



Around the world of U.S. healthcare in 360 words or less



March 8, 2024 | Issue 312

Editor's note

This note is produced every Friday by [KPMG](#) and is intended to be short and succinct, no more than 360 words, to provide a digestible bite of healthcare and life sciences news from the past week. Please share this email with colleagues and other interested individuals, and encourage them to [subscribe to our mailing list here](#).

We welcome your feedback. Let us know if KPMG can help. Please reply to this email with any comments or requests.

[> Subscribe here](#)



Healthcare regulatory news

CMS [announced regulatory flexibilities for providers](#) affected by the Change Healthcare/UnitedHealth Group ransomware attack; the agency is considering accelerated Medicare payments to impacted providers.

The FDA [approved the first over-the-counter \(OTC\) continuous glucose monitor \(CGM\)](#) (Stelo) for individuals with Type 2 Diabetes who are not using insulin.

The Health Resources and Services Administration (HRSA) [announced nearly \\$50M in funding](#) for the Rural Opioid Treatment and Recovery Initiative to support comprehensive substance use disorder treatment and recovery services in rural areas.



Healthcare law and policy news

The Federal Trade Commission (FTC) [initiated an investigation into private equity](#) and other corporate investor-backed healthcare transactions; [private equity acquisitions of physician practices have increased](#) 7x between 2012-2021.

All ten pharmaceutical manufacturers that CMS selected for participation in the first round of Medicare drug price negotiations [submitted counteroffers](#) to [CMS' initial proposals](#); if CMS does not accept a company's counteroffer, the two parties will meet three times to negotiate a maximum fair price... A federal judge dismissed an [AstraZeneca lawsuit](#) opposing Medicare's drug price negotiation program; this is the [second of eight pharmaceutical industry and trade-group backed challenges](#) to the negotiations that has been dismissed in federal court.

Elevance Health [to receive \\$190M](#) after CMS recalculated four of its MA contracts' Star Ratings; the insurer [sued](#) CMS in January 2024, alleging technical flaws in the agency's updated Star Ratings calculations.

A new [Patient Rights Advocate report](#) found 34.5% of reviewed hospitals are fully compliant with the federal [Hospital Price Transparency Rule](#); missing or significantly incomplete pricing data was the most common reason for noncompliance.

Medicare Advantage (MA) beneficiaries received fewer home health visits and were less likely to improve self-care and mobility function as compared to traditional Medicare beneficiaries according to a [JAMA Health Forum study](#).

[A Health Affairs study](#) found utilization management by Medicare Part D plans has increased significantly; 44% of compounds were restricted in 2020 on average, compared to 32% in 2011.

According to a [UCLA study of nursing home regulatory filings](#) between 2001-2021, nursing homes' reported profits may represent only 37% of total profits due to "profit tunneling", the practice of artificially decreasing reported profits by transferring them to a related party.



Questions or comments, please send to us-hclspractice@kpmg.com.

kpmg.com/socialmedia



[Privacy](#) | [Legal](#)

You have received this message from KPMG LLP. If you wish to unsubscribe from Around the world of U.S. healthcare in 360 words or less, please [click here](#). If you wish to unsubscribe from all KPMG communications, please [click here](#).

KPMG LLP, 3 Chestnut Ridge Road, Montvale, NJ 07645

© 2024 KPMG LLP, a Delaware limited liability partnership and a member firm of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee. All rights reserved. USCS011380-1B

The KPMG name and logo are trademarks used under license by the independent member firms of the KPMG global organization.