

Customized Briefing for Kimberly Barry-Curley

June 10, 2013



[From NAHU
Leading the News
Legislation and Policy](#)





[Public Health and Private Healthcare Systems
Uninsured](#)



[Also in the News](#)

Leading the News

Ohio Insurance Regulators Warning Of “Rate Shock” Under ACA.

Over the weekend, a handful of sources, mainly regional or beltway publications, report on an analysis out of Ohio which predicted premiums in the state would rise under the Affordable Care Act, giving evidence to the right’s warnings of “rate shock.” The [Cleveland Plain Dealer](#)   (6/9, Koff) reported that Ohio’s insurance regulators “are warning that some health policy premiums may skyrocket next year,” while critics “counter that the Ohio Department of Insurance used confusing and misleading information to arrive at that conclusion.” Ohio is using a study by the Society of Actuaries and “estimates the cost to cover healthcare insurance will rise an average of 88 percent” for individual insurance policies. The Plain Dealer said HHS has found the society’s study “flawed” and “continued its criticism this week and, with other critics, said the state should have used actual 2013 figures rather than those from a study.”

[The Hill](#)   (6/10, Baker) “Healthwatch” blog noted that “the cheapest policy available in Ohio after the Affordable Care Act takes full effect next year would cost roughly \$280 per month.” [Modern Healthcare](#)   (6/7, Block, Subscription Publication) also reported.

Roy Reacts To Ohio Rate Projections. Avik Roy, in a piece for [Forbes](#)   (6/10), argues that the latest evidence out of Ohio proves that “Obamacare will dramatically increase the cost of insurance for people who buy it on their own.” Roy concludes, “the bottom line is this: President Obama and then-House Speaker Nancy Pelosi promised that premiums would go down for those who already have insurance.” And while “for those lower-income folks who benefit from the subsidies provided by other taxpayers, the costs they see may go down.” However, “middle-class Ohioans will pay more in taxes to pay for those subsidies, and more in premiums.”

From NAHU



NAHU 83rd Annual Convention Change. Challenge. Opportunity.



Join us June 23-26 in Atlanta, Georgia to get the tools and information you need to grow and manage your business in these changing times. You will not want to miss [this high-value meeting](#) with knowledgeable speakers, a professional development day, certification course offerings, highlight events, our exhibit hall and beautiful Atlanta weather. [Click here](#) to register today before online registration closes June 12! On-site registration will be available.







Legislation and Policy



Obama Touts ACA In California.





Over the weekend, many major outlets carried reports of President Barack Obama's speech in southern California Friday, in which he sought to highlight the state's implementation of the Affordable Care Act. Most of the coverage focused on the rationale for delivering the speech in California, which has been the center of considerable debate over the law. However, many of the pieces note that his intended message was heavily overshadowed by questions about surveillance programs. The [AP](#)   (6/7) reported on President Obama's speech Friday at Fairmont Hotel in San Jose, where he encouraged the uninsured to sign up for coverage under the ACA "and urged opponents to stop wasting time continuing to fighting its implementation." He said, "You can listen to a bunch of political talk out there, negative ads and fear-mongering geared toward the next election, or alternatively you can actually look at what's happening in states like California right now."






The [Wall Street Journal](#)   (6/8, Nelson, Mathews, Subscription Publication) reported that during the speech, President Obama touted the benefits California is already seeing, saying, "Competition and choice are pushing down costs in the individual market, just like the law was designed to do." However, he acknowledged that implementation will face some challenges, admitting that "There will be some glitches. There will be some hiccups."



Ahead of the speech, [Reuters](#)   (6/7, Humer, Beasley) noted it came as debate over the law in California is heating up, and the ACA's success in the state is seen as crucial to the Administration's messaging.



The [Los Angeles Times](#)   (6/8, Levey, Parsons) reported that with this speech, President Obama was using California "as an example of how his healthcare law will help consumers, citing the state's progress getting health insurers to offer better plans at affordable prices." However, he also used the time to urge "Californians and other Americans who don't have health coverage to sign up this fall."

