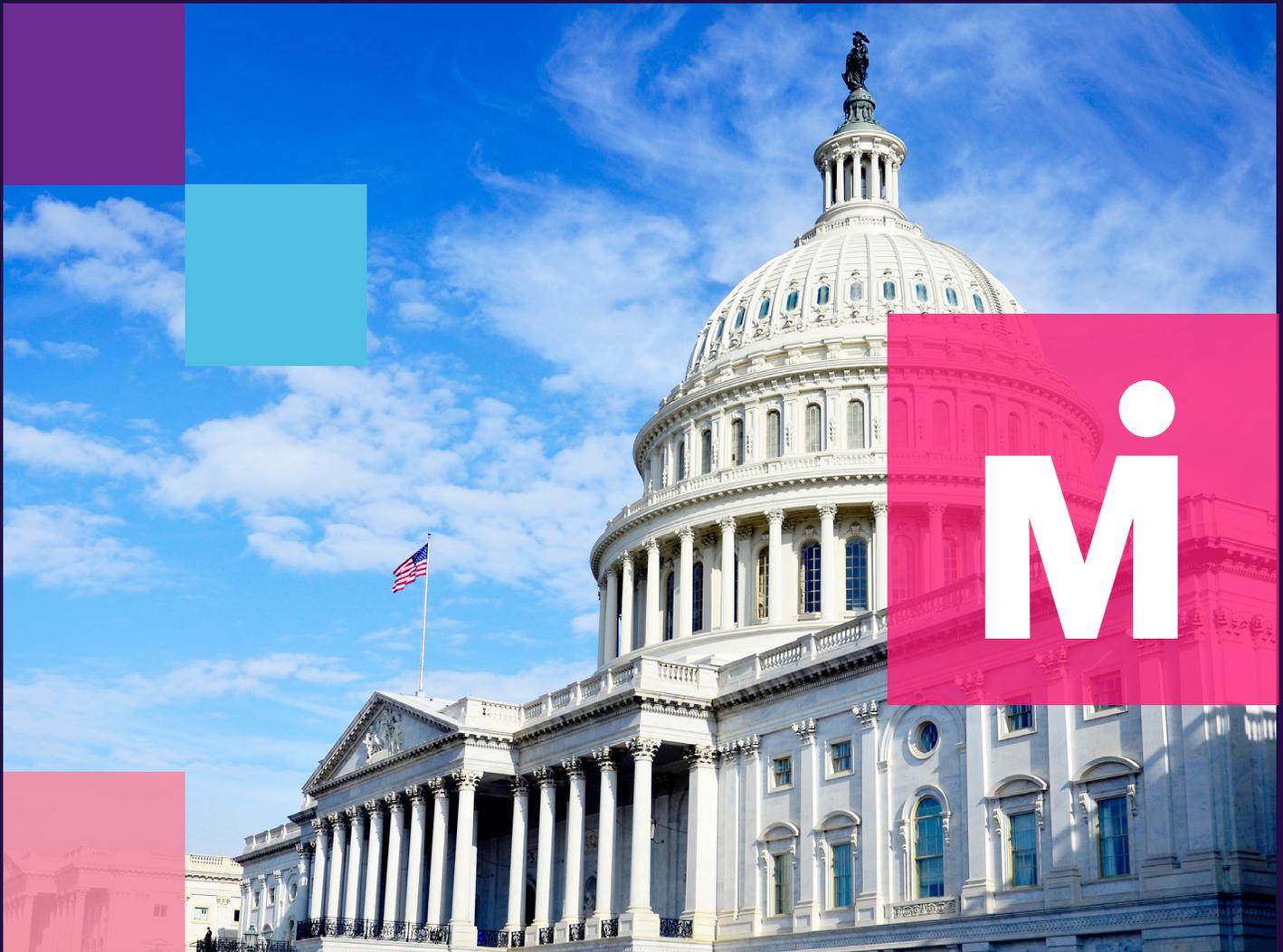
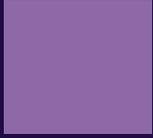
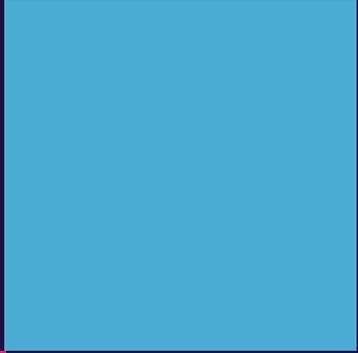
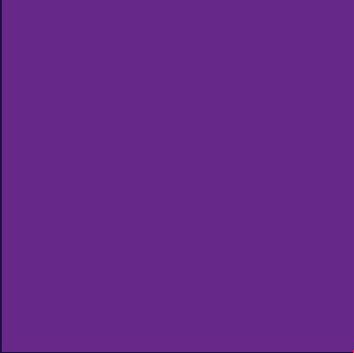
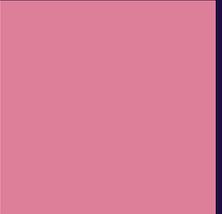
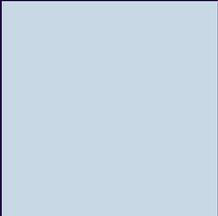
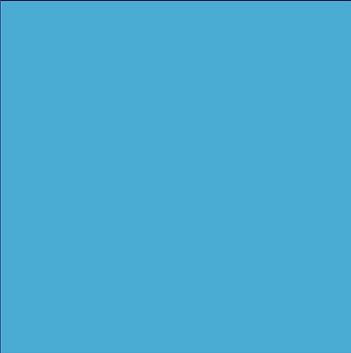


MEDGOV™ REPORT

Legislative trends, regulatory updates, and actionable insights to stay ahead in a complex market



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The MedGov Report highlights critical legislative trends and regulatory updates, offering actionable insights to help you stay ahead of a complex regulatory market.

