

Customized Briefing for Kimberly Barry-Curley

May 23, 2013



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Leading the News

Several Large Insurers Sitting Out First Year Of California's Exchange.

The [Los Angeles Times](#)   (5/23, Terhune) reports that several large insurers, including Aetna, Cigna, and UnitedHealth, are not participating in the first year of Covered California, the state's health insurance exchange. As many as five million residents are expected to seek coverage through the exchange next year, but the absence of these insurers could limit their options. Still, the state's biggest providers-- Kaiser Permanente, Anthem Blue Cross and Blue Shield of California-- all have opted in.

In related news, the [San Francisco Business Times](#)   (5/23, Rauber, Subscription Publication) "BayAreaBizTalk" blog reports that Covered California "is set to announce some 'tentative' details on Thursday," among which will be which health plans will participate in the exchange. As the article explains, "the entire process has been shrouded in secrecy, and unveiled piece by piece"

Eleven Insurers To Sell Plans On Colorado's Exchange. The [Kaiser Health News](#)   (5/23) "Capsules" blog reports Colorado announced Wednesday that 11 insurers have signed up to sell plans on its exchange, a number much higher than in other states. According to the article, regulators are "encouraged by the number of carriers," because they hope "competition will help keep down premium costs." However, agents are worried consumers will be "overwhelmed."

From NAHU



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NAHU in the News



NAHU Seeks Clarification On ACA Navigator Program.



[Bloomberg BNA](#)   (5/23, Hansard) reports that the National Association of Health Underwriters (NAHU), which “represents more than 100,000 health insurance agents and brokers” has asked HHS for clarification regarding its “navigator” program under the Affordable Care Act. In a comment letter posted May 6, the group wrote that “It is not clear how to tell whether people hired to help applicants enroll in health plans under the Affordable Care Act are selecting plans or merely helping consumers through the process.”



Legislation and Policy

Family Health Costs Continue To Rise, Albeit Slower.





The [New York Times](#)   (5/23, Abelson) “Bucks” blog reports according to the 2013 Milliman Medical Index, the increase in health costs this year is 6.3 percent, a decrease from the 7.8 percent raise the actuarial and benefits consultant estimated for the year-over-year increase in 2010. However, “the total dollar increase is about \$1,300, and families are paying several thousand dollars more than they were just a few years ago, increasing more than \$5,000 since 2009.” The analysis also points out the “typical cost to cover a family of four now exceeds \$22,000, including the amount paid in insurance premiums and out-of-pocket costs,” which is nearly how much it costs to send a child to an in-state public college for a year. The blog notes there has been much debate “over whether the slowing down in the rate of health care costs is because of the weak economy, efforts to bring costs under control or some other reason.”



According to the [Kansas City \(MO\) Business Journal](#)   (5/22, Pfannenstiel, Subscription Publication), the authors of the report “expect that the emerging reforms required by the Patient Protection and Affordable Care Act (ACA) will have little impact on the cost of care for our family of four in 2013, because this family tends to be insured through a large group health plan.” They also note, “while those reforms will likely have immediate impacts on premium rates in (the individual and small employer) markets, it is unclear whether they will have any near-term effects on growth in the cost of health care services for a given person.” One advantage of the ACA is that it will likely “improve transparency around the prices of health services.”



[US News & World Report](#)   (5/23, Young) notes that a “significant reason for the jump” is because “employees are shouldering a greater share of the cost of health insurance. Families are paying 8.4 percent more than last year toward insurance premiums, while employers are paying 6.1 percent more.” In the last three years, “employees have seen yearly increases of 8 percent to 9 percent in their average monthly premium; increases in the employer contribution have averaged less than 7 percent. Private-industry wages, by contrast, have risen less than 2 percent in the last year, according to the Bureau of Labor Statistics.”



Contributor Bruce Japsen writes for [Forbes](#)   (5/23) that medical care costs for a “typical family of four” exceeds “the cost of groceries.” Chris Girod, principal and consulting actuary at Milliman Inc. said in an interview, “It is a huge expense,” and while trends “are slowing down, the total dollar amount has risen \$1,300 per year each of the last four years.” Japsen notes Accountable Care Organizations may be “bending the cost curve,” as they “link medical care providers together to improve quality and control costs.”



