

Update on the 2017 health care legislative and regulatory agenda

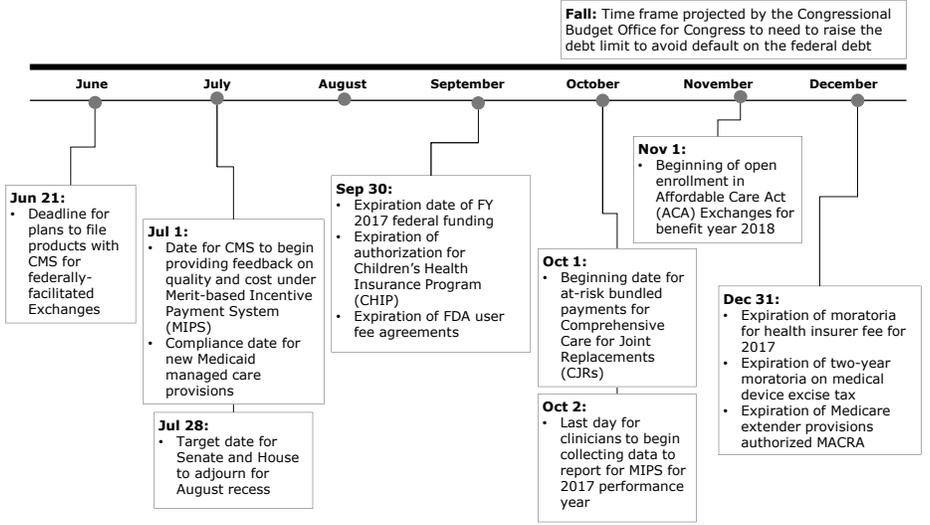
Health Care Compliance Association – Orange County Regional Conference
June 16, 2017

Today's discussion

- 1 **2017 regulatory and legislative calendar**
- 2 **Repeal and replace: the American Health Care Act (AHCA)**
- 3 **Payment and delivery reform: the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)**
- 4 **Aligning regulations: Medicaid Managed Care final rule**

A race against the calendar

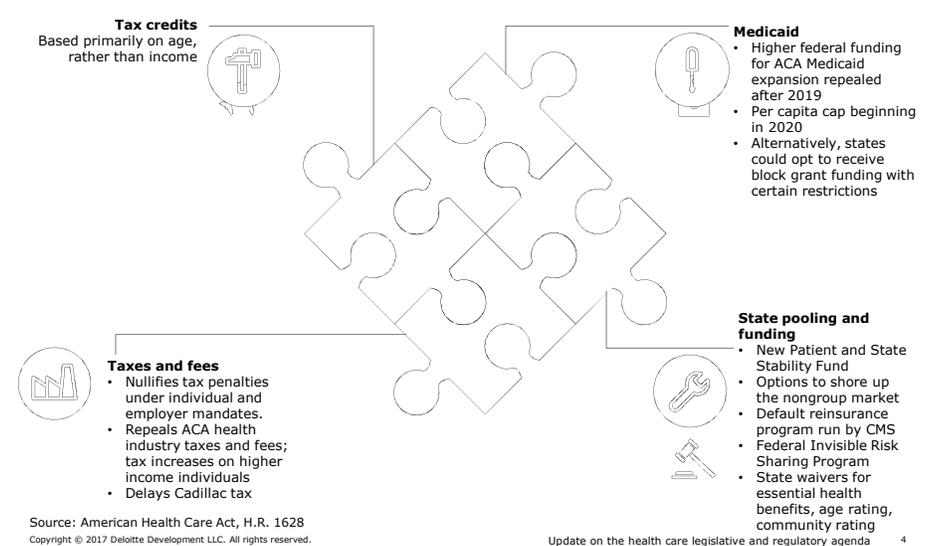
Providers in 2017 face significant deadlines, while watching to see how the Trump Administration and Congress will respond to a series of action-forcing deadlines.



Source: Deloitte Risk and Financial Advisory Regulatory Services for Life Sciences and Health Care
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'Repeal and Replace': the AHCA

The House passed the AHCA on May 4, 2017. A 13-member Senate working group is working on the next iteration of the bill.

