



Customized Briefing for Kimberly Barry-Curley

September 2, 2014



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## Leading the News

### Study: 22% Of Big Companies Will Only Offer High-Deductible Plans Next Year.

On the front of its Business Day section, the [New York Times](#)   (9/2, B1, Bernard, Subscription Publication) reports that “next year, even more corporate workers are likely to be offered high-deductible plans...and at a rising share of large companies, it will be the only option remaining.” According to the Times, in 2015, “nearly a third of large employers will offer only high-deductible plans — up from 22 percent in 2014 and 10 percent in 2010, according to a study by the National Business Group on Health.” The Times adds that “high-deductible plans are often used with health savings accounts.”

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## Legislation and Policy





## Some Receiving ACA Subsidies May Face Increased Tax Bill.

[Kaiser Health News](#)   (8/29, Appleby) reported in continuing coverage on the potential tax burden faced by some recipients of health insurance subsidies under the Affordable Care Act. Individuals receiving subsidies whose actual income ends up being more than originally estimated could end up having to pay for the difference. As recently clarified by the Treasury Department, “an enrollee who gets an advance tax credit, but is later found ineligible to have received it, would have to pay those amounts back, generally through a tax refund reduction.”



## Out-Of-Network Emergency Care Can Be Expensive Despite ACA.

[Kaiser Health News](#)   (8/29, Andrews) reported that patients sometimes end up paying excessive costs for receiving care at emergency departments that are not in their insurance networks, despite protections contained in the Affordable Care Act. Kaiser summarized Angela Gardner, former president of the American College of Emergency Physicians: “Although the law protects patients from higher out-of-network cost sharing in the emergency room, if they’re admitted to the hospital, patients may owe out-of-network rates for the hospital stay.”



## Media Outlets Predict Impacts Of ACA.



[Fox News](#)   (8/29, Angle) considered the question: “Will ObamaCare mean the end of employer-provided insurance?” Citing the opinion of Obama Administration adviser Zeke Emanuel and other sources, the article considered the possibility that between 80 and 90 percent of employer-provided health insurance may vanish over the next decade. According to Fox News, “Analysts predict this historic change because the penalty for not offering insurance – \$2,000 per worker – is much less than the cost of providing it.” Considering a much shorter time frame, [Forbes](#)   (9/1) contributor Bruce Japsen offered his opinion of how employers and private insurance plans are likely to change their plans during this year’s open enrollment period. In Japsen’s opinion, the five biggest changes will be plans that charge an extra fee per each child in a family, narrow networks, Consumer Directed Health Plans, private exchanges, and more cost sharing for specialty pharmacy products.

## New York Residents Receiving Premium Update Notices.



The [Potsdam \(NY\) North Country Now](#)   (8/31) reported “people who enrolled in health insurance plans through the New York State of Health Marketplace are receiving letters from their insurance companies, notifying them of a proposed rate change beginning in 2015.” Some health insurance premiums proposed rate changes as high as 21 percent.

## California Ballot Measure Enjoys Popular Support, Well-Funded Opposition.



[Modern Healthcare](#)   (8/29, Demko, Subscription Publication) reported on the fight over California’s Proposition 45, which would give the state the power to reject health insurance premium increases. Despite having 69% support among the general public, the measure is strongly opposed by a number of industry insiders, including “the California Medical Association, the California Hospital Association, the California Chamber of Commerce and the state’s health plans.” Opponents have a substantially larger war chest than supporters, casting the result of the vote into doubt.

An editorial in the [San Jose \(CA\) Mercury News](#)   (8/29) called for the passage of Proposition 45. The paper likened it to Proposition 103, which voters approved in 1987, allowing greater regulation of automotive insurance. Because of Prop 103, “California’s drivers have enjoyed some of the lowest auto insurance rates in the nation.”



## Washington State Approves Lower Rate Increase Than Insurers Requested.



The [Seattle Post-Intelligencer](#)   (8/29, Robison) “Boomer Consumer” blog reported that Washington state’s insurance commissioner approved an average rate increase in its exchange of 1.9%, substantially lower than the 8.6% increase requested by health insurance companies. Washington Healthplanfinder will have 10 participating insurers during the upcoming open enrollment period.

