

Customized Briefing for Kimberly Barry-Curley

April 4, 2013



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Leading the News

CMS Issues Guidelines For Exchange "Navigators."

The [Washington Times](#)   (4/4, Howell) "Inside Politics" blog reports that the Obama Administration "proposed guidelines on Wednesday for 'navigators' who will assist people who buy health insurance on virtual marketplaces under President's Obama's health care law." Per the guidelines, the exchanges "will award grants to so-called navigators, which are organizations that are supposed to provide 'fair and impartial' information to consumers as they wade through the exchanges' requirements." CMS Acting Administrator Marilyn Tavenner said Wednesday, "Navigators will be an important resource for consumers who want to learn about and apply for coverage in the new Marketplace."

[CQ](#)   (4/4, Norman, Subscription Publication) reports that in the proposal, "CMS said that any licensing, certification or other standards states develop for navigators in their exchanges can't conflict with standards set for these helpers in the 2010 health care law. Under the law, navigators cannot be health insurance agents or brokers who currently receive compensation from insurance companies."

[The Hill](#)   (4/4, Baker) "Healthwatch" blog reports that the rule states, "Navigators may play an important role in facilitating a consumer's enrollment in a QHP [qualified health plan] by providing fair, impartial, and accurate information that assists consumers with submitting the eligibility application, clarifying the distinctions among QHPs, and helping qualified individuals make informed decisions during the health plan selection process."

[Modern Healthcare](#)   (4/4, Block, Subscription Publication) reports further that "HHS is charged with developing standards on that impartiality, as well as standards to avoid conflicts of interest among Navigators, who must certify to exchanges they will abide by those standards."

From NAHU



The Healthcare Reform Timeline has been updated as of February 2013 and is once again available for order through NAHU's online store. As healthcare reform moves forward, keep clients informed about provisions that will impact individuals and employers. This brochure gives year-by-year details on what consumers will need to prepare for with their healthcare coverage. [Place your order online.](#)



Please note that the minimum order is 100 of any combination of NAHU's brochures, and all orders must be shipped to a street address.







Legislation and Policy



Medicare Advantage Cut Reversal Continues To Affect Market.



Coverage of HHS' choice to reverse its planned cuts to the Medicare Advantage rates continues for a third day, with considerable focus placed on the effect the switch had on the stock market. On its front page, the [Wall Street Journal](#)   (4/4, A1, Mullins, McGinty, Subscription Publication) reports that the surge in insurers' stocks earlier this week, sparked by the Obama Administration's reversal of planned cuts to the Medicare Advantage program, shows the power of the so-called "political intelligence" industry, which can alert insiders to coming policy changes and make them large profits. The article notes that this stock surge, while providing a perfect example of the potential of political intelligence, comes the same week the government will release its first look into the practice.

[Bloomberg News](#)   (4/4, Wayne) reports that hospital stocks dropped lower Wednesday as "traders shifted bets to health insurers that stand to benefit from a US government decision to pare back a cut in their Medicare payments." Indeed, while hospital chains like Tenet Healthcare Corp. and HCA Holdings Inc. "tumbled," most health insurers "gained for a third day on the U.S. government's April 1 announcement that the companies won a reprieve from a planned cut in a key Medicare payment rate."



In continuing coverage, [CQ](#)   (4/4, Reichard, Subscription Publication) explains how HHS Secretary Kathleen Sebelius overruled the CMS Office of the Actuary on how it calculated the 2014 Medicare Advantage plan rates, asking them to instead assume that "Congress is very likely to override the physician fee reduction."

