

Exchanges

Ohio announces all counties will have 2018 insurance exchange coverage

On August 24, the Ohio Department of Insurance announced that CareSource has agreed to provide 2018 insurance exchange coverage in the last county that did not have plan competition. Other plans covering the 20 counties that previously did not have competition include Buckeye Health Plan; Medical Mutual of Ohio; Molina; and Paramount Health Care.

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CDC releases quarterly uninsured statistics

On August 29, the CDC released its quarterly estimates of the uninsured. In the first 3 months of 2017, 28.1 million (8.8 percent) of all ages were uninsured at the time of interview—0.5 million fewer than in 2016 (a non-significant difference) and 20.5 million fewer persons than in 2010. In the first 3 months of 2017, among adults aged 18–64, 12.1 percent were uninsured at the time of interview, 18.9 percent had public coverage, and 70.5 percent had private coverage.

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Bi-partisan group of governors send recommendations on insurance exchanges

On August 30, a bi-partisan group of governors sent a letter to congressional leaders with recommendations to stabilize the insurance exchanges. Recommendations include funding the cost-sharing reductions (CSR); creating a temporary re-insurance fund; not repealing the individual mandate at this time; stabilizing risk mitigation programs, including strengthening risk adjustment; providing more state flexibility to reform their markets; and committing to value-based payments.

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Senate Parliamentarian rules ACA majority vote deadline is September 30

On September 1, it was reported that the Senate Parliamentarian ruled that the FY 2017 budget agreement which allowed ACA repeal legislation to be subject to a majority vote will expire at the end of the federal fiscal year, which ends September 30.

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Medicare/Medicaid

Medpac sends comments on MACRA proposed rule

On August 18, Medpac sent its letter to CMS commenting on the Quality Payment Program Year 2 proposed rule. Among other statements, Medpac supports the creation of virtual groups and urges CMS to expand the model beyond the current limitation of component groups of 10 clinicians. Medpac also supports using dual eligibility status as an indicator of relatively more complicated patients to adjust payments.

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HHS releases report on Medicare Shared Savings Program ACOs

On August 29, HHS released a report finding that 428 participating Shared Savings Program ACOs served 9.7 million beneficiaries over the first 3 years of the program. During that time, most of these ACOs reduced Medicare spending compared to their benchmarks, achieving a net spending reduction of nearly \$1 billion. At the same time, ACOs generally improved the quality of care they provided, based upon CMS data on quality measures.

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CMS releases June 2017 Medicaid enrollment report

On August 30, CMS released the June 2017 Medicaid enrollment report. More than 74 million were enrolled in Medicaid and CHIP in the 51 states reporting June 2017 data. The report contains state-by-state enrollment statistics.

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