

2010

Hospital Payment Update

April 1- Hospital payment update reduced by 0.25 percent

Graduate Medical Education

July 1- Allows the counting of resident time in non-provider settings

Health Insurance Reforms

90 days- Temporary mechanisms to provide access to individuals with pre-existing conditions and for non-Medicare eligible retirees over 55 until new insurance exchange starts in 2014

6 months- Prohibits insurers from setting annual and lifetime limits; Dropping coverage, and excluding coverage to children based on pre-existing conditions; Allow parents to include dependent children up to age 26 on their health insurance; Free preventative care provided to new private plans

Physician Self-Referral

December 31- Eliminates the exception for physician-owned hospitals under Stark Law; grandfathers existing hospitals with Medicare provider number

2011

Hospital Payment Update

Hospital payment update reduced by 0.25 percent

Graduate Medical Education

65 percent of unused residency slots must be distributed by July 1, 2011

Primary Care Bonus Payments

Establishes a 10 percent bonus payment to primary care physicians and general surgeons (continue thru 2016)

Health Insurance Exchange

Requires states to establish health insurance exchanges through individuals and small businesses can purchase private health insurance coverage through: a Federal Employee Health Benefit Plan (FEHBP)-like, multi-state plan (oversight by OPM); a Consumer Operated and Oriented Plans (Co-OPS) to foster non-profits, member-run cooperatives

Geographic Variation

\$400 million for payments to hospitals located in counties that rank in the lowest quartile for age, sex, and race adjusted per enrollee spending for Medicare Parts A and B (FYs 2011 and 2012)

Innovation Center

Creates a Center for Medicare and Medicaid Innovation (CMI) within CMS to test innovative payment and service delivery models (including HIZs) that improve quality and reduce expenditures

Revenue Provision

An assessment of \$33 billion on brand-name pharmaceuticals

2012

Hospital Payment Update

Market basket reduced by an estimate of productivity, with added reductions of 0.1 percent (and 2013)

Accountable Care Organizations (ACOs)

Allows hospitals, in cooperation with physicians, to provide leadership in voluntary ACOs, responsible for managing care of beneficiaries; Savings shared with providers

2013

Payment Bundling

Establishes a national, voluntary, five-year pilot program on bundling payments to providers around 10 conditions; If successful maybe expanded after 2015

Readmissions

Imposes financial penalties on hospitals for “excess” readmissions when compared to “expected” levels; Excludes critical access hospitals and post-acute care providers

Value-Based Purchasing (VBP)

Establishes a VBP program for hospital payments based on hospitals’ performance in 2012 on hospital quality reporting program measures; budget neutral- 1 percent of payments allocated to program (growing to 2 percent in 2017 and beyond)

Primary Care Physicians

Requires states to increase Medicaid payment rates to primary care providers to Medicare payment rates, and provides 100 percent federal funding to states (and 2014)

Medical Device Tax

Implements a 2.3 percent excise tax on medical device manufacturers\

2014

Coverage Expansion

All U.S. citizens and legal residents required to obtain coverage or face a tax penalty

Medicaid

Requires all state Medicaid programs to cover individuals up to 133 percent of federal poverty level (FPL); 100 percent federal financing (thru 2017)

Medicare Disproportionate Share Hospital (DSH)

Decreases Medicare DSH by \$22.1 billion and reductions continue by 75 percent to eliminate DSH payments above “empirically justified” levels as determined by MedPAC; A portion of the 75 percent would be returned to hospitals depending on amount of uncompensated care provided; Amount subject to trigger, phased down as coverage increases

Medicaid DSH

Decreases Medicaid DSH by \$14 billion and reductions not directly tied to increased coverage; Directs Secretary to develop methodology for reducing federal DSH allotments to all states

Independent Payment Advisory Board

Develop and submit to Congress advisory reports on matters related to the Medicare program and must submit proposal to the President each year thereafter; Providers including hospitals (not critical access) exempt from recommendations through 2019

Hospital Payment Update

Market basket reduced by an estimate of productivity, with added reductions of 0.3 percent

Health Insurance Reforms

Prohibits health insurers to exclude coverage based on pre-existing conditions; Limits imposed on premium ratings; Guarantees coverage for anyone who seeks it

Revenue Provision

An assessment of \$67 billion on health insurers

2015

Hospital Payment Update

Market basket reduced by an estimate of productivity, with added reductions of 0.2 percent (and 2016)

Hospital-Acquired Conditions (HACs)

Adds a 1 percent penalty to hospitals in top quartile of rates of HACs; reductions of \$1.5 billion over 10 years

2017

Hospital Payment Update

Market basket reduced by an estimate of productivity, with added reductions of 0.75 percent (thru 2019)

2018

Excise Tax on High-Cost Health Plans

Imposes a 40 percent excise tax on high-end insurance policies

2019

Coverage Expansion

Expands access to coverage to 32 million individuals