



# 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

### Medicaid Enrollments Top 7 Million Under ACA.

On Friday, HHS “announced that 7.2 million people have gained health insurance through Medicaid or the Children’s Health Insurance Program (CHIP)” since the Affordable Care Act open enrollment began last October, [The Hill](#)   (8/9, Viebeck) reports. HHS attributed the “surge” to the expansion of Medicaid in 26 states, which “saw sign-ups increase by 18.5 percent compared with 4 percent in non-expansion states.” In a blog post, CMS Deputy Administrator Cindy Mann stated: “Medicaid expansion continues to help an unprecedented number of Americans access health coverage for the very first time.”

The [Washington Times](#)   (8/8, Miller) and [Reuters](#)   (8/9) also report on the story.

**Arkansas’ Medicaid Expansion Effort Lauded.** [Washington Post](#)   (8/9, Wilson) columnist Reid Wilson lauds Arkansas’ effort to reduce the number of uninsured. Wilson points to a new Gallup survey released this week, which “shows that the percentage of the state’s population without insurance dropped nearly in half, down from 22.5 percent in 2013 to 12.4 percent today.” He attributes the decrease to the unique Medicaid expansion plan that state officials implemented.

**US Senate Candidates Respond To Gallup Survey On Uninsured Rate Drop.** In his “Plum Line” blog, [Washington Post](#)   (8/9, Sargent) columnist Greg Sargent reports that, the day after “Gallup released a major new survey finding that the steepest drops in uninsured rates had occurred” in Arkansas and Kentucky, Sen. Mark Pryor greeted the “development as good news.” However, Sargent noted, Pryor’s Republican challenger, Rep. Tom Cotton responded: “I haven’t seen that poll. But the thing about Obamacare is, it no doubt helped some people. But think about all the people it hurt and the ways it hurt them. It caused people to have insurance cancelled. It drove up the cost of their health insurance premiums or it cost them access to their doctor or imposed new taxes it caused them to lose their job or have their hours cut... we should repeal Obamacare and start over.”

### From NAHU

#### NEW Membership Campaign!

NAHU is excited to announce our new [membership campaign](#)! The campaign will run from June 1 – December 31, 2014. For EVERY four members you recruit you will receive a \$250 American Express Gift Card. There is no limit to the number of times you can win!

care of the rest.

For recruitment tips and a listing of our members who have recruited four new members, visit our [membership campaign](#) webpage.



Good luck to everyone!







## Legislation and Policy

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### **Potawatomis Submit Comments To Healthy Indiana 2.0 Medicaid Waiver Application.**

The [Indianapolis Star](#)   (8/9, Berggoetz) reports that following a CMS request for Indiana to seek input from the Potawatomi Native American tribe concerning Indiana Governor Mike Pence's (R) HIP 2.0 Medicaid waiver application, "the state received formal feedback that has been submitted to the federal government." In a letter expressing concerns with the plan the tribe's medical director "proposed the Native Americans be carved out of the plan, as other states have done, because it would 'unnecessarily complicate administration of the Medicaid program for both the tribe and the state.'"



The [Times of Northwest Indiana](#)   (8/11) reports that, in assuming Federal approval of the HIP2.0 Medicaid waiver application, "the Pence administration has sketched out how it will promote Healthy Indiana Plan 2.0 to eligible Hoosiers." Pence's strategy "calls for the [chosen] vendor to produce one 30-second television advertisement, two or three radio ads, billboards, digital ads, bus ads, postcards and brochures to explain and promote HIP 2.0."



**Editorial: Governor Pence's Aversion To Expanding Medicaid "Costly."** The [Times of Northwest Indiana](#)   (8/11) editorializes that Governor Pence's decision to not expand Medicaid "has proved costly not only in terms of missed federal dollars but also for patients who didn't receive the care they could have had Indiana expanded Medicaid under federal terms." The paper calls on Pence to expand Medicaid "under the generous terms of the ACA" in order to put a significant dent into "the percentage of uninsured Hoosiers."

