



BlueCross BlueShield of Alabama

An Independent Licensee of the
Blue Cross and Blue Shield Association

2012 Healthcare Reform

Blue Cross and Blue Shield of Alabama Health Plans

Provisions

Notice of Mid-year Change in Benefit Summaries

Requires at least 60 days notice in advance of any material modification in uniform benefit summaries.

Uniform Coverage Summaries

Requires plans to provide benefit summaries in a uniform format using standardized terminology at the time of application, enrollment and at policy delivery.

Quality Requirements

Requires Plans to comply with annual reporting requirements on benefits and reimbursement structures established by HHS.

Changes to Medicare Advantage Plans

Expanded Service Areas (Medicare Advantage)

Requires Medicare Advantage (MA) plans in urban areas to cover in-state, multi-county "MA" local plan service areas.

Beneficiary Election Periods (Medicare Advantage)

Establishes the open enrollment period as October 15 through December 7 to help ensure enrollment processing by January 1 (current open enrollment period is November 15 through December 31).

SNP Plans (Medicare Advantage)

Transition enrollees without applicable chronic conditions to which the SNP is restricted to a non-SNP MA plan or traditional Medicare by December 31. Also, requires that all SNPs be NCQA approved beginning in 2012.

Medicare Advantage Phase-Down

Beginning of the phase-down to average 100% FFS benchmark.

Medicare Advantage Quality Payment

Begins phasing-in quality bonuses available to qualifying MA plans (fully phased-in in 2014). Section 1102.

Government

Linking Payment to Quality Outcomes

Establishes a hospital value-based purchasing program to incentivize enhanced quality outcomes for acute care hospitals. Also, requires the Secretary to submit a plan to Congress by 2012 on how to move home health and nursing home providers into a value-based purchasing payment system.

Reducing Avoidable Hospital Readmissions

Directs CMS to track hospital readmission rates for certain high-volume or high-cost conditions and uses new financial incentives to encourage hospitals to undertake reforms needed to reduce preventable readmissions, which will improve care for beneficiaries and rein in unnecessary health care spending.

Pharmaceutical Fraud, Waste and Abuse

Requires (by 4/1/2012) drug manufacturers and distributors to report to HHS information on drug sample requests.