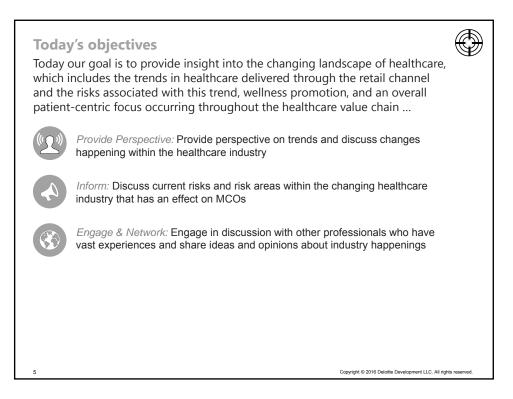


Introductions

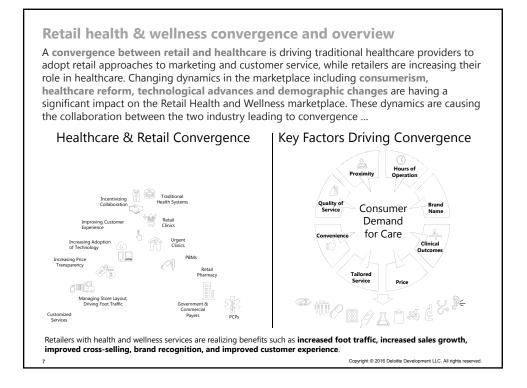
Today 's	s speakers	
payors, p		periences in working with health plans, retailers alike, coupled with experience in al services
A	Tom Delegram	Experience
- Contraction of the second se	Deloitte Advisory Director Deloitte & Touche LLP Tel: 412-596-1078 tdelegram@deloitte.com	Tom is a Deloitte Advisory Director in the Deloitte & Touche LLP Business Risk Practice. He has 16+ years of administrative and management experience in health care surrounding operations, reporting, compliance and strategy. He has deep experience in regulatory compliance issues for Medicare and Medicaid health plans, prescription drug plans and pharmacy benefit managers (PBM's), focusing on internal control process, key regulatory risk areas, due diligence, and operational design.
	Matt Hourin Deloitte Advisory Principal Deloitte & Touche LLP Tel: 617-596-3262 mhourin@deloitte.com	Experience
		Matt is a Deloitte Advisory Principal in the Deloitte & Touche LLP Business Risk Practice. He has over fourteen years of experience implementing risk management programs, developing control frameworks, and delivering Internal Audit services. He specializes in

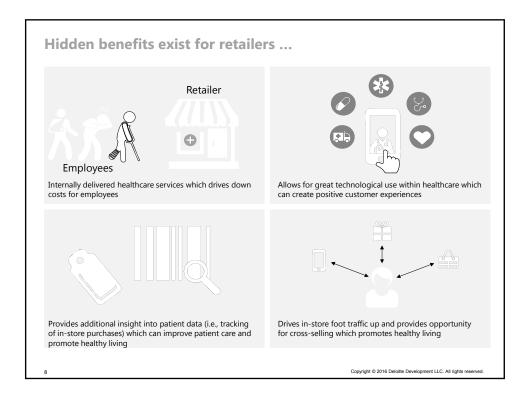
	<u>mhourin@deloitte.com</u>	frameworks, and delivering Internal Audit services. He specializes in assisting organizations with implementing sustainable enterprise risk management programs, with a specific focus in the retail healthcare industry.
	Christine Anusbigian, MBA, CHC Deloitte Advisory Specialist Leader Deloitte & Touche LLP Tel: 313-919-5857 canusbigian@deloitte.com	Experience
		Chris is a Deloitte Advisory Specialist Leader within Deloitte & Touche LLP. She has over 30 years experience working with providers, payors, and physicians. Chris has been with Deloitte for over 17 years, providing consulting services to health care organizations regarding regulatory compliance and internal controls. She has in-depth knowledge of, and experience with regulatory requirements, third-party payor billing rules, and compliance programs.
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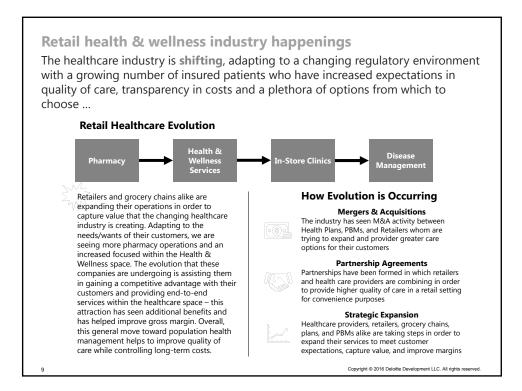


