



Around the world of U.S. healthcare in 360 words or less

Center for Healthcare Regulatory Insight



[July 6, 2018 | Issue 27](#)

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.

In order to continue receiving ATW 360 in future weeks, you will need to subscribe to our mailing list [here](#). Please share this email with colleagues and other interested individuals.

[Subscribe here](#)



Healthcare regulatory news

The CMS [home health payment proposed rule](#) would [increase payments to home health agencies](#) by 2.1%, or \$400 million next year, reimburse for remote patient monitoring, reduce regulatory burdens, refine the case-mix methodology and change the home health unit of payment from 60 days to 30 days in CY2020.... [CMS proposed](#) increasing funding for disproportionate share (DSH) hospitals by \$288 million next year to keep allotments in line with inflation... CMS [extended until August 8th](#) the deadline for providers to decide whether to participate in the Bundled Payment for Care Improvement (BPCI) Advanced model.

CMS [reported that 10.6 million individuals](#) had effectuated ACA coverage (paid premiums) as of mid-March, down 9% from sign-ups during 2018 open enrollment (11.8 million); effectuated coverage is up 3% from the same time last year (10.3 million)... CMS is [considering cutting federal funding](#) for ACA “navigators” from \$38 million this year to \$10 million next year.

CMS [reported that drug and device manufacturers](#) made \$8.4 billion in payments to physicians and teaching hospitals in 2017, down from \$8.81 billion in 2016... FDA [final guidance](#) set out classifications and categories for amendments to generic drug applications, and how amendments may affect review dates.



Healthcare law and policy news

A [US District Court ordered](#) Abbvie to pay \$448 million to consumers overcharged for Androgel resulting from Abbvie [litigation](#) to maintain its monopoly by preventing generic introduction... A [federal judge blocked](#) Kentucky from instituting its Medicaid work requirements and other beneficiary eligibility requirements; the state responded by [eliminating dental and vision benefits](#) for nearly half a million beneficiaries... Governor Paul LePage [vetoed legislation](#) to cover the costs of expanding Maine’s Medicaid program.

[Wells Fargo reported](#) that the prices of 104 pharmaceutical products increased an average of 31.5% in June and early July... Pfizer [increased the list price](#) for more than 40 prescription drugs this week, several by 9.4%... CVS [told HHS Secretary Alex Azar](#) that the company favors lower drug prices and sharing rebates with patients.

World Health Organization and World Bank [reported that low quality care](#), including medication errors, unnecessary treatments, and inaccurate diagnoses, is exacerbating disease and increasing healthcare costs worldwide.



Questions or comments, please send to us-hcinsight@kpmg.com



[Privacy](#) | [Legal](#)

You have received this message from KPMG LLP. If you wish to unsubscribe from Around the world of U.S. healthcare in 360 words or less, please [click here](#). If you wish to unsubscribe from all KPMG communications, please [click here](#).

KPMG LLP, 3 Chestnut Ridge Road, Montvale, NJ 07645

© 2018 KPMG LLP, a Delaware limited liability partnership and the U.S. member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative ("KPMG International"), a Swiss entity. All rights reserved. NDPPS 698390

The KPMG name and logo are registered trademarks or trademarks of KPMG International.