## Five States May Follow Pennsylvania’s Move To Expand Medicaid.



Noting Thursday’s announcement that Pennsylvania will expand Medicaid, the [Washington Post](#)   (8/30, Millman) “Wonkblog” notes that “there are still 23 states that haven’t expanded public health insurance to all of their low-income residents.” The article notes that “there are other states, though, that appear to be on the cusp of following in Pennsylvania’s footsteps,” including Indiana, Tennessee, Virginia, Utah, and Wyoming.





## Passage Of Healthy PA Met With Some Skepticism.

The [AP](#)   (8/29, Levy) reported that following the approval of the Healthy PA plan, the administration of Pennsylvania Governor Tom Corbett (R) is “now tasked with setting up a system” to get the newly qualified low-income Pennsylvanians “federally funded health insurance through a private insurer.” The structure of Healthy PA “give[s] the coverage more characteristics of private insurance,” which advocates for low-income beneficiaries lament “ensures bureaucratic red-tape for people who must switch” from traditional Medicaid to the “new, private Medicaid system.”



Beyond administrative issues, [Modern Healthcare](#)   (8/30, Subscription Publication) reported on concerns held by advocates for the poor about the “concessions made by CMS” in order to get “another Republican-led state to expand the program.” One concern is that “the CMS expressed some willingness to allow the state to impose limits on benefits at a later date,” including possibly “limit[ing] the number of times a beneficiary could go to a doctor, be hospitalized or receive certain tests.”



Also reporting on the story are the [Hazelton \(PA\) Standard Speaker](#)   (8/30, Buffer) and [WESA-FM](#)   Pittsburgh (9/2).



**Federal Government So Far Unwilling To Compromise On Medicaid Work Requirement.** [Vox](#)   (8/29, Kliff) reported that the announcement about the deal struck between the Federal government and Pennsylvania for the Healthy PA plan sans the work requirement Pennsylvania Governor Tom Corbett (R) pushed for revealed that the Obama administration “will bend medicaid to entice republicans, but not break it.” Vox wrote that this should be viewed as a “playbook” for other GOP state considering alternative expansion schemes.

**Experts Say Medicaid Expansion Not Enough to Help Corbett’s Reelection Bid.** The [Pittsburgh Tribune-Review](#)   (8/30, Bumstead) reported that experts say Pennsylvania Governor Tom Corbett’s (R) victory is “not an issue that resonates deeply enough with voters to turn around a race led by Democrat Tom Wolf.” Bev Cigler, a professor at Penn State, said “I don’t think any one issue will help him...He’s down a couple of dozen points. It’s going to be a long, long haul.” The [Pittsburgh Post-Gazette](#)   (8/30, O’Toole) also reported on the political ramifications of Healthy PA.



**Commentary Considers Healthy PA.** The [Pittsburgh Post-Gazette](#)   (9/1) editorial board gave a mixed response to Pennsylvania Governor Tom Corbett’s (R) recent compromise on Medicaid Expansion. While calling it “good news for 600,000 uninsured Pennsylvanians,” the Post-Gazette says excitement over greater access to health insurance “is tempered by how long it took for the relief to come and questions about how the changes will affect existing Medicaid clients.”

The [Carlisle \(PA\) Sentinel](#)   (8/29) editorialized that despite any debate about the “political give and take” of Healthy PA, the fact that the plan “expands federal Medicaid funding for nearly 300,000 Pennsylvanians” is “a good thing.” The paper also applauds the dismissal of the “onerous proposals in the state’s original Medicaid expansion plan,” and most notably the work requirement.



The [Lehigh Valley \(PA\) Express Times](#)   (8/31) editorialized that it’s “hard” to view Healthy PA as “a win-win situation when so many poor, mostly working people were needlessly shut out of health care coverage” this past year. The paper writes that expanding Medicaid in Pennsylvania is just granting low-income beneficiaries access to the care they should have been able to receive from the Federal government all along.



The [Harrisburg \(PA\) Patriot-News](#)   (8/31) editorialized that Healthy PA “adds another layer of complexity to an already complicated and bureaucratic system for providing health care to those in need.” The paper called Governor Corbett’s “push to charge premiums for the new coverage” one of the more “troubling” terms of his plan that “could be a harsh experience for people who are already struggling to get by.”

## GOP-Led States Moving Toward Medicaid Expansion.

The [Washington Examiner](#)   (9/1, Green) reported that although “the Republican fight against Medicaid expansion is far from over,” today there are “fewer opponents than there used to be.” The piece notes that recent progress in developing state-level Medicaid expansion is indicative that “Red states are gradually accepting Obamacare, and no states are reversing their decisions.”

