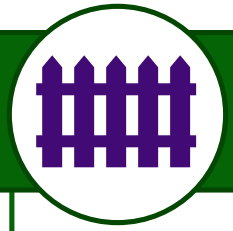
Policy Proposals to Reduce Premiums and Help Consumers Afford Care

Allow employers to participate in certain CMS Innovation Center (CMMI) demonstration programs



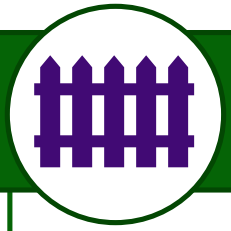
Barrier

Public and private payers too often work in silos to achieve higher value care for their populations

Opportunity

Allow employers to participate in certain CMS CMMI demonstration programs to promote multi-payer collaboration and encourage public/private partnerships that improve quality and reduce costs

Prevent anti-tiering and anti-steering clauses



Barrier

Health plans are often restricted from directing or incentivizing patients to use specific providers and facilities with higher quality and lower prices

Opportunity

Prevent "anti-tiering" and "anti-steering" clauses in contracts between providers and health plans that restrict plans from incentivizing high-value care

Create a federally funded reinsurance program

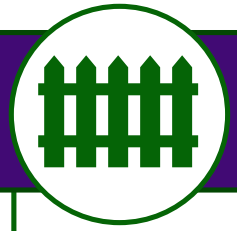
Barrier

A small number of extremely high-cost claimants can drive up plan premiums for an entire group

Opportunity

Create a federally funded reinsurance program that attaches above a certain dollar amount and applies to self-funded and fully insured plans to reduce premiums for all plans

Address chronic conditions and enhance access to primary care



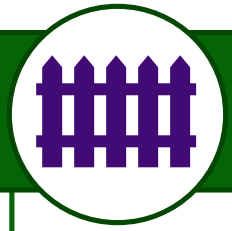
Barrier

Lack of adequate access to chronic disease management and primary care is a lost opportunity to provide high-value, low-cost care that can reduce costs and improve health in the future

Opportunity

Address chronic conditions and enhance access to primary care in all communities

Expand site-neutral payments



Barrier

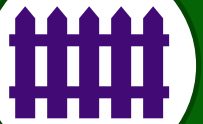
Price variations based on the setting of care drive up costs for consumers

Opportunity

Expand site-neutral payments:

- require Medicare to pay the same rate to all on and off- campus hospital outpatient departments, ambulatory surgery centers, emergency departments, and off-campus physician offices
- consider ways to encourage site-neutral payments in commercial settings

Harmonize reporting of performance measures



Barrier

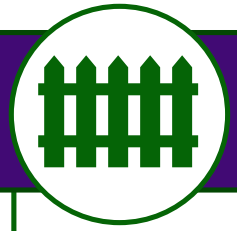
Lack of standardized performance metrics and data collection make it difficult to identify areas for quality improvement and high-value care, in addition to increasing reporting burden on health care providers

Opportunity

Direct HHS to establish harmonized reporting of performance measures by health care providers across all payers, which should include a core set of disparity reduction measures

The Secretary should lead a multi-stakeholder process to build consensus and publish the harmonized set of measures by 2023

Incentivize the purchase of health insurance coverage for small business employees



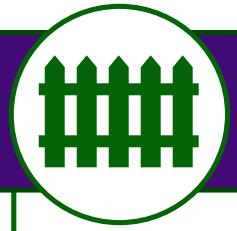
Barrier

Small businesses lack adequate incentives to purchase health insurance coverage for their employees

Opportunity

Make health coverage more obtainable for small businesses (<50 or <100) by financing tax credits to incentivize the purchase of health insurance coverage for employees

Allow more high-value care before the deductible



Barrier

Current limitations in the type of care that can be provided before the deductible limits consumer access to high-value care that can improve health and reduce costs

Opportunity

Allow plans and employers to offer more high-value care pre-deductible. This includes:

- The Chronic Disease Management Act (H.R. 3563/S. 1424), which allows greater flexibility to offer pre-deductible coverage for chronic disease prevention
- The Telehealth Expansion Act (S. 1704), which makes permanent the flexibility for HSA-eligible plans to offer telehealth pre-deductible
- Legislation that allows employers to provide more robust services (like chronic disease management and primary care) at onsite medical clinics pre-deductible without charging fair market value
- Create a safe harbor based on actuarial value such that individuals enrolled in plans below a specified actuarial value may make and receive contributions to Health Savings Accounts (S. 2099)