

Trends & Innovations in Managed Care

Recent Developments at the Federal and State Levels Driving Change

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Introduction

- Landscape for payors is in constant flux
 - Policy changes
 - Technological advances
 - Societal shifts
 - Upward pressure on costs and downward pressure on revenue
- Today we will provide an overview of some of the hot topics and emerging trends that will shape the managed care industry in 2024, impacting payors, providers, insureds, and employers

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Issues for Consideration

- Increased use of AI by plans and providers
- Expanded regulation of managed care in mental health parity
- Antitrust trends in health care arrangements
- Managed Medicare and Medicaid – Post PHE
- 340B
- Coverage of new drugs
- Self-funded plans and new liability under the Consolidated Appropriations Act
- Payer/Payer and Payer/Provider transactions

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Current Coverage Trends

- Overview of enrollment
 - Marketplace based coverage
 - Enrollment has exceeded 21 million for the 2024 plan year
 - Self-insurance
 - Medicaid Managed Care
 - Impact of PHE unwind: more than 14.4 million Americans have lost Medicaid coverage
 - Medicare Advantage
 - Now covers more than half of the Medicare population

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Transactions

- Payor-provider integration
 - Payors will continue to build networks and clinic
 - Payors will continue to acquire providers
- Antitrust scrutiny
 - HSR pre-merger review
 - FTC has signaled increased scrutiny of health care transactions

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Transactions (cont'd)

- Antitrust scrutiny (cont'd)
 - Increased state regulatory scrutiny for transactions
 - Pre-merger notification requirements
 - As of January 1, 2024, 13 states have adopted requirements that allow state AGs (or other state agencies) to review health care transactions in advance
- Private equity ownership of payors
 - Both state and federal lawmakers and regulators continue to scrutinize private equity ownership of payors

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