MEDGOV™ REPORT

The healthcare landscape is becoming more complex and requirements for regulated market plans continue to rapidly evolve. Given these dynamics, MedImpact is uniquely positioned to help our clients manage and adapt to these changes.

We are dedicated to investing, inventing, and innovating to support our clients in delivering better care, enhanced access, and reduced costs — all while navigating the challenges of regulated markets.

MedImpact is here to support you every step of the way. Backed by more than three decades of experience, our clinical, operational, and regulatory expertise improves audit outcomes, elevates Star Ratings, and increases Centers for Medicare & Medicaid (CMS) bonus payments for our clients.

A Proven Partner for All

MedImpact's dedicated Government Programs and Services (GPS) team is fully focused on supporting clients that offer regulated plans. We work directly with clients and internal subject matter experts to review CMS guidance, including the annual Call Letter, daily HPMS Memos, Chapters, CCIO notices, and other memoranda. We provide comprehensive program support for government programs, along with applicable reporting, Plan Finder, PDE, CSR, encounter data, and audit support.

Government programs can be complex to manage and often serve populations with higher health risks and costs. Whether for members, providers, or payers, MedImpact's innovative tools and solutions are designed to engage, inform, and drive results:

- **For members:** Our digital tools inform and empower members to manage their health and maximize their pharmacy benefits.
- **For providers:** MedImpact's clinical solutions help providers determine the right medication for the member at the lowest cost.
- **And for payers:** Our scale, technology, clinical expertise, and track record promote enhanced care and lower costs.

1.2M

Medicare lives

38

Medicare clients, including D-SNP, and

45

CMS contracts

2.7M

Medicaid lives across

10

states

1.2M

Marketplace lives across

17

States & Washington, D.C.

STATE OF THE UNION



Policy Issues Shaping the Pharmacy Benefit Landscape

The 2025 legislative year marked a period of heightened activity across a wide range of drug pricing, pharmacy, and insurance-related policy areas, reflecting continued efforts by policymakers to address affordability, access, and market oversight. States advanced proposals affecting prescription drug costs, coverage requirements, reimbursement models, and regulatory authority, signaling both expanding legislative engagement and increasing policy complexity.

Within this broader landscape, pharmacy benefit managers (PBMs) remained a major area of focus. Throughout 2025 MedImpact monitored more than 1,500 PBM-related bills across all 50 states, tracking key legislative trends and notable policy developments.

SNAPSHOT OF 2025 KEY POLICY ISSUES



MAIL

Two forms of legislation were introduced around mail-order pharmacy: prohibition on the use of home delivery and parity with 90-day retail prescriptions



NETWORKS

Targeting both retail and specialty pharmacies to open network access and legislation covering “Any Willing Provider”



PREEMPTION

Debates over state vs. federal oversight, particularly concerning jurisdictional authority



STEERAGE

Prevents incentivizing patients to use certain pharmacies



FROZEN FORMULARY

Prevents changing formularies during the plan year



UTILIZATION MANAGEMENT

Restrictions on prior authorization (PA) and step therapy



REIMBURSEMENT / PRICING

Statutorily mandating reimbursement mechanisms to ensure transparency and legislation around de-linking and NADAC expansion

FEDERAL EXECUTIVE ORDERS ON DRUG PRICING

Overview and Recent Developments

Prescription drug pricing remains a central focus of federal legislative and regulatory activity. Two significant executive orders issued in April and May 2025 introduced pharmacy-related initiatives, with key developments following their implementation, including the launch of the TrumpRx program and its implications for the pharmaceutical market.

April 15, 2025

Executive Order — Lowering Drug Prices by Once Again Putting Americans First

This Executive Order¹ targets rising prescription drug costs by equalizing Medicare payments, matching hospital drug payment rates, and encouraging importation to boost competition. It builds on recent trends showing drug prices rose over 15% between 2022 and 2023, often outpacing inflation, with many major drug companies headquartered outside the U.S.

The following graphic summarizes key data and provisions from the executive order, including recent pricing trends, drug importation figures, the global locations of major drug companies, payment equalization efforts, and changes to hospital drug payment policies.

PRICING

From January 2022 to 2023, prescription drug prices rose more than 15% and reached an average of \$590 per drug, according to the Department of Health and Human Services. Of the 4,200 drugs on that list, **46% of the increases exceeded the rate of inflation.**

EQUALIZATION

President Trump wants to **equalize Medicare payments for drugs**, including the treatment of cancer, regardless of where patients get their care. A White House fact sheet reported the directive can lower costs by as much as 60%.

IMPORTATION

In 2024, the United States **imported \$213 billion in medicines** — 2.5 times higher than a decade earlier — with Germany, India, Ireland, Singapore, and Switzerland as major suppliers of pharmaceuticals.

HOSPITAL STAYS

The policy would **make Medicare pay roughly what hospitals pay for certain drugs**, which could be up to 35% lower than what the government currently pays for those medications.

LOCATIONS

Major drug companies are headquartered outside the United States, including Teva (Israel), Novo Nordisk (Denmark), AstraZeneca (Britain) and Novartis (Switzerland). U.S. companies include Eli Lilly, Merck, Pfizer, Roche and Johnson & Johnson.

