



# NAHU Newswire

Today's News for the National Association of Health Underwriters

Prepared exclusively  
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Customized Briefing for Kimberly Barry-Curley

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## Leading the News

### Survey Shows ACA Assistance Programs Helped Millions With Enrollment.

The [New York Times](#)   (7/15, Goodnough, Subscription Publication) reports that a new Kaiser Family Foundation [survey](#)   has revealed that “more than 4,400 consumer assistance programs created under the Affordable Care Act helped an estimated 10.6 million people explore their new health insurance options and apply for coverage during the initial six-month enrollment period.” Further, the survey showed that “the programs that operated in states with their own online insurance marketplaces got more funding and helped more people than those in states on the federal exchange.”

[The Hill](#)   (7/15, Al-Faruque) explains that these assister programs “include navigators, in-person assisters, certified application counselors and others who are tasked with educating consumers about the federal and state marketplaces.”

[Modern Healthcare](#)   (7/15, Demko, Subscription Publication) quotes Kaiser Family Foundation senior fellow Karen Pollitz, an author of the report, who said, “I was personally struck, and a little bit surprised, at the extent of the consumer assistance infrastructure that’s been built. I thought that was impressive.”

## From NAHU

### PPACA Certification Course

Developed by experts in both PPACA and employment law, this high-level 10-hour course will ensure that the student understands the key technical components of PPACA and is better prepared to counsel his or her clients on upcoming required healthcare changes and new options and requirements for health plans.

An overview of all regulations already issued will be presented along with details on specific regulations issued to date. The student will learn what is needed to comply with the new law as well as how the market is likely to change over the next few years and will be able to develop client specific timelines and provide advice to guide clients in planning for the future.

Complete course instruction will be delivered through NAHU's [Online Learning Institute \(OLI\)](#) and followed by a final exam, which is required to obtain certification and [continuing education \(CE\)](#) credits.

[Click here](#) to enroll in this course or visit NAHU's [PPACA certification webpage](#) for more information.



*\*The PPACA certification course is a certification of expertise in the provisions and implementation of health reform. It does not meet state or federal requirements that may be necessary or required to sell exchange-based plans.\**



## NAHU in the News

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### Childers Receives NAHU's Harold R. Gordon Memorial Award.



The [Americus \(GA\) Times-Recorder](#)   (7/15, Parker) reports that recently, "the National Association of Health Underwriters (NAHU)...honored Russell B. Childers Jr. as the recipient of the Harold R. Gordon Memorial Award at the 84th Annual Convention in Scottsdale," AZ, an annual award that "recognizes the recipient as the industry's 'Person of the Year.'" NAHU CEO Janet Trautwein stated, "Throughout his career, Russ has exhibited the qualities that all insurance agents strive for: success in business mixed with steadfast devotion to his family, friends, clients and colleagues."



## Legislation and Policy

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### HHS OIG Recommends States Use Tool To Safeguard Against Medicaid Fraud.



The [Washington Times](#)   (7/14, Johnson) reports that according to HHS' Office of the Inspector General, 14 states, in not submitting data to the federally-mandated Medicaid Interstate Match, "are not using safeguards meant to avoid fraudulent claims." In a letter to CMS, the HHS OIG has recommended the agency teach states how to use the "waste-busting tool" and enforcing the four steps of participation, which include "providing data, checking over half the matches, discontinuing benefits to fraudulent recipients and recovering any improper payments."

The [Baton Rouge \(LA\) Advocate](#)   (7/14, Shuler) reported that the OIG report found that Louisiana "erroneously claimed more than \$7 million in bonus payments related to its children's health insurance program" that must be repaid. The paper reports that State Department of Health and Hospitals officials "concurred with the finding and promised future compliance."

**Tennessee OIG Accuses Woman of Medicaid Fraud.** The [Tennessean](#)   (7/14, Wilemon) reports that a woman has been accused of "allegedly hiding her grandfather's assets so he would qualify for Medicaid nursing home coverage."