### **Fresh Unlimited Granted Exemption From ACA Contraception Mandate.**

In wake of the Supreme Court's June 30 Hobby Lobby ruling, the US Court of Appeals granted Ohio-based Fresh Unlimited Inc. an exemption from the Affordable Care Act contraception mandate on Friday, [Bloomberg News](#)   (8/9, Zajac) reports. The Freshway Unlimited suit "is one of about 50 filed by for-profit businesses over religious objections" to the law.



### **Florida Medicaid Expansion Debate a Pinnacle Point Of Contention In Gubernatorial Race.**





The [AP](#)   (8/9) reported that the Medicaid expansion debate is a key component of the upcoming Florida gubernatorial race. The incumbent, Florida Governor Rick Scott (R), "says he's open to taking roughly \$51 billion over the next decade from the federal government," but only under the condition that "Florida taxpayers aren't left with the bill." Challenger Charlie Crist, a former governor that is a Republican turned Democrat, says his position is to "work with the GOP-controlled Legislature and urge them 'to forget about the party affiliations and do what's right for our fellow Floridians ... we can get it done and we owe it to them.'" Florida currently enjoys a Medicaid privatization program, as Federal expansion of Medicaid in the state has been "virtually a non-starter."



The [Miami Herald](#)   (8/9, Mitchell) reported on the major criticisms of Scott's handling of the Medicaid expansion issue in the state, including his refusal "to create a state-based exchange where Floridians could shop for health insurance." and his removal of "state



regulators' authority to review rates charged by insurers, outraging consumer advocates.”



## Oracle Sues Oregon Over State Exchange.

The [Los Angeles Times](#)   (8/9, Reston) reported that “the legal battle over Oregon’s dysfunctional health insurance exchange officially began this week when Oracle Corp. sued the state agency operating the exchange, alleging breach of contract and accusing Gov. John Kitzhaber of attempting to systematically ‘vilify the company in the media.’” The piece noted that on Friday, Oracle filed a 21-page complaint in Federal court for the District of Oregon, Portland Division.



[Bloomberg News](#)   (8/8, Rosenblatt) reported that Oracle is “claiming it’s owed \$23 million,” while the [AP](#)   (8/8) reported that “the lawsuit lays out in the most detailed terms yet Oracle’s side of the story.”



[Oregon Public Broadcasting](#)   (8/11) reports that Oracle “places blame for the website’s problems on Oregon officials, and says the state’s decision to oversee the project as opposed to hiring a systems integrator, specialized in managing complex IT projects, was ‘akin to an individual with no construction experience trying to build a skyscraper without hiring an architect.’”

[The Oregonian](#)   (8/8) reported that “Oracle essentially beat Oregon to the punch when it filed the breach of contract complaint in U.S. District Court of Oregon,” as “Kitzhaber asked Oregon Attorney General Ellen Rosenblum 9 weeks ago to consider a suit against the technology company.”



In a separate piece, [The Oregonian](#)   (8/8, Budnick) titles its coverage “Oregon Faces Uphill Legal Battle Against Oracle Corp. Over Health Insurance Exchange Debacle.”

## Almost 200,000 Have Gained Health Coverage Via Arkansas Private Option.

The [Arkansas Times](#)   (8/8, Brantley) reported that, according to the latest data released by HHS, almost 200,000 Arkansans “have gained coverage via the private option, the state’s unique version of Medicaid expansion which uses Medicaid funds to purchase private insurance for low-income Arkansans.” This number includes “both beneficiaries enrolling in a private plan and those deemed medically needy and routed to the traditional Medicaid program.”

The [Pine Bluff \(AR\) Commercial](#)   (8/11) reported that Arkansas’ Surgeon General, Dr. Joseph W. Thompson, “gave a briefing...on a trio of new requirements for state residents insured under the so-called private option.”



## New Hampshire Movement Toward Medicaid Care Management Program Not Without Debate.



The [Concord \(NH\) Monitor](#)   (8/11, McDermott) reports that “Step 2” of New Hampshire’s movement toward a Medicaid Care Management program is slated to begin January 1. State officials have said the impetus to implement such a program is “to better coordinate treatment for the state’s Medicaid population by transitioning to a system where care management companies – in this case, Well Sense or New Hampshire Healthy Families – oversee individuals’ health plans.” Opponents of the program say they fear “the care management companies would deny critical prescriptions or treatment options because they lack a full understanding of the patient’s condition.”