May 12, 2025

Executive Order — Delivering Most-Favored-Nation (MFN) Prescription Drug Pricing to American Patients

President Trump signed this Executive Order directing the federal government to ensure that U.S. patients pay no more for brand name drugs than the lowest price offered in other developed countries (the “most favored nation” or MFN concept).²

The order tasks HHS, CMS, the U.S. Trade Representative, and other agencies with steps including:

1. Establishing MFN pricing targets
2. Enabling direct-to-consumer drug sales at MFN prices — supported by the launch of TrumpRx, an online platform that provides patients transparent access to MFN pricing to help them find lower-cost prescriptions directly
3. Proposing rulemaking to impose MFN pricing if voluntary compliance is insufficient, a process that is currently under review as voluntary agreements with major drugmakers have progressed
4. Evaluating expanded importation under FDA’s section 804 pathway, with ongoing efforts to clarify and potentially broaden importation options for lower-cost drugs

2025 TIMELINE

May 20

HHS/CMS publicly released MFN pricing targets.³

Summer

Formal letters sent to 17 major manufacturers demanding commitments to MFN pricing.⁴

September 30

- First MFN pricing agreement with Pfizer – Pfizer agreed to provide Medicaid programs access to MFN pricing; and patients buying directly would see discounts on certain drugs.⁵
- TrumpRx introduced as a consumer-facing platform that offers access to MFN pricing.

October 10

Second MFN pricing agreement with AstraZeneca — AstraZeneca committed to MFN pricing for its Medicaid drugs and guaranteed MFN on new medications.⁶

November 6

- Third MFN pricing agreements with Eli Lilly and Novo Nordisk to reduce the prices “Americans pay for some of the world’s most popular drugs.”⁷
- The GENERating cost reductions for U.S. Medicaid (GENEROUS) Model announced, which is the CMS Innovation Center’s voluntary Medicaid drug pricing model that operationalizes MFN pricing for Medicaid drugs.¹⁹

December 23

While not inherently tied to MFN pricing, CMS announces the Better Approaches to Lifestyle and Nutrition for Comprehensive hEalth (BALANCE) Model to expand access to GLP-1 drugs and lifestyle care through negotiated pricing and coverage.²⁰



NAVIGATING THE 2025 BUDGET RECONCILIATION LAW

The following timeline outlines key provisions included in the 2025 budget reconciliation law, emphasizing major policy changes scheduled to take effect between July 2025 and January 2027.⁹

It reflects a subset of impactful updates, with additional modifications anticipated beyond January 1, 2027, that will further influence regulatory program operations and regulations.

The expiration date for the Affordable Care Act (ACA) enhanced premium tax subsidies arrived January 1, 2026, and its future is still uncertain. The cost of ACA premiums is expected to rise between 26% to 30%. There will likely be 2.2 million to 7.3 million people who decided against renewing their insurance for 2026. Democrats will continue to push for enhanced premium tax subsidies in 2026.²¹

NAVIGATING PROVISIONS OF THE 2025 BUDGET RECONCILIATION LAW

	Effective JULY 4, 2025	Effective JAN 1, 2026	Effective OCT 1, 2026	Effective DEC 31, 2026	Effective JAN 1, 2027
MEDICAID	<ul style="list-style-type: none"> Freezes provider taxes Lowered cap for state-directed payments No funding to Planned Parenthood / Family Services* 	Sunsets increased Federal Medicaid Assistance Percentage (FMAP) incentive which helps states fund newly adopted Medicaid expansion	<ul style="list-style-type: none"> Limits FMAP for Emergency Medicaid Restricts certain immigrant eligibility 	Eligibility redeterminations every 6 months instead of annually for Medicaid expansion adults.	<ul style="list-style-type: none"> Establishes work requirements Limits retroactive coverage Verifies enrollee addresses
ACA		Expiration of enhanced premium tax credits.			Legal immigrants^ barred from receiving premium tax credits and cost sharing reductions

*Ongoing litigation

^Certain specific groups are exempt.

STATE LEGISLATIVE LANDSCAPE

As Congress and federal agencies debated major health and regulatory initiatives — from proposals aimed at lowering prescription drug costs and reforming PBM practices to broader healthcare and public safety legislation — state lawmakers responded by crafting complementary or reactive measures at the state level.

These state efforts sought to align with, implement, or address gaps left by federal policy, illustrating the dynamic interplay between national directives and localized lawmaking. By influencing legislative agendas and providing frameworks for state action, federal developments helped drive a wave of state laws in areas such as healthcare access, pharmaceutical regulation, and consumer protections throughout 2025. Each state took an approach best suited for their needs, such as adopting legislation to address ownership structures, improve transparency, and revising compensation models to provide drug price clarity.

PBM Legislation Across the States

MedImpact monitored over **1,500 PBM-related bills** across all 50 states throughout 2025. This comprehensive tracking highlights the legislative activity and evolving regulatory landscape impacting PBM operations nationwide.



HOT TOPICS IN STATE CHAMBERS⁸

* Included (minimum 50 bills)

269

Utilization Management

205

Coverage Mandates

123

Disclosure/Transparency

119

Reimbursement

87

340B

86

Networks

77

Rebates

65

Formulary Management

56

Spread Pricing

STATE LEGISLATIVE LANDSCAPE⁸

274

Bills were "active"

