

AVALON HEALTHCARE SOLUTIONS **2024 HEALTHCARE OUTLOOK: CHALLENGES, INDUSTRY SHIFTS, AND EMERGING OPPORTUNITIES**

January 23, 2024





WELCOME & INTRODUCTIONS

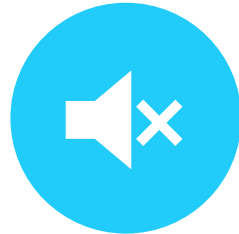
Michele Norton - Senior Vice President, Product Marketing, Avalon



Before We Start



This meeting is being recorded.



We will be **MUTING** everyone except the presenter to make sure the audio is clean and clear.



Q&A will be done by using the “**Questions**” feature.

Agenda

OVERVIEW & INTRODUCTIONS

Michele Norton – SVP, Product Marketing, Avalon

HEALTHCARE OUTLOOK: CHALLENGES, INDUSTRY SHIFTS, AND EMERGING OPPORTUNITIES

Julie Barnes – CEO, Maverick Health Policy

Bill Kerr, MD – CEO, Avalon Healthcare Solutions

Q&A

Michele Norton, SVP, Product Marketing, Avalon



2024 HEALTHCARE OUTLOOK: CHALLENGES, INDUSTRY SHIFTS, AND EMERGING OPPORTUNITIES



Julie Barnes - CEO, Maverick Health Policy

Bill Kerr, MD - CEO, Avalon Healthcare
Solutions



Maverick Health Policy





Overview

- 1 Big Ticket Items for 2024
- 2 Policy Updates
- 3 Election Impact on Health Care

Poll Question

What keeps you up at night?

- a. Increased costs and reimbursement concerns
- b. New regulations
- c. Artificial intelligence or other technology
- d. Uncertainty due to the election
- e. All of the above

Big Ticket Items for 2024



- Expensive new treatments
- UM and coding scrutiny



- Modernization
 - Biomarkers
 - AI
 - Prior Auth



- Chevron doctrine
- U.S. Supreme Court case may change federal regulatory authority

Poll Question

What is your opinion based on your current knowledge of state Biomarker Bills and your experience?

- a. These bills are well-needed and timely
- b. These bills are problematic due to poor writing/execution
- c. These bills were well-intentioned but led to bad results
- d. I'm unsure about these bills and need more information

Poll Question

Under the ePA regulation by CMS, health plans must respond to urgent prior auth requests within 3 days starting on what date?

- a. January 1, 2025
- b. January 1, 2026
- c. January 1, 2027

Electronic Prior Authorization Final Rule

Released: January 17, 2024

Applies to: MA plans, Medicaid and CHIP FFS programs and managed care entities, and QHPs on the FFEs

By January 1, 2026, health plans must:

- Comply with new prior auth reporting requirements
- Give a reason for prior auth denials
- Make prior auth decisions within 3-7 day timeframe

By January 1, 2027, health plans must:

- Send prior auth requests electronically
- Exchange data with providers and other payers via APIs



Poll Question

McKinsey projects government health insurance will be 65% larger than commercial insurance by 2027, driven by growing Medicare.

1. True
2. False

Policy and Market Trend Update

1

- LDT rule
- Site neutrality
- Price transparency

2

- Public > private insurance
- Value-based care
- Provider reimbursement
- Drug pricing

What Else?

3

- Consolidation
- Workforce challenges
- Tech tools



Poll Question

Which one of the following legislative proposals is under consideration by Congress this year?

- a. Price transparency bill, particularly for PBMs
- b. Site-neutral payments for physician-administered drugs regardless of location
- c. Keep COVID-19 pandemic telehealth flexibilities
- d. Eliminate the physician fee schedule pay cut of 3.4%
- e. All of the above

2024

PRESIDENTIAL
ELECTION



Maverick Health Policy





Q&A

Michele Norton, Senior Vice President, Product Marketing



Transforming The Management of Genetic Testing – Chapter 1

New technologies don't wait to emerge until the policies for handling them are in place. That's certainly the case with genetic testing. In this first chapter, we examine:

- The dramatic growth and the potential benefits and challenges associated with genetic testing
- Insurers now face the challenge of trying to determine the clinical validity and efficacy of new genetic tests
- The deficiencies of the current genetic test management system

Transforming the management of genetic testing



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Thank you



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Avalon Webinar – March 19, 2024

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