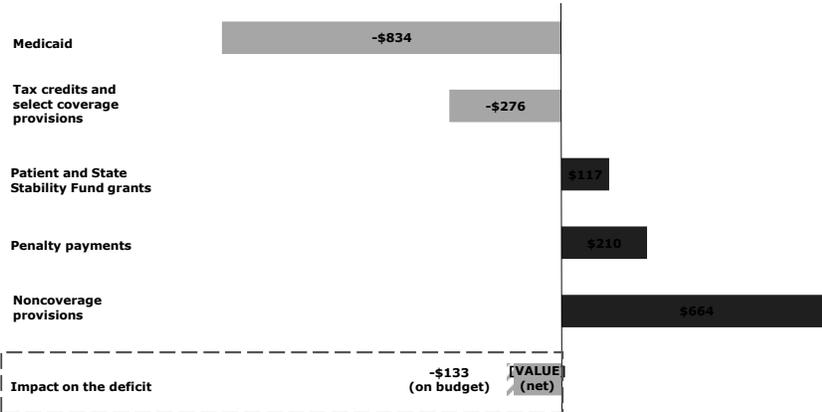


Source: American Health Care Act, H.R. 1628
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'Repeal and replace': projected impact on the federal budget

The Senate is expected to make significant changes to the House bill, but procedural rules will require the same amount of deficit reduction.

Net effects of AHCA* on federal budget deficit, 2017-2026 (billions of dollars)



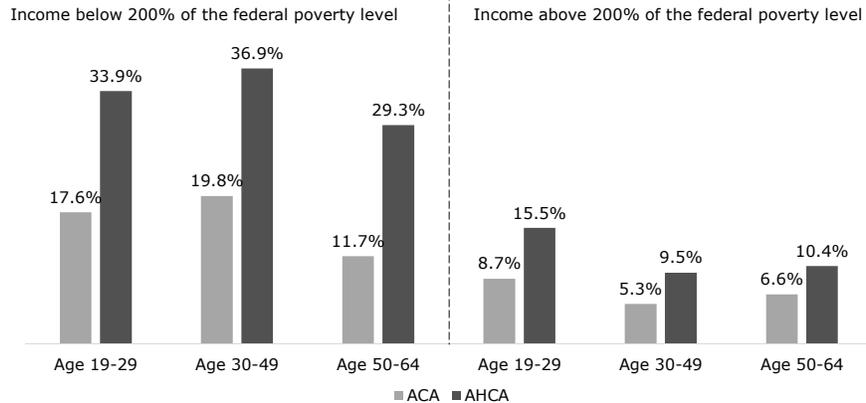
Source: Congressional Budget Office, staff of the Joint Committee on Taxation.
 *As passed by the House of Representatives, May 4, 2017.
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Update on the health care legislative and regulatory agenda 5

Repeal and replace: projected change in the uninsured

Overall, the AHCA is expected to increase the number of uninsured individuals by 23 million by 2026. Lower-income people ages 50-64 would account for the biggest increases.

Share of uninsured adults ages 19-64 under the ACA and the AHCA*



Source: Congressional Budget Office, staff of the Joint Committee on Taxation.
 *As passed by the House of Representatives, May 4, 2017.
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Update on the health care legislative and regulatory agenda 6

Payment and delivery reform: MACRA

MACRA is a game changer...the law will drive the future of health care payment and delivery system reform for clinicians, providers, and plans across their payer mix.

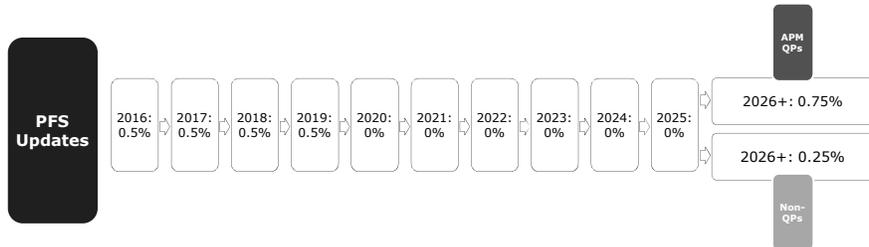
With the repeal of the Sustainable Growth Rate (SGR) formula, MACRA sets updates to the Medicare Physician Fee Schedule (PFS) and for the first time evaluates clinicians' performance **at an individual level**

MACRA offers significant financial incentives for health care professionals to participate in risk-bearing, coordinated care models and to **move away from the traditional fee for service system**

MACRA is poised to drive increased participation in **risk-bearing coordinated care models across all payers, not just Medicare**

Payment and delivery reform: Payment updates under MACRA

With the repeal of the SGR formula, MACRA sets updates to the Medicare PFS for **all years in the future**



Under MACRA's Quality Payment Program (QPP), clinicians have two distinct paths for payments under the PFS going forward:



Advanced Alternative Payment Models (APMs)

- Risk-based, care coordination models
- For Qualifying Participants (QPs), temporary bonuses from 2019-2024 (5% of Medicare PFS payments)
- Increasing thresholds for QP status over time
- All-Payer Combination Option begins in performance year 2019



Merit-based Incentive Payment System (MIPS)