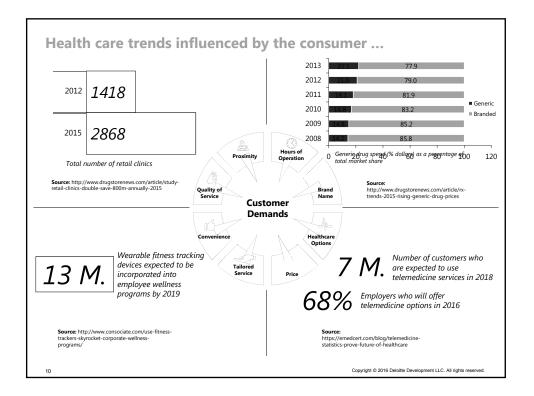
Session 1:

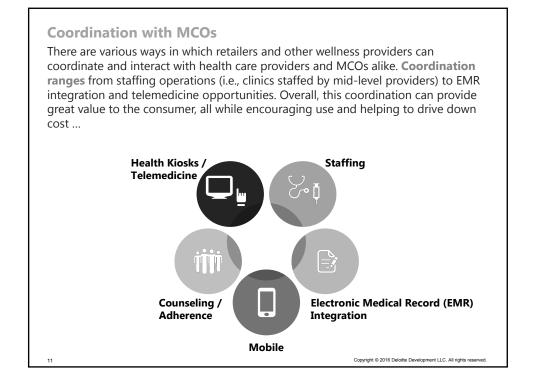
The changing healthcare landscape, including benefits MCOs receive from collaboration with wellness providers