HHS Announces Progress On Electronic Health Records Implementation.



As first reported by the [Wall Street Journal](#)  , HHS announced Wednesday that electronic health records have reached a “tipping point” in the US. As a handful of national sources, beltway publications, and many healthcare and IT-specific sources report, new data show that a significant portion of physicians and providers now rely on EHR for at least part of their record-keeping, figures which many of these outlets call good news for the Affordable Care Act. As [USA Today](#)   (5/22, Kennedy) reports, the data found that “more than half of doctors’ offices and 80% of hospitals that provide Medicare or Medicaid will have electronic health records” by the end of 2013, as opposed to just 17% in 2008. HHS Secretary Sebelius said, “We have reached a tipping point in adoption of electronic health records.” The article calls this announcement a “key part” of the ACA.





















The [AP](#)   (5/23) reports the Obama Administration’s “hope is that electronic records will make caring for patients safer and less costly, by helping avoid mistakes and cutting down on duplication.” However, critics say “there’s still a long way to go.”



[The Hill](#)   (5/23, Viebeck) “Healthwatch” blog reports Sebelius also said, “These systems ... are critical to modernizing our healthcare system. Health IT helps providers better coordinate care, which can improve patients’ health and save money at the same time.”

[CQ](#)   (5/23, Adams, Subscription Publication) reports the adoption of EHR is due in part to grants given by the Federal government: nearly \$6 billion to physicians and almost \$9 billion to hospitals.



According to [Modern Healthcare](#)   (5/23, Conn, Subscription Publication), “the significance of today’s announcement is in the quality of the systems now in use by a majority of physicians and EPs.” These providers must “attest” that they have met HHS’ “meaningful-use” criteria.



[Healthcare IT News](#)   (5/23, McCann) adds that initiatives included in the ACA, aimed at “improving care coordination, reducing duplicative tests and procedures and rewarding hospitals for keeping patients healthier,” are all “further supported by widespread use of EHRs.”

Also reporting on the announcement are the [Pittsburgh Tribune-Review](#)   (5/23, Nixon), the [Greater Triad Area Business Journal](#)   (5/23, Covington, Subscription Publication), [Becker’s Hospital Review](#)   (5/23, Vaidya), [FierceEMR](#)   (5/23, Hirsch), [Family Practice Digital Network](#)   (5/23, Schneider), [Medical Daily](#)   (5/23, Harris), [Medical Economics](#)   (5/23, Bowers), [MedCity News](#)   (5/23, Baum), [EHR Intelligence](#)   (5/23, Murphy), and [iHealthBeat](#)   (5/23).



Expert Calls For Health IT To Include Broad Frameworks. Patricia Flatley Brennan, national program director of the Robert Wood Johnson Foundation’s Project HealthDesign, calls for Health IT policy to include health data that flows both from patients and to them in a post for [The Hill](#)   (5/23, Brennan) “Congress” blog. She writes, “Policymakers need to create regulatory frameworks that foster this new model of communicating health data, and make sure those frameworks are broad enough to include health information that is meaningful to patients in their everyday lives.”



Contraception Mandate Cases May Be Leading To Supreme Court.

As the Federal government prepares to fend off several challenges to the Affordable Care Act’s so-called contraception mandate, several sources Thursday cover one, or all, of the current cases up against it. Many of the outlets note that the varied nature of the rulings so far on the issue may make it likely it will head for the Supreme Court. In an overview piece, the [Washington Post](#)   (5/23, A1, Barnes) reports that there have been a total of “60 cases filed nationwide objecting to the impending mandate,” split “almost equally between those brought by corporations and by nonprofit entities with a religious affiliation or moral objection to contraception.” According to the article, the suits furthest along in the process are those brought “by businesses with religious owners,” like the one held Wednesday before the 7th Circuit Court of Appeals. And indeed, because the lower courts so far have ruled different in many of these cases, “the Supreme Court ultimately may be required to settle the question.”



[Politico](#)   (5/23, Smith, Haberkorn) reports that the mandate will appear before “four different appeals courts” in the next three weeks, “as private businesses that object to the policy on religious liberty grounds bring a barrage of lawsuits that opponents hope to get before the U.S. Supreme Court as soon as this fall.” According to the article, “If the circuit courts issue opposite opinions, the justices could be more likely to consider taking at least one of the cases.”