418

Bills failed

269

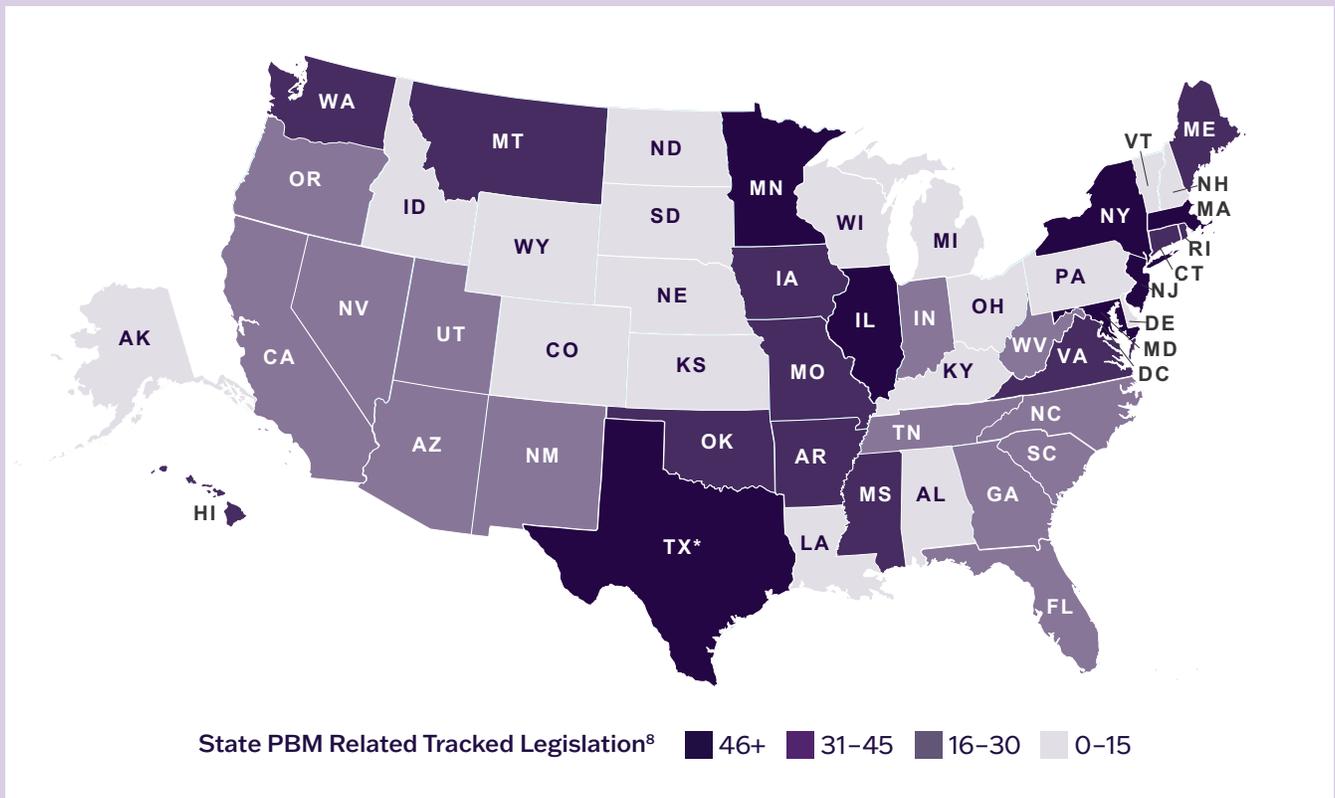
Bills enacted

118

High priority bills

16

High priority bills defeated



SPECIAL NEEDS PLANS



MedImpact drives support for D-SNPs through experienced Medicaid and Medicare Program Managers and Specialists, working in close collaboration with account teams to deliver comprehensive support.

Rising Enrollment and Expansion of D-SNPs

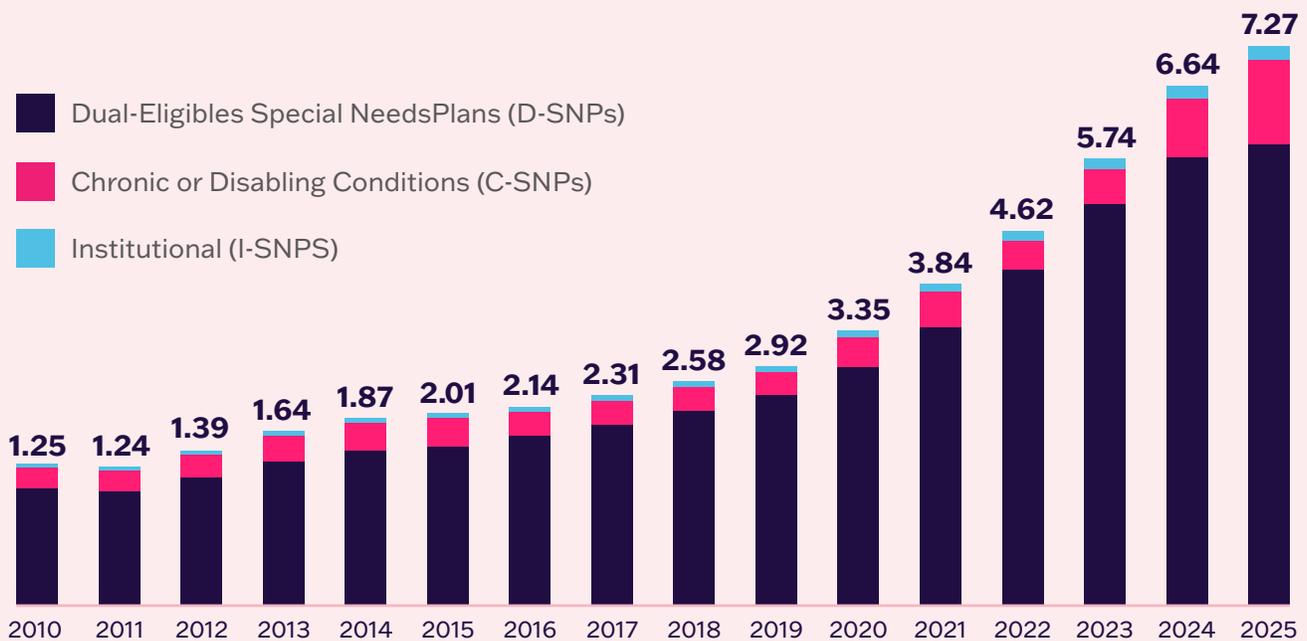
Since their introduction in 2006, Special Needs Plans (SNPs) have expanded rapidly, serving 7.27 million beneficiaries in 2025. The number of SNPs has more than doubled since 2018, reaching 1,445 plans — over half (909) are D-SNPs. **D-SNPs also account for 83% of all SNP enrollment.**¹⁰

State Medicaid agencies now play a greater role, as each D-SNP must maintain a State Medicaid Agency Contract (SMAC) in every state of operation, giving states increasing influence over policy development. Growing federal and state coordination requirements have led to more inquiries, higher resource demands, and new expectations for plan adaptability.

