



Minnesota Hospital Association

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**Expected Chronology of
Critical Steps in Implementation of the
Patient Protection and Affordable Care Act
in Minnesota during 2011**

Expected date	Implementation Step	Comment
January 1	10% Medicare bonus for primary care and general surgeons	Bonus continues through 2015
January 1	Outpatient hospital rate cut by 0.25%	
January 1	Medicare Advantage rates frozen	Freeze lasts for one year, deeper cuts in future years
January 1	Stark exception for new physician-owned hospitals expires; restrictions on grandfathered facilities begin	Element of MHA's current strategic plan.
January 5	Gov. Dayton signs executive order for early Medicaid enrollment	One of MHA's highest priorities according to results from Board retreat. Association focus shifts to expediting implementation so enrollment can begin as soon as possible.
January 7	CMS receives comments regarding proposed Medicaid RAC program	MHA submits comments urging revisions to proposed rule that reflect lessons from Medicare RAC program, protect providers costly duplication of audits by different contractors, and ensure ability of contractors to receive electronic information from providers' EMRs.
January 7	Proposed Value Based Purchasing program rules released	Comments due March 6; VBP demo for critical access hospitals in 2012
January 17, 19	Institute of Medicine convenes hearings to take comments regarding upcoming studies of geographic disparities in Medicare payments and value index.	Together with Healthcare Quality Coalition, MHA will assess need for additional comments and whether to submit them as a coalition, as individual organizations or both.
January 31	Comments regarding proposed Medical Loss Ratio rules due	MHA expects to submit comments supporting proposed allocation of medical and administrative expenses, and to request greater transparency of data used in ratio calculation.

February 15 (or earlier)	CMS releases proposed shared savings program (ACO) rules	Draft rules originally expected to be released in September 2010 and continue to miss tentative deadlines
February 28 (or earlier)	CMS releases proposed readmission policy for high-risk population rules	Initial rules will apply to high-risk populations with future rules to apply more broadly to Medicare population; demos of readmissions policy for critical access hospitals required by ACA but on uncertain timeframe within CMS
March 1 (estimated)	CMS releases minimum standards, qualifications and duties for Health Insurance Exchanges	Unclear when proposed rules will be released; CMS provided guidance letter to states in 2010.
March 1 (estimated)	CMS releases proposed rules for administrative simplification of eligibility verification and claims status	
March 6	Comments regarding Value Based Purchasing program proposed rules due	MHA intends to submit comments
March 23	Federal government begins making money available to help states pay for implementation of health insurance exchanges	Money available from 3/23/11 through 12/31/14
April 30 (or earlier)	IRS releases proposed community health needs assessment and related oversight provisions	Requirements do not apply to public hospitals; community health needs assessment must be completed every three years.
May 1 (estimated)	Comments regarding proposed rules for administrative simplification of eligibility verification and claims status due	
June 1 (or earlier)	MN expected to enact at least authorizing legislation for development of Health Insurance Exchange development	In 2012, State must demonstrate significant progress toward operational Exchange or federal government will operate Exchange; to meet that deadline, legislature must act this session.
June 1 (estimate)	CMS releases final Medicaid RAC rule	
June 30 (or earlier)	CMS releases proposed inpatient PPS rule including distribution method for remaining \$250 million for PPS hospitals in lowest per-beneficiary-spending counties	13 MN hospitals/health systems received a portion of the initial \$150 million. Critical access hospitals are not eligible for enhanced payments.
July 1	Administrative simplification of eligibility verification and claims status due	Additional administrative simplification features due in future

July 1	Redistribution of unused GME slots begins	Current formula appears to preclude MN from gaining or losing slots; continued advocacy needed to allow MN to expand residencies
July 1	Medicaid adopts Medicare payment policy regarding healthcare acquired conditions	Effective date likely to be delayed since CMS has conceded that problems exist within its data and methodology.
August 1 (or earlier)	Value based purchasing program performance standards announced	
October 1	PPS inpatient payment rates cut 0.1%	
October 1	First productivity adjustment (i.e., cut) to PPS rates	Estimate used by CBO was 1.3%, but CMS is not bound to follow that estimate. Productivity adjustment is in addition to other rate cuts in ACA and market basket update rules/policies. Similar productivity adjustment will be imposed for outpatient services in 2012.
October 1	Value based purchasing program's performance period begins	Quality and patient satisfaction scores from July 1, 2011 to June 30, 2012 will be used for calculating payments in federal fiscal year 2013, which begins October 1, 2012.
October 1	Grants for training GME residents in preventive medicine specialties	Grants continue to 2015.
October 1	\$200 million in grants available for wellness programs for employers with fewer than 100 employees	Possible source of extending MN's State Health Improvement Grants expected to expire June 30, 2011
December 31 (or earlier)	CMS publishes core set of Medicaid quality data for care delivered to adult enrollees.	
December 31 (or earlier)	CMS solicits 8 or fewer states to participate in Medicaid bundling demonstration	Demonstration begins in 2012.
December 31 (or earlier)	CMS releases draft plan to impose healthcare acquired condition payment policy for non-PPS hospitals	
December 31 (or earlier)	CMS begins certification process for providers seeking to become ACOs	Because proposed ACO rules have not been released as of January 11, the certification process for providers might not begin until 2012.
December 31 (or earlier)	CMS solicits participants for pediatric ACO demonstration program	Demonstration begins in 2012.
December 31 (or earlier)	Recommendations from CMS for comprehensive wage index reform	Unclear how new Congress will respond, although unlikely to implement recommendations until after 2012 elections