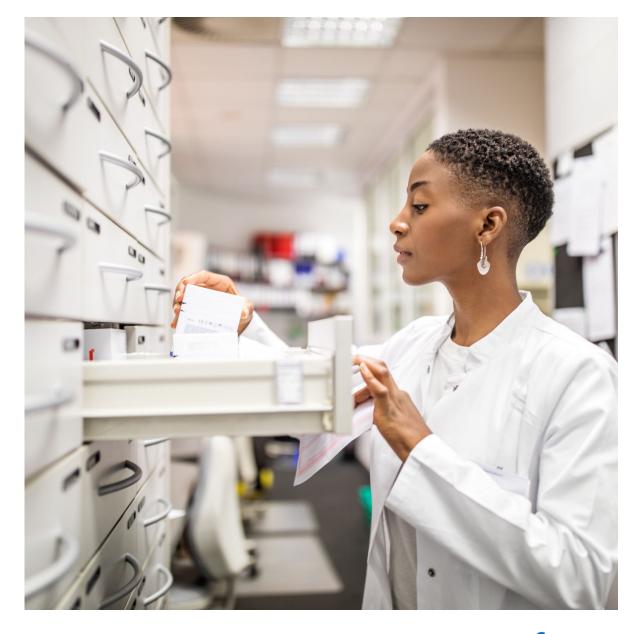


Key Strategies to Manage Escalating Supply & Pharmaceutical Costs

Agenda

- 1. Introduction
- 2. 340B Program Updates
- 3. 340B Program Strategies
- 4. Market Trends
- 5. Mitigation Strategies
- 6. Key Takeaways







Forvis Mazars

Overview

With a legacy spanning more than 100 years, Forvis Mazars is committed to providing a different perspective and an unmatched client experience that feels right, personal and natural. We respect and reflect the range of perspectives, knowledge and local understanding of our people and clients. We take the time to listen to deliver consistent audit and assurance, tax, advisory and consulting services worldwide.

We nurture a deep understanding of our clients' industries. delivering greater insight, deeper specialization and tailored solutions through people who listen to understand, are responsive and consult with purpose to deliver value.

Deep industry understanding

Forvis Mazars' deep understanding of industry-specific environments, issues and trends helps us anticipate and address evolving needs to prepare you for strategic opportunities ahead.

Every industry is different, and we put a strong focus on specific industry experience and knowledge of your complex and evolving environment. We provide a range of audit and assurance, tax, advisory and consulting services to help your business by bringing together experienced professionals from all over the globe who understand local contexts and cultures.

We serve global industries including:

- **Financial Services**
- Manufacturing & Distribution
- Technology, Media & Telecommunications
- Life Sciences
- Private Equity

\$5B

combined revenue (2023)

400+

combined offices & locations

40,000+

combined team members

combined countries, territories & markets

1,800+

100+

combined partners



Healthcare Consulting Practice Overview

Leveraging Our Forward Vision to Help You Achieve Financial & Operational Excellence

Forvis Mazars has designed its healthcare consulting solutions portfolio specifically to address a healthcare organization's unique & complex challenges & opportunities. We combine informative analytics & deep technical resources & competencies to help you make informed decisions that drive value, quality, & results.



Strategy & Finance

Mergers, Acquisitions & Partnerships, Organizational Health, Physician Alignment, Strategic Planning, Value-Based Care, Dynamic Financial Modeling, Financial System Optimization, Prospective Reporting & Feasibility Studies, & Payor Strategies



Healthcare Reimbursement

Cost Reporting, DSH & Uncompensated Care Reporting, Medicare Bad Debt, Regulatory Compliance, Post-Acute Care Targeted Offerings, & Strategic Reimbursement Offerings



Performance Improvement

Clinical Documentation: Integrity, Improvement & Coding, Clinical & Operational Excellence, Cost Management, Pharmacy & 340B, Physician Services, & Revenue Cycle & Integrity



Payor Services

Network Development & Strategy; Clinical & Quality Outcomes, & Compliance

#8

Largest Healthcare Consulting Firm (2024)

89

*Net Promoter Score®





Forvis Mazars

Meet the Team



Brian Bell Principal



Peter Stille
Managing Director



Travis Belson, Pharm.D.Manager



340B Program Updates



Legislative Updates

- Legal & admin. action related to "rebate models" bears watching.
- The administration is likely to reduce Part B payments for 340B drugs ... again.
- Senate HELP Committee Chair Cassidy plans to introduce bill to mitigate "misuse."