In 2025, CMS introduced reforms to further integrate Medicare and Medicaid, including aligned enrollment periods and requirements that D-SNP members, where possible, also enroll in Medicaid managed care plans operated by the same organization.¹¹

McKinsey projects insurer profits from dual-eligible populations will grow over 10% annually from 2022 to 2027, rising from \$7 billion to \$12 billion.¹² Dual-eligible individuals — though only 19% of Medicare and 13% of Medicaid enrollees — account for 35% and 27% of respective spending. Their growing impact underscores the importance of continued integration and coordination across programs.¹³

NUMBER OF SHARE OF BENEFICIARIES IN SPECIAL NEEDS PLANS¹⁰
(IN MILLIONS)





MEDICAID INTERSECTION

Real-Time Coordination of Benefits

Because effective coverage alignment is critical not only in D-SNP arrangements but in any situation where Medicaid intersects with other health insurance — given Medicaid’s role as the payer of last resort — strong Coordination of Benefits (COB) processes are essential.

Coordination of Benefits (COB) ensures seamless alignment when Other Health Insurance (OHI) is involved, particularly in situations where Medicaid is present and must pay only after all other coverage has been applied.

A Seamless Solution

MedImpact’s real-time COB solution enables immediate identification of OHI, minimizing confusion, and enhancing the member experience. Leveraging a robust database of over 280 million commercially insured individuals, the solution delivers accurate and timely OHI data.

This precision significantly reduces the time and effort typically spent on tracking OHI and managing payment coordination. As a result, claims are processed more efficiently, with less administrative burden.

CONVENIENT

No plan or member intervention required

COST-EFFECTIVE

Significantly reduces pay and chase with retrospective data

ACCURATE

Data source has four times more active, accurate, and useful OHI with 99.9% accuracy

ALIGNMENT

Supports third-party liability and aligns with cost-avoidance obligations of government payers through OHI collection and aggregation

EASY TO IMPLEMENT

Uses standard data file layouts (standard NCPDP) TPL submissions

MEDICARE PART D STAR RATINGS



Examining Measurement Year 2025 Changes

CMS added two new Part D quality measures to the 2027 Star Ratings program, which will be calculated based on 2025 pharmacy claims:

- Concurrent Use of Opioids and Benzodiazepines (COB)
- Polypharmacy of Anticholinergic Medications in the Elderly (Poly-ACH)

These measures differ conceptually from other Part D clinical measures. Rather than encouraging increased medication use through improved adherence and closure of care gaps, these measures focus on reducing overlapping use of certain medications before members reach a specified threshold.

Consequently, early intervention is critical, and outreach must be timely because some members can quickly reach the overlap threshold.

MedImpact's Patient Safety Stars Daily Outreach Program employs daily claims assessments to promptly identify at-risk members and initiates outreach the day after the targeted claim, providing education and recommending therapy reassessment.



MEDIMPACT PATIENT SAFETY STARS DAILY OUTREACH PROGRAM

Helps clients manage and improve performance for these new Star Rating measures through timely, relevant provider education outreach.

