



NAHU Newswire

Today's News for the National Association of Health Underwriters

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Customized Briefing for Kimberly Barry-Curley

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Leading the News





HHS Report Shows Many ACA Consumers Saw Large Subsidies.



Early Wednesday, several outlets ran articles analyzing a brand new report from HHS' Office of the Assistant Secretary for Planning and Evaluation (ASPE) on premiums, competition, and choice among plans in the Health Insurance Marketplace for 2014.


In its account, the [Los Angeles Times](#)   (6/18, Levey) reports that the new figures released by HHS reveal that "the large subsidies" offered for those who purchased health insurance under the Affordable Care Act "may push the cost of the law considerably above current projections." According to the report, premiums were lowered "by 76% on average," meaning "premiums that normally would have cost \$346 a month on average instead cost consumers just \$82, with the federal government picking up the balance of the bill." All told, "the total cost of subsidies could top \$16.5 billion this year," which is "far higher" than the \$10 billion the CBO projected this spring.

The [Washington Post](#)   (6/18, Goldstein) calls this report HHS' "first effort to gauge the affordability and availability of health plans under the Affordable Care Act, now that the first insurance sign-up period has ended." The article adds that officials "insisted on briefing reporters on the condition of anonymity," and "acknowledged that analyzing what has happened remains a work in progress."

The [AP](#)   (6/18, Alonso-Zaldivar) highlights several of the report's "major findings," including that "taxpayers are subsidizing 76 percent of the average monthly premium in the 36 federally administered markets." Also, in state-by-state figures, "Mississippians paid the least for coverage – averaging just \$23 a month on average premiums of \$438," while "New Jersey residents paid the most – an average of \$148 on premiums averaging \$465 a month."

















In a positive assessment of the report, [McClatchy](#)   (6/18, Pugh, Subscription Publication) says the report "suggests that most people who purchased government subsidized health insurance on HealthCare.gov found affordable coverage and a wide selection of health plans on the federal insurance marketplace." The [Huffington Post](#)   (6/18, Young) offers a similarly upbeat account, reporting under the headline "Millions Get Obamacare Plans For \$100 Or Less."



In its account, [USA Today](#)   (6/18, O'Donnell, Krasselt) notes that the new HHS report comes "as new state filings for the 2015 plan year show more insurance companies are moving onto health care exchanges," with many of them "requesting rate increases that are largely in line with pre-Obamacare years."

Finally, [CNBC](#)   (6/18, Mangan) is one of a handful of outlets that quote newly-confirmed HHS Secretary Sylvia Mathews Burwell, who said in a statement, "What we're finding is that the marketplace is working. Consumers have more choices, and they're paying less for their premiums."

Additional, nationally-focused, coverage is offered by [CNN](#)   (6/18, Luhby), [The Hill](#)   (6/18, Viebeck), [Vox](#)   (6/18, Lopez), [Business Journals](#)   (6/18, Hoover), and [Modern Healthcare](#)   (6/18, Demko, Subscription Publication).

Outlets carrying state-by-state figures from the report include [Kansas Health Institute](#)   (6/18), [Asbury Park \(NJ\) Press](#)  

(6/18, Diamond), [North Jersey \(NJ\) Media Group](#)   (6/18, Washburn), [Pittsburgh Post-Gazette](#)   (6/18, Twedt), [Crain's Chicago Business](#)   (6/18, Wang), [Wilmington \(DE\) News Journal](#)   (6/18, Offredo), [Oklahoman](#)   (6/18), [Springfield \(MO\) News-Leader](#)   (6/18, Shorman), [AP](#)   (6/18) in Maine, and [Texas Tribune](#)   (6/18, Ura).

CBO Stands By Cost Savings Estimates For ACA. [The Hill](#)   (6/17, Al-Faruque) reported that the CBO is standing by “its original estimates for cost savings created by ObamaCare after it recently announced it could no longer score certain parts of the law.” In response to questions from Sen. Jeff Sessions (R-AL) about the economic impacts of the ACA, the CBO and the Joint Committee on Taxation “said they are sticking to their original numbers.”

From NAHU

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Legislation and Policy



Study Shows ACA Improving Health, Finances Of Young Adults.