Opinion Pieces Slam Decision To Reverse Medicare Advantage Cuts. In addition to coverage of the implications of the reversal, several opinion pieces weigh the move. For example, in his column for the [Los Angeles Times](#)   (4/4), David Lazarus writes of the Medicare Advantage cuts reversal, "What's most impressive about our highly dysfunctional healthcare system is that we're always finding clever new ways to make it worse." He explains that because of a major lobbying effort by the insurance industry, the rates went from facing a 2.3% cut to getting a 3.3% increase. He writes, "I have no idea what the correct reimbursement rate should be. But I do know that, as the baby boomers age, Medicare represents a cash cow for insurers with Medicare Advantage plans. That's why the industry is fighting so hard to protect its slice of the pie."

Investigative historian Eric Zuesse slams the Obama Administration's decision this week to reverse its proposed cuts to Medicare Advantage rates in a piece for the [Huffington Post](#)   (4/4) blog. He writes that the Affordable Care Act's "promise to the American people" to reduce "the enormous waste in America's medical expenses" is being broken by increasing, rather than decreasing, the MA rates. Zuesse concludes, "So: President Obama is working, as he has since he first became President, with Republicans in Congress to cut Social Security Medicare, and Medicaid. After all, Humana, UnitedHealth, and other health insurance companies - and the mega-banks on Wall Street - all need that money. 'Entitlement' recipients shouldn't be so 'greedy.' They need to share more of it with the mega-banks and the corporations in the DJI and S&P."



Similarly, senior editorial writer Philip Klein writes that given recent changes to and defunding of several Affordable Care Act provisions, the law is not going to lower the deficit as President Obama has often claimed, in a column for the [Washington Examiner](#)   (4/4). He explains, "If the health care law's Medicare cuts do not get implemented, instead of reducing the deficit, the law would actually add \$6.2 trillion to the nation's long-term deficits, according to a recent analysis by the Government Accountability Office." And, "the Obama administration this week provided a major signal that history is likely to repeat itself. Officials at the Centers for Medicare and Medicaid Services announced they would delay cuts to the Medicare Advantage program scheduled to go into effect in 2014."

Study: Most Individual Health Plans Don't Meet ACA Standards.


[CNN](#)   (4/4, Luhby) reports on a new study, from the University of Chicago, which found that "just over half of the individual plans currently on the market do not meet the standards to be sold next year, when many key provisions of President Obama's Affordable Care Act kick in." Currently, about 15 million Americans buy coverage on the individual market, and starting this year "they'll be able to shop for and enroll in health insurance through state-based exchanges, with coverage taking effect in January." As the article explains, "Starting next year, nearly all individual plans - both in and out of the exchanges - will be required to cover an array of 'essential' services, including medication, maternity and mental health care. Many plans don't currently offer those benefits."

Top House Republicans Circulate Plan To Permanently Replace SGR.



[CQ](#)   (4/4, Ethridge, Subscription Publication) reports, "House Republican leaders have updated their plan for a new system of paying Medicare physicians and may have legislation on the floor this summer." Leaders of the House Energy and Commerce and Ways and Means committees "released a more detailed version of their framework for repealing the sustainable growth rate (SGR) Wednesday and asked for provider input by April 15." Representative Michael C. Burgess (R-TX), vice chairman of the Energy and Commerce Health Subcommittee, "said he would like to see his committee take up legislation to replace the SGR by this summer, but added, 'I cannot tell you that there is a precise timeline to which we are going to adhere.'"



[The Hill](#)   (4/4, Viebeck) "Healthwatch" blog reports, "Leaders of two top House committees are circulating an expanded draft of their plan to repeal Medicare's sustainable growth rate (SGR), the flawed physician payment formula that necessitates an annual 'doc fix.'" The article adds that the plan "would use SGR repeal as an opportunity to make dramatic changes to healthcare delivery within Medicare." For example, after a few years, "Medicare payments to physicians would be tied in part to certain performance and efficiency measures."

In a separate report, [The Hill](#)   (4/4, Baker) "Healthwatch" blog adds that Burgess, "who is a physician and chairs the House GOP's Doctors' Caucus, said there is a serious and bipartisan push to free doctors from the 'tyranny' of Medicare's payment formula - and to do it soon."