[Bloomberg News](#)   (6/7, Wayne, Lerer) reported that "Hispanics" may be the key to the Affordable Care Act's "initial success." As the article explains, "About one-third of the young and healthy people the government wants to enroll in new health exchanges live in California, Texas and Florida," many of whom are of Latino descent.



The [Washington Times](#)   (6/7, Boyer) echoed this, noting that "altogether, 10.2 million Hispanic-Americans nationwide are uninsured and will be eligible for health insurance." Further, one million of these Hispanics live in California. The [Kaiser Health News](#)   (6/8, Gold) "Capsules" blog also reported on this aspect of the speech.

Also reporting on the President's speech were [NBC News](#)   (6/7, O'Brien), the [Christian Science Monitor](#)   (6/7, Trumbull), [The Hill](#)   (6/7, Baker) "Healthwatch" blog, [CQ](#)   (6/8, Reichard, Subscription Publication), [Modern Healthcare](#)   (6/7, Zigmond, Subscription Publication), the [Sacramento \(CA\) Bee](#)   (6/8, Sample), [KQED-AM](#)   San Francisco (6/7), [KPBS-TV](#)   San Diego (6/7, Bartolone), the [Porterville \(CA\) Recorder](#)   (6/10), the [San Francisco Business Times](#)   (6/8, Rauber, Subscription Publication) "Bay Area BizTalk" blog, and the [San Jose \(CA\) Business Journal](#)   (6/7, Subscription Publication).



Clinton, Lee Hold ACA-Related Talks In California. In related news, the [Los Angeles Times](#)   (6/8, Terhune) reported that while President Obama was in San Jose, ex-President Clinton "challenged California to make the federal healthcare overhaul work" during a speech to doctors and healthcare executives in Los Angeles. Clinton said, "If this works in California, eventually America will follow your lead. If it comes off the rails here, it will give aid and comfort to everyone who really just wants to say, 'I told you so.'"



The [Los Angeles Times](#)   (6/8, Gorman) reported that "hundreds of L.A. County residents attended a town hall meeting" Friday on California's new insurance exchange, on "the same day that both President Obama and former President Clinton were in California talking about the national healthcare reform and the state's progress on implementation." Covered California executive director Peter Lee "explained what health plans were participating, what benefits were covered and how the enrollment would occur before taking dozens of questions from audience members." The Times noted that some 2.6 million in California "will be eligible for subsidized coverage," while "another 1.4 million could be eligible for Medi-Cal."

Twelve States Have Released Which Plans Will Operate On Exchanges.



The [Washington Post](#)   (6/10, Kliff) “Wonkblog” presents the information available showing “what health insurance competition will look like under Obamacare, with a dozen states now having made public data on which carriers want to sell on the new marketplaces.” Most importantly, the piece points out, “there is widespread geographic variation in how many plans want to participate in the exchanges.” According to current figures, Michigan and Ohio will have the most insurers competing on their exchanges, with 12, while Vermont will have the least, with just two.

Preliminary Premiums For DC Exchange Released.



The [Washington Post](#)   (6/7, Vargas) reported that DC officials on Friday released “the first glimpse of what District residents and small business owners can expect to pay for health-care coverage under Obamacare.” The rates, from “four major insurance companies,” must be approved by the D.C. Department of Insurance, Securities and Banking “before going on sale through a city-created exchange, but officials say a preliminary look reveals a large range of options at prices consistent with current rates.”

The [Washington Post](#)   (6/7, Kliff) “Wonkblog” reported that figures released Friday by District of Columbia officials show that under the ACA, “health insurers will charge a 27-year-old in the District of Columbia from \$124 to \$341 to purchase his or her own health insurance policy. For a 40-year-old, prices range from \$166 to \$457. And in the 55-year-old demographic, the range spans from \$295 to \$813.” The Department of Insurance, Securities and Banking are “the first look at how much health coverage in the nation’s capital will cost city residents under the Affordable Care Act,” although the department “declined to say by what percent premiums will change between 2013 and 2014.” The blog posted a table of insurers and rates in remarkably small print.