The [Los Angeles Times](#)   (6/18, Levey) reports that a new [study](#)  , published Wednesday in the Journal of the American Medical Association, suggests the ACA provision allowing “adults under age 26 to remain on their parents’ health plans” has both “improved their health and saved them money.” Said Dr. Kao-Ping Chua, a pediatrician at Boston’s Children’s Hospital and the lead author of the study, “The health insurance that people are gaining seems to be doing what it is supposed to do.”



Calling these some of the “first definitive results seen from” the ACA, [Bloomberg News](#)   (6/18, Wayne) reports that, according to the study, “about 31 percent of those 19 to 25 told federal researchers they were in excellent physical health, compared with 27 percent on average from 2002 to 2009.” In addition, about 39 percent “said they were in excellent mental health, a 2.5-percentage point improvement.”



Moreover, as the [Boston Globe](#)   (6/18, Kotz) reports, “out of pocket health expenses decreased significantly” for the young adults allowed to stay on their parents’ plans.

[Reuters](#)   (6/18, Seaman) reports that the study utilized data from the Agency for Healthcare Research and Quality. Also



reporting are [Vox](#)   (6/18, McIntyre), [Modern Healthcare](#)   (6/18, Johnson, Subscription Publication) “Vital Signs” blog, and [HealthDay](#)   (6/18, Pallarito).

CPI Shows Inpatient Care Costs Rising Faster Than Outpatient Costs.

[Modern Healthcare](#)   (6/18, Evans, Subscription Publication) reports that the latest Consumer Price Index reveals “U.S. consumer prices for inpatient hospital care grew faster than outpatient hospital prices last month as overall hospital prices increased 0.3%.”



Expert: Data Show “No Big Uptick” In Healthcare Spending This Year. The [Congressional Quarterly](#)   (6/18, Reichard, Subscription Publication) reports that in an interview with Vox, former CBO Director Peter Orszag said data show that there has been “no big uptick in health spending.” He told the website, “Now, we actually have that data, they show from the first quarter of 2014, health care spending only increased by 2.9 percent. That’s before taking out inflation; in real terms spending growth was basically zero.”

HHS Working On “Simplified Application” For Next ACA Open Enrollment Period.



The [Congressional Quarterly](#)   (6/18, Adams, Subscription Publication) reports that HHS is working with software engineers to produce a “simplified application” for HealthCare.gov ahead of the second open enrollment period, which launches Nov. 15. The new version aims to “make things easier both for consumers and the website.”

Starbucks CEO: Despite Rollout Issues, ACA Is “Net Positive.”



The [Huffington Post](#)   (6/18, Berman) reports that Starbucks CEO Howard Schultz, in an interview with the outlet, said that despite issues with its rollout, the Affordable Care Act has been a “net positive.” Said Schultz, “Millions of Americans have health insurance today. Companies that did not pay for health insurance are now doing it.”

[The Hill](#)   (6/18, Viebeck) reports that Schultz also expressed optimism about the law’s future, saying, “No plan would have been perfect ... It’ll be refined, improved.”



Michigan Hospice Shutting Down Due To ACA Cuts.



The [Daily Caller](#)   (6/18, Hurtubise) reports that a hospice center in Michigan “is shutting down its care home for sick patients,” and its business director cites the Affordable Care Act as “the biggest culprit.” The article explains that the law cuts “12 percent from payments to hospices over the next decade as part of a ‘productivity adjustment.’”

States Creating Databases To Shed Light On Medical Costs.



[USA Today](#)   (6/18, Vestal) carries a Stateline report looking into the benefits of all-payer claims databases (APCDs), which states have been creating at an “accelerated” pace. The piece explains that APCDs are “designed to shed light on the disparate prices doctors and hospitals charge for the same procedures,” which can vary wildly, “even within the same county, according to a recent article published by the American Medical Association.” So far, “nineteen states have APCDs in varying stages of development and at least 21 states are considering laws to create them, according to the APCD Council.”

Two More Insurers Look To Sell Policies On Kynect.

The [AP](#)   (6/18, Beam) reports that “at least two new insurance companies say they want to sell policies on Kentucky’s state-run health exchange” during its second year in operation. The article notes that Ohio-based CareSource and Florida-based WellCare expressed interest “after more than 421,000 people signed up for health insurance during the first round of open enrollment.”