[Modern Healthcare](#)   (4/4, Robeznieks, Subscription Publication) reports that GOP Representatives Fred Upton and Dave Camp, both of Michigan, Joe Pitts of Pennsylvania, and Kevin Brady of Texas said in a letter, "Based on respondent input, we envision a system where providers have the flexibility to participate in the payment and delivery model that best fits their practice. The overarching goal is to reward providers for delivering high quality, efficient healthcare."



Conservatives Pin Hope Of Dismantling ACA On Medical Device, Other Taxes.

The [Washington Times](#)   (4/4, Howell) reports that the Affordable Care Act's medical device tax "has emerged as the central battleground in the fight by the law's opponents to repeal parts of the president's overhaul." After listing several other taxes levied under the law, the article notes, "Largely abandoning hopes for a full repeal of the president's health care law, conservative members of Congress are hoping that support for the Affordable Care Act will wane as the smorgasbord of fees and special assessments hits investors, companies and everyday Americans."

Despite Symbolic Senate Vote, Medical Device Tax Likely Here To Stay. [CQ](#)   (4/4, Reichard, Subscription Publication) reports that despite the "worrisome tremor beneath the feet of many Democratic lawmakers" when the Senate voted symbolically to repeal the Affordable Care Act's medical device tax, this repeal is unlikely to be made law. The article lists five reasons why the tax will stick around, including: "It won't be easy to get a standalone measure repealing the 2.3 percent excise tax out of the house," and "that \$29 billion price tag isn't chump change." Finally, the article concludes, "A broad tax overhaul isn't going to be a magical solution."

Study Finds Almost 869,000 North Carolina Residents Eligible For Health Insurance Tax Credits.



The [Charlotte \(NC\) Business Journal](#)   (4/3, Thomas, Subscription Publication) reported that a recent study by Families USA concluded about "869,000 North Carolinians would be eligible for tax credits to offset the cost of buying health insurance under the Affordable Care Act." Ron Pollack, executive director of Families USA, said, "The tax credit subsidies are a game-changer: They will make health coverage affordable for huge numbers of uninsured families who would have been priced out of the health coverage and care they need." The credit would provide a middle class North Carolina family "tax breaks for purchasing health insurance starting in January 2014."



75,600 Shelby County, Tennessee Residents May Be Eligible. The same Families USA report, according to the [Memphis \(TN\) Business Journal](#)   (4/3, Epley, Subscription Publication), states approximately 75,600 Shelby County residents may be eligible for tax credits. "The goal of the credits is to make private health coverage more affordable for low- and middle-income wage earners. The upper limit of income eligibility is \$94,200 for a family of four."



Public Health and Private Healthcare Systems



States Continue To Mull "Private Option" For Medicaid Expansion.



The possibility for states to use Federal funds to enroll the poor in private insurance dominates Medicaid expansion coverage today, as lawmakers in Florida, Missouri, and Texas, among others, weigh similar alternatives. Notably, Pennsylvania Governor Tom Corbett spoke Wednesday following a late-night meeting with HHS Secretary Kathleen Sebelius in a speech that many outlets characterize as opening the door to the possibility of exercising such an option.










Following Meeting With Sebelius, Corbett Signals Openness To Private Option. The [AP](#)   (4/4, Levy) reports, "Gov. Tom Corbett said Wednesday that he is interested in a concept that would give health care to hundreds of thousands of Pennsylvanians by using federal Medicaid dollars to buy private insurance." Corbett "revealed that he is seeking information about the idea a day after meeting with US Health and Human Services Secretary Kathleen Sebelius about an expansion of Medicaid that's called for under the 2010 federal health overhaul." The article notes that Corbett's idea is modeled after a proposal currently in the Arkansas Legislature, in which "people who earn up to 138 percent of the poverty line, which amounts to \$15,415 per year, would receive private insurance purchased using federal Medicaid dollars."