## Massachusetts Gubernatorial Candidate Pushes Single Payer System.

The [Boston Globe](#)   (8/29, Scharfenberg) reported that Democratic gubernatorial candidate in Massachusetts Donald Berwick’s most “sweeping proposal” among his “ambitious” campaign promises is to move Massachusetts “to a single-payer or ‘Medicare for all’ health care system.” Berwick asserts that “replacing a welter of insurance companies with a single public payer” would work to “simplify a complex system” and “save hundreds of millions of dollars in administrative costs that could be redirected to other needs: job creation, education, and infrastructure.”



**Massachusetts And Feds Engaged In “Secret Talks” About Health Waiver.** The [Lowell \(MA\) Sun](#)   (8/29, Widmer) reported on the “secret talks” occurring between Massachusetts Governor Deval Patrick (D) and the Federal government. The subject of the talks centers around a “federal waiver critical to the efforts in Massachusetts to pursue universal health care coverage, rein in cost

increases, and deploy payment delivery reform.” Although nothing has been confirmed, the paper reported that “people familiar with the underlying issues believe points of conflict” could possibly be “funding levels for so-called safety net hospitals in Massachusetts, cost sharing for problems that have arisen during the rollout” of the ACA, as well as “the length of the new waiver.”



## Public Health and Private Healthcare Systems

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### **Audit Finds Problems With Illinois Children’s Insurance Eligibility Determination Process.**

The [Springfield \(IL\) State Journal-Register](#)   (9/1, Finke) reported that a state audit found problems with eligibility determinations for Illinois’ children’s health insurance program. According to the Journal-Register, “Among other things, the audit determined that state agencies did not conduct annual reviews of some recipients to determine if they are still eligible for benefits, even though they are supposed to undergo annual reviews.”



### **ACA Contains Religious Exemption To Individual Mandate.**

The [Washington Post](#)   (8/29, Paquette) reported on healthcare sharing ministries, which enable committed adherents to religious groups to be exempted from the Affordable Care Act’s individual mandate that requires the vast majority of Americans to carry health insurance. The Post profiled a Christian member of one such organization, noting “Samaritan Ministries, a health-care sharing group, will charge its national network to cover the family’s medical bills, but only if they agree to forsake binge-drinking, extramarital sex, illegal drugs and tobacco.” By restricting coverage of certain categories of behavior, healthcare sharing organizations are able to keep their costs lower than comparable health insurance providers and, proponents boast, do not require members to pay to subsidize the costs of “sinful behavior.”



### **Blue Cross Blue Shield of Massachusetts Spending Increase Helps Drive Statewide Rise.**

The [Boston Globe](#)   (9/1, McCluskey) reported that spending at Blue Cross Blue Shield of Massachusetts increased at a rate higher than inflation last year, which the Globe characterized as evidence that “the state’s efforts to control rising costs met mixed success.” The finding was contained in a report conducted by the Center for Health Information and Analysis, which noted 1.4% regional inflation, a 2.3% health spending increase, and between 3.65% and 4% increases at Blue Shield.



### **Study: More Insurers On Exchanges Results In Lower Premiums.**

The [New York Times](#)   (9/2, Frakt, Subscription Publication) reports in its “Upshot” blog on efforts to get health insurance companies to compete with each other in order to reduce costs. According to a study by professors from Northwestern University and MIT, greater insurer competition on exchanges leads to lower premiums for consumers. According to the study, “had all insurers in each state’s 2011 individual market participated in that state’s exchange in 2014, premiums would have been 11 percent lower, saving \$1.7 billion in federal premium subsidies.”



### **North Carolina Sees Continuing Need For Affordable Dental Care.**

The [Charlotte \(NC\) Observer](#)   (9/1, Helms) reported on demand for free dental clinics in North Carolina, casting the success of such programs as a sign of “the state’s failure to develop a network of affordable dental care.” Largely because of Medicaid expansion in 26 states and Washington DC, three “million children and nearly 18 million adults are expected to get dental benefits through the Affordable Care Act.” North Carolina does not participate in Medicaid expansion. Nationwide, there has been little effort to expand dental coverage to the whole country in the way that the ACA sought to increase health insurance.