Insurer Seeks Double Digit Rate Increases In Arizona. The [Arizona Republic](#)   (6/18, Alltucker) reports that Health Net is seeking to raise the premiums for its plans sold in Arizona under the Affordable Care Act “by nearly 14 percent.” According to the article, “Health Net’s rate increase would apply to at least one in four Arizonans who purchased coverage during the marketplace’s first year.”



California Pre-Existing Conditions Plan Closing.



The [Sacramento \(CA\) Business Journal](#)   (6/18, Robertson, Subscription Publication) reports that the newly-approved California budget “quietly pulls the plug on a small state agency established 24 years ago to meet the needs of California residents who could not get health insurance because of pre-existing medical conditions.” Now that the Affordable Care Act mandates that insurers not deny coverage for those with pre-existing conditions, the Managed Risk Medical Insurance Board “will cease operations June 30.”





State-Based Exchanges Face Ongoing Challenges.



Across the country, state-based insurance exchanges set up under the Affordable Care Act continue to experience issues and glitches.

The [AP](#)   (6/18, Cooper) reports that Oregon has moved even closer toward launching “a civil case against technology giant Oracle Corp” for building its troublesome health insurance website. [Reuters](#)   (6/18, Sebens) also reports.

Meanwhile, [The Oregonian](#)   (6/18, Budnick) reports that Aaron N. Patnode “is in the final stages of negotiating a contract to become the new executive director of Cover Oregon.” According to the outlet’s profile of him, he is ready for the “challenge.”

The [Las Vegas Review-Journal](#)   (6/18, Robison) reports on the search for a permanent chief for Nevada’s health insurance exchange.



The [Boston Herald](#)   (6/18, Cassidy) reports on the “runaway expenses” facing Massachusetts taxpayers to fix the state’s “failed Obamacare website.” Similarly, the [Bennington \(VT\) Banner](#)   (6/18, True) reports that, according to officials, “the state has spent \$72 million as of Friday building Vermont Health Connect.”

The [Minneapolis Star Tribune](#)   (6/18, Crosby) reports on “another logjam” facing MNsure, Minnesota’s state-based health insurance marketplace, noting that “stems are still not in place to quickly handle” so-called life events.



Finally, in an editorial, the [Rochester \(MN\) Post-Bulletin](#)   (6/18) praises MNsure, saying it has become an “asset” for Democrats in the state.

Public Health and Private Healthcare Systems



Insurer Stops Paying Higher Fees For Chemotherapy Drugs Given To Patients Whose Physicians Work For Hospitals.

The [Washington Post](#)   (6/18, Appleby) carries a 1,000-word Kaiser Health News story reporting that “some cancer patients and their insurers are seeing their bills for chemotherapy jump sharply, reflecting increased drug prices and hospitals’ push to buy oncologists’ practices and then bill at higher rates.” However, a few months ago, “in what may be the first move of its kind,” Pennsylvania health plan Highmark “stopped paying higher fees for chemotherapy drugs given to patients whose” physicians “work for hospitals, instead paying the same price they would have had the” physician “remained independent.” This “move is being watched closely by insurers around the country, and ‘some will probably follow suit,’ said Kathryn Fitch, a healthcare management consultant at Milliman.”

Cambia Health To Launch Palliative Care Program.



[Kaiser Health News](#)   (6/18) reports on a new palliative care program being launched this summer by Cambia Health Solutions, which “will offer training to providers and additional benefits for policyholders: more than 2.2 million members in Cambia’s family of health plan companies in Oregon, Washington, Idaho and Utah.” The effort “improves the quality of life by managing pain and other problems for people who have serious life-threatening medical conditions, such as cancer, heart and kidney failure,” and “differs from hospice care.”



Boeing To Work With ACOs For Higher Quality, More Affordable Care.

[Kaiser Health News](#)   (6/17) reports that “Boeing and some of the Northwest’s largest health care providers are teaming up to provide what they say will be higher-quality, more-affordable care for some of the aerospace giant’s employees.” Boeing “will work with accountable care organizations, or ACOs,” and “these employer-driven ACO arrangements, with no insurance company involved, are



believed to be among the first in the nation to use this approach and could serve as models elsewhere.”

Lawmakers Call For Expanded Lung Cancer Test Coverage Under Medicare.