EBRI Study Shows Trend Toward Part-Time Work Started Before ACA.



[The Hill](#)   (5/23, Baker) “Healthwatch” blog reports new research, out of the Employee Benefits Research Institute (EBRI), found that “employers have been cutting back employees’ hours and access to health insurance” even before the Affordable Care Act was passed. As the article explains, critics of the law often say that it will hurt employees by cutting into their benefits or wages, but “the trend toward part-time work predates” the ACA.

[CQ](#)   (5/23, Reichard, Subscription Publication) reports that the study found “the percentage of workers employed part-time has been rising since 2007, increasing from 16.7 percent in that year to 22.2 percent in 2011.”



Sebelius Lays Out ACA Benefits For New College Grads.

HHS Secretary Kathleen Sebelius, in a piece for the [Huffington Post](#)   (5/23), lays out the benefits the Affordable Care Act holds for the graduating class of 2013. Dedicated to the graduates as they leave for a new city, career, or “exciting stage in life,” she writes, “I’m sure the last thing you’re thinking about is health insurance.” But luckily, there is “good news,” that “the Affordable Care Act provides protections and benefits that give you greater control of your health care.” Some of these include letting young adults stay on their parents’ plans until 26, new coverage of preventive services, and the new online insurance marketplaces. Sebelius concludes, “Because of the



Affordable Care Act, you'll be able to begin this next chapter of your life with the peace of mind and security health insurance provides.”

[The Hill](#)   (5/23, Viebeck) “Healthwatch” blog highlights Sebelius’ post, which can also be found on healthcare.gov.



House GOP Likely To Introduce Modified Bill To Sustain PCIP.



[CQ](#)   (5/23, Dumain, Ethridge, Subscription Publication) reports House Republicans are likely to soon reintroduce a “modified version” of the bill designed to keep the Affordable Care Act’s pre-existing health insurance program afloat. The first measure, pulled from the floor earlier this month because of opposition from rank-and-file members of the party, would have “taken \$3.7 billion from the 2010 health care law’s Prevention and Public Health Fund and directed that money” toward its Pre-Existing Conditions Insurance Plan (PCIP). The new bill “appears designed to mollify critics in the GOP.”

Idaho, New Mexico Seek Federal Help In Launching Exchanges.



The [Wall Street Journal](#)   (5/23, Dooren, Subscription Publication) reports Idaho and New Mexico, both of which signed on to run their own health insurance exchanges, are now seeking Federal help for the first year of the program. Both states’ exchange directors cited a time crunch, saying they will be unable to get their computer systems running by the October 1 deadline. According to the article, CMS confirmed that it will take care of the technology for both marketplaces, but that it still considers them state-run.

Key Republican Warns ACA Could Be “Downfall” Of Immigration Reform.



[Politico](#)   (5/23, Kim) reports Representative Raul Labrador, a “key House Republican negotiator on immigration,” is warning that the Affordable Care Act “could be the downfall of comprehensive immigration reform.” He said, “What might be the story at the end of this year, at the end of this session, is that Obamacare killed immigration reform.” The ACA has indeed emerged as a sticking point in “private talks on immigration reform,” of which Labrador has taken part. The parties are clashing over whether undocumented immigrants will be blocked from accessing healthcare under the law. As Labrador said, “I think [Democrats] just need to accept that the American people are not going to be responsible for the health care costs of the people that are here illegally. That’s been a fundamental issue for me from day one, that it’s not going to come out of the pockets of the American people.”

In related news, [Modern Healthcare](#)   (5/23, Zigmund, Subscription Publication) reports that in the Senate Immigration Reform bill passed by the Judiciary Committee Wednesday, an amendment was included that would “seek to strengthen the country’s healthcare workforce by making it easier for foreign health professionals to work in the U.S.”

ACA’s Online Calculators Said To Be Confusing, Flawed.



The [Washington Examiner](#)   (5/23, Pollock) “Watchdog” column reports that “two online health calculators designed by federal officials to help states and employers comply with Obamacare mandates are riddled with so many flaws that users are abandoning them.” Indeed, these users “say the calculators – one used by state officials, the other by private employers – too often are confusing, produce contradictory results, do not reflect real world conditions, and use old data.”