## Public Health and Private Healthcare Systems

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### Walmart’s Move To “Disrupt” Healthcare Industry Draws Commentary.

In the [Bloomberg View](#)   (8/9), Megan McArdle takes a look at Walmart’s move to “disrupt” the healthcare industry by “is piloting what it hopes will be a broad network of primary-care clinics.” The urgent-care clinics “will provide much broader services such as chronic-disease management that are normally provided at a doctor’s office... at an admirably low cost.” McArdle claims that “this model makes a lot of sense to me” because “there are a lot of efficiencies that can be brought to the market by a big company employing staff physicians and centrally coordinating things such as purchasing and information technology.”



[Fortune](#)   (8/8) columnist Laura Lorenzetti considers whether Walmart’s clinics can help “solve the US healthcare-access crisis,” noting that “the retailer has the capability to expand its medical services rapidly in far-flung areas to take advantage of the boom in

patients resulting from the ACA.”



## **Tennessee CoverKids Funding Depends On Congressional Action.**

The [Tennessean](#)   (8/11, Wilemon) reports that “money that provides health insurance to 68,000 children in Tennessee through CoverKids ends in September unless Congress renews funding” for the Children’s Health Insurance Program. Ron Pollack, the president of Families USA, says the program “is the most important health policy issue that Congress will need to face in the next year,” but he is concerned funding for it might become entangled with other healthcare issues.



## **Texas Hospitals Seeking To Disqualify Those Who Use Local Health Districts Rather Than Buy Insurance.**

The [AP](#)   (8/9, Plushnick-Masti) reports that local health systems, or hospital districts, in Texas “are working to disqualify certain patients” still enrolled in taxpayer-funded medical programs instead of getting insurance through the ACA. The districts say that because insurance premiums are more expensive, many people have opted to rely on the cheaper public-care programs and pay a Federal fine for lacking insurance. But now, the local entities want to bar those who are eligible for subsidized insurance through the ACA-established Federal marketplace from their programs because of the high cost to local governments to care for the uninsured.



## **Palm Beach County Market: 5 Of 10 Insurers Projecting Premium Increases.**



The [South Florida Sun Sentinel](#)   (8/9) reports Palm Beach County residents “may save about 17 percent in out-of-pocket costs if they go for the second cheapest ‘silver’ health insurance plan on the individual market next year,” according to the Department of Health and Human Services. However, choosing another premium may result in a “double-digit rate increase in 2015,” the Florida Office of Insurance Regulation said. The Sentinel notes that “five of the 10 insurers participating next year” in the Palm Beach market “are projecting increases in premiums” of 14 to 20 percent.

## **AIDS Advocacy Group Alleges Discrimination Against ACA Customers In Florida.**



Patient advocacy group the AIDS Institute claims that “some insurance companies” are “shifting much of the cost” of HIV and AIDS drugs to Affordable Care Act customers, making them “unaffordable,” the [AP](#)   (8/9) reports. Additionally, AIDS Institute deputy executive director Carl Schmid alleges that “several insurance companies are also impeding access to services by requiring” drug re-authorizations “or making the claims process difficult.” This summer, the group filed a formal complaint with HHS against Humana, CoventryOne, Cigna and Preferred Medical, claiming the four Florida insurance companies “are violating the federal health law by discouraging consumers with HIV and AIDS from choosing those plans because they wouldn’t be able to afford the high co-insurance rates.” HHS is “reviewing the complaint,” but declined to comment on the matter.



## **CMS: Maryland Meeting Exchange Milestones.**

This week, in a letter to Maryland Gov. Martin O’Malley (D), CMS Administrator Marilyn Tavenner “expressed confidence” in the state’s “move to new technology to run its health exchange website,” the [Baltimore Sun](#)   (8/8, Cohn) reports. In her letter, Tavenner indicated that Maryland “was on schedule with 17 of 21 milestones met.” Maryland health secretary Dr. Joshua M. Sharfstein claimed that “the letter was expected,” adding that “the state will continue to work with CMS to ensure the final milestones are met ahead of the next open enrollment period beginning Nov. 15.”