### **Connecticut Exchange Partnering With NBC To Spread Message.**


The [New Britain \(CT\) Herald](#)   (9/1) reported that Connecticut’s health insurance exchange, Access Health CT, is working with NBC to improve consumer knowledge about health insurance. The partnership is resulting in a series of “Connecticut Spotlight” videos that the exchange’s Chief Marketing Officer said “are designed to help answer some of those frequently asked questions, and help increase awareness about health care coverage across Connecticut.”

### **Minnesota Exchange Has Large Backlog Of Life Changes.**



The [St. Paul \(MN\) Pioneer Press](#)   (9/1, Snowbeck) reported that Minnesota's health insurance exchange is having trouble keeping up with life changes being experienced by its participants. The problem is extensive: "Nearly 25,000 life event changes wait to be recorded for people in the Minnesota-Care insurance program, and nearly 3,800 changes must be processed for those with commercial coverage sold through MNsure."

## Maryland Exchange Reports Updated Enrollment Numbers.



The [Baltimore Sun](#)   (8/30, Cohn) reported that Maryland's health insurance exchange on Friday noted a decline in the number of state residents covered by private insurance but an increase in Medicaid over the past month. The exchange has 78,666 people enrolled in private coverage and 355,281 in Medicaid.

**Florida Exchange Enrollment Lower Than First Reported.** The [South Florida Business Journal](#)   (8/30, Bandell, Subscription Publication) reported that state officials have decreased the number of individuals enrolled in health insurance through the Affordable Care Act by 220,000. In May, the US Department of Health and Human Services said the state had enrolled 983,775 people during the ACA's first open enrollment period. However, insurance companies said they had only 762,723 enrollees when they filed their updated insurance rates in June, a 22% decrease.



## Georgians Have Until Friday To Resolve ACA Data Discrepancies.

Regional Centers for Medicare and Medicaid Services administrator Renard Murray urged 20,900 Georgians "to provide missing information or they will lose their insurance exchange coverage Sept. 30," the [Athens \(GA\) Banner-Herald](#)   (8/30, Miller) reported. Residents have until Friday to resolve "data discrepancies," most of which "involve immigration or citizenship issues." Those impacted were sent notices earlier in August, however, "many people nationally have responded."





## Some Health Insurers Still Taking Steps To Restrict Coverage.



The [AP](#)   (8/31) reported that despite the passage and implementation of the Affordable Care Act, some health insurers are still taking steps to restrict coverage for certain groups of people. Among their strategies are offering narrow networks, requiring high co-pays for some types of prescription drugs, and waiting to enter public health insurance exchanges.

## More Physicians Leaving Private Practice.



The [Los Angeles Times](#)   (9/1, Zamosky) reported American physicians are facing increasing pressure from a variety of sources, driving more doctors to leave private practice to join larger healthcare networks. As the Times puts it, "being a doctor in private practice today is more complicated than it used to be, with growing financial pressures, more government regulation, greater oversight by insurers, rapid developments in medicine and pressure to keep up with technology." Due to the Affordable Care Act and other factors, even physicians who stay in private practice often find themselves changing their business models to stay afloat. Over the past 14 years, the proportion of medical doctors in private practice has dropped from half to one-third.

## Utah Governor To Negotiate Work Requirement In Medicaid Alternative Expansion Plan.





The [AP](#)   (8/29, Moulton, Gehrke) reported on the ongoing negotiations between Utah Governor Gary Herbert (R) and the Federal government over the state's alternative Medicaid expansion plan, or "Healthy Utah." While the two parties have reached a "conceptual agreement" regarding most aspects of the plan, Herbert's insistence on having a work requirement for beneficiaries has been a "persistent snag preventing federal health officials from agreeing." Herbert said Thursday during a monthly news conference that he's "cautiously optimistic" that "he and the Obama administration's Health and Human Services will resolve their differences over that final stumbling block" during a meeting in Washington in September. [KUTV-TV](#)   Salt Lake City (8/30) also reported on this story.

**Editorial: Utah Governor Should Abandon Work Requirement Aspect Of Health Plan.** The [Salt Lake \(UT\) Tribune](#)   (9/2) editorialized that Herbert should look to the recent experience of Pennsylvania's Medicaid expansion negotiations as a "political cover to conclude that his work requirement is indeed a deal-killer and abandon it," especially given that "he has already granted, with refreshing honesty, that the requirement is more symbolic than practical."