Editorial Calls For Congress To Stop IRS From Implementing ACA.

In an editorial, the [Pittsburgh Tribune-Review](#)   (5/23) calls on Congress to stop the IRS from implementing the Affordable Care Act. The paper cites two recent controversies, the IRS targeting of conservative groups as well as HHS Secretary Kathleen Sebelius’ solicitation of private funds, to argue that “before ObamaCare clamps down on America like a steel bear trap, a special prosecutor must be named to investigate what is clear, present and intolerable at the IRS.”



Public Health and Private Healthcare Systems

Colorado’s Health Insurance Web Site Delayed By Technical Difficulties.



The [Denver Post](#)   (5/23, Booth) reports that Colorado’s health insurance website for insurance information wasn’t functioning for much of Wednesday. The state site, dora.colorado.gov/healthinsurance, is a crucial element in launching the health benefits exchange



known as Connect for Health Colorado. According to the Post, 19 health insurers have filed proposed rates for hundreds of policy options in Colorado.



Rhode Island Seeking To Overhaul Healthcare System.



[Modern Healthcare](#)   (5/23, Evans, Subscription Publication) reports that Rhode Island is drafting plans to overhaul its healthcare system. The state is seeking to end October with “proposals for new payment initiatives, targets for community health improvement, information technology investment, state laws to be introduced (or repealed), and, possibly, spending targets.” According to Lieutenant Governor Elizabeth Roberts, the goal is not only to reduce costs, but also to increase quality.

Audit: North Carolina Failed To Fully Test New Medicaid Claims System.

The [AP](#)   (5/23) reports, “An audit of the N.C. Department of Health and Human Services released Wednesday says it has failed to fully test a new \$484 million computer system scheduled to begin processing Medicaid claims on July 1.” The AP adds, “The report issued by the office of State Auditor Beth Wood raises serious questions about the process used to affirm that the complex NCTracks software will be ready to handle the more than \$12 billion in Medicaid claims paid by the state each year.” The audit also indicates that “key decisions about the addition of 1,500 user accounts and privacy and security procedures have yet to be made, increasing uncertainty about whether the project will be ready on time.”



The [Raleigh \(NC\) News & Observer](#)   (5/22, Neff) reports, “In the dry language of auditing and accounting, the report practically shouts that a shipwreck may be ahead.”



The [Triangle Business Journal](#)   (5/22, Subscription Publication) reports, “Also of concern, according to Wood, was the failure of the Department of Health and Human Services (DHHS) to develop adequate benchmarks to access the types of tests that were conducted.” In the meantime, DHHS head Aldona Wos said “DHHS has compiled a list of ‘testing gaps’ and has been busy eliminating them. The department, she adds, is also developing testing benchmarks.”



[WRAL-TV](#)   Raleigh, NC (5/23) also reports on the story.



Medicaid Expansion Battles Continue Across US.

As Medicaid expansion coverage continues Thursday, Texas remains in the spotlight, receiving the only national coverage beyond the AP. The state is in the news for its continued resistance to expanding the program, though today reports are focused on protesters who “heckled” Governor Rick Perry for his stance during a speech Wednesday. Other Republican governors garnering significant regional coverage include Maine’s Paul LePage, who is poised to veto a hospital debt bill if it includes an amendment expanding Medicaid, Iowa’s Terry Branstad, who may have finally reached a deal to expand the program, and Michigan’s Rick Snyder, who is holding onto hope he will do the same in his state.

Protesters Heckle Perry Over Medicaid Expansion Stance. The [AP](#)   (5/23, Weissert) reports, “Hecklers demanding that Texas expand the Medicaid program under the White House-backed health care law repeatedly interrupted a speech by Gov. Rick Perry on Wednesday, then descended on his office for a meeting to keep pressing their case.” The AP adds, “Wednesday’s protesters were representing the Texas Organizing Project advocacy group, which has demonstrated previously outside Perry’s office in the state Capitol. When the speech was over, about 40 of them headed there — and Perry allowed three in for a closed-door chat of about 20 minutes.”



The [Texas Tribune](#)   (5/22, Smith) reports, “Neither side budged from its position, but by all accounts it was a cordial meeting.” Perry stated: “We had a good meeting. I don’t think we came to any great epiphanies in there, but we actually found that there were a lot of things that we agreed on.” He added: “Medicaid is broken.”



