



## Exchanges

### BCBS GA Will Offer Coverage in All Georgia Counties in 2018

On August 7, Blue Cross and Blue Shield of Georgia announced it has agreed to offer coverage in the state's insurance exchange in the 85 counties that will have no other health plans in 2018.

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### CMS Extends Deadline for Health Plan Insurance Exchange Rate Filings

On August 10, CMS released guidance indicating that health plans have until September 5 to submit modified 2018 insurance exchange rate changes, three weeks later than the original deadline. Notably, CMS also indicates that there will be no changes in risk adjustment methodology accounting for changes in the cost-sharing reductions (CSR); CMS indicated it would make changes accordingly if the CSR policy changes.

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### Kaiser Family Foundation Releases Early Analysis of 2018 Insurance Exchanges

On August 10, the Kaiser Family Foundation released an analysis of an early look at 2018 premium changes and health plan participation on the insurance exchanges. Based upon initial filings, the change in benchmark silver premiums will likely range from -5 percent to 49 percent across 21 major cities. Additionally, across these 20 states and DC, an average of 4.6 health plans have indicated they intend to participate in 2018, compared to an average of 5.1 per state in 2017, 6.2 in 2016, 6.7 in 2015, and 5.7 in 2014.

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### White House Will Make August CSR Payments

On August 16, the Trump administration announced it would make the August CSR payments.

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## Medicare/Medicaid

### CMS Releases Updated Enrollment Statistics

On August 16, CMS released updated Medicaid enrollment data and preliminary expenditure data that states reported to CMS through the Medicaid Budget and Expenditure System (MBES). The enrollment information is a state-reported count of unduplicated individuals enrolled in the state's Medicaid program at any time during each month in the quarterly reporting period and includes updated enrollment data from October 1, 2015 – September 30, 2016. The enrollment data identifies the total number of Medicaid enrollees and, for states that have expanded Medicaid, provides specific counts for the number of individuals enrolled in the new adult eligibility group, also referred to as the "VIII Group".

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### JAMA Releases Study of MCO Payment Model for Social Determinants

On August 7, the Journal of the American Medical Association released a study about social determinants in MCO payment formulas. Using data from more than 350,000 Massachusetts 2013 Medicaid beneficiaries, a payment model was developed that adds readily available social determinant variables to medical diagnoses, age and sex, eliminating or significantly reducing underpayments for several vulnerable subgroups. Massachusetts Medicaid implemented this model in 2016, potentially enabling clinicians to better meet the needs of socially vulnerable patients.

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### CMS Releases Medicare Beneficiary Survey

On August 17, CMS released the Medicare Current Beneficiary Survey (MCBS), which is a continuous, in-person, longitudinal survey of a representative national sample of the Medicare population, covering the population of beneficiaries in the US, District of Columbia, and Puerto Rico. The MCBS is designed to aid CMS in administering, monitoring, and evaluating Medicare programs, is the leading



source of information on Medicare and its impact on beneficiaries, provides important information on Medicare beneficiaries that is NOT available in CMS administrative data and plays an essential role in monitoring and examining health care access, utilization, and care transition and coordination.

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### **Column Released on MA Rates**

On August 7, the New York Times printed an article about the discrepancy in payments to MA and FFS. The article references the current risk adjustment lawsuit against United Healthcare.

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## **Health IT**

### **GAO Makes Appointments to Health Information Technology Advisory Committee**

On August 3, the Government Accountability Office announced 15 appointments to the new Health Information Technology (HIT) Advisory Committee. The 21st Century Cures Act, enacted in December 2016, established the HIT Advisory Committee to provide recommendations to the National Coordinator for HIT on policies, standards, implementation specifications, and certification criteria relating to the implementation of a HIT infrastructure that advances the electronic access, exchange, and use of health information. Appointments include representatives from hospital systems, health plans, and health IT companies.

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