

Patient Protection and Affordable Care Act (PPACA)

Implementations for 2012

Accountable Care Organizations in Medicare

Allows providers organized as accountable care organizations (ACOs) that voluntarily meet quality thresholds to share in the cost savings they achieve for the Medicare program. Implementation: January 1, 2012

Medicare Advantage Plan Payments

Reduces rebates paid to Medicare Advantage plans and provides bonus payments to high–quality plans. Implementation: January 1, 2012

Medicare Independence at Home Demonstration

Creates the Independence at Home demonstration program to provide high-need Medicare beneficiaries with primary care services in their home. Implementation: January 1, 2012

Medicare Provider Payment Changes

Adds a productivity adjustment to the market basket update for certain providers, resulting in lower rates than otherwise would have been paid. Implementation: Begins calendar, fiscal, or rate year 2012, as appropriate

Fraud and Abuse Prevention

Establishes procedures for screening, oversight, and reporting for providers and suppliers that participate in Medicare, Medicaid, and CHIP; requires additional entities to register under Medicare. Implementation: January 1, 2012

Annual Fees on the Pharmaceutical Industry

Imposes new annual fees on the pharmaceutical manufacturing sector. Implementation: January 1, 2012

Medicaid Payment Demonstration Projects

Creates new demonstration projects in Medicaid for up to eight states to pay bundled payments for episodes of care that include hospitalizations and to allow pediatric medical providers organized as accountable care organizations to share in cost-savings. Implementation: January 1, 2012 through December 31, 2016

Data Collection to Reduce Health Care Disparities

Requires enhanced collection and reporting of data on race, ethnicity, sex, primary language, disability status, and for underserved rural and frontier populations. Implementation: March 23, 2012

Medicare Value-Based Purchasing

Establishes a hospital value-based purchasing program in Medicare to pay hospitals based on performance on quality measures and requires plans to be developed to implement value-based purchasing programs for skilled nursing facilities, home health agencies, and ambulatory surgical centers. Implementation: October 1, 2012

Reduced Medicare Payments for Hospital Re-admissions

Reduces Medicare payments that would otherwise be made to hospitals to account for excess (preventable) hospital readmission Implementation: October 1, 2012