



FAMILY VOICES[®]

Washington DC Update
November 8, 2017

Did you know that ONE in FIVE families has at least one child with special health care needs? [Join the Family Voices One-in-Five Awareness Campaign.](#)

Greetings from Washington! In the second week of Open Enrollment, a [record number](#) of people are signing up for health care plans. The House last week passed a bill to extend CHIP for five more years and extend and amend the Family-to-Family Health Information Center program, although the bill used “offsets” for its cost that would hurt other programs for children and others. A House committee is considering an extensive tax bill which, among other things, would repeal the deduction for medical expenses. The administration issued several new policy directives to make it easier for states to get waivers from Medicaid laws and regulations in order to apply work requirements, for example, and in order to address the opioid epidemic. Read about these topics and more in this week’s Update.

REMEMBER: 2018 OPEN ENROLLMENT on THE FEDERAL EXCHANGE runs through Dec. 15, 2017 at [HealthCare.gov](#) and [CuidadodeSalud.gov](#).

Open-enrollment resources are at the end of this Update.

UPCOMING WEBINARS AND CALLS (ALL TOPICS)

[CMS marketplace Webinar](#)

Wednesday, November 8, 2:00-3:30 pm ET

Centers for Medicare and Medicaid Services (CMS)

[Medicaid and ABL: A Look at the Recently Released CMS Guidance](#)

Thursday, November 9, 2:00-3:30 pm ET

National Disability Institute

[Addressing Symptoms of PANS and POTS Nutritionally](#)

Wednesday, November 15, 1:00-2:00 pm ET

Autism Research Institute

[Employment, Work and Disabilities](#)

November 15, 1:00 pm-2:00 pm ET

Amputee Coalition

<http://www.amputee-coalition.org/calendar-event/employment-work-disabilities/>

[Determining Caregiver Needs and Well-Being](#)

Thursday, November 16, 9:00-10:00 am ET

State University of New York at Albany

[Serving CYSHCN in Medicaid Managed Care: Contract Language and the Contracting Process](#)

[Discussion of a [new tool](#) (PDF) that can be used alongside the National Standards for Systems of Care for CYSHCN.]

Thursday, November 16, 10:00-11:00 am ET

The Association of Maternal and Child Health Programs and the National Academy for State Health Policy

[Who's Leading the Leading Health Indicators? Nutrition, Physical Activity, and Obesity](#)

Thursday, November 16, 12:00-1:00 pm ET

U.S. Department of Health and Human Services

[Leveraging Medicaid Quality Metrics to Improve Care for Children and Youth with Chronic and Complex Health Care Needs](#)

Monday, November 27, 2:00-3:00 pm ET

National Academy for State Health Policy

[Communicating with Health Care Providers](#)

Tuesday, November 28, 1:00-2:00 pm ET

Autism Research Institute

[CDC's New Milestone Tracker: There's an App for That!](#)

Wednesday, November 29, 3:00-4:00 pm ET

Association of University Centers on Disabilities (AUCD)

CONGRESS

CHIP Funding

As reported in the [October 12 Update](#), both the Senate Finance Committee and the House Energy and Commerce (E&C) Committee have approved very similar bills to extend funding for the Children's Health Insurance Program (CHIP) for an additional five years (through 2022). For more details on both bills, see the [October 6 special edition of the Washington Update](#).

In the House, the CHIP bill (HEALTHY KIDS Act) subsequently was combined with the CHAMPION Act, which includes an extension of funding for Family-to-Family Health Information Centers (F2Fs) (more below) to create the "Continuing Community Health And Medical Professional Programs to Improve Our Nation, Increase National Gains, and Help Ensure Access for Little Ones, Toddlers, and Hopeful Youth by Keeping Insurance Delivery Stable Act of 2017."

The bill was passed by the House on November 3, along mostly partisan lines. Although Democrats agree with the policies in the legislation, they object to the "offsets" used to pay for the costs of

extending the programs. Among other offsets is a significant cut in the Prevention and Public Health fund, which is used to pay for a number of important health programs.

