

# March 2, 2018 | Issue 9

#### Editor's note

This note is produced by the KPMG Center for Healthcare Regulatory Insight and is intended to be short and succinct, less than 360 words, to provide a digestible bite of news relevant to our clients and practices. Links are provided to source material (proposed and final regulations, agency guidance and press releases, reports, research, etc.) when available.

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# Healthcare regulatory news

CMS issued <u>guidance</u> for marketplace qualified health plan issuers and web-based brokers to offer an "enhanced direct enrollment pathway" beginning in 2019... an <u>IRS final rule</u> defines which entities are required to pay the health insurer tax... the <u>Office of Information and Regulatory Affairs reported</u> that the estimated benefits of Obama Administration regulations exceeded estimated costs.

CMS is seeking clinicians to participate in a <u>study on the burdens</u> associated with reporting through the Merit-based Incentive Payment System (MIPS).





### Healthcare law and policy news

The House <u>Judiciary Committee explored</u> potential pharmaceutical supply chain impacts of the proposed CVS-Aetna merger, while merger <u>discussions between Walgreens and AmerisourceBergen</u> appear to have ended...Verily is <u>considering partnering with insurance companies</u> to start a care management business... Uber is <u>launching a dashboard</u> to enable healthcare providers to book transportation for patients.

The <u>House Energy and Commerce Committee considered</u> seven Republican-sponsored bills to address the opioid crisis, including increasing the attorney general's authority; while HHS Secretary Azar encouraged states to <u>use Medicaid waivers</u> to expand payments for substance abuse treatment.

A <u>federal judge struck down</u> the formula used by HHS to <u>calculate insurer payments</u> under the ACA risk adjustment program; HHS is likely to appeal... Twenty states <u>filed a lawsuit alleging</u> that repeal of the individual mandate invalidates the penalties, and therefore the entire ACA... the Washington DC <u>Health Benefit Exchange approved</u> a resolution recommending adoption of an individual mandate.

A <u>coalition of business groups urged</u> policies to stabilize ACA markets, including reinsurance and state waivers... Wisconsin governor <u>Scott Walker signed legislation</u> allowing the state to apply for a 1332 waiver for establishing a reinsurance program... The Wyoming Senate <u>passed a Medicaid work requirement bill</u>, despite reservations from the state Department of Health... The <u>Urban Institute estimates</u> that ACA premiums will increase an average of 18% next year, with 6.4 million more individuals losing coverage.

A number of industry groups, including the National Association of ACOs, AMA, and AAMC <u>urged CMS to allow certain ACOs</u> to continue participating in Track 1 (one-sided risk) for an additional three-year performance period... An <u>analysis from GoodRx</u>

concluded that prescription drug list prices increased 6% in the past 12 months, including 15% for diabetes medications.



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