The [Philadelphia Inquirer](#)   (4/4, Worden) reports, "Corbett has resisted opting into the Medicaid expansion envisioned under President Obama's healthcare overhaul, saying he is concerned it would be too costly for the state down the road. He did not commit to changing his mind on Wednesday. After a late Tuesday meeting with Health and Human Services Secretary Kathleen Sebelius, however, he said he may consider pursuing a private plan similar to what Arkansas, Ohio and a handful of other states are exploring."

The [Pittsburgh Post-Gazette](#)   (4/4, Giammarise) reports that Corbett said "he still cannot recommend an expansion of Pennsylvania's Medicaid program, although he did not rule out such an option." On the subject of his meeting with Sebelius, he said, "There were no direct answers last night. We didn't anticipate any direct answers last night. The staffs continue to talk. I'm not going to go into what the subject matter of those discussions were, because they are ongoing."



The [Harrisburg \(PA\) Patriot-News](#)   (4/4, Wenner) reports that in a news release, Corbett said of Sebelius, "We had a meaningful discussion around increasing access to affordable, quality health care in a way that would lessen the burden on the state's taxpayers in the long-term. I want to thank the secretary for her time and attention to our questions."



In contrast to the sentiment in his statement, the [Allentown \(PA\) Morning Call](#)   (4/4, Esack, Itkowitz) reports, "The meeting between Gov. Tom Corbett and US Health and Human Services Secretary Kathleen Sebelius wasn't exactly billed as a love connection. It was more like a blind date between two smiling adults who got together Tuesday at the urging of others."



Other local outlets reporting the story include [WHTM-TV Harrisburg \(PA\)](#)   Harrisburg, PA (4/4, Snyder), the [Pennsylvania Independent](#)   (4/4, Boehm), the [Johnstown \(PA\) Tribune Democrat](#)   (4/4, Finnerty), [PoliticsPA](#)   (4/4, Gibson), the [Central Penn Business Journal](#)   (4/4, Stauffer), and the [Pittsburgh \(PA\) Business Times](#)   (4/4, Mamula, Subscription Publication).



Texas Lawmaker Floating Alternative To Medicaid Expansion. The [Dallas Morning News](#)   (4/4, Garrett) reports that the Texas "Senate's chief budget writer has floated an alternative to Medicaid expansion under which Texas would wait two years and use state taxes on insurance premiums to subsidize private coverage of the very poor." Sen. Tommy Williams, a Republican, "stressed Wednesday that he opposes enlarging Medicaid as it's" laid out under the Affordable Care Act, but is open to pursuing a private option like that floated by Arkansas.



The [Texas Tribune](#)   (4/4, Ramshaw, Aaronson) reports that "State Rep. John Zerwas, R-Simonton, confirmed Wednesday that he will incorporate into his own Medicaid reform bill a proposal by Sen. Tommy Williams, R-The Woodlands, to use premium tax revenue to subsidize private health policies for the uninsured." Zerwas explained, "It fits very well with Texas' attempt to find a unique solution that would be sustainable." He added that Williams' measure "would allow Texas to embrace some parts of federal health reform 'earlier versus later,' and would 'hopefully bring insurance policies to these people that otherwise wouldn't have them.'"



In news of Texans pushing for traditional Medicaid expansion, the [Atlanta \(TX\) Citizens Journal](#)   (4/4, Evans) reports, "Medical providers in Longview urged a small audience Tuesday to sway state lawmakers who are contemplating Medicaid expansion to insure some 1.5 million Texans under national health care reform."



Missouri House Approves Alternative Medicaid Expansion Plan. The [AP](#)   (4/4, Lieb) reports that, on Wednesday, the Republican-led House Government Oversight and Accountability Committee voted 7-2 to approve "a plan to expand and remake Missouri's Medicaid program Wednesday, but it may never take effect because it falls short of the demands of President Barack Obama's health care law." The AP notes that "the Missouri legislation contains an automatic self-destruction clause that would prevent it from taking effect if federal officials rule that it cannot qualify for the enhanced federal funding." The vote "marked the first time that Missouri's GOP-led Legislature has embraced anything even resembling the Medicaid expansion envisioned by the 2010 federal law."