At this point, there is bipartisan and bicameral (House and Senate) agreement on CHIP policy, including a five-year extension. But, most observers think the legislation will not be taken up in Congress until December, as part of a larger with must-pass bill (to be determined). At that point, the time pressure will force compromise on the offsets.

Meanwhile, states are in danger of running out of funds to run their CHIP programs. (See [the November 2 Update](#).)

Family-to-Family Health Information Center (F2F) Funding

The CHAMPIONING HEALTHY KIDS Act passed by the House last week (see above) includes a provision (section 103 of the bill) to extend F2F funding through FY 2019 at \$6 million per year (an increase of \$1 million per year), AND calls for F2Fs to be developed in five territories and for at least one Indian tribe. The territories are Puerto Rico, Guam, American Samoa, the Virgin Islands, and the Northern Mariana Islands.

As reported [last week](#), the Senate Finance Committee released an unnamed “discussion draft” of legislation that would, among other things extend F2F funding through FY 2019, as in the House bill. Unlike the House bill, however, the Finance Committee’s discussion draft does **not** increase F2F funding or expand the program for territories and tribes. Eventually, the difference in the House and Senate F2F provisions will have to be worked out in a conference committee or informal negotiations.

Tax Bill - In General

On November 3, House Ways and Means Committee Kevin Brady (R-TX) unveiled a tax bill – The Tax Cuts and Jobs Act ([H.R. 1; summary](#)) -- that comports with President Trump’s tax-policy priorities. The cost of the tax cuts (lost revenue to the federal treasury) is not offset; the bill would add \$1.5 trillion to the deficit over ten years.

The House bill is being considered (“marked up”) in the Ways and Means Committee this week and is likely to be taken up by the full House next week.

Senate Finance Committee Chairman Orrin Hatch (R-UT) is developing a separate tax bill, which may be released within the next week. The president and congressional leaders are hoping to have a tax bill enacted by the end of the year, but it [may be difficult to reach agreement](#) on a number of thorny issues.

House Tax Bill -- Repeal of Medical-Expense Deduction and More

There are several elements of the bill that of concern to health and disability advocates. First, as of tax years beginning after 2017, the bill would repeal the [medical expense deduction](#), which currently can be used when the out-of-pocket medical expenses of the taxpayer, a spouse, or a dependent exceed 10 percent of the taxpayer’s adjusted gross income. This could hurt families of children and youth with special health care needs and others, such as those in nursing homes, who have very high out-of-pocket medical expenses. See [House Tax Bill Would Scrap Deduction For Medical Expenses](#).

In addition, H.R. 1 would repeal the work opportunity credit, which encourages businesses to hire people with disabilities and other targeted populations; the disabled access tax credit, which helps small businesses that incur expenses to improve access for people with disabilities; and the [orphan drug tax credit](#), which encourages pharmaceutical manufacturers to develop treatments for rare diseases.

Finally, many advocates are worried that the large deficit increase this legislation would cause would give Congress a rationale to propose cuts to important programs for children and families, such Medicaid, Medicare, and numerous other programs.

Tax Bill – Possible Vehicle for Repeal of Individual Mandate

The president and some conservative Members of Congress [advocated for including](#) in the tax bill a repeal of the Affordable Care Act’s individual mandate (or more precisely, the tax penalty for not having insurance). Chairman Brady’s bill does not include this provision and it is not expected to be in Senator Hatch’s bill either. It is possible, however, that such an amendment will be offered in committee or on the House and/or Senate Floor. A repeal of the mandate would allow Congress to enact even larger tax cuts, since it would save the federal government billions of dollars (due to fewer subsidies). In December, the Congressional Budget Office estimated that a repeal of the individual mandate would result in a 20 percent increase in premiums and 15 million fewer people with insurance by 2026.