### CMS Asks Six States For Plans To Address Medicaid Enrollment Issues.



The [AP](#)   (7/15, Lin) reports that six states were facing a Monday deadline "to address gaps in their eligibility and enrollment systems that have delayed access to coverage for poor and disabled people" under the Affordable Care Act. CMS had sent letters to officials in Alaska, California, Kansas, Michigan, Missouri, and Tennessee on June 27. The AP notes that while CMS called for a plan, health advocates "say there is no clear deadline for actually clearing the backlog." Still, in a statement, spokeswoman Marilyn Jackson said, CMS "will remain in close contact with states to monitor their progress to ensure that they are facilitating Medicaid enrollment for those individuals eligible."



The [Tennessean](#)   (7/15, Wilemon) reports on TennCare's proposed plan to address enrollment issues. The agency will "enable hospitals to temporarily enroll pregnant women in Medicaid" and "take actions to keep newborns and children who qualify for coverage from falling through the cracks." Additionally, "TennCare will hire a consulting firm to analyze the problems with its behind-schedule \$35.7 million computer system." What TennCare will not do is "provide face-to-face help for people trying to apply for coverage through the state Medicaid system" and will, instead, "continue sending people to the federal Health Insurance Marketplace to do that." Despite





providing this proposed plan, both the [Memphis \(TN\) Commercial Appeal](#)   (7/15, Locker) and the [Chattanooga \(TN\) Times Free Press](#)   (7/14, Sher) delve further into TennCare Director Darin Gordon's "defiant" response in which he "took issue with CMS' assertions the state is not in compliance with most of its obligations with regard to streamlined eligibility and enrollment processes." The [St. Louis Post-Dispatch](#)   (7/15, Liss) reports on Missouri's response to the Federal inquiry on its Medicaid backlog. Dr. Joe Parks, head of Missouri's Medicaid program, cited "that prevented the smooth exchange of data." Parks also said Missouri has "reached out to other states to seek solutions." The [St. Louis Business Journal](#)   (7/15, Kirn, Subscription Publication) also reports on Missouri's technical problems and proposed solution.

## Medicaid Expansion Debate At The Center Of Some Midterm Races.



The [Sioux Falls \(SD\) Argus Leader](#)   (7/14, Montgomery) reports that while the candidates in the South Dakota gubernatorial race may consider Medicaid to be a "pivotal issue" it is "unclear how Medicaid expansion will resonate with South Dakota voters." Current South Dakota Governor Dennis Daugaard has resisted Medicaid expansion thus far while his challenger, Susan Wismer, is attempting to bring the issue to the forefront and engage a mostly apathetic voter base. The [AP](#)   (7/15) also reports on this story.



The [Arizona Republic](#)   (7/14, Pitzl) reported that the issue of Medicaid expansion in Arizona is the "bright dividing line" in this summer's Arizona GOP legislative primaries. Those that oppose Medicaid expansion are portraying the Republican votes to "broaden the state's health-insurance program for low-income Arizonans as an embrace of 'Obamacare.'" Supporters of Medicaid expansion "dispute the contention that the Medicaid expansion was an endorsement of the Affordable Care Act...They argue the vote was a pragmatic solution that helped thousands get health coverage without burdening Arizona taxpayers."



The [AP](#)   (7/15) reports that lobbying disclosure forms filed in the beginning of July have revealed that lobbying groups "spent heavily" during the Medicaid expansion fight in Virginia. The Virginia Hospital & Healthcare Association, the "leading pro-Medicaid expansion advocate" and Americans for Prosperity, a "group that opposes Medicaid expansion and has ties to conservative billionaires," spent \$400,000 and \$470,000 last year, respectively.

**North Carolina Governor Says He Is "Leaving Door Open" To Medicaid Expansion.** The [Washington Post](#)   (7/15, Wilson) reported in its "Govbeat" blog that in a radio interview Monday, North Carolina Gov. Pat McCrory said that he would "leave the door open to expanding Medicaid under the Affordable Care Act if federal officials allow his state to craft a plan that fits its own individual needs." McCrory "defended North Carolina's refusal to expand existing Medicaid programs until fixes are made," but when he was asked directly whether the state would ever expand Medicaid, "McCrory said nothing is off the table: 'I'm leaving that door open. Once we fix the current system, I have not closed that door as governor.'" The [AP](#)   (7/15) also reports on this story.