Federal • H.R. 7635: 340B PATIENTS Act • SUSTAIN 340B Act • H.R. 8574: 340B ACCESS Act Senator Cassidy Investigation • AHA v. Becerra Supreme Court of the U.S.

Novartis v. Carole Johnson Court of Appeals for D.C. Circuit Sanofi-Aventis U.S. v. HHS et al.

U.S. Court of Appeals for the Third Circuit

State

Contract Pharmacy Laws Passed

MN, MO, KS, AR, MS, LA, MD, WV, UT, NE, SD, ND, NM

Contract Pharmacy Laws Upheld

AR, MD, LA, MS, MN

AR – Supreme Court Declined to Hear Case

Contract Pharmacy Laws Challenged

MO, KS, WV, UT, NE, SD, ND, NM



Executive Orders, Budget, & Tariffs

- HHS/CMS/HRSA/OPA staffing
- Executive Order Lowering Drug Prices by Once Again Putting **Americans First**
 - Inflation Reduction Act Review
 - Drug Price Acquisition Survey Part B
 - 340B/All Part B Drugs
 - Medicare Payment Physician Offices/Hospital Outpatient Departments
- Budget
 - HRSA Move Under CMS
- Tariffs
 - Drug Manufacturing

• India: 48% • Europe: 22% · China: 13%

• USA: 10%

• Other: 7%

- Stockpiling/Shortages
- Generics





June 5, 2025

Site-Neutrality Likely Expanded

Policies expanding site-neutral payments & care delivery in lower cost settings are supported by think tanks aligned with President Trump.





LOWERING HEALTH COSTS FOR SENIORS FRAMEWORK

U.S. Senators Bill Cassidy, M.D. and Maggie Hassan are working together on the below policy options for site-neutral payment reform. This paper explores policy options for payment reform that would reduce health care costs for patients and taxpayers, improve the financial stability of Medicare, reduce provider consolidation, and provide assistance to hospitals serving rural and high-needs communities.

INTRODUCTION

The high cost of health care in the United States is a significant burden on families and taxpayers. Three in four adults worry about their ability to afford unexpected medical bills for themselves or their family.\(^1\)

As hospitals expand their ownership of physician practices and outpatient care facilities, patients are increasingly paying high hospital prices in these previously low-cost settings. Under the Medicare program, taxpayers and patients now share the cost of hospital "facility fees" — hundreds of dollars in additional fees which are now being charged when a patient gets basic care, such as a steroid injection or an allergy test. Patients with private insurance are also facing hundreds of dollars in facility fees for basic care, without ever setting foot in a hospital.

Source: "Lowering Health Costs for Seniors Framework," cassidy.senate.gov, October 2024.

Potential Policy Actions

Legislation:

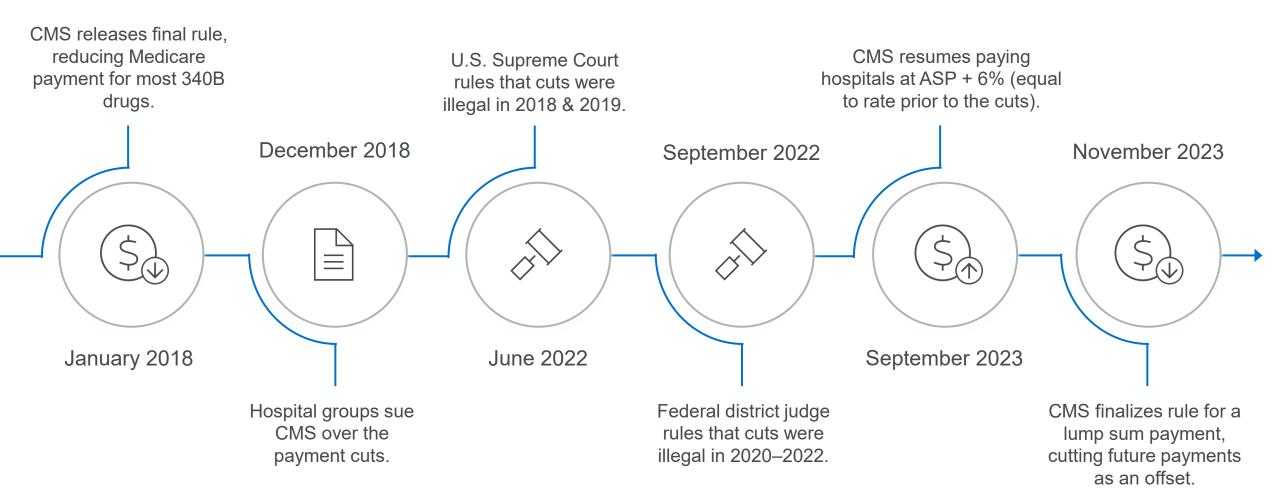
- Repeal Section 603 HOPD Exemptions
- Site-Neutrality Across HOPD, ASC, & MD Office
- Off-Campus HOPD Billing Identifier
- Funding to Support Rural/Safety Net Hospitals

Administrative Action:

- Phase Out Inpatient Only List
- Expand ASC Covered Procedure List



OPPS Remedy Timeline



However, the final rule did not address Medicare Advantage plans.



Legislative Updates

Senator Cassidy Investigation

Entities Investigated

Contract Pharmacies	Hospitals	Community Health Centers	Manufacturers
CVS HealthWalgreens	2 Hospitals	2 Community Health Centers	AmgenEli Lilly

Findings

"They charge a complex range of fees for using their pharmacy services to dispense 340B drugs to patients. They also charge additional administrative fees for Third Party Administrator services. These fees, which generally increase each year, divert resources from the 340B Program's intended purpose ..."

"Both hospital(s) generated hundreds of millions of dollars in 340B revenue, but do not pass 340B discounts directly to their patients. Additionally, these hospitals report using 340B revenue on 'capital improvement projects' & 'community benefit programs,' but do not account for what specific expenses 340B revenue goes towards."

"Both FQHCs generate significant revenue from the 340B Program with a few therapeutic drug classes accounting for a majority of this revenue. There are differences in how these FQHCs utilize contract pharmacies & provide 340B drug discounts to patients."

"Report significantly increasing
340B sales to contract pharmacies
compared to direct sales to hospitals
& grantees. However, their data
shows that manufacturer
[restrictions] have not led to a
meaningful decline in purchases of
340B drugs. They claim they have
difficulty taking actions that ensure
340B Program integrity."

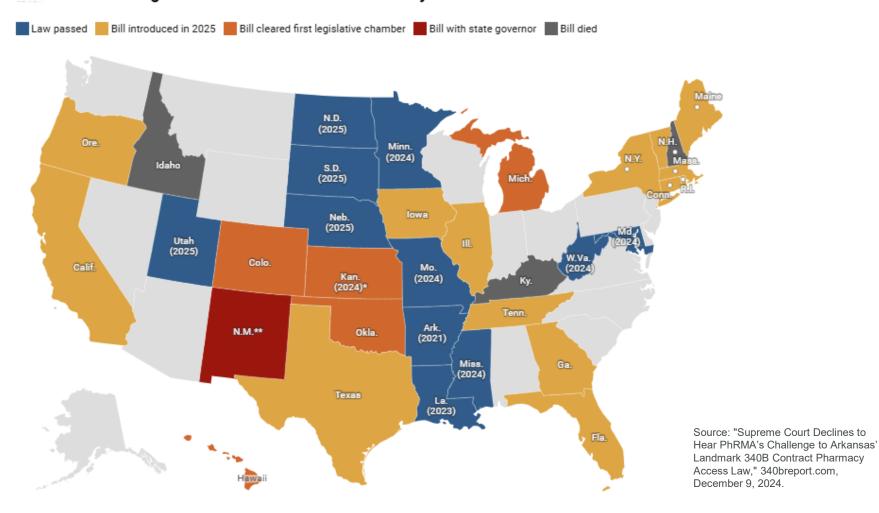
Source: senate.gov, Chair Cassidy Releases Report on 340B Reform, Calls for Congressional Action



