



2012 SETTING STANDARDS

PPACA required insurers to further standardize documents and implemented new reporting requirements. The year's major provisions were:

- Integrating health systems was a major encouragement that could improve the quality of health care.
- Summary of Benefits and Coverage was intended to provide a standardized summary of one's benefit plan.
- Quality of care reporting rules could improve the quality of health care and reduce costs.
- Comparative Effectiveness Research Fee (CERF), also known as Patient Centered Outcomes Research Institute Fee (PCORI) was a tax on individual and group health plans intended to fund research that determines the effectiveness of various forms of medical treatment.
- Women's health amendments were put in place August 1, 2012 for non-grandfathered plans without a religious exemption that required additional preventive care services for women with no cost sharing.
- Value of employer sponsored health coverage reporting is now required for employers who distribute 250 or more W-2s.

2012 PROVISION OUTLINE:

- Encouraging integrated health systems
- Summary of Benefits and Coverage
- Quality of care reporting
- Reducing paperwork and administrative costs
- Patient-Centered Outcomes Research Institute Fee
- Women's Preventive
- W-2 Reporting

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EMPLOYER DRIVEN INSURANCE SERVICE