[KOLR-TV](#)   Springfield, MO (4/4) reports that "the House Republican plan for reform is HB 700 sponsored by Representative Jay Barnes (R-MO)." Barnes believes that "the Obama Administration has the authority to approve his proposal at the 100 percent level by granting a waiver, though other states have been told such waivers would not be granted."

In the [Springfield \(MO\) News-Leader](#)   (4/4), columnist Jonathan Shorman writes about how Gov. Jay Nixon (D) "spoke to House Republicans Wednesday about Medicaid expansion in a closed door meeting where few details were released." Noting that "a sitting governor meeting with the opposition caucus is unusual," Shorman adds that "Nixon did say progress was made."



The [Kansas City \(MO\) Star](#)   (4/4, Hancock, Kraske) reports that Nixon "emerged optimistic" from his meeting with the GOP caucus. Nixon stated: "Under the 'three bears' analysis, the porridge is a little warmer. But we've got a lot of work to do. We're a heck of a long way from the finish line."



[St. Louis Public Radio](#)   (4/4, Griffin) reports that, after meeting with the GOP caucus, "Nixon says it's possible that he could support the House Republicans' alternate Medicaid proposal, if some crucial changes are made." Nixon said that HHS Secretary Kathleen Sebelius "has been very clear that the Medicaid piece has to get you to 138 (percent). How you get there, and the market-based reforms to get you there, I think is a good area for discussion, and I look forward to, as we move through the process, working together on getting a model to get to that federally-required number."



On her "Political Fix" blog in the [St. Louis Post-Dispatch](#)   (4/4), Elizabeth Crisp writes that "Nixon said he didn't believe the state would be able to get federal expansion dollars if it adopted the lower rate." Nixon stated: "How you get (to 138 percent) could be a little bit



of an art, but you've got to get there."



The [Gasconade County \(MO\) Republican](#)   (4/4, Marner) also reports on the story.



McCrorry Unveils Medicaid Expansion Plan In North Carolina. The [AP](#)   (4/4, Dalesio) reports that, according to Gov. Pat McCrorry, "North Carolina's \$13 billion Medicaid program needs a big dose of private competition that will come from paying a handful of statewide managed-care providers to deliver medical, mental, and dental care to the elderly and disabled for a stable cost." McCrorry "unveiled a proposal that would largely privatize management of Medicaid while keeping ultimate responsibility in state hands." He "said reshaping Medicaid was the first and most pressing long-term task his three-month-old administration was tackling."

The [Charlotte \(NC\) Observer](#)   (4/4, Bonner) reports that "McCrorry wants to overhaul the state's Medicaid program by having managed care companies offer health care plans for poor children, the elderly and the disabled." According to McCrorry, "the change would benefit health care providers, patients and the state" and "would bring predictability to Medicaid expenses, which the state has trouble estimating from year to year. McCrorry said that patients would be healthier because one company, the administration is calling them 'comprehensive care entities,' would be responsible for overseeing their physical and mental health needs."



The [Raleigh \(NC\) News & Observer](#)   (4/4, Bonner) reports that McCrorry's plan "would diminish the role of a nationally recognized nonprofit agency while opening the state's Medicaid business to private companies that now provide such services in more than half the states in the country. McCrorry said Wednesday that the change would benefit health care providers and the state by bringing predictability to Medicaid expenses, which the state has trouble estimating from year to year." He added that "the 1.5 million North Carolinians enrolled in the program also would be healthier... because the managed care companies would be responsible for overseeing their physical, mental health, and dental needs."