Most Employers Continue To Offer Insurance Amid ACA Roll Out.

[American Medical News](#)   (6/10, Maat) reports, “More employers will continue offering insurance to their workers rather than dropping it as a benefit and make them seek out individual plans on state-level health insurance exchanges as fuller implementation of the Affordable Care Act nears. That means physicians can expect that most of their patients will maintain the same health insurance coverage in the near future that they do now, according to an employee benefits survey.” According to the International Foundation of Employee Benefits Plans, “only about 10% of employers were still taking a ‘wait-and-see approach’ regarding how the ACA will play out.”



New York Exchange Officials Confident Of October 1 Launch.

[Newsday](#)   (6/10, Ochs) reports on the health insurance exchange New York is building under the Affordable Care Act, noting that “while officials are confident they will meet the Oct. 1 deadline for enrollment to get under way, advocates and others supportive of the state’s efforts are anxious.” The article adds that it is “projected that of the 2.5 million uninsured New Yorkers, about 1.1 million – including about 150,000 of more than 272,000 uninsured Long Islanders – are expected to enroll.”



Physicians Face Major Changes With ACA Implementation.



[American Medical News](#)   (6/10, Lubell) reports on the changes coming to physicians as full implementation of the Affordable Care Act approaches, noting that “the overhaul doesn’t just add 30 million newly insured patients into the system. It also is testing major new payment reforms, such as accountable care organizations, alignment of pay rates with quality measures and bundled rates.” The piece points out that “although physicians have been hearing since 2010 that things are going to change, some still may not realize that the ACA “is the biggest change we’re going to go through” since the establishment of Medicare in 1965, said Peter Anderson, MD, who practiced family medicine for 30 years and is now president of Team Care Medicine LLC, a health care management company in Yorktown, Va.”

Group Suing Over Federal Exchange Tax Credits Ask Judge To Expedite Case.

The [Washington Times](#)   (6/7, Howell) reported that as enrollment approaches, a group of small businesses is asking a Federal court “to expedite their claim that the federal government cannot offer premium tax credits on the exchanges the federal government will set up in more than 30 states.” In a motion filed Thursday, the group’s lawyers wrote, “The federal government is not a ‘state.’ The subsidies are therefore not available for coverage purchased through federally established marketplaces.”



Sebelius Touts Hospital Cost Data Transparency At “Datapalooza.”

[Healthcare IT News](#)   (6/7, McCann) reports, “The Fourth Annual Health Datapalooza stayed true to its name. It was, indeed, all about data — how to liberate data, the need to liberate data, structuring data, promising new data apps, and how data scientists just might have the sexiest career of the 21st century.” Health and Human Services Secretary Kathleen Sebelius’ announcement concerning “the release of cost data for 30 outpatient procedures” is highlighted.



Noting “Datapalooza,” the [Washington Post](#)   (6/10, Censer) reports that Sebelius “used the event to announce the release of more government information, from county-level data on Medicare spending to the average cost of various hospital outpatient procedures.”

Public Health and Private Healthcare Systems



Research Shows Many Firms Turning To Private Insurance Exchanges.

[The Hill](#)   (6/8, Viebeck) “Healthwatch” blog reported on new research out of Accenture, which found that “nearly one in five people will purchase health coverage through a privately run insurance exchange within four years.” In its work, Accenture “cited surveys by benefits consultants Mercer and Aon Hewitt indicating that one quarter of employers are considering switching to a private exchange within five years.”

Group Lawsuit Alleges BCBS Violated Antitrust Laws.



