• Provides a $250 rebate to Medicare Rx plan beneficiaries whose initial benefits run out.
• Creates a temporary reinsurance program for retirees
• Provides access to high-risk pools uninsured with preexisting conditions
• FDA authorized to approve “follow on” biologics
• Requires non-profit BCBSs to have a medical loss ratio of 85% or higher or lose non-profit status
• Requires health insurers to annually report medical loss ratios
• Bars insurers from imposing lifetime caps on coverage.
• Bars insurers from denying coverage to children who have preexisting conditions.
• Bars insurers from denying coverage to children who have preexisting conditions.
• Requires most employers to provide coverage or face penalties.
• Requires most people to obtain coverage or face penalties.
• Provides subsidies for families earning up to 400% of the poverty level
• Medicaid eligibility will increase to 133% of poverty level
• Provides a 10% Medicare bonus payment for PCPs and general surgeons.
• New imaging standards; increases the PE for imaging services
• Additional restrictions regarding MD self-referral
• Establishes a national pilot program on payment bundling for hospitals, doctors, and post-acute care providers
• Establishes a national pilot program on payment bundling for hospitals, doctors, and post-acute care providers
• Requires health insurers to annually report medical loss ratios
• Bars insurers from denying coverage to children who have preexisting conditions.
• Bars insurers from denying people coverage when they get sick.
• Establishes Commission to study aligning health care workforce resources with national needs.
• Establishes the Patient-Centered Outcomes Research Institute
• Medicare increases to PCPs in rural areas (2 years)
• Medicare cuts to inpatient psychiatric hospitals
• Medicare cuts to inpatient psychiatric hospitals
• Medicare cuts to hospice
• Medicare cuts begin to ambulance services, ASCs, diagnostic labs, and DME
• MD payments are decreased by 1.5% for not reporting to PQRI
• Directs CMS to track hospital readmission rates for certain conditions and implements a payment penalty
• Provides a two-year temporary credit for new therapies to prevent, diagnose, and treat acute and chronic diseases.
• Establishes a new Center for Medicare & Medicaid Innovation at CMS
• Imposes an annual fee on manufacturers and importers of branded drugs
• Raises the penalty for non-qualified health savings account withdrawals to 20%
• Changes the definition of medical expenses for FSAs and health savings accounts
• Encourage MDs to join together to form “accountable care organizations” to gain efficiencies and improve quality.
• Establishes a hospital value-based purchasing program for acute care hospitals.
• Directs CMS to track hospital readmission rates for certain conditions and implements a payment penalty
• Secretary submits proposal for the budget neutral value-based MD payment modifier
• Secretary establishes new MD compare website for Medicare beneficiaries
• Medicare cuts to hospice
• Medicare cuts to dialysis treatment
• Provides access to high-risk pools uninsured with preexisting conditions
• Creates a temporary reinsurance program for retirees
• Provides a $250 rebate to Medicare Rx plan beneficiaries whose initial benefits run out.
• Expands health insurance coverage to 32 million people.
• Increases the Medicare payroll tax and expands it to dividend, interest and other unearned income for singles earning more than $200K and joint filers making more than $250K
• Limits health flexible savings accounts to $2500
• Raises the current 7.5% floor for itemized medical expenses to 10% for those under the age of 65
• Provides Secretary with the authority to establish medical reimbursement data centers
• Additional changes to the misvalued physician services
• Modifies the physician PE GPCI
• Provides Secretary with the authority to establish medical reimbursement data centers
• Market basket update reductions go into effect for long-term care and rehabilitation facilities
• Establishes Patient-Centered Outcomes Research Institute
• Establishes the Independent Payment Advisory Board.
• Reduces hospital DSH payments
• Budget neutral value-based modifier for MD payment goes into effect
• MD payments are decreased by 1.5% for not reporting to PQRI (2% for subsequent years)
• Medicare cuts to home health