- Consolidates Meaningful Use, Physician Quality Reporting System (PQRS) and Value-based Modifier
- Budget-neutral payment adjustments based on clinician performance
- +/-4% for 2019, progressively increasing to +/-9% for 2021 and subsequent years

Clinicians eligible to participate in Advanced APMs and MIPS

A broader group of clinicians initially will be eligible to participate in the Advanced APM track than will be eligible for payment adjustments under MIPS

Advanced Alternative Payment Models (APMs)

- Physicians*
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Certified registered nurse anesthetist
- Certified nurse-midwife
- Clinical social worker
- Clinical psychologist
- Registered dietitian or nutrition professional
- Physical or occupational therapist
- Qualified speech-language pathologist
- Qualified audiologist

Merit-based Incentive Payment System (MIPS), 2019–2020

- Physicians*
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Certified registered nurse anesthetist

Participation may be expanded to other professionals paid under the Physician Fee Schedule in subsequent years.

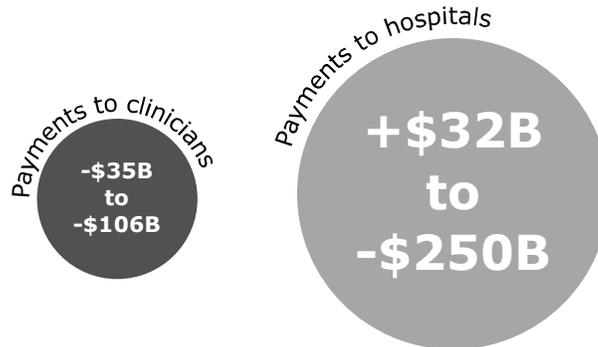
*Physician, as defined under current law, includes: a doctor of medicine or osteopathy; a doctor of dental surgery or of dental medicine; a doctor of podiatric medicine; a doctor of optometry; and a chiropractor.
Source: Public Law 114-10 (April 16, 2015)

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Payment and delivery reform: the financial impact of MACRA

MACRA directly affects Medicare payments to clinicians, but the law could have a greater impact on payments to hospitals depending upon how CMS implements MACRA's advanced APMs.

Projected impact of MACRA on Medicare payments, 2015-2030

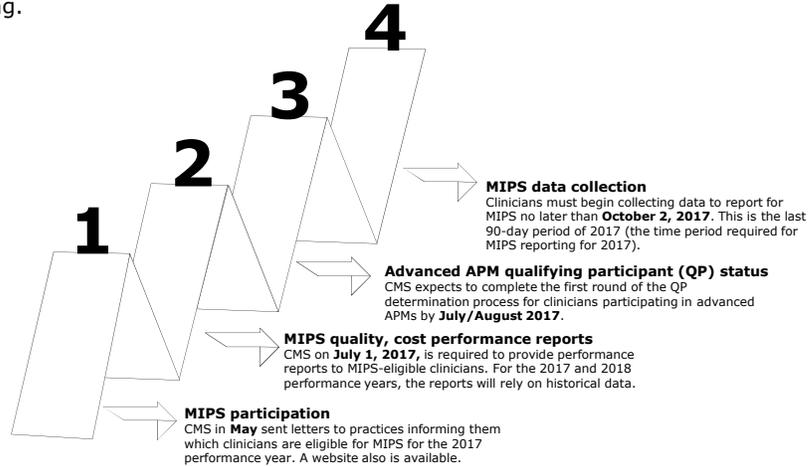


Source: Hussey et al., "The Medicare Access and CHIP Reauthorization Act: Effects on Medicare Payment Policy and Spending," *Health Affairs*, April 2017.

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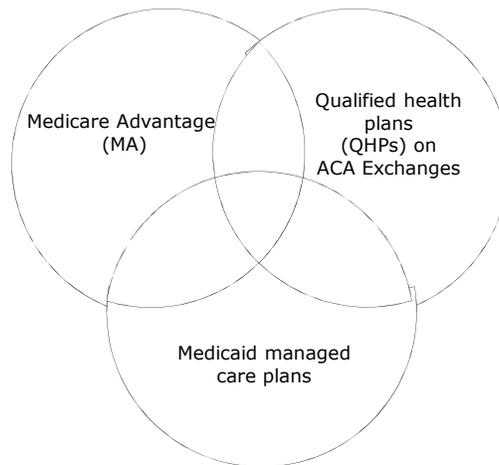
Payment and delivery reform: CMS outreach is underway

Over the coming months, providers can expect several communications from CMS that will provide critical details for their MACRA strategic and compliance planning.



