

Health Care Cost Containment: Getting It Right

Core principles

- Target real cost drivers
- Avoid cost-shifting and unnecessary harm to patients, providers or state government

Key approaches

Focus on private **and** public sector cost containment

Reduce low value public spending

Improve population health

Problem addressed

High prices and administrative costs lead to higher U.S. health spending without adding value Expensive care that is avoidable or unnecessary and improper payments drive public health insurance spending

The deteriorating health status of Americans must be addressed in the long run for cost containment efforts to succeed

How to do it

- Create stronger purchasers
- Reduce administrative waste
- Payment reform
- Delivery reform
- Payment integrity

• Target conditions with strong connection to public health spending (e.g. HIV, low birth weight, obesity, smoking)

Examples of what the ACA already does

- Exchange
- Medical Loss Ratio
- Rate review

- Eliminate MA overpayments
- Improve payment integrity
- Limit Medicare and ACA subsidy growth per beneficiary to GDP +1%
- Change Medicare payment to incentivize good outcomes and avoid preventable admissions
- Implement discharge transition program
- Expand primary care in lowincome communities
- Encourage new payment and delivery models

- Prevention Fund
- Childhood Obesity Demonstration Program

Examples of what more can be done

 All payer rate setting Expand primary care supply / modify GME Realign responsibilities and rewards for effective cost containment in Exchanges (building on the Basic Health and state flexibility waiver options) Public option 	 Strengthen IPAB Medicaid payment reform—reduce potentially avoidable events Additional Rx savings: ♦ Medicaid rebate for duals ♦ Medicare price negotiation (strong version) ♦ Ban "pay for delay" ♦ Speed biologics 	Sugar sweetened beverage tax
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