The [AP](#)   (6/18, Yen) reports that in a letter to CMS, “more than 130 lawmakers” urged “the Obama administration to expand coverage for a lung-cancer test under Medicare that could cost the program billions, calling the screening important for vulnerable seniors.” The piece notes that “a CMS spokesman said the agency’s decision will be based on whether the test is ‘reasonable and necessary,’ without regard to its cost to Medicare.”

Experts Urge Medicare To Cover Lung Cancer Screenings. In an op-ed for the [Wall Street Journal](#)   (6/18, Subscription Publication), Dr. Douglas E. Wood, chief of the division of cardiothoracic surgery at the University of Washington, and Dr. Ella A. Kazerooni, director of cardiothoracic radiology at the University of Michigan, who serve as chairman and vice chairwoman of the National Comprehensive Cancer Network’s lung-cancer screening panel, question why Medicare refuses to cover lung cancer screening in the same way it does for breast, colon, and prostate cancer. They cite the American College of Radiology’s LungRADS as an example of how this screening can be both safely and effectively put into action. Wood and Kazerooni urge Medicare to begin covering such screening, citing evidence that it can result in early diagnosis and cure thousands of patients.



CMS Seeks Answers On LSU Hospitals’ Financing Plan.



The [Baton Rouge \(LA\) Advocate](#)   (6/18, Schuler) reports that the Jindal Administration’s new financing plan for private takeover of LSU hospitals “has attracted more questions” from the Federal Centers for Medicare and Medicaid Services. In a four-page “informal request for additional information,” CMS asked for more specific information about the hospitals involved, what services are covered, how cost estimates were derived and the timing of payments. CMS also told state Medicaid officials that it seeks state assurances that “no payment...is dependent on any agreement or arrangement for providers or related entities to donate money or services to a governmental entity.”

Advocates Protest Medicare’s “Prior Authorization” Rules For Hospice Patients.


According to [The Hill](#)   (6/18, Viebeck), “Hospice programs and workers are urging the Obama administration to suspend rules they say are limiting patients’ access to necessary medications at the end of life.” The Hill says that on Tuesday, “more than 240 advocates called on Medicare to withdraw a new ‘prior authorization’ process for drugs used for hospice patients,” and in a letter to CMS Administrator Marilyn Tavenner wrote: “We appreciate your agency’s effort to protect taxpayer dollars by making sure that Medicare is not paying double for prescription drugs for beneficiaries who have elected hospice care,” but “any efforts to address this concern with hospice providers and the Medicare Part D plans cannot be done at the expense of vulnerable patients seeking end-of-life care.”

Michigan Audit Finds State Improperly Spent Millions In Medicaid Funds.

The [AP](#)   (6/18, Eggert) reports that a “damning state audit” revealed Tuesday that Michigan “improperly spent \$160 million over three years caring for Medicaid recipients needing in-home services primarily because it failed to obtain invoices and other required documentation from service providers.” In total, “the expenditures accounted for 18 percent of nearly \$894 in joint federal-state spending on the Medicaid Home Help Program.” The auditors warn that Michigan “could be forced to repay nearly \$97 million to the U.S. government.”



The [Detroit News](#)   (6/18, Livengood) reports that the “scathing” state audit on the Medicaid Home Help Program “has found nearly 3,800 convicted felons working in the homes of disabled adults, about two years after Gov. Rick Snyder’s administration abolished a union-backed program that included criminal background checks of some workers.” The audit, which was released Tuesday, “found 572 home help aides with violent crime convictions ranging from assault to homicide, and 285 workers with sex-related convictions as of January 2013.” The Michigan Department of Community Health assured that it was “developing new policies regarding background checks and the types of crimes that may disqualify someone from being a home help aide.”

Alabama Medicaid Rolls Jumped Under ACA Despite Not Expanding Program.



[Alabama Live](#)   (6/18) reports that while Alabama “has so far rejected the federal government’s proposal to expand Medicaid,” the





Affordable Care Act “still had the effect of increasing the size of Alabama’s Medicaid rolls.” According to the piece, Alabama’s Medicaid enrollment “jumped up noticeably in January 2014, from around 970,000 to just over 1 million,” and as of March, “nearly 1.2 million Alabamians were signed up,” which “represents about 21 percent of the state’s population.”



Illinois Medicaid Patients Once Again Eligible For Non-Emergency Dental Care.