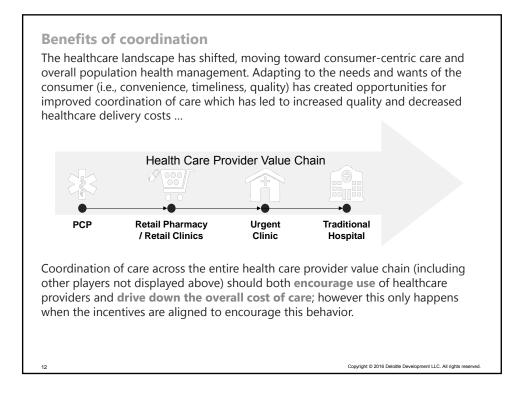


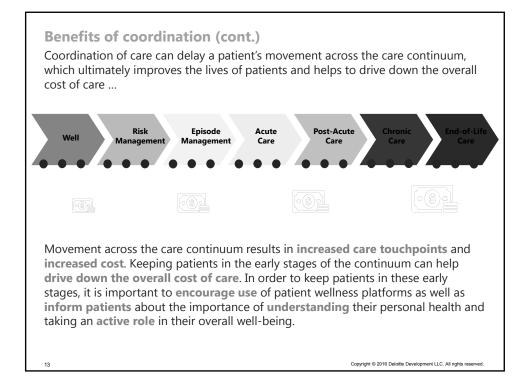


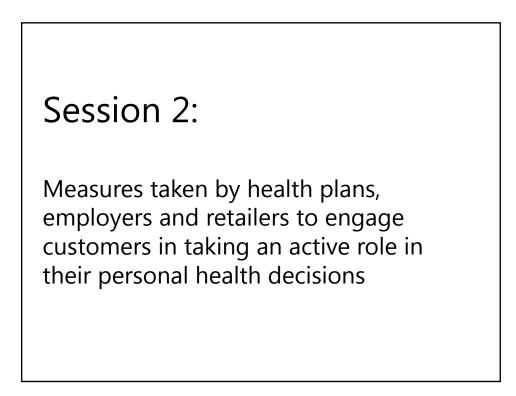


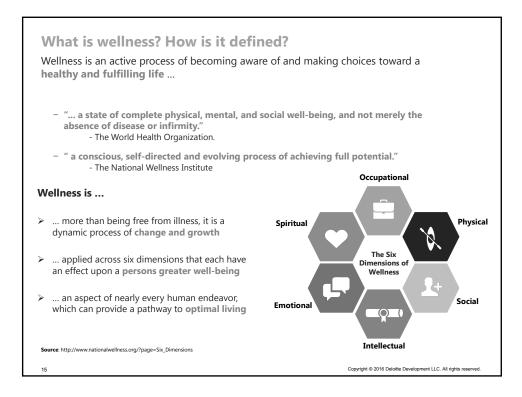


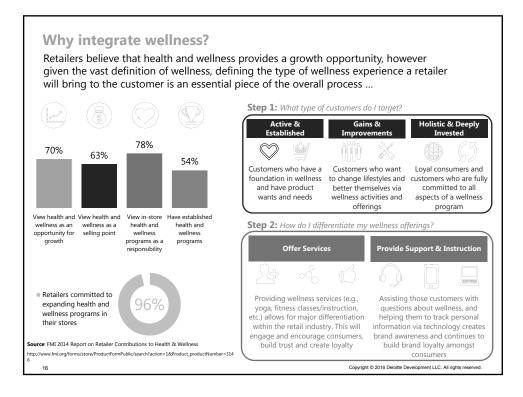












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Engaging employees in wellness ...

Health plans, employers, and retailers are striving to engage people to take an active role in their personal health ...

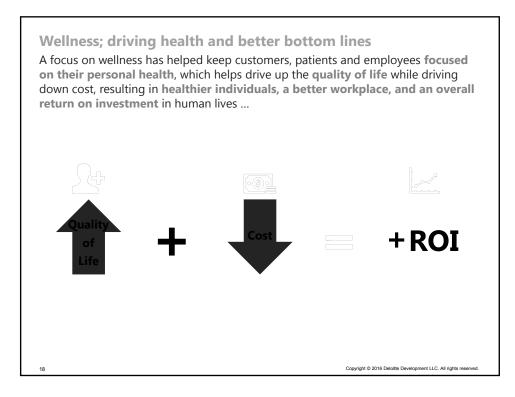
Examples

Encouraging health lifestyles and health conscious decisions ...

Employers around the world, including health plans and retailers, are encouraging both employees and patients/customers alike to take active roles in their personal health – these companies are offering more and more programs related to wellness and overall health initiatives such as:

- Fitness facilities, membership assistance (fitness subsidies) and even hiring fitness instructors to give demonstrations on how to incorporate fitness into every day work life
- Onsite flu immunization and blood donor clinics
- Enforcement of a smoke-free working environment (smoke-free campuses)
- Encouraging active programs during lunch hours, including creating social groups of people who walk, run or even cycle during lunch hours
- Serving health conscious food options at all on-site locations
- Offering smoking cessation programs and incentives
- Gamification of wellness programs (i.e., "biggest loser", health scores)
- Regular "wellness" communications / newsletter which provides tips, encouragement and features on what other
 individuals are doing related to wellness





Session 3:

Trends: Retail clinics and wellness promotion & the risks associated with the ever-increasing scope-of-services offered by retail clinics

Major risks to consider

Risks are required to be **consistently evaluated** in order to understand the effects that they may pose at a given point in time. Risks should be **analyzed according to the risk management strategy** set forth by leadership. The risk management strategy should include risk rankings, which determine which risks require the most amount of attention. Some of the risks which may require more attention include:

- · Patient safety
- Enrollment
- Credentialing
- EMR
- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Inducement
- Payment
- Billing and coding
- Clinical Laboratory Improvement Amendment (CLIA)
- Kickbacks
- Incentives / Waive co-pays
- State scope of practice regulations for mid-level providers

Collaboration with **legal counsel** should be embedded into the risk management approach in order to design, implement and execute risk management procedures.



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Increased services, increased risk ...

The **more services offered**, **the more exposed to risks** retailers are. While consumer centrism has presented areas of opportunity, these opportunities have opened retailers up to more risks which, when unaccounted, for can create detrimental problems. For example:

Scenario 1

Pharmacy XYZ offers gift cards and other monetary benefits in order to attract patients to utilize their pharmacy services ...