The [Huffington Post](#)   (5/22, Lavender) reports that one heckler “repeatedly called on Perry to ‘expand Texas health care.’” He responded, “Expand Texas health care... I’ve got that down.”



On its “Texas Politics” blog, the [Houston Chronicle](#)   (5/23) reports, “Perry said he would like to work together with [the protesters] on asking the federal government for flexibility to allow Texas to have a Medicaid pilot project aimed at increasing efficiency and accessibility.”


The [Dallas Morning News](#)   (5/22, Hoppe), the [Austin \(TX\) American Statesman](#)   (5/23, Tilove), [Atlanta \(TX\) Citizens](#)



[Journal](#)   (5/23), [KWTX-TV](#)   Waco, TX (5/23), and [KUT-FM](#)   Austin, TX (5/23) also report on the story.

In an analysis piece on his “Biz Beat Blog,” reporter Mitchell Schnurman writes in the [Dallas Morning News](#)   (5/23) about how “Gov. Rick Perry gets most of the credit or blame, depending on your point of view, for Texas’ refusal to expand Medicaid.” Although Perry’s “been an unwavering critic of Obamacare, even though the Medicaid provision would extend coverage to more than a million low-income Texans,” Schnurman adds that “Perry doesn’t have the only say in the debate. If most lawmakers in Austin supported expansion, they could force the issue.” However, he notes that “most appear to be in Perry’s camp.”



LePage Veto Looms Over Maine Hospital Debt, Medicaid Expansion Bill. The [AP](#)   (5/23, Adams) reports that despite Maine Governor Paul LePage’s vow that he will veto the hospital debt bill, passed by the state House Wednesday, because of an amendment calling for Medicaid expansion, Democrats still hold out “hope the Republican governor will relent.” The measure is expected to be passed by the state Senate Thursday, before heading to LePage’s desk for approval. As his office says, he is likely to veto if it reaches his “desk in its current form.”



The [Bangor \(ME\) Daily News](#)   (5/22, Cousins) reports, “That means hours of debate and maneuvering Tuesday were far from the last chapter in what has become the biggest source of partisan discord in this legislative session.” A Democratic spokeswoman indicated that “she expected the bill to be enacted by the House and Senate and sent to LePage’s desk by Thursday afternoon.”



“When asked by reporters what they would do in the case of a LePage veto,” the [Kennebec \(ME\) Journal](#)   (5/23, Shepherd) reports that Democratic leaders “didn’t outline a backup plan.”



Meanwhile, the [York County \(ME\) Coast Star](#)   (5/22, Mcdermott) reports, “Local Democratic state lawmakers and business people rallied Friday in support of efforts in Augusta to expand publicly funded health care for low-income Mainers.” During a press conference, “lawmakers said they have both a fiscal and moral obligation to accept additional federal Medicaid dollars.”



[Maine Public Broadcasting Network](#)   (5/23) also reports on the story.




Snyder Still Hopes To Expand Medicaid In Michigan. The [AP](#)   (5/23, Durkin) reports Michigan Gov. Rick Snyder (R) “said Wednesday he is hopeful he can still broker an agreement with the Republican-led Legislature to expand government health insurance for low-income adults, despite the state’s tentative budget deal that leaves out the Medicaid expansion.” In an interview with the AP, Snyder indicated “that while the budget deal he reached with GOP leaders in the Legislature on Tuesday does not include the expansion, they could come up with a solution after the final budget is passed.” According to spokeswoman Sara Wurfel, “In Washington, Snyder is meeting with officials from President Barack Obama’s administration to discuss the Michigan House Republican’s proposal to expand Medicaid — with significant limitations — as well as other issues like immigration and cyber security.”


The [Detroit News](#)   (5/23) reports that “Snyder and Republican legislative leaders reached an agreement Tuesday on how to divvy up nearly \$702 million in surplus revenue as lawmakers race to complete the 2014 fiscal year budget by June 1.” Michigan House Speaker Jase Bolger (R-Marshall) “said the final budget plan would not include Snyder’s two biggest policy initiatives this year — adding more than \$1 billion annually for roads and adding 450,000 low-income residents to the Medicaid health insurance program.” Bolger noted that “House Republicans, who have proposed stringent stipulations to accept the federal government’s offer to initially pay for the Medicaid expansion, will continue to ‘wrestle with ways to reform the Medicaid system’ over the summer.”