In continuing coverage, the [Urbana/Champaign \(IL\) News-Gazette](#)   (6/17) reports that “as part of Medicaid reform legislation signed by Gov. Pat Quinn Monday,” Illinois “is restoring the dental coverage for adults that was removed in 2012 under the state’s SMART (Save Medicaid Access and Resources Together) Act.”

Arkansas “Private Option” Medicaid Expansion To Include Health Savings Accounts Next Year.

The [Arkansas Times](#)   (6/17) reports that on Tuesday, Arkansas legislators “got the first glimpse at details of the changes coming to the private option in 2015, including the creation of ‘Health Independence Accounts’ and cost-sharing for beneficiaries below the poverty line.” According to the Times, “Many of these developments” are “popular among Republican backers of the private option” and “were anticipated in the original legislation but were given teeth via amendments in this year’s fiscal session, which mandated their implementation in order for the private option to continue.” The Times says “most of the attention...was focused on the Health Independence Accounts, a version of Health Savings Accounts, though the HIAs would operate a bit differently than HSAs.”



The [Pine Bluff \(AR\) Commercial](#)   (6/18) reports that “the plan calls for the creation of accounts...for private-option participants earning at least 50 percent of the poverty level,” which “would be similar to health savings accounts and would be administered by a third party to be chosen through a competitive bidding process.” According to the PBC, “Each account holder would be expected to make monthly contributions to the account,” and “contributions are expected to range between \$10 and \$25 per month for people earning between 100 percent and 138 percent of the poverty level and are expected to be \$5 per month for people earning between 50 and 99 percent of the poverty level.” [KARK-TV](#)   Little Rock, AR (6/18) reports that Arkansas surgeon general Dr. Joe Thompson said that “anyone making above \$5700 annually will receive a health savings card.”



The [Fort Smith \(AR\) City Wire](#)   (6/18) reports that “a second component discussed Tuesday centered on cost sharing, which would provide for Medicaid-eligible and Private Option enrollees to make small payments for health care services,” and “will require a waiver from federal Medicaid officials.”



GOP Supporters Of Medicaid “Private Option” Taking A Beating From Voters This Year. The [AP](#)   (6/18, DeMillo) reports that the recent GOP primary loss suffered by Arkansas state Rep. John Burris, described as “an architect of Arkansas’ ‘private option’ Medicaid expansion,” does not “necessarily doom [the] program heralded as a way for Republican-leaning states to embrace a key part of” the Affordable Care Act, “but it definitely crushes legislative leaders’ hopes for less drama when they take up the matter next year.” According to the AP, “The runoff was the third major win for private option opponents” this year.



Medicaid Expansion Debate Continues Across Country.

Across the US, debate continues in states that have yet to expand Medicaid.



From Virginia, the [Richmond \(VA\) Times-Dispatch](#)   (6/18) reports that State Sen. Creigh Deeds, a former Democratic gubernatorial candidate, is “urging Gov. Terry McAuliffe to use his line-item veto to strip from the budget an amendment that seeks to tie his hands on Medicaid expansion.” The Times-Dispatch notes that Republicans “included in the spending plan an amendment that bars Medicaid expansion or a private alternative without approval of both houses of the General Assembly.”



The [Hampton Roads \(VA\) Virginian-Pilot](#)   (6/18) notes that “midnight Sunday marks the governor’s deadline to sign or amend the budget,” but “he and his spokespeople have remained mum on what he will do, or when.”



From Utah, the [Salt Lake \(UT\) Tribune](#)   (6/18) reports that a new poll found that “voters overwhelmingly support Gov. Gary Herbert’s private market alternative to expanding Medicaid, no matter their gender, age, religion or political persuasion.” According to the Tribune, 88% “favor Herbert’s ‘Healthy Utah’ plan over doing nothing,” while 70% “say they support or strongly support Herbert’s plan.”

From Kansas, the [Wichita \(KS\) Business Journal](#)   (6/18, Subscription Publication) reports that the Kansas Hospital Association “isn’t giving up on its fight to expand the state’s Medicaid program,” and “plans to ramp up its lobbying efforts during the 2015

Kansas Legislature.” According to the WBJ, “It’s likely that the KHA will rely heavily on a study by the Center for Health Policy Research at George Washington University and Regional Economic Models Inc. that touts job creation and cost savings of a Medicaid expansion.”