The [AP](#)   (8/9) reports that “Maryland has a \$43 million contract with Deloitte Consulting to revamp” the state’s exchange using “Connecticut technology.” Tavenner wrote: “We understand that utilizing Connecticut’s proven technology provides Maryland a fully functional system that requires only making those changes necessary to align with Maryland’s policies and branding. This approach is expected to result in fewer burdens on state and federal resources.”

## **One-Fifth Of Eligible Beneficiaries Have Signed Up For Expanded Coverage In New Hampshire.**



The [Concord \(NH\) Monitor](#)   (8/9, McDermott) reported that one month after the New Hampshire Health Protection Program, the state's expanded Medicaid program, went live, "it has attracted about one-sixth of the 50,000 people the state estimated would be eligible for expanded Medicaid benefits."

The [Concord \(NH\) Monitor](#)   (8/9, McDermott) also reported on the particular challenges faced by the Bhutanese refugee population in New Hampshire for access to healthcare. A question and answer session for the Bhutanese population about the New Hampshire Health Protection Program revealed that "the language barrier poses recurring challenges to the state's Bhutanese community when it comes to accessing medical treatment. For many of them, communication can be as much of a challenge as costs or care."



## Local Pennsylvania Hospitals Could Find Financial Relief In An Expanded Medicaid Program.

The [New Castle \(PA\) News](#)   (8/8, Finnerty) reports that local hospitals in Pennsylvania have said, with regard for the potential for expanded Medicaid, "they could use the financial first aid from a broader Medicaid program, especially as many of them struggle to care for patients who cannot pay the bills." The brunt of the financial loss suffered by the local hospitals comes from "uncompensated care, much of which stems from charity care." Additionally, state data and industry estimates reveal that "Pennsylvania would add close to 8,000 health care jobs by expanding Medicaid, according to a federal projection."



## Report: More Than Half Of Those In Tennessee Coverage Gap Are Employed.



The [Tennessean](#)   (8/8) reported that more than half of the people who currently fall in the TennCare coverage gap created by the state's failure to expand Medicaid are currently working, according to a report from Families USA. Additionally, a separate report from Families USA found that "21,900 direct and indirect jobs would be created if Tennessee expanded Medicaid."



## Former Health Policy Advisor: Insurance Companies Expanding In ACA Exchanges.



[CNBC](#)   (8/8, Belvedere) reported that on Friday, Dr. Ezekiel Emanuel, former special advisor on health policy, was on CNBC's "Squawk Box" with the message to not "believe the hype that insurance companies are getting squeezed on Obamacare." Emanuel said, "All of these companies are expanding greatly in the exchanges. Their revenues are up. Their profits are up. Their stocks are up. They're not suffering because of" the ACA.











## Massachusetts Keeping State-Based Exchange.



On Friday, Massachusetts Health Connector officials announced that the state "will remain a state-based marketplace," the [AP](#)   (8/9) reported. Previously, Massachusetts pursued a "dual-track" approach, which involved using hCentive software to upgrade the Massachusetts Health Insurance Exchange, "while also laying the groundwork for a switchover to the federal marketplace, if necessary." In a letter to the Centers for Medicare and Medicaid Services, Massachusetts Gov. Deval Patrick "said officials will be rigorously testing the new system."

On Thursday, Massachusetts officials met "with Marilyn Tavenner, administrator for the federal Centers for Medicare and Medicaid Services, and received approval to move forward solely with the hCentive site," the [Springfield \(MA\) Republican](#)   (8/8, Schoenberg) reports.



The [Wall Street Journal](#)   (8/9, Kamp, Subscription Publication) reported that Maydad Cohen, a special assistant to Patrick, stated: "We still have a lot of work in front of us, both technical and operational."