Legislative Update

Addressing Manufacturer Restrictions

2025 State Legislation Tracker: Contract Pharmacy Access Bills and Laws

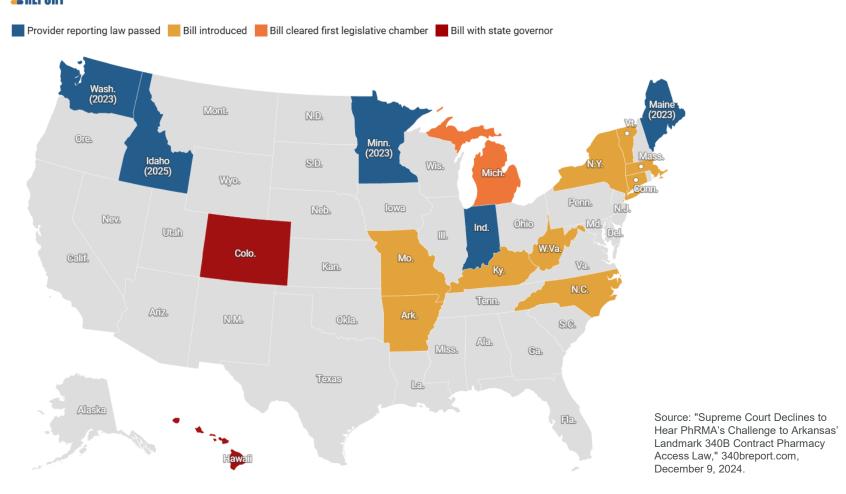




Legislative Update

340B State Reporting Requirements

340B 2025 State Legislation Tracker: 340B Provider Reporting Bills and Laws





Legislative Update

Changing Pricing Dynamics

Covered entities need to prepare for the proposed changes & implications of the Inflation Reduction Act (IRA).

Drug Price Negotiation Program

- Drug Selections Only Part D drugs for 2026 & 2027
- Maximum Fair Price (MFP)
- Litigation

Medicare Part B & Part D Inflation Rebates

 Manufacturers are required to pay a rebate on a unit of a drug paid under Part B or D where price of the drug increases faster than inflation.

Medicare Part D Redesign

Out-of-pocket threshold, coverage gap, insulin, vaccines

Medicare Part B Reimbursement Changes

Payment rate for biosimilars & add-on payments

Important Dates

January 1, 2026

Drug negations take effect –
 10 Part D drugs

January 1, 2028

Part B drugs to be included in negotiations



340B Program Strategies



Outline

Provider-Based & 340B Timeline

The following timeline outlines converting non-eligible departments & completing child site registration for the 340B Drug Pricing Program. Process may take **18–24** months.

Months 1 & 2

- Assess financial impacts on reimbursement.
- Identify any gaps & develop an action plan.

Months 3-6

 Begin the providerbased conversion.

Year-End

 Clinics must show Medicare charges on an eligible cost center.

File MCR

 File the Medicare Cost Report (MCR).

Next Quarter

 Register the clinics as child sites with HRSA.

Following Quarter

 The earliest point at which the clinics qualify for the 340B Drug Pricing Program.

Who Needs to Be Involved?

