

September 30, 2024 | Issue 340

Editor's note

This series is produced by KPMG Healthcare and is intended to be short and succinct, less than 360 words, to provide a weekly digestible bite of healthcare regulatory, policy, and industry news relevant to our clients. Links are provided to source material (proposed and final regulations, agency guidance and press releases, reports, research, etc.) when available. Please share this email with colleagues and other interested individuals, and encourage them to subscribe to our mailing list here.

We welcome your feedback. Let us know if KPMG can help. Please reply to this email with any comments or requests.

> Subscribe here



Healthcare regulatory news

CMS released a <u>final rule</u> that makes major changes to the Medicaid Drug Rebate Program (MDRP), including an expanded definition of outpatient drugs... Based on feedback from <u>industry</u> and <u>Congressional members</u>, the agency did not finalize some key proposals, such as clarifying the definition of a manufacturer under the MDRP, modifying the 'best price' of a drug to stack all relevant discounts, and instituting a price verification survey.

CMS finalized a <u>rule</u> targeting suspicious billing activity in the Medicare Shared Saving Program... In April, <u>OIG published a consumer alert</u> on scammers targeting and sending medically unnecessary urinary catheters to Medicare beneficiaries.

HRSA <u>will allocate \$75M</u> to support access to and quality of healthcare in rural parts of the country; the funding will be used to launch innovative opioid treatment services, strengthen the quality of maternal healthcare, and financially support rural hospitals... Separately, the agency <u>announced</u> its intent to spend \$240M to expand substance use disorder and mental health treatment in 400 community health centers.

In new guidance, CMS reminded states of their duty to cover comprehensive services, such as transportation to appointments, for children under Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (ESPDT) benefit; despite the federal requirements for ESPDT benefits, states <a href="https://example.com/hereit/h

Medicare Advantage (MA) plans <u>Humana</u>, <u>Emblem Health</u>, and <u>Health Assurance Pennsylvania</u>, a subsidiary of Aetna, owe the government \$11M in refunds for overstating the severity of members' illnesses, according to HHS OIG audit reports.





Healthcare law and policy news

MA and Part D premiums, benefits and plan choices <u>are expected</u> to remain similar in 2025, according to CMS; the agency in July <u>announced</u> a voluntary demo to help offset a potential increase in stand-alone prescription drug plan premiums due to the IRA's benefit redesign.

Two Senate Democrats plan to release <u>a bill</u> that would make permanent the Marketplace's enhanced premium tax credits... Earlier this year, <u>CBO estimated</u> that if Congress extends these tax credits, 3.4M individuals will maintain health coverage.

Measles cases are rising throughout the US, as the rate of inoculation against measles has steadily fallen since the start of the COVID-19 pandemic.





Questions or comments, please send to us-hclspractice@kpmg.com.

kpmg.com/socialmedia











Privacy | Legal

You have received this message from KPMG LLP. If you wish to unsubscribe from Around the world of U.S. healthcare in 360 words or less, please click here. If you wish to unsubscribe from all KPMG communications, please click here.

KPMG LLP, 3 Chestnut Ridge Road, Montvale, NJ 07645

© 2024 KPMG LLP, a Delaware limited liability partnership and a member firm of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee. All rights reserved. USCS011380-1B

The KPMG name and logo are trademarks used under license by the independent member firms of the KPMG global organization.