On its website, [WRAL-TV](#)   Raleigh, NC (4/4) reports that "McCrorry said the Partnership for a Healthy North Carolina would provide more comprehensive care, improved customer service and a more predictable cost structure by using private service providers." McCrorry revealed that "he has already contacted US Health and Human Secretary Kathleen Sebelius about getting approval for the reforms since the federal government pays for the bulk of Medicaid services."



The [Triangle Business Journal](#)   (4/4, deBruyn, Subscription Publication) reports that, under the plan, "the state will solicit private and public groups to establish three or four entities that will coordinate the Medicaid population. Early indications were that the state hopes to shift some responsibility for care and costs to this new entity, though more details will come out when groups submit proposals." The proposal details that an "entity could stand to make money if it effectively manages costs, but could be on the hook for losses if costs outweigh what the state agrees to pay."

In a second article, the [Triangle Business Journal](#)   (4/4, deBruyn, Subscription Publication) reports that "reaction to Gov. McCrorry's proposal to reform Medicaid poured out quickly Wednesday afternoon, and not all of it was supportive. The North Carolina Medical Society, which represents 12,500 physicians and assistants, came out against the proposal, fearing McCrorry's plan would only see out-of-state entities reap profits off North Carolina taxpayers by limiting services to the North Carolina Medicaid population." Robert Seligson, CEO of the North Carolina Medical Society, stated: "If the administration's idea of reform is bringing in out-of-state corporations so they can profit by limiting North Carolina patients' access to health care and cutting critical medical services to our state's most vulnerable citizens, that is not change we can support."



[WTVB-TV](#)   Raleigh-Durham, NC (4/4), and [WFAE-FM](#)   Charlotte, NC (4/4) also report on the story.


Arkansas Senate Panel Advances Medicaid Expansion Private Option Proposal. The [AP](#)   (4/4, DeMillo) reports, "A proposal to use federal dollars to purchase private insurance for low-income Arkansas residents won the approval of a state Senate committee Wednesday, as the idea gained favor among Republicans who have opposed Medicaid expansion." The state Senate Public Health, Welfare and Labor Committee "advanced the 'private option' proposal lawmakers are considering as an alternative to expanding Medicaid under the federal health care law," something Democratic Governor Mike Beebe has pushed. The article notes that "the vote came a day after Beebe released a letter from the US Department of Health and Human Services that he said gave the 'conceptual' approval for Arkansas to move forward with the private insurance proposal."

Oklahoma Hires Utah Consulting Firm To Study Arkansas Medicaid Expansion Plan. The [Enid \(OK\) News & Eagle](#)   (4/4, Adcock) reports that Leavitt Partners, a Utah consulting firm "hired by Oklahoma to look at new ways to provide health-care coverage to low-income people ineligible for Medicaid, is studying an Arkansas plan that would channel federal Medicaid money through private insurers." According to Oklahoma Commissioner of Health Terry Cline, the firm "is examining whether the plan proposed in Arkansas, and similar ones in other states, could be applied in some way in Oklahoma." The News & Eagle adds that "an Oklahoma Hospital Association official also confirmed Leavitt's inquiry."



Florida House Democrats Block Budget Lacking Medicaid Expansion Alternative. The [Miami Herald](#)   (4/4, Van Sickler) "Naked Politics" blog reports, "Florida House Speaker Will Weatherford's refusal to offer a plan in lieu of expanding Medicaid cost him votes on his biggest bill - the state budget." House Democrats on Wednesday "voted against that chamber's proposed \$74.4 billion budget at its final stop before a floor vote." In the Senate, Democrats voted in support of the budget, perhaps because "the Senate is



proposing an alternative to Medicaid expansion."





