

Exchanges

Senate Republicans temporarily abandon repealing and replacing ACA

On July 28, the effort to repeal and replace the ACA temporarily ended in the Senate after nearly a week of votes on various proposals. The most dramatic vote occurred when 3 Republicans joined all Democrats to defeat a "skinny" proposal that would have basically repealed the individual and employer mandates. While the vote was supported by both conservative and moderate Republicans, the Senate disapproved this bill as part of the series of votes to repeal and replace the ACA.

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White House will pay July cost-sharing subsidies

On July 19, the White House announced that the administration would pay the July cost-sharing subsidies to health plans in the insurance exchanges. There is no certainty about these payments past July.

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Senate Republicans released ACA repeal/replace amended bills

On July 13 and 20, the Senate Budget Committee released revised drafts of the bill to repeal and replace the ACA. Among other provisions, the bill repeals the individual and employer mandates; repeals the ACA Medicaid expansion; caps federal funding for Medicaid beneficiaries; and provides funding for more affordable premiums for individual market enrollees. Because of broad opposition to this bill, it is unclear at this point if the Senate will hold a vote on this bill or related legislation.

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AHIP and Blues Association release letter about ACA repeal/replace proposal

On July 14, AHIP and the Blue Cross Blue Shield Association released a joint letter raising concerns about a proposed amendment to the ACA repeal/replace bill. The proposed amendment would allow insurers to sell products that must comply with all rules in current law alongside plans that do not comply with current insurance reforms. The letter states that this would allow the new plans to "cherry pick" only the healthy from the existing market, making coverage unaffordable for the millions who need comprehensive coverage. The letter states that this would create two risk pools for the healthy and sick.

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Medicare/Medicaid

Medicare trustee report released

On July 13, the Medicare Board of Trustees released its annual report on the status of the Medicare Trust Fund. Without further congressional action, the Medicare Trust Fund for Part A spending will become insolvent in 2029. In 2016, Medicare covered 56.8 million; over 32 percent of these beneficiaries have chosen to enroll in MA plans.

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House committee holds hearing on Medicare waste, fraud, and abuse

On July 19, the House Ways & Means Committee held a hearing on reducing Medicare waste, fraud, and abuse. Representatives from CMS and the Government Accountability Office (GAO) focused their testimony on the MA RADV, encounter data submission, and improper payments. GAO recommended that CMS develop specific plans for incorporating a RAC into the RADV program

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National Quality Forum releases report on risk-adjusting for socio-economic factors

On July 19, the National Quality Forum (NQF) released a report from a two-year trial to risk adjust certain healthcare performance measures for social risk factors and found that this adjustment is feasible, with 17 measures endorsed by NQF adjusted for factors such as a person's level of education. In the trial, NQF considered a total of 303 measures across 16 areas, including all measures submitted for review from April 2015 through April 2017, as well as 20 measures newly endorsed in 2014 with the condition of being considered for social risk adjustment. Of the total reviewed by NQF, 93 measures included clinical or some other form of risk adjustment. Of these, 65 measures had a conceptual basis for social risk adjustment, and 17 measures were endorsed with social risk adjustment.

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Health Affairs releases study of racial disparities in MA

In July, Health Affairs released a study comparing racial disparities in thirty-day re-admissions between traditional Medicare and MA beneficiaries who underwent one of six major surgeries in New York State in 2013. The study found that MA was associated with greater racial disparity, compared to traditional Medicare. After controlling for patient, hospital, and geographic characteristics in a propensity score-based approach, the study found that in traditional Medicare, African-American patients were 33 percent more likely than Caucasian patients to be re-admitted, whereas in MA, African-American patients were 64 percent more likely than Caucasian patients to be re-admitted.

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