

April 6, 2018 | Issue 14

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 released the 2019 Medicare Advantage and Part D <u>rate</u> notice and final call letter and <u>MA</u> and <u>Part D</u> policy final rule, which, among other things, boosts <u>MA</u> payments by 3.4%, increases the share of risk adjustment payments based on encounter data from 15% to 25%; clarifies the <u>STAR rating calculation</u> when plans consolidate; and expands the definition of "primarily-health related" benefits to allow coverage of new supplemental benefits... <u>CMS clarified</u> that MA plans contracting directly with a facility/provider can negotiate separate payment rates for 340B drugs, not subject to CMS program cuts.

CMS reported that 11.8 million were enrolled in ACA exchange plans in 2018, down from 12.2 million in 2017; average premiums went up, although 83% of consumers received subsidies reducing monthly premiums to \$89, down from \$106 in 2017... Kaiser Family Foundation found that 90% of Americans still plan to purchase health insurance even after the individual mandate penalty ends.

FDA <u>issued a mandatory recall</u> of kratom products due to salmonella contamination... Commissioner Scott Gottlieb <u>announced the FDA</u> is developing guidance to incorporate patient views and experiences into drug reviews... Gottlieb also <u>encouraged social media sites</u> to do more to prevent the promotion and illegal sale of opioids and <u>expressed confidence</u> that the agency would be able to intervene if a right-to-try bill was used to take advantage of patients.



Healthcare law and policy news

MedPAC <u>unanimously voted to recommend</u> cutting payments to some free-standing emergency departments and <u>considered</u> <u>recommending</u> consolidating four existing hospital value-based payment program into a single initiative.

California <u>sued Sutter Health</u> for alleged anticompetitive practices driving up healthcare prices for patients... <u>OIG reported</u> that in FY2017 Medicaid fraud efforts resulted in 1,528 convictions, 961 civil settlements and judgements, 1,181 individuals excluded from federal programs, and \$1.8 billion in recoveries.

A new <u>CVS Health</u> initiative will focus on patients with chronic kidney disease... the <u>National Restaurant Association is</u> <u>partnering with UnitedHealthcare</u> to increase small business association health plan options.

Iowa <u>enacted a bill</u> allowing the sale of ACA non-compliant "health benefit plans"... the Ohio Department of Insurance meanwhile <u>barred "gag clauses,"</u> ordering PBMs and insurers to disclose the lowest price for prescription drugs to consumers.



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