The [Boston Globe](#)   (8/8) reported that "the decision marks an important step toward recovery from the embarrassing failure of the Massachusetts Health Connector's refurbished website, launched last October."



Also reporting this story are the [New York Times](#)   (8/8, Bidgood, Subscription Publication), the [Boston Herald](#)   (8/11), the [Lowell \(MA\) Sun](#)   (8/11), [The Hill](#)   (8/11, Al-Faruque), and [Vox](#)   (8/11).



**More Commentary.** The [Boston Herald](#)   (8/11) editorializes that "the costs associated with the failed launch of Obamacare in Massachusetts just keep adding up, and the taxpayers aren't the only ones on the hook." The Herald argues that "none of this expense and uncertainty was necessary in this state that pioneered health care reform back in 2006."



## Highmark To Reduce Requested Rate Increase By One Point In Delaware.

The [Wilmington \(DE\) News Journal](#)   (8/8, Miller) reported that on Friday, Highmark Blue Cross Blue Shield agreed “to shave a full percentage point off its requested rate increase for individual 2015 Obamacare insurance plans in Delaware.” The office of Delaware Insurance Commissioner Karen Weldin Stewart “on Friday sent the rate filings to the federal Centers for Medicare and Medicaid Services (CMS) for review.”

## Vermont Health Connect Said To Be Working On Billing Issues.


The [Burlington \(VT\) Free Press](#)   (8/8) reported that some “enrollees in insurance plans sold on Vermont Health Connect have also experienced billing problems, according to Trinkia Kerr, chief health care advocate.” Lawrence Miller, chief of healthcare reform for the Shumlin Administration and spokesman on Vermont Health Connect, said, “Billing has been a problem.” He “has directed two changes to try to remedy some of the billing issues.”

**Former State Auditor Questions Actions After CGI Firing.** The [Rutland \(VT\) Herald](#)   (8/10) reported that “Randy Brock, a former state auditor and the 2012 GOP nominee for governor, has written a scathing opinion piece questioning the Shumlin administration’s actions after firing CGI, the state’s main contractor developing the online health insurance exchange.” Brock wrote, “It’s far too early to celebrate the Shumlin administration’s belated firing of CGI, the contractor responsible for flubbing Vermont’s dysfunctional health care exchange. That’s because CGI’s designated successor, hired under yet another no-bid contract, is a company whose dubious origins raise even greater concerns.” But, Miller “said Brock’s assertion is simply wrong.”



**More Commentary.** In the [Rutland \(VT\) Herald](#)   (8/10), Patti Koline, a Republican House member from Dorset, and Heidi E. Scheuermann, a Republican House member from Stowe, wrote that “since its debut in 2013, Vermont’s health insurance exchange, Vermont Health Connect, has been a management disaster,” and “Vermonters are frustrated and angry.” They argue that “as legislators, we’ve spent a great deal of time assisting Vermonters with their difficulties in the exchange, and we can tell you with absolute certainty that it is getting worse, not better. We need to put Vermonters first and get health care reform right.”

The [Bennington \(VT\) Banner](#)   (8/11) also weighs in on the website.

## Nevada Exchange’s Switch To Federal Enrollment Discussed.

The [Las Vegas Review-Journal](#)   (8/11) reports that Nevada’s exchange plans to drop its Health Link website software in the fall and use the Federal Healthcare.gov enrollment system, which means that Nevada’s 38,000 enrollees will have to redo their applications. The piece notes that while insurers and consumers are worried about re-enrollment, the shift to the Federal website will offer a more efficient process for plan-shopping, as well as end billing and payment issues.



**Las Vegas Family Finally Covered.** In continuing coverage, the [Las Vegas Review-Journal](#)   (8/11) reports that the Las Vegas family that faced medical bills of more than \$1 million is finally covered after Nevada Health Link and Anthem Blue Cross worked out the errors.

The [AP](#)   (8/10) reports that “an insurance executive notified him Saturday that all of the family’s claims are being expedited and will be paid this week, he said, adding quick resolution of the problems stemmed from media coverage of the case.”

## Uninsured



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### Indiana’s Uninsured Rate Remains At Pre-ACA Level Of 15%.