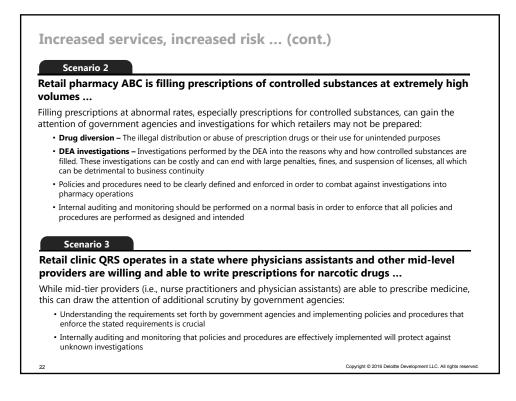
While this may seem like an effective marketing approach to help to bring in customers who regularly fill prescriptions, this tactic has been defined by CMS as inducement and is subject to fines:

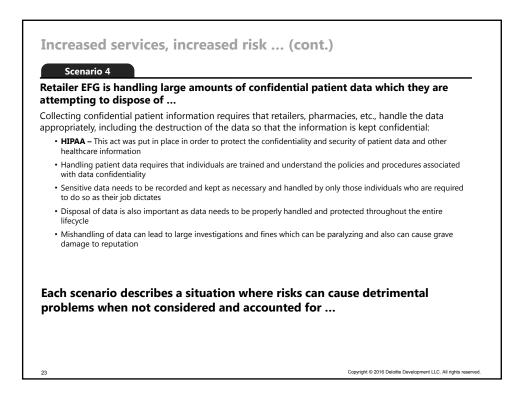
- Inducement Manipulating any healthcare choice and/or improperly influencing any healthcare decision making process through promotions / marketing
- The element of inducement is met by any offer of valuable (i.e., not inexpensive, greater than \$10) goods and/or services as a part of a marketing or promotional activity
- Inducement is subject to investigations that can be costly to perform and control, damage reputations, and end in expensive fines that can be detrimental to business operations

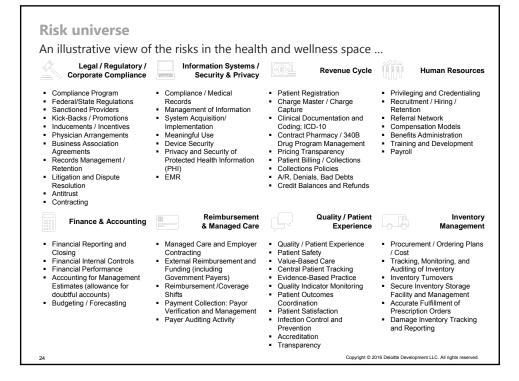
What effects does scenario 1 present across the entire health care value chain?

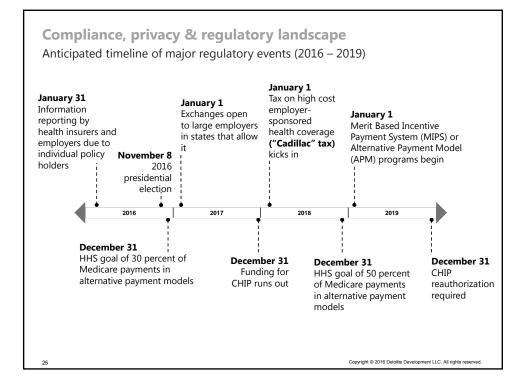
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Future considerations

Two major items to consider moving into the future of the changing healthcare landscape are the Cadillac tax and MACRA. Being aware of change is the first step in becoming equipped to handle change.

Cadillac Tax

What is the Cadillac tax?

 The tax will be enforced starting in 2018, a 40% excise tax that will be enforced on any individual health-insurance policy which costs more than \$10,200 – correspondingly, the family plan threshold is \$27,500

What is the goal of the Cadillac tax?

- The excise tax on high-cost employer-sponsored coverage (the so-called "cadillac" tax) was included in the Affordable Care Act (ACA) in lieu of changes to the tax preferences for employer-sponsored health benefits for employees. The tax is intended to:
- Help fund the ACA's health coverage expansion
- Help control the growth of health care costs in the private health insurance market
- The excise tax takes effect for tax years after December 31, 2017. It is projected to raise \$91.1 billion from 2018 through 2025

Medicare Access and CHIP Reauthorization Act

What is the Medicare Access and CHIP Reauthorization Act (MACRA)?

 This act is designed to remove sustainable growth rate (SGR) methodology from the determination of annual conversion factors in the formula for payment for physicians' services, and help to revise the update in rates for 2015 and subsequent years

What is the goal of MACRA?

 MACRA is being put in place in order to align quality and outcome measures, which will help to steer the entire health community toward a coordinated care continuum and away from fee-for-service

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