

Paradigm Shifts in Managed Care

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KING & SPALDING



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Agenda

- COVID-19
- Recent Tensions Between Payors and Providers
- Health Plan Transparency Enforcement Delay
- Increased Implementation of Alternative Payment Models
- Increased Focus on Social Determinants of Health



COVID-19

The Rise of Telemedicine & End of the Public Health Emergency



COVID-19: Impact on Telemedicine

- A December 2021 report from the HHS found that the number of Medicare FFS beneficiary telehealth visits increased 63-fold in 2020.¹
 - Telehealth increased to 8% of primary care visits and 3% of specialist visits.
- Visits to behavioral health specialists showed the largest increase in telehealth in 2020.
 - Telehealth comprised 33% of total visits to behavioral health specialists.
- Black and rural beneficiaries had lower use of telehealth compared with White and urban beneficiaries, respectively. Telehealth use varied by state, with higher use in the Northeast and West, and lower in the Midwest and South.

¹ Assistant Secy. for Planning & Eval., Office of Health Policy, “Medicare Beneficiaries’ Use of Telehealth in 2020: Trends by Beneficiary Characteristics and Location” (Dec. 2021).



COVID-19: The End of the Public Health Emergency (PHE)

- The COVID-19-related PHE will end April 16, 2022.
- The Families First Coronavirus Response Act (FFCRA) (amended by the Coronavirus Aid, Relief, and Economic Security (CARES) Act) authorized a 6.2% increase in federal Medicaid matching funds to help states respond to the COVID-19 pandemic.
 - These additional funds will cease June 30, 2022.
- FFCRA requires states to provide continuous coverage to Medicaid enrollees until April 30, 2022 to receive enhanced federal funding.
- The American Rescue Plan Act (ARPA) expanded ACA Marketplace subsidies by lowering the monthly premium and by extending subsidies to middle-income people who were previously ineligible for help.
 - ARPA’s enhanced Marketplace subsidies are set to expire at the end of 2022.



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