

ACA Compliance Timeline

March 23, 2010

President Obama signs the Affordable Care Act. The law puts in place comprehensive health insurance reforms that will roll out over 4 years and beyond. Costfree preventative services begin for many Americans.



October 1, 2013

Public insurance marketplaces open for enrollment with coverage for individuals to start January 2014.



Reduces Medicare Disproportionate Share Hospital (DSH) payments initially by 75% and subsequently increases payments based on the percentage of the population uninsured and the amount of uncompensated care provided.

January 1, 2014

Expands Medicaid to all individuals not eligible for Medicare under age 65 (children, pregnant women, parents, and adults without dependent children) with incomes up to 133% FPL and provides enhanced federal matching payments for new eligible's.

Requires U.S. citizens and legal residents to have qualifying health coverage. Individuals without insurance will be charged an annual penalty of \$95, or up to 1% of income over the filing minimum, whichever is greater.

January 1, 2015

Assesses a \$2,000 fee per full-time employee, excluding the first 30 employees, on employers (>50 employees) that don't offer coverage and have at least one full-time employee receiving a premium tax credit. This was originally set to go into effect in January of 2014.

October 1, 2015

CMS begins using the Medicare fee schedule to give larger payments to physicians who provide high-quality care compared with cost.

Creates a federally-facilitated exchange or state-based American Health Benefit Exchanges and Small Business Health Options Program (SHOP) Exchanges through which individuals and small businesses with 50 or fewer employees can purchase qualified coverage.



Eligible individual will be provided refundable and advanced tax credits and cost sharing subsidies.

Creates an essential health benefits package that provides a comprehensive set of services, limiting annual cost-sharing to the Health Savings Account limits.

January 1, 2016

States are permitted to form health care choice compacts and allows insurers to sell policies in any state participating in the compact.



The threshold for itemizing medical expenses increases from 7.5% of income to 10% for seniors.

Requires the Office of Personnel Management to contract with insurers to offer at least two multi-state plans in each Exchange.

Employers are permitted to offer employees rewards of up to 30% of the cost of participating in a wellness program and meeting certain health-related standards.

January 1, 2018

A 40% tax on insurance premiums in excess of \$27,500 (family plans) and \$10,200 (individual plans), and it is increased to \$30,950 (family) and \$11,850 (individual) for retirees and employees in high risk professions.



Health insurance companies become subject to a new excise tax based on their market share. The tax is expected to yield up to \$14.3 billion in annual revenue.

January 1, 2020

The Medicare Part D coverage gap (a.k.a., "donut hole") will be completely phased out and hence closed.

