

Information on Healthcare Policy & ACA

Recap of Last Focus Area Roundtable: <https://hceg.org/healthcare-leaders-focus-on-healthcare-policy-aca/>

Questions Raised During Last Roundtable on Healthcare Policy & ACA

In the last roundtable, the following were raised as possible discussion topics for future roundtables:

- Policy/regulations for controlling costs – particularly for high-need, high-cost members/patients.
- Challenges, issues, and opportunities related to direct provider contracting and value-based payment arrangements.
- Understanding and addressing costs related to internal operations and process modifications.
- Preparing for the many regulatory deadlines (and the frequent adjustments to timelines) such as the 1/1/2022 mandates on machine readable data files, real-time prior authorization requirements, etc.

Potential Areas of Healthcare Policy Impact to Strategy and Technology Solutions:

1. Medicare Buy-In programs, PBM rebates in Medicare Part D and direct contracting pay models
2. Addition of a Public Option to the Individual Market
3. Extending enhanced ACA premium subsidies (Temporarily in COVID stimulus package)
4. Expanding subsidy eligibility (Temporarily in COVID stimulus package)
 - i. Attestation requirement for qualifying is “pretty much nil.”
 - ii. Allowing mid-year changes to take advantage of increased subsidies
5. Increased spending for ACA promotion/outreach and Marketplace/Exchange IT improvements
6. Medicaid changes including elimination of work requirements and reissuing regulations on 340B drug discounts
7. Long-term care, elderly-care and child-care benefits and tax incentives
8. Drug pricing reforms

Surprise Medical Billing

- July 1, 2021 regulations to help interpret the statute – recognized amount, calculating median rates, arbitration/ Independent dispute resolution (IDR)
- State law preemption of Federal Law versus self-insured/ERISA plans
- Providing patients updated “provider network” information where State law will preempt any Federal law
- Access to services in rural and underserved areas

Advanced Explanation of Benefits Requirements (AEOB)

- Confusing and may not get clarified in July 1, 2021 regulations!
- Ton of administrative burden for both the carrier/plan and the provider

Prescription Drug Reforms

- Will be used as much needed revenue “offsets” for other reconciliation programs (CBO estimate of \$500 billion, plus or minus)
- Government negotiating Medicare Drug Prices
- Average International Market Price baseline
- Inflationary Caps/Rebates
- Maximum Out-Of-Pocket limits for Part D Beneficiaries

“Nothing is set in stone!” - Chris Condeluci, Principal & Sole Shareholder at CC Law & Policy PLLC