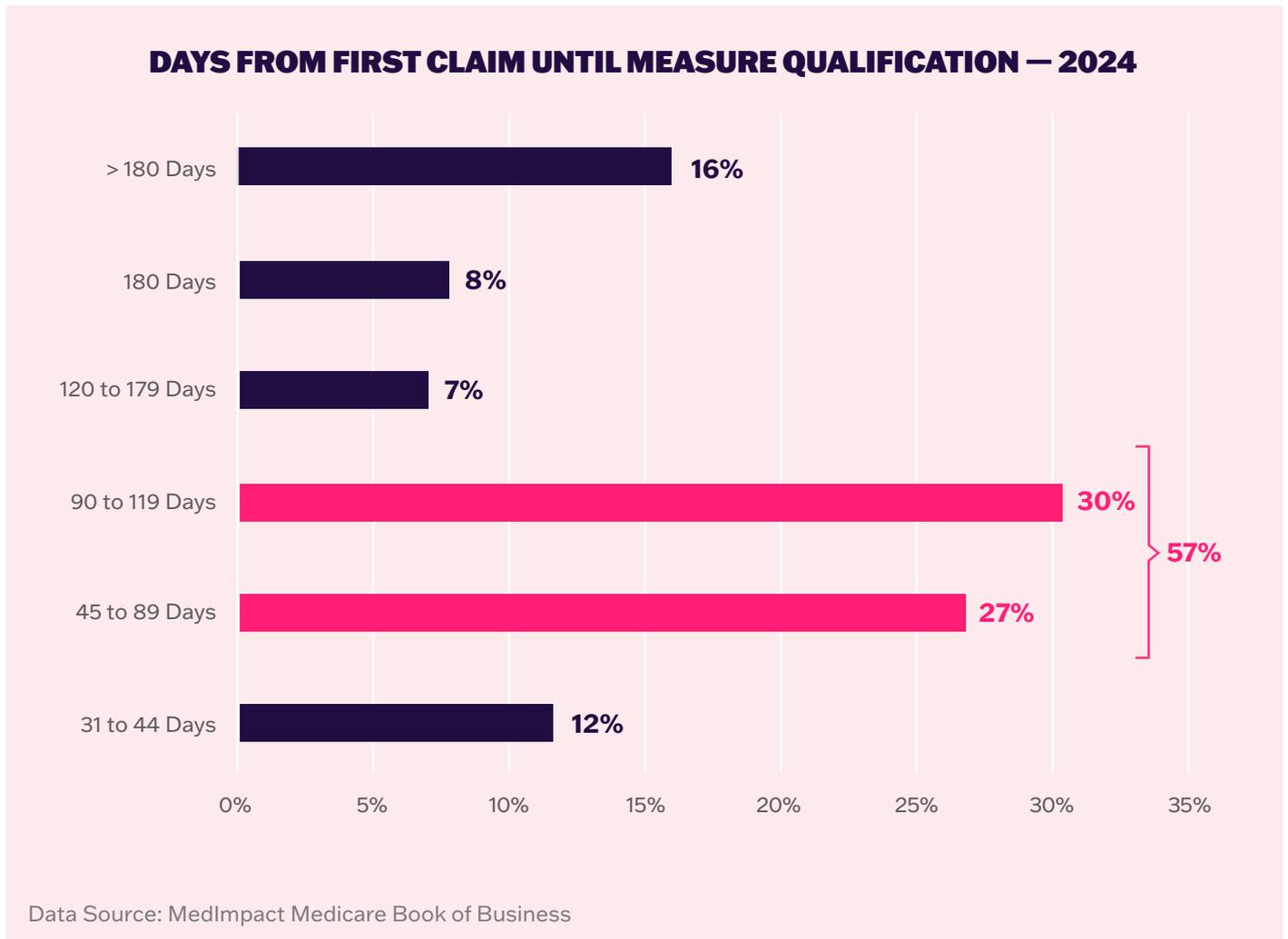
Prescriber outreach needs to be early for these new measures, occurring early in the year and near the time of each targeted claim, to prevent members from reaching the concurrent use overlap threshold.

Concurrent Use of Opioids and Benzodiazepines

Early intervention is key. An internal analysis of MedImpact’s book of business for claims adjudicated during calendar year 2024 highlights the importance of intervening early within the first 90 days post index claim to enhance our chances of successful outcomes.

We identified Medicare members who had at least one day of overlap for an opioid and a benzodiazepine during calendar year 2024 and an initial claim date between January and June.

Qualification for the measure was defined as two claims each for opioids and benzodiazepines and a 30-day total overlap. The average time to qualification from initial claim (opioid or benzodiazepine) was 93 days — 12% qualified for the measure in the first 31–44 days and 57% of members qualified for the measure between 45 and 119 days (represented by the two pink bars.)



Polypharmacy of Anticholinergic Medications

MedImpact refined our outreach strategy by analyzing key variables and identifying members most likely to qualify for this measure. Notably, 86% of qualifying members are prescribed one or more of seven specific medications — including olanzapine (an antipsychotic), antidepressants such as paroxetine and amitriptyline, oxybutynin (used for overactive bladder), and older agents like meclizine and hydroxyzine that are often prescribed for multiple conditions.

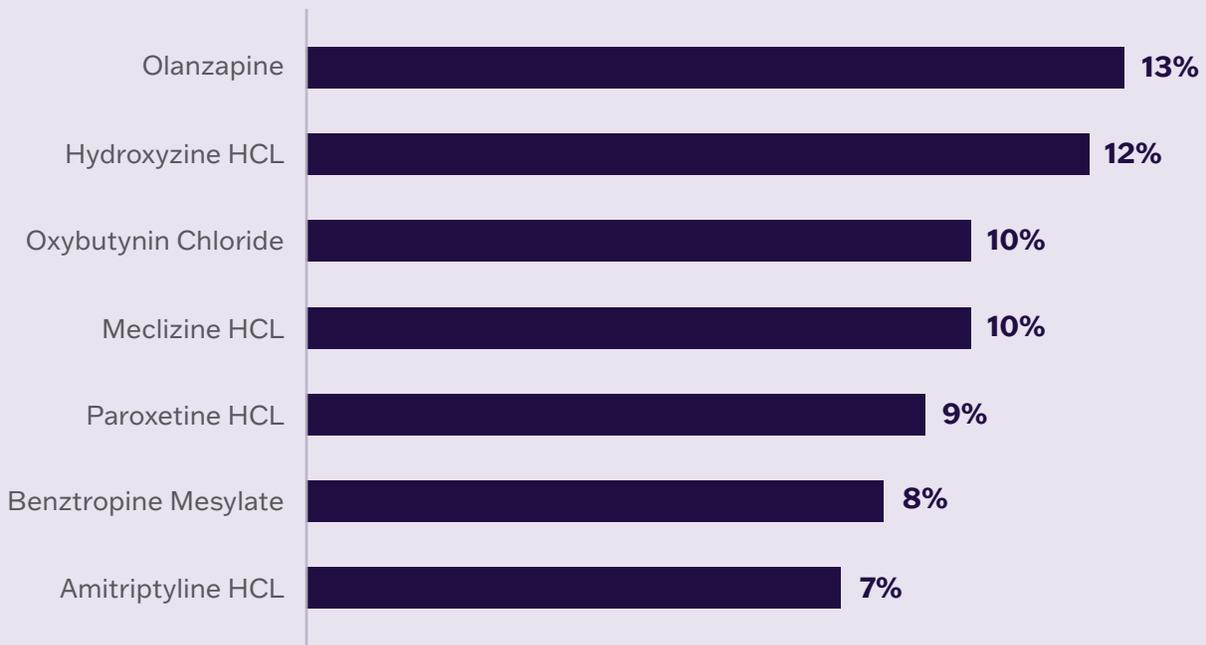
Our analysis revealed that **32% of members were using a combination of two of these top seven drugs.**

By examining the most frequent drug combinations, clinicians can better prioritize outreach efforts. For example, olanzapine is commonly paired with benztropine to manage extrapyramidal side effects, making it less likely that prescribers will alter this regimen.

