



## Exchanges

### Senate releases bi-partisan ACA bill

Senate Health, Education, Labor, and Pensions (HELP) Committee Chairman Lamar Alexander (R-TN) and Top Democrat Patty Murray (D-WA) recently announced their bi-partisan legislation to provide short-term stabilization of the ACA insurance exchange markets. Among other provisions, the bill would allocate the cost-sharing reduction (CSR) payments for the rest of 2017, 2018 and 2019; would reform the ACA's Section 1332 State Innovation Waivers to allow for more state flexibility and streamline the approval process; would allow all individuals to purchase a lower-premium, catastrophic, or "Copper" plan, which would be sold in the same risk pool as other metal-level plans; would allocate funds for ACA outreach and enrollment activities; and would allow plans to be sold across state lines in the individual or small group market. While Democrats and moderate Republicans have voiced support for the legislation, conservative Republicans, including House Speaker Paul Ryan (R-WI), have opposed the deal because it would not significantly repeal the ACA.

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### Gallup reports increase in uninsured

On October 20, Gallup reported that the percentage of US adults lacking health insurance rose in the third quarter of 2017 to 12.3 percent, an increase of 0.6 percentage points from the previous quarter and 1.4 points since the end of 2016. The uninsured rate is now the highest recorded since the last quarter of 2014 when it was 12.9 percent

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### House, Senate Republicans announce separate ACA deal

On October 24, House Ways and Means Committee Chairman Kevin Brady (R-Texas) and Senate Finance Committee Chairman Orrin Hatch (R-Utah) announced a bi-cameral agreement to provide short-term stabilization of the ACA insurance exchange markets. Among other provisions, the agreement would fund the CSRs through 2019; repeal the individual mandate from 2017-2021; repeal the employer mandate from 2015-2017; and expand contributions to health savings accounts (HSAs). Like the Alexander-Murray agreement, action on stand-alone legislation is unlikely; however, certain provisions could be included in end-of-year congressional spending bills.

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### KFF releases analysis of premium impact from CSR discontinuation

On October 27, the Kaiser Family Foundation released an analysis of the effect of CSRs on 2018 insurance exchange premiums. Among those exchange plans that specify the surcharge on silver-level plans for the discontinuation of CSR payments, the amount of the surcharge ranges from 7.1 percent to 38 percent. For those exchange plans that report the impact on average across all plans – whether increases were applied to all plans or only to silver plans – the surcharge ranges from 0.1 percent to 27.2 percent.

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## Medicare/Medicaid

### Medicaid Directors, AHIP send CMS letter on Medicaid MCO provider networks

On October 10, the National Association of Medicaid Directors (NAMD) and AHIP sent a letter and a jointly-developed proposal to CMS regarding a potential implementation pathway for state screening and enrollment of Medicaid MCO network providers. The Medicaid MCO rule released in April 2016 first finalized this requirement effective July 1, 2018, and the 21st Century Cures Act's passage expedited this deadline to January 1, 2018. The NAMD-AHIP proposal envisions a discretionary enforcement period for 2018, and urges CMS to issue sub-regulatory guidance clarifying the applicability of screening and enrollment requirements to the varied universe of contracted Medicaid MCO plan providers.

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### KFF releases major Medicaid survey

On October 19, the Kaiser Family Foundation released its annual 50-state survey of activities related to Medicaid over the past state fiscal years 2017 and 2018. Key findings show that despite uncertainty about federal legislative changes, many states were continuing efforts to expand managed care and implement payment and delivery system reforms. Emerging trends include proposals to restrict eligibility (i.e., work requirements) and impose premiums through Section 1115 waivers, as well as movement to include value-based purchasing requirements in MCO contracts. States are increasingly requiring MCOs to: screen beneficiaries for social needs (19 states in FY 2017 and two additional states in FY 2018), as well as use alternative payment models (APMs) to reimburse providers (13 states in FY 2017 set a target percentage of MCO provider payments that must be in APM and nine additional states plan to set a target in FY 2018).

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### House and Senate pass FY 2018 budget resolution

On October 26, the House passed the Senate version of the FY 2018 budget resolution. Of note, the resolution enables the Senate to pass tax reform through a majority vote. The resolution is non-binding; while the resolution instructs significant cuts in Medicare and Medicaid spending, it is unlikely that Congress will enact legislation implementing these cuts.

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