From Indiana, the [Merrillville \(IN\) Post-Tribune](#)   (6/18) reports that Gov. Mike Pence (R) “hopes his Healthy Indiana Plan 2.0 proposal will expand Medicaid to an estimated 350,000 Indiana residents, but certain aspects of the plan may hit a snag with officials from the federal government and hospitals.” The Post-Tribune says Pence’s HIPPlus “would provide medical, dental and vision benefits, but require a monthly contribution of anywhere from \$3 to \$25,” and “if enrollees aren’t able to make contributions, they would be shifted to HIPBasic, a more modest package of only medical benefits.” According to the Post-Tribune, Joan Alker, the executive director of the Center for Children and Families at Georgetown University, “has analyzed aspects Medicaid waiver requests for Indiana,” and says it is “in the ballpark” for approval, but a few aspects may require additional negotiation with the Centers for Medicare and Medicaid Services.”

Commentary Considers Medicaid Expansion. In an editorial, the [Joplin \(MO\) Globe](#)   (6/18), notes that Mercy, “which operates hospitals in Missouri and six other states, will be cutting more than 200 jobs, in part because of Missouri’s failure to expand Medicaid.” The Globe adds, “This is the second year that the Missouri Legislature has said ‘no thanks’ to the money it needs to expand its Medicaid rolls,” but, according to the Globe, Missouri Gov. Jay Nixon “says he is seeing some shift in thinking among lawmakers.”

In an op-ed for the [Anchorage \(AK\) Daily News](#)   (6/17), William J. Streur, commissioner of the Alaska Department of Health and Social Services, says that last November, Alaska Gov. Sean Parnell “announced that he would not be seeking Medicaid expansion in 2014” and asked Streur “to identify coverage gaps for Alaskans whose income falls between eligibility for Medicaid and the subsidized federal Health Insurance Marketplace.” According to Streur, “Between 10,000 and 12,000 Alaskans meet these criteria,” although “many” of those “still have access to a wide array of health care services.”



Senior Market News

CalPERS Proposes HMO Premium Hike.



The [Sacramento \(CA\) Business Journal](#)   (6/18, Robertson, Subscription Publication) reports that the California Public Employees’ Retirement System is set “to raise HMO premiums for state employees an average of almost 4 percent in 2015 – a slight uptick from 3.81 in 2014.” Moreover, “retirees on Medicare face an average rate increase of almost 6 percent.”

Also in the News

Explosion Of Medical Devices, Apps Seen Transforming Healthcare Landscape.

[The Hill](#)   (6/18, Al-faruque) reported the rapid growth of medical devices and apps that work with smartphones could potentially “transform the healthcare system by allowing doctors to collect information about patients in real-time.” The Hill noted that marketing research firm Research2Guidance predicts “the global business in ‘mHealth’ technology” will jump 61 percent from 2013, generating \$26 billion in revenue by 2017. The piece noted the explosion in the number of apps has Federal authorities “grappling with how the apps fit in with the broader regulatory system that is intended to protect patients.” Jeffrey Shuren, director of FDA’s Center for Devices and Radiological Health, outlined the agency’s thinking on the matter: “We have worked hard to strike the right balance, reviewing only the mobile apps that have the potential to harm consumers if they do not function properly.”

Study: Healthcare Industry Eager To Expand Use Of Cloud.

[Healthcare IT News](#)   (6/18, Miliard) reports on the findings of the 2014 HIMSS Analytics Cloud Survey, which found that healthcare companies are very interested in adopting cloud services. The study also specifically found that “lower maintenance costs, faster deployment and the ability to step in when staffing resources are scarce” were the three most popular features of cloud use in healthcare. The study also found that top concerns among healthcare organizations involved the physical and technical security of cloud storage, as well as slow performance at times.

Tuesday's Lead Stories

- [US Ranked Last In Healthcare Quality Survey.](#)
- [CMS Launches New ACA Promotion Website.](#)
- [Missouri Republicans Details Failed Effort To Reach Medicaid Expansion Deal.](#)
- [Seniors Helped CMS Recover At Least \\$9.1 Million In Fraudulent Claims Last Year.](#)
- [Patients Struggle To Understand Health Insurance Terms.](#)

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