[Bloomberg News](#)   (6/7, Harris) reported that a group lawsuit filed by policyholders Friday in Federal court in Chicago alleges that the Blue Cross & Blue Shield Association and its Illinois affiliate engaged in illegal restraint of competition in the health insurance market and violation of the Sherman Antitrust Act. The lawsuit says Blues throughout the country, and “non-Blue” brands, all “explicitly agreed not to compete with each other.” The lawsuit asks that a judge bar the Illinois affiliate “from agreeing with the 37-member association on geographic limits to its operations” and also asks for “unspecified money damages.”



California, LA County Officials Continue Healthcare Funding Negotiations.

The [Los Angeles Times](#)   (6/7, Megerian, York) “PolitiCal” blog reported Los Angeles County officials are nearing a compromise with Gov. Jerry Brown’s administration regarding healthcare funding. “The talks center on how much money will be shifted from counties to Sacramento, a key part of Brown’s plan to finance the state’s expansion of California’s healthcare program for the poor.” According to Diana Dooley, the health and human services secretary, “We’ve been working around the clock...It is very, very complicated.” Los Angeles County Assistant Chief Executive Ryan Alsop believes a new formula would more than likely “shift some money from county healthcare to other state programs to free up more money in Sacramento.”

Medicaid Expansion Debate Continues Across Country.



Over the weekend through Monday, a handful of states saw some regional coverage for advancing toward their Medicaid expansion decisions. Though Ohio, Mississippi, and Arizona each received coverage, overall it was very light.



Ohio, Kentucky Anticipating Physician Shortage Due To Medicaid Expansion. The [Cincinnati Enquirer](#)   (6/9, Pilcher) reported that while Northern Kentucky “would appear to have plenty of doctors and dentists for the population, even with the expansion of Medicaid set to begin soon,” local medical professionals and others “warn of a shortage of physicians who accept Medicaid now, especially primary-care doctors.” The situation “will only get worse when nearly 19,000 new potential patients become eligible in the region for the federally funded health-insurance program geared toward low-income and disabled patients.”



In a similar piece, the [Cincinnati Enquirer](#)   (6/9, Bernard, Pilcher) reported that Cincinnati demand “for a visit with an affordable doctor is so high that new patients are waiting up to seven months to get an appointment at one of the city’s five health centers,” and two health centers closed last week temporarily because a “nonprofit couldn’t find enough full-time doctors to carry the patient load.” The report notes that physician shortages are expected “to climb as high as 29,800 by 2016 when another 27 million Americans are expected to gain health insurance through the Patient Protection and Affordable Care Act (ACA)” and could grow by 2020 “to 45,000, according to the American Academy of Family Physicians.” In Cincinnati, “the problem is in the lack of doctors available to care for the uninsured, low-income and



patients with Medicaid.”



Bryant Discusses Opposition To Medicaid Expansion In Mississippi. On the Fox News – Tom Sullivan Show (6/9, 7:26 p.m. EDT), Mississippi Gov. Phil Bryant discussed his opposition to Medicaid expansion. Bryant stated: “We’ve have experience with the federal government before.” When it comes to Medicaid expansion, he added: “The federal government has no obligation. Officials say: ‘Trust us ... we’ll promise we’ll give you this money.’” However, Bryant concludes: “We just do not believe that’s going to happen. We believe they will get us into 300,000 new Mississippians on Medicaid and say, ‘You know, we’ve change our mind.’” He laments how officials are asking states to “blindly” expand Medicaid, which he claims is a “horrible business deal.”

In related news, in the [Northeast Mississippi Daily Journal](#)   (6/10, Harrison), reporter Bobby Harrison highlights how Mississippi “Lt. Gov. Tate Reeves has gotten off easy thus far during the current Medicaid controversy.” Noting that, “over in the House, Speaker Philip Gunn, R-Clinton, used extraordinary parliamentary maneuvers to ensure that the lower chamber did not have an opportunity to vote on expanding Medicaid,” Harrison adds, “In the Senate, there was no effort made on the floor by the membership to force a vote on expansion so Reeves never had to face the issues that confronted Gunn.” Harrison concludes, “If and when Gov. Phil Bryant calls a special session to reauthorize and fund the massive federal-state health care program, Reeves could find himself in the hot seat.”