Key Departments for Success: Leadership, Revenue Cycle, Finance, HR, Marketing, Compliance, Legal, Facilities, Patient Care

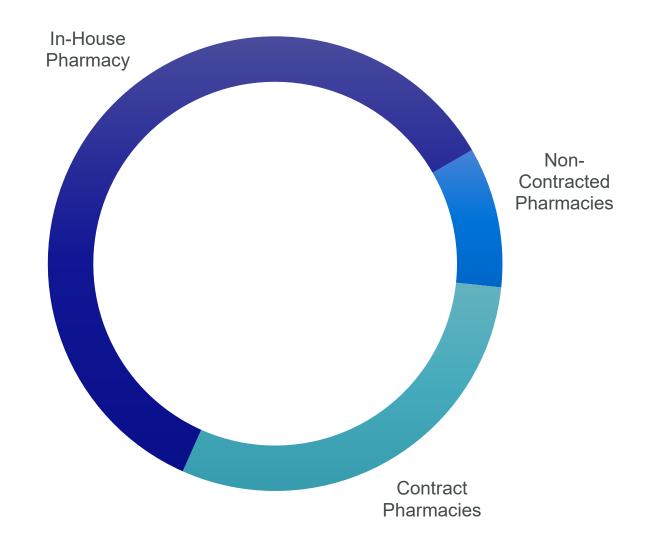


Key Performance Indicator **Capture Rate**

Capture rate may be the most important performance indicator for your program & inhouse pharmacies. Closely monitoring this metric is important to support patient care & access to medications.

> Organizations should strive for a capture rate over

60%





Contract Pharmacy

Addressing Manufacturer Policies







ESP Kalderos Rebate model Direct Replenishment Entity-Owned Pharmacy

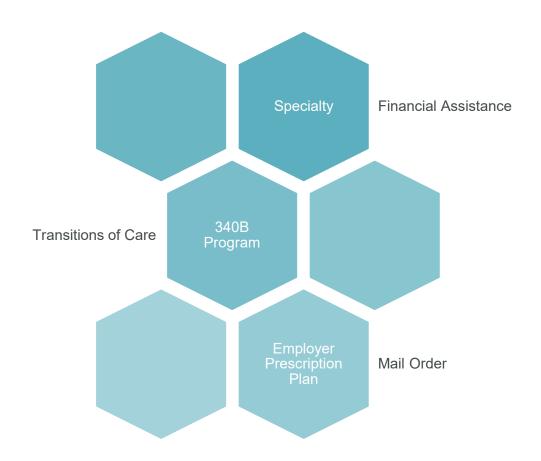
Options available to covered entities to minimize impact of contract pharmacy restrictions



Community Pharmacy

The Power of an In-House Pharmacy

In today's evolving healthcare landscape, the advantages of in-house pharmacies are becoming more important than ever.



Why consider a pharmacy for your organization?

- High-quality patient care
- Access to medications
- Escalating administrative & dispensing fees
- Restrictive manufacturer policies for contract pharmacies
- Additional revenue stream



Enhanced Community Care Models

Integration of Pharmacy Services

Integrating a clinical pharmacist into the care team with 340B knowledge is an often-overlooked component for covered entities looking to improve outcomes & place patients at the front of every decision.



Components

- Pharmacist-Led Services
- Collaborative Practice Agreements
- Referral Arrangements
- Documentation



Considerations

- Comprehensive Tracking Mechanism
- Pharmacist as a Qualifying Provider
- Pharmacist Embedded in a Qualifying Location
 - Payor Requirements/Telehealth
- Meeting the Patient Definition
- Consistent Billing Practices for Services Across All Payor Types



Risk Areas

- Patient Definition
- Inadequate Documentation
- Poor Tracking/Coordination of Components
- Policies & Procedures
- Differences in Billing Practices by Payor
- Communication Gaps Between Providers, Patients, & Pharmacists



Market Trends



Key Issues Today Financial Sustainability

43%

Rank economic uncertainty as one of their top three concerns.

33%

Missed more than half of their strategic objectives.

