



Exchanges

New York extends insurance exchange open enrollment

On September 7, the New York state-based insurance exchange announced it will extend its open enrollment period so that it lasts from November 1 until January 31. States utilizing the federal exchange will see open enrollment end December 15.

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Census Bureau reports uninsured rate

On September 12, the US Census Bureau reported that the percentage of those without health insurance coverage for the entire 2016 calendar year was 8.8 percent, down from 9.1 percent in 2015. The number of those without health insurance declined to 28.1 million from 29.0 million over the period.

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Senators introduce ACA repeal/replace bill

On September 13, Senators Lindsey Graham (R-SC), Bill Cassidy (R-LA), Dean Heller (R-NV), Ron Johnson (R-WI) and former Senator Rick Santorum (R-PA) introduced legislation to repeal and replace the ACA. Among other provisions, the bill would repeal the individual and employer mandates and provide grants for states to fund Medicaid beneficiaries and more affordable premiums for those in the individual market. As part of the grant program, a payment-neutral risk adjustment formula developed by the HHS Secretary would begin to be phased in beginning in 2021 and account for certain population characteristics. While moderate Republicans feel the bill has a chance to achieve a majority vote to pass by the end of September, conservative Republicans believe the bill does not repeal a significant portion of the ACA.

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HELP Committee holds market stabilization hearings

Over the past two weeks, the Senate Health, Education, Labor and Pensions (HELP) Committee has held hearings focused on stabilizing the individual market. Chairman Lamar Alexander (R-TN) announced that a committee-passed bill will fund the cost-sharing subsidies, expand eligibility for the “copper plan,” which is a lower-premium, higher-deductible plan, and give states more flexibility in the approval of coverage, choices, and prices for health insurance under the Section 1332 waiver process.

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Medicare/Medicaid

Single-payer bill introduced

On September 13, a number of progressive senators introduced a bill implementing a single-payer healthcare system. AHIP issued a strongly-worded response opposing the bill. The bill has little chance of passage.

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CMS shares design of new Medicaid card

On September 14, CMS released the newly-designed Medicare card. The new Medicare card contains a unique, randomly-assigned number that replaces the current Social Security-based number.

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CMS releases letter implementing ABLE Act

On September 7, CMS released a letter to state Medicaid directors regarding the Achieving a Better Life Experience Act of 2014 (the ABLE Act), which enables individuals with disabilities to save money in tax-advantaged accounts which they can later use for meeting their disability-related needs, with limited impact on their eligibility for certain means-tested benefits. The purpose of the letter is to provide guidance to states on the implications of the ABLE Act for state Medicaid programs.

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Change Healthcare participates in panel on social determinants

On September 15, Change Healthcare participated in a panel discussion organized by the Healthcare Leadership Council (of which Change Healthcare is a member) about the social determinants of health in Washington, DC. Jim Dalen, Chief Health Economist, presented information about the assistance Change Healthcare provides to MA low-income beneficiaries enrolling in Medicaid as a dual eligible and other community-based programs. The data presented shows that those assisted are more satisfied with their MA plan and remain enrolled in the plan longer than those not assisted. The briefing was attended by over 50 Capitol Hill staff and external healthcare policy stakeholders

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Health IT

NQF issues recommendations for measuring interoperability quality

On November 5, the National Quality Forum (NQF) issued a report that assesses the current state of interoperability and its impact on quality processes and outcomes. The report recommends that it be measured in four broad categories: the exchange of electronic health information, its usability, its application, and its impact—on patient safety, costs, productivity, care coordination, processes and outcomes, and patients' and caregivers' experience and engagement. NQF's Interoperability Committee identified 53 ideas for measures that would be useful in the short term (0-3 years), in the mid-term (3-5 years) and in the long-term (5+ years). It also identified 36 existing measures that serve as representative examples of these measure ideas and how they could be affected by interoperability.

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