Arizona House May “Kill” Brewer’s Medicaid Expansion Proposal With Controversial Abortion Bill. The [Arizona Republic](#)   (6/7, Reinhart) reported, “Facing a looming budget deadline and a bitterly divided Republican caucus, the state House on Monday takes up Gov. Jan Brewer’s plan to expand Medicaid along with a controversial abortion bill some say is designed to kill the governor’s top legislative priority.” The Republic adds, “The House Appropriations Committee will hold what is expected to be a contentious hearing on the two bills, likely ending with the defeat of Senate Bill 1492, which outlines Brewer’s plan to broaden Medicaid eligibility under the federal health-care overhaul.” The Republic continued, “A bipartisan coalition of lawmakers supporting expansion is already planning ways to revive the Medicaid-expansion bill on the House floor, probably by tacking it onto another piece of legislation.”



Brownback’s Continued Opposition To Medicaid Expansion Noted. The [Lawrence \(KS\) Journal World](#)   (6/10, Bruce) reports, “Thousands of Douglas County residents will continue to go without health insurance once the Affordable Care Act goes into effect next year unless Kansas decides to expand Medicaid as called for in the law.” The Journal World adds, “Opponents in Kansas, including Gov. Sam Brownback, say they don’t trust the federal government to follow through on its commitments and that the costs of the program would take away from spending on core services like education. In Douglas County alone, it’s estimated that the measure could increase coverage to as many as 11,400 of the 16,000 residents who currently don’t have insurance.”

Corbett Still Opposed To Medicaid Expansion In Pennsylvania The [Pittsburgh Tribune-Review](#)   (6/10, Bumsted) reports, “Democrats in the Legislature are pushing for the expansion, saying it would provide \$180 million more for the 2013-14 budget.” However, “Corbett administration officials suggest that number is wrong and that long-range predictions are too optimistic.”



New Hampshire Lawmakers Say Medicaid Expansion Compromise Possible. The [York County \(ME\) Coast Star](#)   (6/8, Altschiller) reported, “Less than 24 hours after the New Hampshire state Senate rejected Medicaid expansion in a 13-11 party-line vote, Sen. Martha Fuller Clark, D-Portsmouth, and Sen. Nancy Stiles, R-Hampton, said a compromise deal is possible when the bill goes to a committee of conference next week.” According to Stiles, “Republicans, who hold a 13-11 majority in the Senate, are ‘open to looking at expanding Medicaid, but not the whole enchilada at the same time.’” The Coast Star added, “Stiles said Senate President Peter Bragdon, R-Amherst, is willing to bring the issue to the table as the House and Senate try to hash out the differences between their two budgets.”

Michigan Medicaid Programs At Risk Amid Expansion Debate. The [Detroit News](#)   (6/7, Bouffard) reports, “More than 150,000 Michiganians stand to lose health coverage if the state Legislature fails to expand Medicaid coverage.” Noting that “beneficiaries of the free or low-cost plans don’t qualify for Medicaid,” the News adds, “It’s another wrinkle health advocates want lawmakers to consider as they mull whether to expand” the program. The paper continues, “And in another twist, the Affordable Care Act also blocks people at or below the poverty line from obtaining coverage on state health care exchanges, an Internet insurance marketplace for the uninsured.”



Report Highlights Risks To Opposition To Medicaid Expansion In Texas. The [Brownsville \(TX\) Herald](#)   (6/10, Clark) reports, “From the perspective of community health leaders in Cameron County, the state’s refusal to participate in Medicaid expansion under the Affordable Care Act means passing up a golden opportunity to widen health insurance access to the most vulnerable members of the population.” The Herald adds, “According to an analysis from the nonpartisan Center for Public Policy Priorities, Cameron County would be able to reduce its population of uninsured residents from 27.8 percent to 13.7 percent if Texas participated in Medicaid expansion.” Texas Health and Human Services Commission officials indicate that, “statewide, nearly 1.5 million additional Texans living below the poverty line would have insurance by 2017 under expansion.”