## Reid Blasts GOP's Suit Against Employer Mandate Delay While Others Question Its Standing.

The [Washington Times](#)   (7/15, Howell) reports that Senate Majority Leader Harry Reid (D-NV) blasted House Republicans Monday "for deciding to sue President Obama over his unilateral delays to Obamacare's 'employer mandate.'" He also disparaged the suit itself for lacking standing, saying Judge Judy would likely "throw this case out in half a second."

[McClatchy](#)   (7/15, Lightman, Subscription Publication) reports that, speaking from the Senate floor, Reid also said, "Just imagine how many lawsuits there would be if House Republicans could sue the President every time they disagreed with him about something. But there is no reasoning with the radical Republicans in the House."



In an analysis piece on the GOP suit against Obama's delay of the employer mandate, the [National Journal](#)   (7/15, Baker, Subscription Publication) concludes that "legal experts, including some conservatives, are skeptical that the House has the right to bring this lawsuit in the first place."





Also reporting on the GOP suit against President Obama are the [Chicago Sun-Times](#)   (7/15, Medra), [Politico](#)   (7/15, Everett), [Roll Call](#)   (7/14, Fuller, Subscription Publication), and [The Hill](#)   (7/15, Cox).



## Analysis: Hobby Lobby Ruling Does Not Change ACA Requirement That Most Health Plans Cover Contraceptives.



The [Washington Post](#)   (7/15, Andrews) carries a Kaiser Health News report which says that despite the Supreme Court's decision

in *Burwell v. Hobby Lobby*, which permits a “‘closely held’ company to decline to cover contraception,” the ACA’s requirement that “most plans provide such coverage without cost to consumers remains in effect and will continue to apply to women in most plans, experts say.” Indeed, all FDA-approved birth control methods “are considered preventive care,” and the ruling did not change the ACA’s requirement that “nearly all health plans sold on the individual and group markets...cover preventive care without any out-of-pocket cost to consumers.”



**Senate Moves To Consider Bill Reversing Hobby Lobby Ruling.** [The Hill](#)   (7/15, Cox) “Floor Action” blog reports that Senate Majority Leader Harry Reid (D-NV) has “set up the first procedural vote on a bill that would reverse the recent Supreme Court ruling that allows some employers to deny birth control coverage for women.” In introducing the bill last week, Sen. Patty Murray (D-WA) said, “After five justices decided last week that an employer’s personal views can interfere with women’s access to essential health services, we in Congress need to act quickly to right this wrong.”



The [Huffington Post](#)   (7/15, Bassett) reports that the American Congress of Obstetricians and Gynecologists, which represents “90 percent of board-certified U.S. gynecologists,” has endorsed the legislation, known as the Protect Women’s Health From Corporate Interference Act. The [US News & World Report](#)   (7/15, Fox) also reports on the proposed legislation, while considering what effect the ruling will have on midterm elections this November.



In related news, [The Hill](#)   (7/15, Viebeck) reports that Sen. Richard Blumenthal (D-CT) “is challenging Hobby Lobby, in the wake of its Supreme Court victory, to follow a law from his state that guarantees healthcare coverage for a full range of birth control methods.” In a letter to CEO David Green, Blumenthal wrote, “I am writing to request that Hobby Lobby offer its Connecticut employees health insurance coverage with the full range of contraceptives. Connecticut employees have been afforded health insurance coverage for contraceptives so long as the Food and Drug Administration has approved them.”

And, in another sign of the politicization of the ruling, [Politico](#)   (7/15, Topaz) reports that, according to a new Gallup poll, “Republican support for the Supreme Court has increased 21 percent since last September,” while Democratic support “fell 14 percentage points from 58 percent in September to 44 percent.” The shift comes, the article explains, after the court this term “delivered several landmark conservative decisions” including that in *Burwell v. Hobby Lobby*.



[Vox](#)   (7/15, Prokop) reports that, according to Gallup, last year, “58 percent of Democrats approved of the Supreme Court,” likely because the Court had “just...upheld most of Obamacare.” [The Hill](#)   (7/15, Trujillo) “Blog Briefing Room” and the [Washington Post](#)   (7/15, Blake) “The Fix” blog also report on the Gallup poll.