MEDICAID NEWS, INFORMATION AND RESOURCES

Medicaid Waiver Proposals

In line with the administration’s view that states should have greater flexibility in running their Medicaid programs, and would ease the waiver process for states accordingly, the Centers for Medicare and Medicaid Services (CMS) [announced](#) the release of two Informational Bulletins (CIBs) on November 6. These bulletins set forth policies that CMS will adopt “to improve the transparency and efficiency of the SPA/1915 approval process and the 1115 approval process.” that it had issued (“SPA” stands for State Plan Amendment.) The Informational Bulletins are: [Section 1115 Demonstration Process Improvements](#) and [State Plan Amendment and 1915 Waiver Process Improvements to Improve Transparency and Efficiency and Reduce Burden](#).

A November 7 [press release](#) announced the unveiling of these policies by CMS Director Seema Verma at the meeting of the National Association of Medicaid Directors. [Her remarks](#) included comments alluding to the administration’s favorable view of state proposals to impose work requirements on Medicaid beneficiaries. Other policy changes include ten-year periods for some waivers, and a reduction in state waiver-reporting requirements. To visit the updated webpage explaining the new policies on 1115 Demonstration waivers, click [here](#). See also [Trump officials to allow work requirements for Medicaid](#).

Payment Directives under Medicaid Managed Care Contracts

On November 2, the Centers for Medicare & Medicaid Services (CMS) released an Informational Bulletin (CIB), [Delivery System and Provider Payment Initiatives under Medicaid Managed Care](#)

[Contracts](#), outlining the states' authority to implement delivery system and provider payment initiatives under Medicaid managed care contracts. According to the CMS [announcement](#), the CIB permits states to direct managed care plans to use specific payment methodologies (e.g., value-based purchasing) for paying healthcare providers, "to better support states' innovative efforts to transform care delivery and payment."

Medicaid policy aimed at the opioid crisis

On November 1, CMS issued a [State Medicaid Directors letter](#) announcing new policy concerning section 1115 waivers related to treatment for opioid addiction. States will now be able to receive federal matching payments for "the continuum of services to treat addiction to opioids or other substances," including services provided to Medicaid enrollees residing in residential treatment facilities. This revised policy replaces the initiative announced in the State Medicaid Directors letter issued on July 27, 2015.

ACA NEWS, INFORMATION, RESOURCES

Proposed Benefit and Payment Parameters for 2019

Each year, the Centers for Medicare and Medicaid Services (CMS) issue a "Notice of Benefit and Payment Parameters," a regulation governing many aspects of ACA implementation. The [proposed Benefit and Payment Parameters for 2019](#) were published in the Federal Register on November 2. See the [CMS fact sheet](#). As explained in [last week's Update](#), one of the most significant features of this proposed rule is allowing states more flexibility in determining "Essential Health Benefits" for individual and small-group plans, as explained in a Health Affairs blog post, [The 2019 Proposed Payment Notice, Part 2: Consumer-Facing Provisions](#). This could have the effect of weakening plan benefits. In addition, the proposed rule would require states to give greater [scrutiny to the income reported by people in the "Medicaid gap."](#) These are people in states that did not expand their Medicaid programs who do not qualify for premium subsidies because their incomes are below 100 percent of the federal poverty level.

For a good overview of the whole proposed rule, see [Proposed 2019 Affordable Care Act Payment Rule: A Big Role for States](#) and [Proposed Rules Give States Flexibility to Change Essential Health Benefits, and More](#).

The public can comment on this proposed regulation through **November 27** at <https://www.federalregister.gov/documents/2017/11/02/2017-23599/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2019>.

TRICARE

TRICARE recently announced several changes. (See the [November 2 Update](#) for other announcements.)

[Changes to TRICARE Disenrollment Coming in 2018](#)

As part of the changes coming to TRICARE on Jan. 1, 2018, there will be new rules affecting disenrollment. Beginning in 2018, there are three ways someone can be disenrolled if they are eligible for TRICARE and enrolled in a health plan.

2018 Contractor Network Provider Directories Available

New TRICARE Network Provider Directories are available for care beginning January 1, 2018.

