

Health Care Reform 2012

A summary of health reform initiatives which become effective in 2012.

Health Care Reform 2012: Medicare

- Make Part D cost sharing for full benefit dual eligible beneficiaries receiving home and community based care services equal to the cost sharing for those who receive institutional care.
- Allow providers organized as accountable care organizations (ACOs) that voluntarily meet quality thresholds to share in the cost savings they achieve for the Medicare



- program.
- Reduce Medicare payments that would otherwise be made to hospitals by specified percentages to account for excess (preventable) hospital readmissions.
 - Establish a hospital value based purchasing program in Medicare and develop plans to implement value based purchasing programs for skilled nursing facilities, home health agencies, and ambulatory surgical centers.
 - Provide bonus payments to high quality **Medicare Advantage** plans.
 - Reduce rebates for **Medicare Advantage** Programs

Health Care Reform 2012: Other Changes

- No other 2012 health care reforms are planned based upon the original law.