[MLive](#)   (5/23, Martin) also reports on the story.



Ohio House Bill Would Expand Medicaid, Cost Sharing. The [AP](#)   (5/23, Sanner) reports that Ohio Rep. Barbara Sears (R-Monclova Twp.) “submitted a bill Wednesday to expand Medicaid to thousands more low-income Ohioans, with the hope that by adding changes such as copayments for some of the newly eligible that she could sway more of her GOP colleagues to back the idea.” The proposal “would go beyond the expansion put forth by Republican Gov. John Kasich, which GOP leaders scrapped from the state budget.” Sears “said her bill would encourage more personal responsibility and cost sharing for new enrollees.”

The [Cleveland Plain Dealer](#)   (5/23, Higgs) reports, “Sears’ bill calls for Ohio’s Medicaid program to cease coverage for the expanded group if certain funding reductions occur.” It “also includes specific provisions meant to ‘reform Medicaid,’ a phrase that has grown in use around the Statehouse as legislators debate ways to extend coverage without labeling it as a program expansion.” Kasich spokesman Rob Nichols “said the proposal was encouraging and represents progress toward the governor’s goal.”



The [Cincinnati Enquirer](#)   (5/22, Bernard), [Toledo \(OH\) Blade](#)   (5/23), and [Columbus \(OH\) Business First](#)   (5/22) also report on the story.



Branstad, Iowa Legislature Reach Compromise On Medicaid Expansion. The [AP](#)   (5/23, Lucey) reports, “After staunchly opposing an expansion of Iowa’s Medicaid program using federal funds, Gov. Terry Branstad has agreed to seek the funding for



an alternate health plan for low-income residents.” Iowa “lawmakers announced a tentative compromise Wednesday that would” allow Medicaid recipients to “get care through a new state plan or through the new insurance marketplaces.” Although the bill passed the Iowa Senate in a 26-24 vote, “it still needs approval by the House.” The AP notes that, “even if approved by lawmakers, the proposal would still need federal approval.”

The [Huffington Post](#)   (5/22, Young) reports that “Branstad is poised to become the ninth Republican governor to support expanding Medicaid.”



The [Dubuque Telegraph Herald](#)   (5/23, Murphy) also reports on the story.

Report: Medicaid Expansion Could Exacerbate Kentucky’s Physician Shortage. The [AP](#)   (5/23, Alford) reports that, according to a Deloitte Consulting report released Wednesday, “the planned expansion of Kentucky’s Medicaid program coupled with a push to help the uninsured obtain health coverage could exacerbate the state’s shortage of physicians.” Although the report showed that “Kentucky needs some 3,790 additional physicians, including primary care doctors and specialists, plus 612 more dentists, 5,635 more registered nurses, 296 more physician assistants and 269 more optometrists to meet current demand.”



The [Louisville \(KY\) Courier-Journal](#)   (5/22, Ungar) reports, “The report looked at the state’s longstanding shortages of health care providers, particularly in rural areas, and made recommendations to increase the state’s health workforce.” Deloitte “include two controversial proposals — supporting the idea of allowing nurse practitioners to prescribe non-scheduled drugs without having a written agreement with a doctor, and evaluating the possibility of changing statutes related to medical malpractice caps.”

Brewer Leads Medicaid Expansion “Pep Rally” In Arizona. The [Arizona Daily Star](#)   (5/23, Innes) reports, “Gov. Jan Brewer led a lively ‘pep rally’ for Medicaid expansion at Tucson Medical Center this morning , drawing cheers, shouts of support and a standing ovation from about 250 local healthcare executives, business leaders and regular citizens.” The Daily Star adds, “The expansion got a significant boost last week when the Arizona Senate approved the plan, but it still needs support from the state House of Representatives.” Arizona House Speaker Andy Tobin (R-Paulden) “said he wants the expansion to be subject to voter approval, which the governor opposes.”

[KVOA-TV](#)   Tucson, AZ (5/23) and [KOLD-TV](#)   Tucson, AZ (5/23) also reports on the story.



