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## The ACA's New Governing Architecture and Innovative State Delivery System Reform Initiatives

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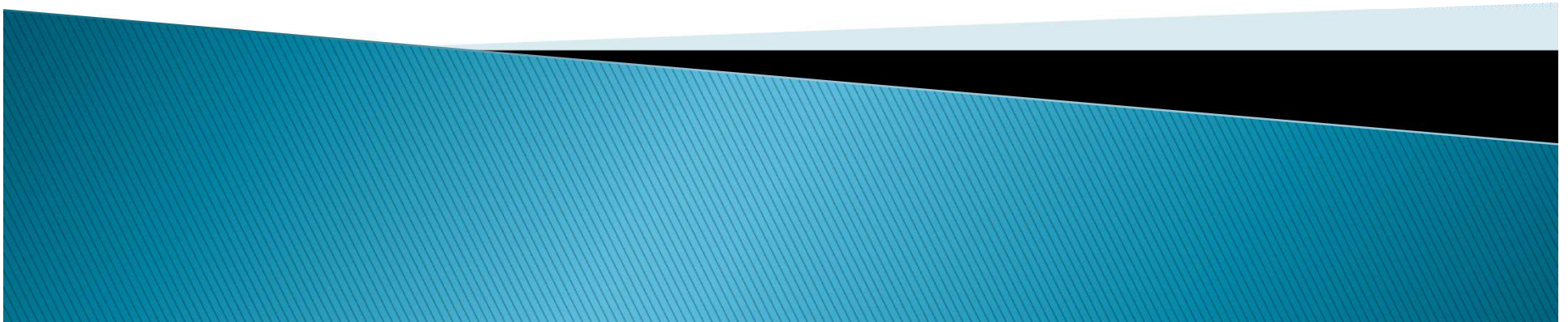
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# PPACA's *New Governing Architecture* and Innovative State Delivery Reform Initiatives

Work-in-Progress  
Prof. Gwendolyn Roberts Majette  
2016 Health Law Professors Conference



**DEFINING PPACA'S *NEW*  
*GOVERNING ARCHITECTURE*  
(NGA)**

# *New Governing Architecture creates a* **National Approach**

- ▶ To improve **QUALITY**
- ▶ To focus on **PREVENTION & PUBLIC HEALTH**
- ▶ To improve the **PUBLIC INSURANCE PROGRAMS** that focus on the Elderly, Disabled, and Poor
- ▶ To regulate **PRIVATE HEALTH INSURANCE**
- ▶ To develop a **HEALTH CARE WORKFORCE**
- ▶ To collect & monitor **KEY HEALTH INDICATORS**



# Core *NGA* Features that Impact Cost, Quality, & Price

- ▶ CMMI – Center for Medicare and Medicaid Innovation
- ▶ IPAB – Independent Payment Advisory Board
- ▶ CCIIO – Center for Consumer Information and Insurance Oversight



# INNOVATIVE STATE DELIVERY SYSTEM REFORM INITIATIVES

- ▶ Maryland's New All-Payer Model (2014)
- ▶ Massachusetts Ch. 224 - An Act Improving the Quality of Health Care and Reducing Costs through Increased Transparency, Efficiency and Innovation (2012)



# Issues to Consider

- ▶ Impact of the *New Governing Architecture* on MD & MA efforts to Control Health Care Costs
  - CMMI & State Efforts to Reform Health Care Delivery
  - IPAB & State Oversight Entities
  - CCIIO & Affordable IR Coverage



# Issues to Consider

- ▶ Theoretically the impact of the new governing architecture is that it creates a system at the federal level to FACILITATE COORDINATED FEDERAL-STATE ACTION to control the cost of the U.S. health care system. A question to consider is to what extent is this occurring? Are there regulatory barriers or gaps that need to be addressed?
- ▶ With respect to health care PRICES AND PROVIDER REIMBURSEMENT REGULATIONS, what is the impact of the NGA on actualizing the Secretary of HHS's goal to shift Medicare reimbursement away from fee-for-service toward alternative payment models like accountable care organizations and bundled payments? To what extent do the Maryland and Massachusetts delivery system reforms control health care costs and help to achieve the Secretary of HHS's reimbursement goals?
- ▶ In thinking about the challenges to implementation of the new governing architecture, what is the impact of some features not being established? In particular, no appointments were made to the INDEPENDENT PAYMENT ADVISORY BOARD. Would IPAB's operation help to advance the goals of the Maryland and Massachusetts's delivery system reform initiatives?
- ▶ How do the Maryland and Massachusetts initiatives intersect with CCIIO's policies and regulations designed to help ensure that the premiums offered on the state exchanges are affordable and that insurance providers abide by the new market rules?





Questions??

