PATIENT PROTECTION & AFFORDABLE CARE ACT TIMELINE

2010
- States expand Medicaid to low-income childless adults through the State Plan
- Young adults can remain on parents’ insurance up to age 26
- Discounted prescription drug coverage in Medicare
- Eliminated lifetime limits
- Prohibits pre-existing condition exclusions for children
- Workforce investments
- Prevention and Public Health Fund established
- Funding to Substance Abuse and Mental Health Services Administration (SAMHSA) for wellness promotion/chronic disease prevention

2011
- Medicaid health home option for beneficiaries with multiple chronic conditions
- States must consult with SAMHSA on addressing mental health and substance abuse needs of enrollees
- States receive 90 percent federal funding for 2 years for eligible health home services
- Optional Medicaid benefit to provide community-based services and supports to certain people with disabilities
- Provides qualifying States with enhanced Federal match for Home-and Community-Based Services (HCBS)

PREVENTION AND WELLNESS
- Eliminate cost-sharing for certain Medicare-covered preventive services
- Includes Screening, Brief Intervention and Referral to Treatment for alcohol misuse
- Includes mental health screenings
- Provide Medicare beneficiaries access to comprehensive health risk assessment without cost-sharing
- National Prevention, Health Promotion and Public Health Council to develop strategies to improve nation’s health, with mandated participation of the director of the Office of National Drug Control Policy
- Continued funding through the Prevention and Public Health Fund
- Incentives for Prevention of Chronic Diseases in Medicaid for states to provide incentives for Medicaid beneficiaries that participate in health promotion programs and/or adopt healthy behaviors
- Provides grants for up to five years for small businesses to establish workplace wellness program

QUALITY IMPROVEMENT
- Establishes National Quality Strategy to improve delivery of health care services, health outcomes, and public health
- Creates the Community-Based Collaborative Care Network Program to facilitate coordination and integration of care for low-income uninsured and underinsured

2014 – 2018 FULL IMPLEMENTATION
- Health Insurance Exchanges
- Medicaid expansion
- Insurance reforms and other consumer protections
The Patient Protection and Affordable Care Act (PPACA) introduces to health care an approach that will change how treatment is delivered, who receives it, and how it is paid for. The reform aims to improve care as it reduces medical costs. At the heart of the law is the innovative approach that care must encompass the whole person. The broad aim of the health care overhaul is captured in a 1948 quote from the World Health Organization (WHO), which defined health as “a state of complete physical, mental and social well-being.”

Overview
The PPACA is a huge achievement and an equally huge and complex law. The following only covers some of its important goals and features. The PPACA was signed into law on March 23, 2010. Important features of the law include that it prohibits insurers from denying coverage to people with pre-existing conditions, prohibits insurers from charging higher premiums based on health status, and from ever again basing coverage on health status. In addition, the PPACA includes funding for preventative care and saves health care dollars, the PPACA includes funding for preventative care, which will improve the quality of care and at the same time reduce the expense. This is particularly true with chronic illnesses.

The Accountable Care Organization
Within the infrastructure of the PPACA is the Accountable Care Organization (ACO), an entity explicitly designed to bring about reform’s dual goals of improving care and reducing health care costs. ACOs, which will be set up regionally, comprise a network of doctors and hospitals, primary care and behavioral care, and specialty services to treat the patient across the entire care continuum. To promote care integration, ACOs foster an environment of cooperation and coordination among this network of care providers. It ensures medical treatment that is efficient and, vitally, measures the outcomes of that treatment. This treatment setting is meant to interrupt diseases early on, thereby lowering the number of full-blown cases and emergency room visits. Furthermore, the ACO is responsible for aligning procedures, protocols, and philosophy of care across different types of care. A distinguishing feature of the ACO is that it puts the focus squarely on the needs of the patient, rather than the provider. The ACO provides incentives for good care outcomes and cost savings, rejecting the existing model that pays for the provision of medical services whether or not they benefit the patient. In addition to efficient care, the ACO makes available transparent, real-time medical data. Overall, the ACO assigns shared responsibility for high-quality care and positive outcomes, with some of the resulting savings being returned to the medical practice.

Holistic Care Integration
For the World Health Organization’s definition of health to become a reality depends a great deal on how holistically the PPACA integrates care. The reform aims to improve care and reduce costs. At the heart of the PPACA are a number of provisions that support an integrated approach to care, which will improve the quality of care and at the same time reduce the expense. This is particularly true with chronic illnesses.

Reform of Payment Methodologies
Replace today’s fee for service with outcomes-based Payments

Restructuring of Delivery System
From today’s fragmented care systems to coordinated care systems, ie: ACOs

Improvements in Value Health Services
Better health outcomes per dollar spent; Reduction in spending growth rate

Source: Rivkin Radler, Attorneys at Law, June 2011

The consequence of the narrow scope of care has been a system that is always expensive and often ineffective. The PPACA has the ambitious goal of producing better patient outcomes at lower costs. While these two goals may seem mutually exclusive, in fact they are complementary. Within the PPACA are a number of provisions that support an integrated approach to care, which will improve the quality of care and at the same time reduce the expense. This is particularly true with chronic illnesses.