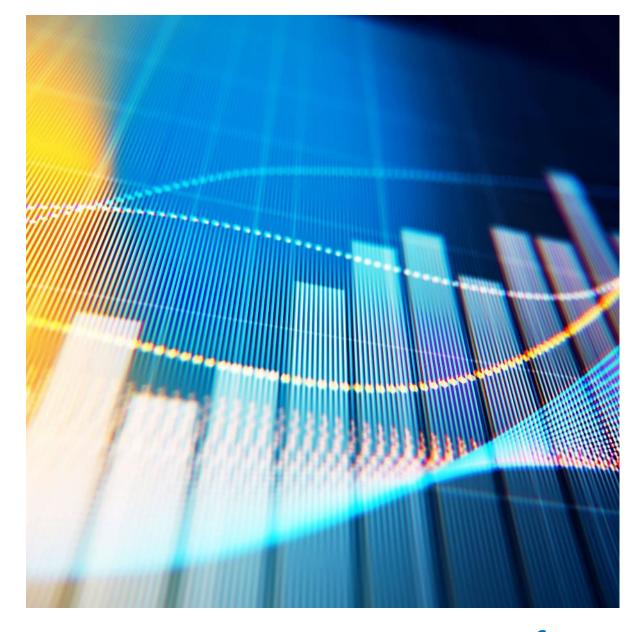
>80%

Rank high labor & non-labor costs among their biggest challenges to financial sustainability.

44%

Are concerned with change fatigue within their organization.

Source: "Mindsets 2025 Healthcare Executive Leadership Report," Forvis Mazars.





Looking Forward

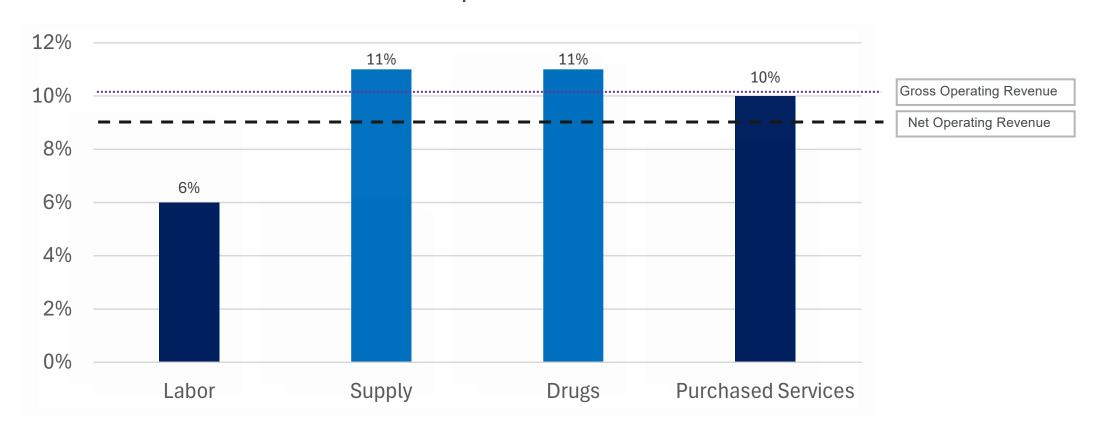
Other Increasing Pressures on Margins

Inflation	"Prescription drug spending growth projected to increase again in 2025 key drivers specialty medications, GLP-1s, innovations in chronic care medications, & increasing use of behavioral health services." – Health Research Institute
	"The average effective U.S. tariff rates are the highest since 1909 raises consumer prices by 2.3% all told in the short run." – The Budget Lab at Yale, April 2, 2025
	"\$880 billion in spending cuts over the next 10 years proposed by House Republicans feared to likely have an impact on Medicaid funding." – Newsweek, February 12, 2025
Funding Cuts	"Congress is considering several proposals that would impose additional Medicare site-neutral payment reductions for services provided in hospital outpatient departments (HOPDs)." – AHA, May 8, 2025
2400	"Drug companies pushing back on 340B drug pricing putting an administrative burden on providers to file for rebates." – HFMA, February 5, 2025
340B	"Medical bills removed from credit reports by the Consumer Financial Protection Bureau." – Consumer Financial Protection Bureau Final Rule, January 7, 2025
Additional Regulatory	"Executive order requiring 'radical transparency' in pricing to be met in 90 days." – White House Executive Order, February 25, 2025
Requirements	"Transforming Episode Accountability Model (TEAM) can reward some hospitals but expected to require paybacks if cost & quality goals not met." – CMS, August 1, 2024



Financial Trends

Year-Over-Year* Expense Increases



Source: "National Hospital Flash Report: March 2025 Data," kaufmanhall.com, May 7, 2025.



