
- Temporary Reinsurance Programs**
 - State must adopt model regulations and establish transitional reinsurance program. (1/1/14)
- Federal Risk Corridor**
 - Payment adjustments begin. (1/1/14)
- Permanent Risk Adjustment**
 - State must establish permanent risk adjustment program. (1/1/14)
- New Insurance Standards**

Health plans:

 - May not impose annual limits on essential benefits. (1/1/14)
 - Must sell and continue insurance policies to interested individuals and employers. (1/1/14)
 - May not withhold adult coverage due to pre-existing conditions. (1/1/14)
 - May not apply waiting periods for coverage in excess of 90 days. (1/1/14)
- Federal Risk Corridor**
 - Federal risk corridor payments end. (1/1/17)

- State may create a Basic Health Plan for targeted individuals. (1/1/14)