In contrast, members on medications like oxybutynin — which have several less anticholinergic alternatives and non-pharmacologic options — may be more receptive to de-prescribing interventions. Similarly, hydroxyzine and amitriptyline are used for a range of indications, and safer substitutes may be available, making these combinations more suitable for outreach and medication review.

TOP PRESCRIBED DRUGS

86% of Members using at least one of the top 7 drugs



Data Source: MedImpact Medicare Book of Business

% of Claim Volume



CHANGES TO MTM CRITERIA

Increased Eligible Members

CMS moved the Comprehensive Medication Review (CMR) Completion Rate measure to the display page for the 2025 and 2026 measurement years, following substantive changes announced last year. With these changes, CMS set to expand access and improve outcomes by updating the following MTM eligibility criteria:

- **Expanded Chronic Conditions:** All 10 core chronic diseases included, and HIV/AIDS added
- **Drug Inclusion:** All Part D maintenance drugs required
- **Cost Threshold Adjustment:** The incurred drug cost threshold now aligns with the average annual cost of eight generic drugs — set at \$1,623 for CY 2025

With these changes, CMS projected Part D enrollees eligible for MTM to increase from 7% to 13%. MedImpact evaluated its Part D book of business and a similar increase to what CMS projected was shown — **with an overall 9.9% increase in eligible MTM members and an 11% average increase in eligible members for plans.**

Overall **percentage point increase**

↑ 9.9%
in eligible MTM members

Average **percentage point increase**

↑ 13%
(range -3% to 40%)
in eligible MTM members between
2024 and 2025 as of June for each year

Average **percentage change**

↻ 166%
(range of -18% to 1,755%)

Data Source: MedImpact Medicare BoB



MEDICARE PROGRAMS TARGETING KEY MEASURES

MedImpact employs a multi-faceted approach to Star Ratings improvement, including benchmark reporting, forecasting, actionable data files, and turnkey outreach programs.

When it comes to improving adherence, closing care gaps, and enhancing safe medication use, we know that a one-size-fits all approach is not sufficient. MedImpact offers solutions to help manage medication use quality and Star Ratings performance strategically from multiple angles.

Accelerating Star Performance through CMS-Aligned Analytics

STAR RATINGS	STAR RATING MEASURES						DISPLAY MEASURES		
INCLUDED IN STAR RATING CLINICAL PACKAGE	ADH-DIAB	ADH-HTN	ADH-STATIN	STATIN-DIAB	POLY-ACH	COB	OPIOID DISPLAY	POLY-CNS	ADH-ARV
StarPulse®	●	●	●	●	●	●			
StarForecaster®	●	●	●	●	●	●	●	●	
QPMP Dashboard	●	●	●	●	●	●	●	●	●
QPMP Data File Program	●	●	●	●	●	●	●	●	●
QPMP Member Priority List	●	●	●						
Care Quality & Safety Mgmt DUE				●	●	●		●	
Refill Reminder	●	●	●	●					●
Choice90Rx® Optimization	●	●	●	●					●
Prescriber Q-Card®	●	●	●	●					
Expanded MTM	●	●	●	●					
MedNetwork Performance	●	●	●	●					
Opioid Overutilization & Safety						●	●		

● Will be added when first Star Rating assigned (2027)
 QPMP = Quality Performance Management Program
 DUE = Drug Utilization Evaluation

*Currently available for Part D clients adjudicating on MedAccess. Laker compatibility in development for mid-2026

IRA COMPLIANCE & STRATEGIC ENHANCEMENTS

Advancing Initiatives to Align with CMS

MedImpact is actively advancing initiatives to align with CMS requirements under the Inflation Reduction Act (IRA), effective January 1, 2026. These efforts are essential to maintaining a competitive position in the PBM industry while continuing to support client needs.

The focus is on enhancing systems, streamlining operations through automation, and ensuring alignment with new regulatory standards. These updates span key areas such as drug pricing, subsidy administration, event reporting, and financial workflows.

Maximum Fair Price (MFP)

In August 2023, CMS announced the first 10 drugs selected for negotiation under the IRA, which accounted for roughly 20% of total Medicare Part D spending.¹⁴ For each selected drug, CMS negotiates the MFP, which becomes binding when the negotiated price takes effect. According to CMS, this will result in an estimated \$1.5 billion in savings when the MFP goes into effect in 2026.¹⁵ Part D formularies are required to cover all MFP drugs, and MedImpact has implemented system upgrades to accurately identify MFP-designated drugs and perform the required pricing calculations.