Study Highlights North Carolina's "Costly Refusal" To Expand Medicaid. In continuing coverage, the [Fayetteville \(NC\) Observer](#)   (6/10) reports, "North Carolina and 13 other states made a multibillion-dollar mistake when they rejected Obamacare, concludes a study by the RAND Corp. public policy research group." However, "others disagree. A leading North Carolina fiscal conservative who has been analyzing the president's plan to provide government-paid health care to poor people thinks the RAND study is faulty."



Medicare Trustees Outline "Doomsday" Scenario For SGR Cuts.



[American Medical News](#)   (6/10, Fiegl) reports, "The caretakers of Medicare's finances outlined a doomsday scenario in which the sustainable growth rate formula imposes a 24.7% cut to physician payments in 2014. According to the annual report of the program's board of trustees, Medicare pay rates on average would drop to 61% of what private insurers pay for the same health services, also bringing rates below what Medicaid pays." Although officials "acknowledged that Congress is unlikely to allow such an extreme application of the SGR to occur, they urged lawmakers to shore up Medicare's finances without additional delay."



Healthcare Professionals Decry Medicaid Rate Cuts In California.



[American Medical News](#)   (6/10, Lubell) reports, "Physicians and other health care professionals in California blasted a federal appeals court's decision to uphold a 10% Medicaid rate cut approved by the state, predicting a dismal future for patient access under the program. Organizations representing the professionals responded to the ruling by laying the groundwork for a possible appeal to the U.S. Supreme Court." Although officials expect the state "to save about a half-million dollars annually from the reductions," for California's healthcare professionals, "this amounts to a roughly \$1 billion loss in state and federal funds, said Lisa Folberg, vice president of medical and regulatory policy with the California Medical Assn."



Medicaid Opponents "Lost In Politics" Amid Expansion Debate.

The [Greenville \(SC\) News](#)   (6/9) editorializes, "South Carolina would save money and more people would have insurance if the state expanded Medicaid as prescribed in the Affordable Care Act." Although "the decision, on its face seems like an easy one to make," the News adds, "However, in a state where an ideologically driven bill to nullify 'Obamacare' was given precedence by some lawmakers over a bill to reform state ethics rules, what's best for state residents sometimes gets lost in politics."

Perry's Opposition To Medicaid Expansion In Texas Called "Stubborn." The [Beaumont \(TX\) Enterprise](#)   (6/10) editorializes, "If there's a Republican governor who's a more outspoken opponent of 'Obamacare' than our Rick Perry, it's Arizona Gov. Jan Brewer." However, "Brewer has become the latest GOP governor – like Chris Christie of New Jersey, Rick Scott of Florida, etc. – to finally accept Medicaid expansion in her state under Obamacare." Claiming that "Perry is still rejecting that deal to make a political point," the Enterprise concludes, "It's high time for him to drop the stubborn opposition and do what's right for the Medicaid recipients, doctors and hospitals in his state."

From Alabama, in the [Montgomery \(AL\) Advertiser](#)   (6/9), columnist Robert Bentley writes about the "variety of argument" against the ACA, which include "the most common — the go-to excuse for Republican governors from coast to coast and conservatives dead-set against backing anything proposed by a Democrat — is that we can't afford this reform." Bentley asserts, "It is an argument that makes absolutely no sense." Referring to Alabama Gov. Robert Bentley's steadfast refusal "to implement any of Obamacare, from the health insurance exchanges to the expansion of Medicaid," Bentley claims "the only thing that seems to be holding this up is silly pride and partisanship."