[Gannett News Service](#)   (8/9, Groppe) cites the Gallup-Healthways Well-Being Index in reporting that the percentage of Indiana adults without health insurance remained around 15% since significant parts of the ACA were implemented this year. The story notes, however, that “unlike Indiana,” states that expanded Medicaid and had an active role in running their own insurance exchanges to help residents buy coverage on the private market saw “significant drops in their uninsured rates.” Besides having a higher uninsured rate than neighbors Kentucky, Ohio, Illinois, and Michigan, Indiana’s is now also above the US average of about 13%, the lowest rate Gallup has measured since it started tracking the figure six years ago, Gannett reports. It cites Gallup as saying in conjunction with its latest

data: “While a majority of Americans continue to disapprove of the Affordable Care Act, the uninsured rate is declining, as the law intended.”

## **State Senator: “Uncompensated Care” Down by 30% In Medicaid Expansion States.**

The [Richmond \(VA\) Times-Dispatch](#)   (8/10) reports that Virginia state Senator George Barker (D), is advocating for Medicaid expansion in Virginia by noting “uncompensated care has ‘gone down by 30 percent just in the first few months’ of Medicaid expansion in the states that adopted it.” Despite being in legislative recess, Virginia is currently in the throes of debate about whether or not to accept Federal Medicaid dollars.



## **Cancer Patients Without Insurance At Higher Risk Of Poor Medical Outcomes.**

[HealthDay](#)   (8/8) reported that a study published online in the Journal of Clinical Oncology “finds that cancer patients who don’t have insurance – or who get it through the federal health insurance program for the poor (Medicaid) – are at much higher risk of poor medical outcomes than other people.” According to researchers, these patients are “more likely to have advanced cancer when they’re diagnosed, less likely to be treated with surgery or radiation and more likely to die of their disease.”

## **Growing Your Business**

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### **Supporters, Critics Split On Whether CMMI Could Finance The “Next Big Idea.”**

The [Washington Post](#)   (8/11, Hancock) reports that while the ACA’s “best-known programs — online insurance and expanded Medicaid for the poor — affect a relatively small portion of Americans,” the law also created the Center for Medicare and Medicaid Innovation which, is “supposed to fix health care for everybody else.” The center is “to launch experiments in every state, changing the way doctors and hospitals are paid, building networks between caregivers and training them to intervene before chronic illness worsens.” The Post examines projects undertaken by CMMI grant awardees and notes that supporters “compare it to a venture-capital fund that can finance the next big idea.” Skeptics, however “wonder if it’s up to the task.” A spokesman for Sen. Orrin Hatch said, “While I certainly appreciate innovation in the delivery of health care, the CMMI is just another big government bureaucracy created by Obamacare that costs billions and duplicates other efforts.”



## **Also in the News**

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### **ACA Attack Ads Detail “Awful Experiences” For Customers.**

Contributor Steve Benen of [MSNBC](#)   (8/8) considers Affordable Care Act ads that detailed the “awful experiences” of customers. The anti-ACA ads were part of an effort to “discourage consumers from getting health insurance.” Benen claims that “the strategy failed quite spectacularly” after most were “discredited.” However, he laments how “the tactic lingers.”

### **Short-Term Policies For Consumers Who Missed Open Enrollment Explained.**

[Kaiser Health News](#)   (8/8) reported that “consumers who missed open enrollment on the state health insurance marketplaces this spring or who are waiting for employer coverage” can buy short-term policies, which “last from 30 days up to a year” and “can help bridge the gap and offer some protection from unexpected medical expenses.” The piece notes that “these plans provide far from comprehensive coverage, and buyers need to understand their limitations.”

## **Friday's Lead Stories**

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- [CNBC: HHS Stays Silent On ACA Data, States More Transparent.](#)
- [CMS Announces Delay To Open Payments System Launch.](#)

- [HHS Agency Substantiates Watchdog Claim Of Rampant “Upcoding” in Medicare Advantage.](#)
- [Arkansas Uses Food Stamp Data To Target Medicaid Enrollment Outreach.](#)

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