2025 Commodity Price Effects of Tariffs

Through 5/23/25

Name	Short-Run	Long-Run
Leather products	39.7	17.8
Computer, electronic and optical	31.3	10.9
Wearing apparel	31.1	14.6
Metals nec	30.5	18.5
Electrical equipment	24.7	12.4
Crops nec	23.2	12.0
Textiles	18.5	10.2
Transport equipment nec	16.8	8.9
Mineral products nec	16.7	8.2
Machinery and equipment nec	16.3	8.9
Motor vehicles and parts	15.6	11.9
Natural gas	14.1	4.3
Basic pharmaceutical products	13.9	10.3
Ferrous metals	12.9	9.7
Rubber and plastic products	12.9	7.6
Metal products	12.5	7.4
Manufactures nec	9.3	5.7
Vegetables, fruit, nuts	7.7	3.7
Chemical products	6.2	4.1
Wood products	6.0	3.8
Fishing	6.0	3.5
Beverages and tobacco products	5.7	4.7
Oil	4.9	1.3
Vegetable oils and fats	4.9	2.7
Paper products, publishing	4.3	3.3
Food products nec	4.2	3.3
Processed rice	3.2	10.2
Cereal grains nec	2.0	1.7

Source: The Budget Lab at Yale 5/23/25

Changing tariffs with
 China has reduced the
 estimated impact since
 April, but the EU
 reciprocal tariffs have
 had a large impact



Mitigation Strategies

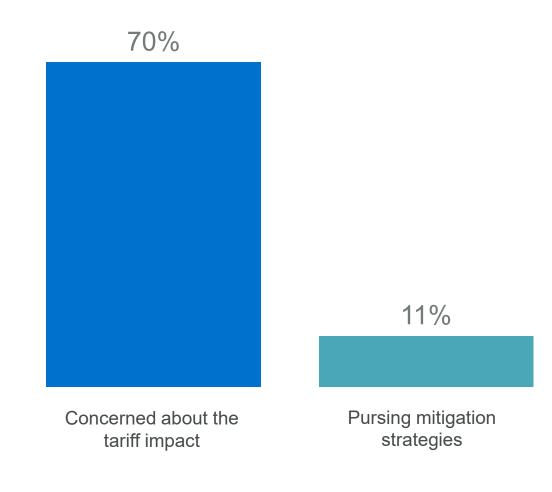


Tariffs – What Are Organizations Doing?

More than half of surveyed healthcare executives are planning steps such as expanding their supplier base, stockpiling inventory & materials, & delaying equipment purchases.

More than **70%** are concerned or very concerned about the tariff impact

Source: hfma.org, Hospitals grapple with uncertain tariff fallout as pharmaceutical levy looms





Mitigation Strategies

How are organizations dealing with this unprecedented level of uncertainty?

Suppliers

- Identify mitigation strategies (Abbott)
- Redirect production (Zimmer)
- Build up inventory
- Pass along increases
- Negotiate with supplier
- Expand efficiency programs & layoffs (Cardinal)

Hospitals & Health Systems

- Collaborate with partners
- Identify exposure by category
- Identify alternative suppliers in at-risk categories
- Increase safety stock
- Document increasing costs
- Increase prices & payor discussions
- Define expectations with suppliers
- Negotiate to reduce exposure
- Expand efficiency efforts



Mitigation Strategy: Supplier Renegotiations

- Review contracts for price protections
- Negotiate performance clauses to mitigate disruption
- Align incentives to reduce costs