**Commentary Reacts To Hobby Lobby Ruling.** Laura Chapin, in an opinion piece for the [US News & World Report](#)   (7/15) website, details her belief that the Hobby Lobby ruling is not “just wrong, it’s insulting.” Addressing Supreme Court Justice Alito, she writes, “Sincerely held bigotry is still bigotry. Would he find Hobby Lobby’s sincerely held beliefs acceptable if they dictated not hiring people of a different race or requiring all their male employees be circumcised?”

Jim Huffman, a visiting fellow at the Hoover Institution, criticizes the “outrage” with which liberals are reacting to the Hobby Lobby decision in an op-ed for the [Daily Caller](#)   (7/15).

Similarly, Glenn Kessler, in a piece for the [Washington Post](#)   (7/15) “Fact Checker” blog, offers an overview of all the “overheated rhetoric” voiced by Democratic lawmakers since the Hobby Lobby ruling came out last month.

## Third Leg Of ACA’s Pay-For-Performance Program Launches.

[CNN](#)   (7/14, Rau) carries a Kaiser Health News report on the Hospital-Acquired Condition (HAC) Reduction Program, which is the third leg of ACA’s “major mandatory pay-for-performance programs for hospitals” and the “toughest effort yet to crack down on infections and other patient injuries.” A preliminary analysis of hospitals has placed 761 facilities nationwide on a list of hospitals that “will lose 1 percent of every Medicare payment for a year starting in October.” CNN reports that the list may change before the penalties actually set in.

The [Raleigh \(NC\) News & Observer](#)   (7/14) reports on two hospitals in North Carolina facing Medicare penalties as a result of HAC rates.

## Ruling In ACA Subsidy Case Expected Soon.



[The Hill](#)   (7/15, Viebeck) reports that a ruling in *Halbig v. Burwell*, a case which “has the potential to blow a hole in the healthcare

law's coverage scheme and deal a serious loss to the Obama administration," could come as early as Tuesday. Providing background, the piece explains that plaintiffs in the suit argue "the Affordable Care Act does not allow federally run insurance exchanges to distribute premium subsidies." However, according to the article, "few legal experts believe it will succeed."

## Public Health and Private Healthcare Systems



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### HHS Has Yet To Release SHOP Enrollment Figures.



J.D. Harrison, in the [Washington Post](#)   (7/15, Harrison) "On Small Business" column, writes that while enrollment numbers for the ACA's individual marketplace have been "widely publicized," it remains impossible "to know how many business owners and employees have signed up through the law's new small-business exchanges." Rep. Sam Graves (R-MO), who chairs the House Small Business Committee, has twice asked HHS for this information. Says Graves, "The SHOPS opened, although without online enrollment and many promised features, on October 1, 2013. Over seven months later, we still do not have any federal and some state SHOP enrollment data."

### Colorado Health Exchange Enrollment Data Not Properly Analyzed.



The [Denver Post](#)   (7/15, Kane) reports that the Colorado Health Exchange plans to spend \$4 million this year on efforts to recruit Latinos and young people for enrollment in addition to \$14 million to create a customer service call center despite not having adequate information about enrollment data or customer satisfaction data. Cammie Blais, exchange chief financial officer, said "We will continue to analyze as we gather more data." The [Daily Caller](#)   (7/15, Campbell) and the [Denver Business Journal](#)   (7/15, Subscription Publication) also report on this story.

**Iowa's Medicaid Enrollment Numbers Under ACA Unclear.** The [Des Moines \(IA\) Register](#)   (7/14, Leys) reports on the discrepancy between Federal and state official reporting for the amount of Iowans who have "have gained public health insurance since the Affordable Care Act took full effect." State officials contend that there are 7% more people "are now on Medicaid or related programs than were on them last year" while Federal officials say the amount has actually jumped "nearly 20%." The paper reports that the discrepancy stems from "whether last year's figures should include 66,000 poor Iowa adults who received limited health-care coverage under IowaCare."

