

Expanding Access to Achieve Universal Coverage

As we continue to work towards achieving universal coverage, we will focus on expanding access to employer-sponsored insurance, Medicaid, and Medicare Advantage. We will also focus on protecting and growing employer-sponsored insurance, returning oversight of the individual market to the states, establishing complex coverage pools, allowing insurers to offer a broader array of innovative, flexible, affordable private individual market products, expanding Medicaid, providing Medicaid managed care plans with broader flexibilities, transitioning beneficiaries who are dually eligible for Medicare and Medicaid to managed care, building on the strength and success of Medicare Advantage, and implementing appropriate cost containment mechanisms for pharmaceuticals.

- ▶ **Employer-Sponsored Insurance** 175 million Americans;
- ▶ **Medicaid** 74 million Americans, a 16 percent increase since 2013, 43 percent of the total population;
- ▶ **Medicare Advantage** 8.1 million people, a 10 percent increase over the last decade, a 21 percent increase in the number of people aged 65 and older.

Some of the key actions we will take to achieve universal coverage include:

- ▶ **Protecting and growing Employer-Sponsored Insurance** by ensuring that all Americans have access to employer-sponsored insurance.
- ▶ **Returning oversight of the Individual Market to the States** to allow states to tailor their policies to meet the needs of their residents.
- ▶ **Establishing Complex Coverage Pools** to provide coverage for people who are not eligible for employer-sponsored insurance, Medicaid, or Medicare Advantage. The Federal Government will provide \$17 billion in funding to support these pools.
- ▶ **Allowing insurers to offer a broader array of innovative, flexible, affordable Private Individual Market products** to meet the needs of people who are not eligible for employer-sponsored insurance, Medicaid, or Medicare Advantage.
- ▶ **Expanding Medicaid** to cover 35 million more people, providing adequate funding to support these programs.
- ▶ **Providing Medicaid Managed Care Plans with broader flexibilities**, including:
 - Deeper integration of behavioral health services into primary care.
 - Expanded access to community-based care and telehealth services.
 - Expanded access to long-term care services and supports.
 - Expanded access to home care services and supports.
- ▶ **Transitioning beneficiaries who are dually eligible for Medicare and Medicaid to Managed Care**, including \$100 billion in funding to support these programs.
- ▶ **Building on the strength and success of Medicare Advantage** to provide coverage for 16 million Americans. We will continue to expand access to Medicare Advantage and improve the quality of care provided. We will also focus on expanding access to Medicare Advantage for people who are not currently eligible, including people who are dually eligible for Medicare and Medicaid. We will also focus on expanding access to Medicare Advantage for people who are currently not eligible for Medicare Advantage, including people who are currently not eligible for Medicare Advantage because they are not yet 65 years old. We will also focus on expanding access to Medicare Advantage for people who are currently not eligible for Medicare Advantage because they are not currently living in a state that offers Medicare Advantage. We will also focus on expanding access to Medicare Advantage for people who are currently not eligible for Medicare Advantage because they are not currently living in a state that offers Medicare Advantage.
- ▶ **Implementing appropriate cost containment mechanisms for pharmaceuticals** to ensure that people can afford the medicines they need.

Improving Affordability and Lowering Health Care Costs

The success of these efforts will depend on the effectiveness of the policies and programs that are implemented, and the ability of the health care system to deliver high-quality care at a lower cost.

- ▶ **Advancing care effectiveness**, including the use of evidence-based medicine and patient-centered care.
- ▶ **Shifting utilization away from costly sites of care** and promoting the use of lower-cost settings.
- ▶ **Expanding coverage options for consumers**, including the use of health care sharing arrangements and self-insured plans.
- ▶ **Leveraging proven pharmacy management tools**.

Supporting these efforts will require a coordinated effort across all stakeholders, including payers, providers, and patients.

- ▶ **Supporting providers and accelerating care delivery best practices**
 - Accelerate value-based care** by expanding the use of value-based contracts and promoting the use of bundled payments.
 - Support care providers capable of taking risk by enabling alternative payment models** such as capitated payments and shared savings.
 - Enable broader use of bundled payments** by expanding the use of bundled payments and promoting the use of value-based contracts.
 - Authorize Medicare payment for services at high-value sites of care**, such as ambulatory surgical centers, to reduce costs and improve care.
 - Eliminate Anti-Kickback Statute barriers** to the use of value-based contracts and other alternative payment models.
 - Increase health care workforce capacity** by expanding the use of telemedicine and other remote care services.
- ▶ **Empowering consumers and their doctors**
 - Implement proven, intelligent information and engagement tools** to help consumers make informed decisions about their care.
 - Allow financial incentives** to encourage consumers to use lower-cost settings and services.
 - Set limits on provider reimbursement** to ensure that payments are fair and reasonable.
 - Prohibit balance billing** to protect consumers from out-of-pocket costs.
 - Expand access to – and adoption of – Health Savings Accounts (HSAs)** to help consumers save for health care costs.
 - Allow individuals to use HSAs to pay for a broader range of health services**, including over-the-counter drugs and medical devices.
- ▶ **Addressing high-priced drugs**
 - Implement value-based pricing for drugs and devices** to ensure that payers pay a fair price for the products they use.
 - Utilize Pharmacy Benefit Managers** to negotiate lower prices for drugs and devices.
 - Optimize consumer access to specialty pharmacy tools** to help consumers get the care they need.
 - Expand the scope and use of bundled payments** to reduce costs and improve care.
 - Incentivize the use of digital health tools** to help consumers manage their health and reduce costs.
- ▶ **Repealing the Health Insurance Tax** and other taxes that increase the cost of health care.
- ▶ **Reducing or eliminating burdensome State Health Care Taxes** to reduce the cost of health care.

Advancing Quality Outcomes in Health Care

Department of the U.S. Secretary of Health and Human Services announced a \$3.5 billion program to advance the use of real-time information and intelligence to improve the quality of care. The program is part of the President's agenda to reduce the burden of disease and improve the quality of care. The program will focus on three key areas:

- ▶ **Utilizing real-time information and intelligence to improve the quality of care** by using next-best, evidence-based actions to improve the quality of care.
- ▶ **Implementing a physician-designation program** to improve the quality of care by designating physicians as primary care physicians.
- ▶ **Harnessing advanced technology and digital health solutions** to improve the quality of care by using advanced technology and digital health solutions.

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- ▶ **Creating a data-driven, intelligent, interoperable health care system** by creating a data-driven, intelligent, interoperable health care system. This includes:
 - ▶ **Ensure privacy and security laws are updated** to ensure that privacy and security laws are updated to reflect the latest technology and digital health solutions.
 - ▶ **Promote access to digitally enabled individual health records** to ensure that individuals have access to their health records.
 - ▶ **Incentivize the use of and support for transparency tools** to ensure that individuals have access to their health records.
 - ▶ **Enforce meaningful penalties for data blocking and ensure regulations enable interoperability** to ensure that individuals have access to their health records.
- ▶ **Modernizing Medicare Fee-for-Service (FFS),** which is a \$500 billion program to modernize Medicare Fee-for-Service (FFS). This includes:
 - ▶ **Leverage private-sector best practices** to ensure that individuals have access to their health records.