From West Virginia, in the [Charleston \(WV\) Gazette](#)   (6/7), Brandon Merritt, a health policy analyst, and Ted Boettner, executive director of the West Virginia Center on Budget and Policy, wrote in support of Medicaid expansion in West Virginia, claiming that "it could also save the state money and help with some other pressing problems, including unemployment, substance abuse and overcrowded prisons." They laud Gov. Earl Ray Tomblin's move to expand Medicaid. They concluded, "Not only was it the morally right thing to do, it was also the financially smart thing to do for West Virginia and its residents."

From Pennsylvania, in the [Allentown \(PA\) Morning Call](#)   (6/8), columnist Tim Darragh writes that Bev Mackereth, the Pennsylvania Welfare Department's acting secretary, said Gov. Tom Corbett "is prudent to wait" to expand Medicaid, "given the enormity of the task." Mackereth stated: "The governor has asked us to come to him with the information he needs to be able to make a decision to be able to

expand Medicaid to possibly 600,000 Pennsylvanians.” She “said it also has not sent the federal government a formal waiver requesting flexibility to design Medicaid coverage operations that could reduce the state’s costs,” adding that “DPW, with the help of a consultant, is still working on proposals.”



Uninsured

Wonkblog Details Americans Who Will Remain Uninsured Under ACA.

The [Washington Post](#)   (6/7, Kliff) “Wonkblog” reported on an analysis that appeared in the journal Health Affairs of the “30 million Americans” who “will not have coverage under Obamacare.” Complete with colorful charts, the analysis suggests the uninsured in 2016 will be primarily US citizens “between ages 18 and 44, with a few million in younger and older age demographics,” and most will be employed white people. The uninsured also are expected to “be heavily low-income, even though many of those people will have access to subsidized health insurance.”

Also in the News

Two Louisiana Caregivers Face Medicaid Fraud Charges.


The [New Orleans Times-Picayune](#)   (6/7, Linderman) reports that, according to the Louisiana attorney general, “two caregivers at a LaPlace-based personal care services agency have been arrested and charged with Medicaid fraud after filing false claims.” Destrehan resident Sybil M. Mashia, 46, and Schriever resident Christi L. Moore, 36, “have each been charged with one count of Medicaid fraud.” The pair is “accused of submitting false time sheets to their employer, claiming to be providing personal care services to Medicaid patients at the patients’ homes while the patients in question were actually in the hospital.”

Friday's Lead Stories

- [CareFirst’s “Patient-Centered Medical Home” Pilot Saved \\$98 Million In 2012.](#)
- [Poll Shows High Levels Of Opposition To ACA.](#)
- [Analysis: Most Young Who Would See “Rate Shock” Eligible For Subsidies.](#)
- [New York City Officials Decry Resurgence Of “Pop-Up” Adult Daycare Centers.](#)
- [Reinhardt Blames High Medical Prices On Employment-Based Insurance.](#)
- [CMS Credits ACA With Increase In Healthcare Fraud Recoveries.](#)

Subscriber Tools

- [Unsubscribe](#)
- [Change Email Address](#)
- [Send Feedback](#)
- [Email Help](#)
- [Archives](#)

Advertise with BulletinHealthcare: [Reach key professionals every morning](#) 

NAHU Newswire is a digest of the most important news selected from thousands of sources by the editors of BulletinHealthcare. The National Association of Health Underwriters does not receive any revenue from the advertising herein. The presence of such advertising does not endorse, or imply endorsement of, any products or services by the National Association of Health Underwriters.

This complimentary copy of NAHU Newswire was sent to kim@neebco.com as part of your NAHU membership. View BulletinHealthcare's [privacy policy](#).

Neither BulletinHealthcare nor the National Association of Health Underwriters is liable for the use of or reliance on any information contained in

this briefing.

For information about other member benefits, please contact NAHU Member Service Center at 202-552-5060 or membership@nahu.org.

[National Association of Health Underwriters](#) | 1212 New York Ave NW Suite 1100 | Washington, DC 20005

Copyright © 2013 by [BulletinHealthcare](#) | 11190 Sunrise Valley Drive, Suite 130 | Reston, VA 20191