### Early Adoption Of Medicaid Expansion Creates \$67 Million Shortfall For Chicago Health Budget.

The [Daily Caller](#)   (7/14, Hurtubise) reported that Chicago's public health system budget is up against a "massive \$67 million shortfall after an early adoption of Obamacare's Medicaid expansion cost much more than expected." Patients are seeking medical services that are more costly than anticipated. The paper further reports that this problem with the expansion program, CountyCare, is likely to worsen because participants are required to use CountyCare facilities exclusively. As a result "the county will end up reimbursing itself for much of its spending on CountyCare coverage."

### Blue Cross Blue Shield Appeals Vermont's Rate Reduction Decision.

[VTDigger](#)   (7/14, True) reports that Blue Cross Blue Shield of Vermont and a subsidiary are "appealing a decision by state regulators to reduce a rate increase request, saying the lower rate could hurt the subsidiary's solvency." The Vermont Health Plan's "requested increase to its reserve fund" was from 2% to 0.5%.

## Consumer Directed Healthcare News

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### Research Suggests Home Blood Pressure Monitoring Is Cost-Effective For Insurers.





[MedPage Today](#)   (7/15, Phend) reports that [research](#)   published in Hypertension: Journal of the American Heart Association







suggests that “home blood pressure monitoring is cost-effective for insurers and should be reimbursed.” Researchers found that “estimated net savings ranged from \$33 to \$166 per person in the first year after getting a blood pressure device for use at home, depending on the insurance plan and age group categories considered.” The study indicated that “over a decade, that netted \$415 to \$1,364 in savings.”

## Uninsured

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### **National League Of Cities Awards Grants To Help Enroll Uninsured Children In Medicaid, CHIP.**



The [Florida Times-Union](#)   (7/14) reports that “Jacksonville will receive a \$260,000 National League of Cities grant to help enroll the more than 25,000 uninsured Duval County children in Medicaid or the state children’s health insurance program.” The [Jacksonville \(FL\) Business Journal](#)   (7/14, Subscription Publication) reports that “the city is one of eight municipalities chosen to receive funding based on business plans submitted several months ago to the National League of Cities.”

The [Pittsburgh Post-Gazette](#)   (7/14) reports that “Pittsburgh has won a \$200,000 grant,” which “will be used to launch an outreach program and hire staff to enroll the estimated 2,000 youngsters through age 18 in Pittsburgh who qualify for Medicaid and the Pennsylvania Children’s Health Insurance Program but are not signed up, because their parents are unaware they qualify or because they were previously registered and dropped from the rolls.” The [Pittsburgh Tribune-Review](#)   (7/15) and the [Pittsburgh Business Times](#)   (7/14, Subscription Publication) also report this story.



## Also in the News

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### **HHS Grants Funding To Promote Innovation, Primary Care Across US.**

[The Hill](#)   (7/15, Al-faruque) reports that the Department of Health and Human Services is “offering \$100 million to state Medicaid programs to reform payment systems and improve patient care.” HHS Secretary Sylvia Mathews Burwell describes the new “Medicaid Innovation Program” as an opportunity for states to “even further strengthen their great work” and a chance for CMS to reduce operational costs of its programs.

[Healthcare Matters](#)   (7/15, Finn) reports that Secretary Burwell “announced new prospective awardees to test innovative care models, bringing the total amount of funding to as much as \$360 million for 39 recipients spanning 27 states and the District of Columbia.” According to the article, “these models are designed to deliver better health care and lower costs under the Health Care Innovation Awards program.”

In related news, the [Dallas Examiner](#)   (7/14) reports that on Monday, Secretary Burwell “announced that an award of \$83.4 million in Affordable Care Act funding to support primary care residency programs would be provided to 60 Teaching Health Centers across the nation.”

The [Congressional Quarterly](#)   (7/15, Subscription Publication) and the [Tennessean](#)   (7/14) also report.

## Monday's Lead Stories

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- [CMS Data Show Millions More Medicaid, CHIP Enrollments Under ACA.](#)
- [Medicaid Expansion Straining Some State Healthcare Systems.](#)
- [States Contemplate Medicaid Waiver Reforms.](#)
- [Selling One’s Home Common Means Of Financing LTC.](#)
- [Insurers Increasing Access To Telemedicine To Cut Costs.](#)
- [ACA Shown To Reduce Insurance “Churn.”](#)

• [ACA Seen Boosting Insurance Industry.](#)

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