Columnist Suggests Mississippi Follow Arkansas Path For Expansion. In the [Jackson \(MS\) Clarion Ledger](#)   (5/23), columnist Jimmie Gates writes, “Last week, after interviewing a conservative Republican lawmaker and other officials from Arkansas about their ‘private-option’ Medicaid plan, I said to myself that Arkansas officials are showing political leadership to come up with plan to serve the citizens of that state.” Gates adds, “Whether the Arkansas plan wins full federal approval is not what’s important to me.” Instead, he considers the fact that “a Democratic governor, who supported Medicaid expansion but knew he couldn’t get legislation passed in the Republican-controlled Legislature, forged a working relationship with conservative Republican legislators” as most important.

Outpatient Center, Insurer In Credentialing Dispute.



From Pennsylvania, the [Pittsburgh Post-Gazette](#)   (5/23, Twedt) reports, “St. Clair Hospital officials say Highmark subscribers will not have access to its new outpatient center in Peters when it opens June 3 because of a credentialing dispute.” The hospital disclosed that “Highmark said it would not credential the center ‘until the Mt. Lebanon-based hospital signs a long-term extension of its provider agreement with Highmark.” Yesterday, “Highmark spokesman Aaron Billger confirmed that account...saying, ‘We need to get through the contract negotiations before we can credential the center, and we are very confident that we will have a contract and be able to credential this facility.’”

Senior Market News

Elderly Being Targeted By Medicare, Medicaid Fraudsters In Georgia.





The [Columbus \(GA\) Ledger-Enquirer](#)   (5/22, Stevens) reports that, according to the Russell County Sheriff’s Office, “Russell County citizens should be cautious of callers claiming to represent Medicare or Medicaid, due to a foreign scam which has increasingly targeted elderly residents during the past two months.” Sheriff Heath Taylor “said Wednesday that at least 10 elderly citizens in Russell County have reported themselves as victims of a Medicare and Medicaid scam, with dozens of others being targeted.”

Elderly May Need Extra Help Understanding, Applying For Medicare Benefits.

The [Cleveland Plain Dealer](#)   (5/23, Suchetka) reports, “Earlier this month, Harvard researchers revealed that 2 million Americans are missing out on essentially free Medicare prescription drug coverage – called Part D – because, in many cases, they don’t have the intellectual ability to understand that the benefit exists and how to apply for it.” According to Laura Mutsko, owner of Mutsko Insurance Services, “there are a number of reasons those who are eligible for the benefit don’t apply.”



Uninsured

Millions Of “Unbanked” Americans May Face Trouble Receiving ACA Subsidies.

The [Washington Post](#)   (5/23, Kliff) “Wonkblog” offers continuing coverage of the new Jackson Hewitt [report](#)   which found that a quarter of those who are expected to qualify for tax subsidies under the Affordable Care Act are “unbanked,” which may prevent them from purchasing coverage. As study author Brian Haile explains, “The reason this is such an issue is that insurers are increasingly saying that they will not accept debit or credit cards as an acceptable form of payment. If insurers refuse to accept premium payments made by debit cards, you’re going to exclude many uninsured Americans.”

Also in the News

Parkland Memorial Hospital Will Pay \$1.4M To Settle Medicare, Medicaid Fraud Allegations.


The [Dallas Morning News](#)   (5/22) reported, “Parkland Memorial Hospital will pay \$1.4 million to settle allegations that it defrauded Medicare and Medicaid.” And, “in addition to paying \$1.4 million, Parkland agreed to a ‘corporate integrity agreement’ that requires independent monitoring of the hospital’s billing and clinical practices for five years.” According to the Morning News, “the deal with the US Justice Department, which the hospital board approved late Wednesday, caps the fourth government crackdown in recent years on Parkland.”

Wednesday's Lead Stories

- [Poll Shows Residents In Southern States Support Medicaid Expansion.](#)
- [Analysts: Market, Insurers Will Keep Premiums Low Under ACA.](#)
- [California, Ohio PCIP Enrollees Transitioning To Federal Program.](#)
- [Study: “Unbanked” Americans May Miss Out On ACA Tax Credits.](#)
- [Moody’s Reviews Pension Changes Among Non-Profit Providers.](#)

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