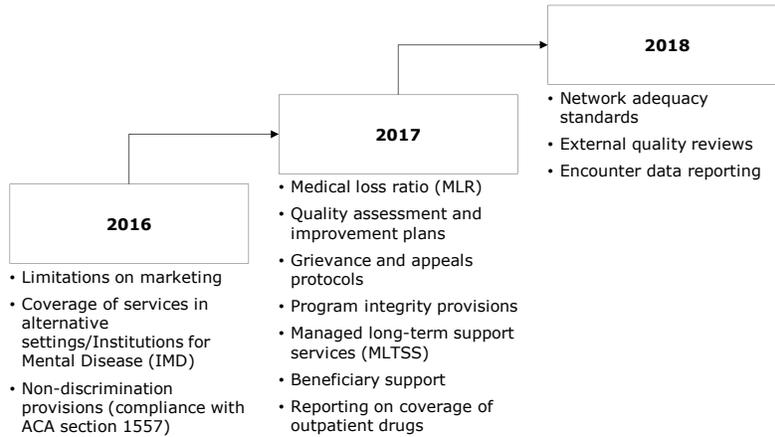
Aligning regulations: Medicaid managed care rules

The May 2016 final rule sought to align rules for Medicaid managed care with Medicare Advantage and ACA Exchanges. This rule is under review by HHS.



Aligning regulations: New compliance deadline considerations

Providers could expect to see new compliance requirements for Medicaid managed care plans raised in contract negotiations.

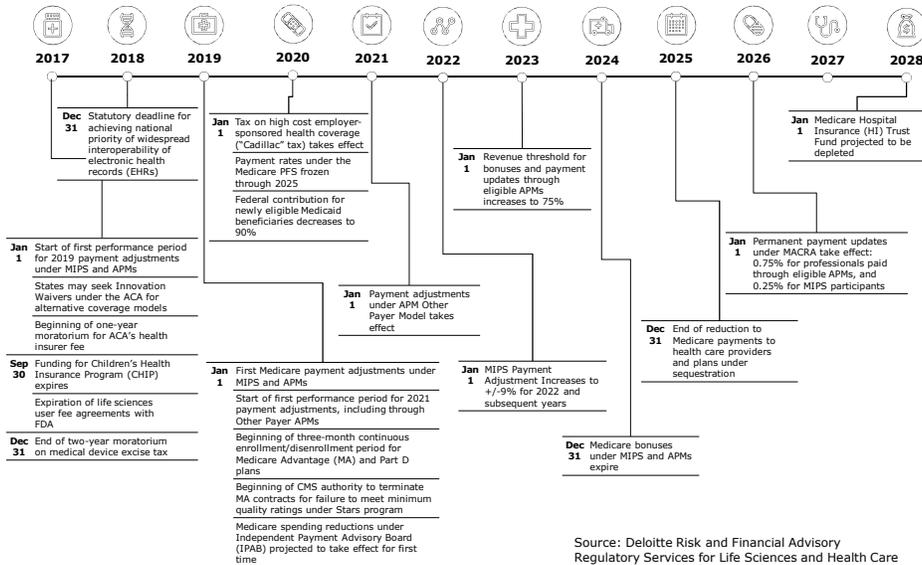


Source: Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions to Third-Party Liability, Final Rule, Centers for Medicare and Medicaid Services, Department of Health and Human Services, May 6, 2016.

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Update on the health care legislative and regulatory agenda 13

Timeline of major legislative and regulatory events: 2017–2028



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Update on the health care legislative and regulatory agenda 14

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Update on the health care legislative and regulatory agenda 15



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Profile

Daniel is a Deloitte Risk and Financial Advisory Senior Manager. Building off of more than 16 years of experience in the health care industry, Daniel works with health care providers, health plans, investors, and other stakeholders to identify factors that will drive health care in the future. He helps stakeholders evaluate and plan for strategic risks and opportunities based on insights and analysis of government and private sector data; market trends; and political, legislative, and regulatory issues affecting the health care industry.

Daniel is actively monitoring the change in Administration and the legislative and regulatory agenda for health care and life sciences for 2017, including the debate over the future of the ACA and potential health care changes in tax reform. In addition, Daniel continues to track payment and delivery system reform efforts, notably through the implementation of MACRA.

Prior to joining Deloitte Risk and Financial Advisory, Daniel spent five years at a global professional services firm advising organizations on the implementation of the ACA, including issues related to eligibility for premium tax credits and Medicaid, the employer mandate, and health insurance market reforms. He authored detailed analyses of the major ACA regulations from the Department of Health and Human Services, the Department of the Treasury, the Internal Revenue Service, and the Department of Labor. Daniel's career in professional services builds off of 10 years of experience in strategic research and policy analysis at a research, technology, and consulting firm focused on the health care industry.

Daniel regularly speaks and writes on health care regulatory and legislative issues.

Education

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Update on the health care legislative and regulatory agenda 16

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