Image created by Forvis Mazars. Numbers are for illustration purposes only



Mitigation Strategy: Efficiency Programs

A Broken System

- <u>High-compliance</u>, <u>brand-centric formularies</u> drive up costs & <u>limit case management</u> oversight beneficial for both the employee & the plan.
 - "How PBMs are Driving Up Prescription Drug Costs," New York Times, June 21, 2024.
 - "Big PBMs Increase Drug Costs, FTC Says," Wall Street Journal, July 9, 2024.
- <u>Conflicts of interest & lack of transparency</u> drive decisions that increases costs & put organizations at risk of failing to fulfill their fiduciary responsibilities.
 - PBM Transparency Act, March 2023, S.127.
 - Modernizing & Ensuring PBM Accountability Act, September 2023, S.2973.
 - Patients Before Monopolies Act, December 2024, S.5503.

A Flood of New Solutions

- Some new entrants offer further transparency & lowest net cost formularies.
- Clinical management resources educate patients & drive cost-effective decisions.
- Legacy players, often with conflicts of interest, slow to accept new solutions.

RX PMPM TREND EXAMPLE \$212.56 \$220.00 \$197.92 \$200.00 \$184.28 \$171.58 \$180.00 \$159.76 \$160.00 \$147.11 \$130.50 \$140.00 \$146.98 \$143.79 \$144.80 \$147.70 \$120.00 2022 2023 2024 2025 2026

Solution

20% guaranteed model with net cost focus

Savings

\$829 to \$1,681 per employee

Numbers are for illustration purposes only



Mitigation Strategies: Technology

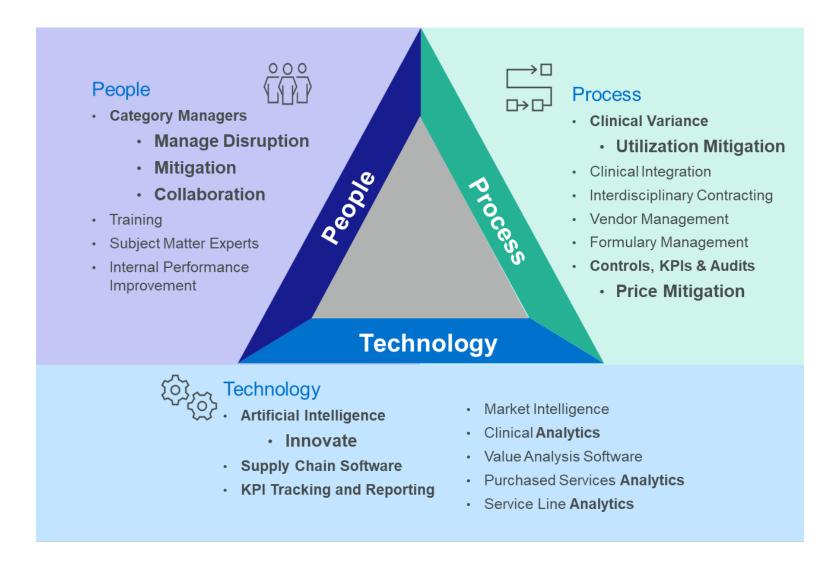
Organizations & expanding their effort to evaluate new technology applications to enable efficiencies & redefine cost structures

- Virtual Patient Intake
- Automation to Efficiently Deploy Resources
- Clinical Evidence
- Documentation Gaps
- Coding
- Denials Management
- Billing
- Care Management QA

- Call Centers
- Scheduling
- Predictive Analytics
- Inventory Management
- Drug Shortages
- Clinical Standardization
- Sensors & Scanners
- Contract Management
- Data Accuracy



Mitigation Strategies- Summary





Key Takeaways







Supplies & pharmaceuticals—key healthcare costs—are experiencing high inflationary pressures, & with tariffs they could be unprecedented.

Healthcare organizations will need new strategies to manage near-term challenges & continued upward pressure of costs compared to reimbursement in the U.S. healthcare market.

Some categories & challenges will be more difficult to manage than others, but mitigating or reversing cost trends in enough categories is critical to maintaining the margins needed for financial sustainability.



Thank you!



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