- [TRICARE East Network Provider Directory](#)
- [TRICARE West Network Provider Directory](#)

Sign up for TRICARE email updates at www.tricare.mil/subscriptions.

OTHER RESOURCES

[National Standards for Systems of Care for Children and Youth with Special Health Care Needs \(2.0\)](#)

The Association of Maternal & Child Health Programs (AMCHP) and the National Academy for State Health Policy (NASHP) have developed an interactive website for use by systems and organizations that serve CYSHCN, including state Title V programs, Medicaid and CHIP programs, private and public health plans, pediatricians and other health care providers, family/consumer groups, and families themselves.

[Improving Systems of Care for Children with Special Health Needs -- Resources and Policy Options](#)

The National Conference of State Legislatures has published this seven-page overview of policy options that state legislators could consider to improve systems of care for children and youth with special health care needs. The publication refers to the National Standards mentioned above.

[Key Issues in Long-Term Services and Supports Quality](#)

This October 2017 Kaiser Family Foundation brief discusses the regulation and quality of long-term care facilities and services.

The [Catalyst Center](#)'s October [newsletter](#) lists a number of new and updated resources:

- [The Updated Catalyst Center State Family Resource Page](#) (organized by state)
- [The Updated Chartbook of State Data on CYSHCN](#)
- [Family Engagement Quality Improvement Toolkit](#)

YOUR INPUT OR INVOLVEMENT SOUGHT

Solicitation of Nominations for Appointment to the Advisory Committee on Minority Health (ACMH) - Nominations due by January 3, 2018

The HHS Office of Minority Health (OMH) is seeking nominations of qualified candidates to be considered for appointment as a member of the Advisory Committee on Minority Health (ACMH). The Committee provides advice to the Deputy Assistant Secretary for Minority Health on improving the health of racial and ethnic minority groups, and on the development of goals and specific program activities of OMH designed to improve the health status and outcomes of racial and ethnic minorities. Nominations are sought to fill four vacancies. OMH is particularly seeking nominations for individuals who can represent health interest of Hispanics/Latinos, Asian Americans, Native Hawaiians, and other Pacific Islanders. These positions will open July 2018. **The deadline to submit nominations is January 3, 2018.** The Federal Register Notice for the Solicitation of Nominations for Appointment to the ACMH has been published online at <https://www.federalregister.gov/documents/2017/10/05/2017-21500/solicitation-of-nominations-for-appointment-to-the-advisory-committee-on-minority-health>

All of Us Precision Medicine Initiative

The *All of Us* Research Program is a large research program that is part of the Precision Medicine Initiative. Researchers hope that more than a million people will join the *All of Us* Research Program. People who join will give information about their health, habits, and what it's like where they live. By looking for patterns, researchers may learn more about what affects people's health. The program is asking members of the public to share thoughts and ideas for how to make the *All of Us* Research Program a success. Learn more and take a survey at [All of Us Precision Medicine Initiative](#).

Participate in a Research Project on Perception of Caregivers!

Deadline: March 18, 2018

When people hear that you are a caregiver what do they tell you? This project will explore how people in the general population view caregivers through a 10 minute survey. The research is being conducted as part of a Dissertation Research project in the Department of Psychology and Neuroscience at the University of North Carolina, Chapel Hill. The study seeks to recruit 2,000 caregivers by March 2018. Learn more and participate [here](#).

OF POSSIBLE INTEREST

Patient councils, apps show promise in incorporating patient voice into delivery reform

(FierceHealthcare, Nov. 7, 2017)

OPEN ENROLLMENT RESOURCES

For Assisters:

From Health Care Reform: Beyond the Basics

- **NEW:** [Reference Guide: Yearly Guidelines and Thresholds for 2018 for determining eligibility for subsidies](#)
- **NEW:** [Reference Guide: Documents That Can Be Used to Verify Immigration Status](#)
This reference guide provides examples of the different immigration document types that can be used in Healthcare.gov to verify immigration status and notes where different document numbers are located. For additional information and resources, see the webinar [Immigrant Eligibility for Health Coverage Programs](#) and the National Immigration Law Center's [Tips for Addressing Immigrant Families' Concerns When Applying for Health Coverage Programs](#).