In Medicaid expansion support news, the [South Florida Business Journal](#)   (4/4, Bandell, Subscription Publication) reports, "Jackson Health System would get at least \$35 million in additional revenue a year should Medicaid be expanded in Florida, the public hospital system revealed." In a letter "to county commissioners on Wednesday, JHS President and CEO Carlos A. Migoya stated that expanding Medicaid eligibility would partially fund care for more than 5,000 currently uncompensated patients a year for inpatient visits, plus thousands of more outpatient visits. Over nine years, this could equate to \$315 million in revenue for JHS."



Opposition To Arkansas' Alternative Medicaid Expansion Plan Mounts. From a national perspective, the [Washington Post](#)   (4/4, Kliff) "Wonkblog" reports that "a growing number of Republicans are really excited about the idea of using Medicaid expansion dollars to buy private insurance coverage, ever since Arkansas raised the idea about a month ago." However, Tony Keck, South Carolina's Medicaid director, "is not among them." Keck stated: "If Republicans are for this plan, I don't know what exactly they were against before. It covers the same number of people, with the same benefits and is more expensive. I have a hard time understanding what it is that some of these Republican legislators like about that." Kliff notes that "Keck is a bit of a countervailing voice in the Republican party right now," but he "isn't completely alone."



Ohio Governor Continues To Urge Medicaid Expansion.

In the [Cleveland Plain Dealer](#)   (4/4), columnist Henry J. Gomez writes that Ohio Gov. John Kasich "is no closer to getting what he wants" two months after he introduced "his policy-packed budget plan and launching an all-out sales pitch to pass it." In a speech before a City Club of Cleveland forum, Kasich acknowledged "that parts of his two-year budget appear doomed, despite GOP majorities in the House and Senate. Republican lawmakers have balked at Medicaid expansion and proposals to raise taxes on oil and gas drillers while extending the state sales tax to include products and services never before subject to it."

In the [Columbus \(OH\) Dispatch](#)   (4/4), columnist Joe Vardon writes about Kasich's speech, noting that he delivered "his umpteenth impassioned plea for support of his proposal to expand the state's Medicaid program." Vardon notes that "also joining Kasich were budget director Tim Keen, Medicaid director John McCarthy, and assistant education policy director Barb Mattei-Smith. Though still early in the budget process - the deadline for the state's final two-year budget is June 30 - but recent rhetoric from Statehouse Republicans would make it seem Kasich's proposed Medicaid expansion and school funding formulas are under duress."



The [Cincinnati Enquirer](#)   (4/4, Weiser) reports that, during his speech, Kasich "joked that the lawmakers fighting his plan should be kicked in the shins." Similarly, the [AP](#)   (4/4) reports that, in his speech, "Kasich said legislators are of 'good will.' But he joked that people should 'kick them in the shins' if they're not going to vote for Medicaid expansion."

The [Lima \(OH\) News](#)   (4/4, Rutz) reports that "Ohio Treasurer Josh Mandel said Wednesday he believed he had a responsibility to raise concerns about Gov. John Kasich's proposal to expand Medicaid coverage in the state." Noting that "Mandel was the first statewide Republican officeholder to oppose Kasich's desire to accept federal funding to expand the Medicaid program and provide health care coverage to more working poor," the News adds, "since then, other high-ranking Republicans have opposed the plan." In response, "Kasich has pushed back, including Wednesday during a speech at the City Club in Cleveland, when he told the audience to 'kick the shins' of those who oppose the plan."



The [Willoughby \(OH\) News-Herald](#)   (4/4, Hutchison) reports that Sen. John Eklund (R-OH) "said what is impressive to him is the governor has a way to draw distinction between philosophy and principle on the subject. Eklund said a Medicaid expansion would carry a number of items like tightening eligibility requirements and shifting of some of the social service requirements and things that would save the state more than \$230 million during the next biennium." Eklund stated: "I am convinced - that we need to do something to expand Medicaid coverage."



[WEWS-TV](#)   Cleveland (4/4) also reports on the story.



Audit: Oklahoma Must Refund Medicaid Up To \$6 Million.



