

# Emerging issues in Managed Care

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1

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2

2

## Road map

- Price transparency
- No Surprises act
- Stark and AKS Reforms
- COVID-19
- Equity and Social Justice
- Legislative and Regulatory Update
- Other hot topics in Managed Care



3

3

## Price transparency

**Hospitals: 84 Fed. Reg. 65524 (Nov. 27, 2019); Adopts new 42 CFR Part 180**

- **Hospitals are required to make public:**
  - A machine readable file containing a list of all standard charges for all items and services
  - A consumer-friendly list of standard charges for a limited set of shoppable services
  - Hospitals must publish a consumer-friendly, searchable list of standard charges and payor-specific negotiated rates for at least 300 “shoppable services”
  - CMS may assess CMPs following a warning notice to a noncompliant hospital or following a request for a corrective action plan



4

4

# Price transparency

Health plans: 85 Fed. Reg. 72158 (Nov. 12, 2020); Regulations at 45 CFR Parts 147/158

- Health plans must provide:
  - No later than January 1, 2022, must make public, using three standardized, machine-readable files (updated monthly)
    - Negotiated rates for in-network providers
    - Historical allowed amounts for out-of-network providers
    - Prices for prescription drugs
  - Personalized price estimates for 500 shoppable services beginning in 2024
  - Disclose cost-sharing information for all items services for plan years beginning in 2024
- Provides incentives for sharing savings with consumers by incorporation into medical loss ratios.

# No Surprises Act

- Limits patient liability to in-network cost-sharing, deductibles, and out-of-pocket maximums
- Will protect balance billing/require payers to pay providers directly
- Applies to:
  - Non-emergency services provided by a nonparticipating professional at a participating facility
  - Emergency services
- Act requires Secretary of HHS to issue regulations by July 1, 2021
- Requires Independent Dispute Resolution process to begin January 1, 2022
  - Permits batching of cases in certain circumstances within a 30-day period
  - IDR entity may not consider reimbursement rates of public payer/provider's usual customary charges
- Act provides deference to states with existing surprise billing laws

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