Health Reform: Beyond the Basics joined Twitter this week - [@HealthReformBtB](#).

[Consumer Assistance Coordination Hub \(CACH\)](#) from the Center for Budget and Policy Priorities' Health Reform: Beyond the Basics.

[Navigator Resource Guide](#) for 2018 from the Georgetown Center on Health Insurance Reform. The guide has been updated to reflect various recent policy changes, many of which are new for open

enrollment this year. It is focused solely on the private insurance reforms of the Affordable Care Act (ACA), including the health insurance marketplaces, benefit and cost structures, and premium tax credits. This guide is intended to supplement the Navigator training available from the U.S. Department of Health and Human Services. It is not intended to be a comprehensive, stand-alone resource for all the ACA reforms. Navigators should contact their state's marketplace, Department of Insurance, or Medicaid agency for guidance on specific circumstances. The information has been updated as of October 17, 2017.

More about the Guide: [Have Questions on Private Health Insurance? Check out Latest Navigator Resource Guide](#) (Georgetown Center on Children and Families blog post, 10/24/17)

[National Disability Navigator Resource Collaborative](#)

[Resources from "Get America Covered"](#)

CMS' [From Coverage to Care \(C2C\) Website](#) has a number of resources for both consumers and those assisting them in securing and using health care coverage. Its updated [Enrollment Toolkit](#) reflects 2018 figures, and is available to download or print. The toolkit has 5 sections, addressing why consumers should sign up for health coverage, what to know before enrolling, what to know when picking a plan, what to do after enrollment, and information for special circumstances.

[Immigrant Eligibility for Coverage Programs](#) (webinar slides and recording from Health Reform: Beyond the Basics, Center for Budget and Policy Priorities)

For Families:

NEW: [Reference Guide: Yearly Guidelines and Thresholds for 2018 for determining eligibility for subsidies](#)

NEW: [Health Insurance Marketplace Calculator](#)

Note: This calculator has been updated with premiums for 2018 plans.

This "Health Insurance Marketplace Calculator" developed by the Kaiser Family Foundation provides estimates of health insurance premiums and subsidies for people purchasing insurance in health insurance exchanges (or "Marketplaces") created by the Affordable Care Act (ACA). A consumer can enter their income, age, and family size to get an estimate of their eligibility for premium subsidies and the cost of health insurance, as well as eligibility for Medicaid. *The Foundation encourages other organizations to feature the calculator on their websites using these [embed instructions](#).*

NEW: [300 ACA/Health Reform FAQs -Kaiser Family Foundation](#) (42 Q&A in Spanish)

[5 Things to Know About ACA at Year 5](#) (Kaiser Health News, 10/31/17)

[Link to Local Resources](#) (from Young Invincibles)

The [From Coverage to Care \(C2C\) Website](#) includes a number of resources for consumers about how to use their insurance coverage to get the care they need. One of these resources, [Manage Your Health Care Costs](#), helps families plan for the costs associated with health coverage.

To learn more or download C2C resources, go to on the C2C website at <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/C2C-Enrollment-Toolkit-2016-small-508.pdf> or email CoverageToCare@cms.hhs.gov.

The Consortium for Citizens with Disabilities (CCD) has developed a fact sheet on open enrollment - http://c-c-d.org/fichiers/CCD-aca-one-pager-op-enroll_2018_BJL-Edits.pdf. Feel free to cut and paste to create your own flyer or link to the document in your communications.

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We would love to hear any suggestions you might have about how to make the Update more useful to you. Does it provide the right amount of information? What parts are helpful and not so helpful? Please let us know!

And, as always, please feel free to contact us with any questions. Comments and questions can be directed to jguerney@familyvoices.org.

Yours truly,
The Family Voices Policy Team

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