CMS will select 15 additional Part D drugs for 2027; 15 additional Part B or Part D drugs for 2028; and up to 20 more Part B or Part D drugs each year after that.¹⁵

2026 MFP Drugs	2027 MFP Drugs
Enbrel	Austedo; Austedo XR
Entresto*	Breo Ellipta
Eliquis	Calquence
Farxiga	Ibrance
Imbruvica	Janumet; Janumet XR
Januvia	Linzess
Jardiance	Ofev
NovoLog / Fiasp	Otezla
Stelara*	Ozempic; Rybelsus; Wegovy
Xarelto*	Pomalyst
	Tradjenta
	Trelegy
	Vraylar
	Xifaxan
	Xtandi

*CMS has determined that these drugs will cease to be selected drugs and the agreed-upon maximum fair prices will not apply on Jan. 1, 2027, because a generic has been approved.¹⁶

Select Drug Subsidy (SDS)

The Select Drug Subsidy (SDS) program offers a 10% federal subsidy to Part D plan sponsors for designated drugs, helping to offset costs and reduce financial exposure. While this subsidy does not directly benefit beneficiaries, it provides meaningful financial support to plans. MedImpact has incorporated an indication flag to identify applicable drugs. Unlike the Maximum Fair Price (MFP) initiative, which sets a price ceiling, SDS functions as a cost-sharing mechanism that eases the financial burden on plan sponsors.

Updated Submission Requirements for PDE Records

To align with new CMS regulations taking effect in 2026, significant updates are being made to PDE submission protocols. Plans must now adhere to increased submission, with files required every five or seven days depending on the line of business. To facilitate compliance, automated systems have been implemented to streamline the upload and download of PDE files to and from CMS.

Insulin Cost-Sharing Updates

A significant enhancement has been made to the pricing logic for insulin products. New system functionality now determines the lowest applicable cost based on one of the following three calculations:

- A flat rate of \$35
- 25% of the Maximum Fair Price (MFP) established under the Medicare Drug Price Negotiation Program
- 25% of the negotiated price, as defined in §423.100, under either a standalone Medicare prescription drug plan (PDP) or a Medicare Advantage plan with drug coverage (MA-PD)

This pricing framework is a key component of the IRA, designed to lower insulin costs for Medicare beneficiaries.¹⁷

Medicare Prescription Payment Plan (MPPP)

The Medicare Prescription Payment Plan program established under the Inflation Reduction Act of 2022 aimed at helping Medicare Part D enrollees manage their out-of-pocket prescription drug costs by spreading these expenses over the course of the plan year through monthly payments. The program experienced a challenging launch phase, which may be due to lack of beneficiary awareness of the program.

Early industry data for 2025 indicates that a small portion (15%) of the beneficiaries who were flagged as likely to benefit (1.2 million) from the MPPP have enrolled in the program. As of the end of February 2025, Part D Drug Event (PDE) data shows that only about 190,000 beneficiaries who filled a prescription in January or February 2025 were enrolled in the MPPP, including about 70,000 PDP and 120,000 MA-PD beneficiaries.¹⁸ Of the 520,000 MedImpact Part D members, 2% (10,000) were identified as likely to benefit and only 6% (600) are participating.

Key Operational Milestone

MedImpact's implementation of the MPPP marks a key operational milestone. The first batch of client credits has been successfully processed for customers utilizing Lockbox/ACH services, covering member payments received from January through July 2025 and applied to September billing.

A recurring monthly process is now in place to ensure timely credit issuance. Concurrently, automation efforts are underway to streamline MPPP-related financial operations. This includes submitting 2026 billing data for new and reimplementing clients, encompassing both vendor payment profile and billing profile forms. These enhancements are designed to improve efficiency and elevate client satisfaction through accurate and timely financial processing.

TURNING COMPLEXITY INTO CONFIDENCE



GPS Programs & Services

MedImpact's Government Programs & Services (GPS) department monitors and assesses an increasingly complex and fast-moving legislative and regulatory landscape, proactively keeping clients informed of material developments across all states. Our dedicated Medicare, Medicaid, and Marketplace specialists deliver targeted support, analyses, and training as needed, ensuring we meet client needs with precision and expertise.

As policy activity around prescription drugs, insurance markets, and related regulatory oversight continues to intensify, MedImpact remains actively engaged with national and state-level associations to help ensure our clients' perspectives are represented and understood by policymakers and regulators.

TURNING COMPLEXITY INTO CONFIDENCE FOR OUR CLIENTS

GOVERNMENT PROGRAMS & SERVICES

REGULATORY OVERSIGHT

- Government Programs & Services (GPS) Team works closely with Regulatory Compliance Team to interpret regulations and guidelines related to pharmacy benefit management.
- Helps align MedImpact's programs and operational processes with applicable regulatory requirements.
- Provides analysis and updates on key regulatory communications, including CMS Call Letters, Final Rules, HPMS memos, legislative bills, CCIIO guidance, and state-level directives.
- Maintains robust oversight of subcontractors to support compliance and accountability across all downstream operations.

CLIENT SUPPORT

- Expertise across Medicare, Medicaid, and Marketplace.
- Subject Matter Expert (SME) support for every account team.
- Strategic insights on developing federal and state regulatory landscape.
- Custom and standard reporting
- Management of regulatory programs such as CMS Transparency reporting, CMS Annual DUR Survey Companion Guide, Encounters and PDE services, Vaccines for Children, Transition of Care, Medicaid Drug Rebate Program, JSON data file support, MPPP, Wrap Benefit, and Medicare Plan Finder.

LEGISLATIVE SUPPORT

- GPS Strategy & Policy Team continuously monitors emerging federal and state-level legislation impacting government programs.
- Strategy partnership with trade association, Pharmaceutical Care and Management Association (PCMA), enhances legislative insight and advocacy efforts.
- Annual MedGov™ Report offering comprehensive updates across regulated markets.

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The background is a dark purple field with several overlapping squares of different colors: a large red square in the upper left, a medium light blue square in the upper right, a medium light blue square in the middle left, a medium blue square in the middle bottom left, a medium blue square in the middle bottom right, a large purple square in the bottom center, and a large light blue square in the bottom right. The letters 'M' and 'i' are rendered in a white, bold, sans-serif font. The 'M' is positioned to the left of the 'i', and the dot of the 'i' is a solid white circle.

M
i

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