The [Tulsa \(OK\) World](#)   (4/4, Aspinwall) reports that "Oklahoma will have to refund as much as \$6 million to the federal government for Medicaid payments made to a state children's psychiatric hospital that wasn't properly certified." According to a report released Wednesday by the Department of Health and Human Services states, "most of the claims made for federal Medicaid reimbursement for inpatient psychiatric service to the Children's Recovery Center of Oklahoma from 2006 to 2010 did not meet federal program requirements." The report indicates that, "because the Children's Recovery Center of Oklahoma did not meet specific federal Medicare requirements for inpatient psychiatric hospital services between Jan. 1, 2006 and Dec. 31, 2010, more than \$6.2 million in claims for reimbursement were not allowable."

Delay In SHOP Exchanges Sign Of HHS' Tight Implementation Timeline.

In continuing coverage, the [NPR](#)   (4/4, Rovner) "Shots" blog reports, "The Obama administration is delaying the start of a key piece of the Affordable Care Act. Workers in small businesses will have to wait an additional year to be able to choose from more than one plan in the marketplaces that start next January." According to the blog, this is "the first acknowledgment by the administration that it won't be able to meet the tight timetable it has set to get these health exchanges up and running by October 1, when enrollment is set to begin."



In continuing coverage of the negative response the delay has received, the [Daily Caller](#)   (4/4, Fores) reports, "More business owners are upset about the Affordable Care Act, now that the Department of Health and Human Services has announced that the small-business health care marketplace exchange will be delayed until 2015 because of 'operational challenges.'"

Despite Federal Delay, Minnesota Exchange To Offer SHOP. The [Kaiser Health News](#)   (4/4, Stawicki) "Capsules" blog reports, "Workers at small businesses that buy health insurance on MNSURE - Minnesota's new online marketplace - will have access to features that will be delayed in many other states." Although the Obama Administration, "which is scrambling to put together the exchanges in more than 30 states that refused to build their own," delayed the Small Business Health Options Program, or SHOP, MNSURE's executive director, April Todd-Malmlov, "said the exchange Minnesota is developing will offer small business employees a range of choices on its first day of operation."



Maryland Delays SHOP By At Least Three Months. However, the [Baltimore Business Journal](#)   (4/4, Gantz, Subscription Publication) reports that "Maryland is pushing back the launch of its small business health exchange by at least three months, while the federal government is giving states another year to fully implement the program." The state's health department "changed the start date for businesses to enroll in the small business exchange from October to January 2014."

Also in the News

Two Pennsylvania Hospitals Settle Charges On Improper Medicare Billing.

The [Allentown \(PA\) Morning Call](#)   (4/4, Darragh) reports, "St. Luke's University Health Network and Easton Hospital have settled charges that they improperly charged the Medicare program using a commonly abused billing claim." According to the US Department of Justice, "St. Luke's will pay \$1,029,791 to resolve allegations that it submitted improper claims," while "Easton Hospital will pay \$454,866 to settle similar charges."

Ohio Chiropractor Indicted For Medicaid Fraud.

The [Youngstown \(OH\) Vindicator](#)   (4/4, Runyan) reports that Jeffrey L. Stychno, 43, "a Howland chiropractor, has been indicted in Franklin County Common Pleas Court on seven felony charges including workers' compensation fraud, theft, tampering with records, falsification and misdemeanor Medicaid fraud."

Wednesday's Lead Stories

- [Insurers' Stocks Soar As HHS Backs Away From Medicare Advantage Cuts.](#)
- [Klein Sheds Positive Light On Rising Premiums Under ACA.](#)
- [States Continue To Move Toward Medicaid Expansion Decisions.](#)
- [KHN Explores Limitations Of High-Deductible Plans.](#)
- [California Insurance Commissioner Slams Rate Increase For Small Businesses.](#)
- [North Carolina Woman Pleads Guilty To \\$4.8M Medicaid Fraud Scheme.](#)

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