## Gov. Haslam's Medicaid Expansion Plan Faces Political Fire.



In his column for the [Tennessean](#)   (8/31), Scott Stroud criticized Tennessee Gov. Bill Haslam (R) for his handling of Medicaid expansion in the state. Noting that Gov. Haslam "for the second time since the Affordable Care Act went into effect ... promised a plan for Tennessee," Stroud wrote that emails from Gov. Haslam's spokesperson Dave Smith "sounded a lot like a walk-back," indicating that "this wasn't a big 'Eureka!' moment for the governor." Stroud points out that regardless of what the governor wants to do, the politics of

the situation dictate that he has to work with the Tennessee state legislature, which is notably against any and all acceptance of Federal money. Stroud wrote, “As a purely political matter, Haslam should have pushed this through when it first became available — before the botched enrollment process made health care reform a political albatross.”



Meanwhile, the [AP](#)   (8/30, Schelzig) also covered the political fire Gov. Haslam’s announcement has drawn from within his own party. In an earlier report, the [Tennessean](#)   (8/30, Rau) too noted that the Tennessee state legislature is “divided” over Haslam’s push toward Medicaid expansion.

The [Tennessean](#)   (9/2) also ran [several stories](#)   (9/2) regarding the TennCare class-action suit.

## Mississippi Creates Program To Fight Coverage Gap.

The [Mississippi Business Journal](#)   (8/29, Carter) reported that Mississippi Insurance Commissioner Mike Chaney has implemented a state specific Small Business Health Options Program, or “SHOP” called “One, Mississippi” designed to “provide businesses coverage at prices below what they would find elsewhere.” Chaney believes One, Mississippi could “help more than 100,000 of Mississippi’s working poor who make too much money to be Medicaid eligible but not enough to qualify for subsidies through the state’s federally operated individual health care insurance exchange.”





## Lawyers Provides Advice On How To Challenge Termination Notice From Health Insurer.





In a nearly 1,500-word piece for [Dermatology World](#)   (9/1) Rob Portman, who serves as General Counsel for the AAD and AADA, writes that as part of cost-cutting efforts, some health insurers have terminated many dermatologists “from one or more of the health insurer’s products.” Portman, a healthcare attorney with Powers Pyles Sutter & Verville in Washington, D.C., provides advice to dermatologists on how to challenge such terminations. For instance, physicians who want to challenge the terminations in general “need to act quickly.” He writes: “Not only will this be necessary to protect the continuity of their relationships with their patients, but their participation agreements generally provide a short window for appeal.”

## Senior Market News

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### Support Increasing For End-Of-Life Planning.



On its front page, the [New York Times](#)   (8/31, A1, Belluck, Subscription Publication) reported on the controversy surrounding end-of-life care discussion, noting that some private insurers are “bypassing the political process” and reimbursing physicians who talk to their aging patients about “advance care planning.” Currently, states such as Colorado and Oregon “began covering the sessions for Medicaid patients.” The American Medical Association recently requested that Medicare cover “end-of-life discussions,” which may be approved “next year.” Although the Centers for Medicare and Medicaid Services “would not discuss whether it will agree to cover end-of-life discussions,” the agency “often adopts AMA recommendations.” A final decision by CMS “is expected this fall.” The [Daily Caller](#)   (8/31, Greer) also reported on the story, basing its coverage on the New York Times’ piece.

**American Medical Association Calls For End Of Life Care Billing Code.** [Modern Healthcare](#)   (8/31, Subscription Publication) reported on a piece run by the [New York Times](#)   in which the American Medical Association called for a new billing code for “physicians who provide counseling for patients who want to write end-of-life directives.” Dr. Barbara Levy, chairwoman of the AMA committee that recommends reimbursement codes, told the Times “We think it’s really important to incentivize this kind of care,” because “The idea is to make sure patients and their families understand the consequences, the pros and cons and options so they can make the best decision for them.”

## Uninsured

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### ACA Advocates To Place Priority On Enrolling Hispanics.

The [Washington Times](#)   (9/2, Howell) reports while a great deal of the Affordable Care Act’s success or failure “hinges on Hispanics, who account for about a quarter of the uninsured who are eligible for coverage” under the law, Hispanic enrollment “fell short of goals during the first round of enrollment.” With that in mind, the Times reports that advocates are expected to place a priority on the Latino and Hispanic population during the next round of enrollment.

## Also in the News

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### Cost Of Cover Oregon Fixes Reaches \$600,000.

The [AP](#)   (9/2) reports that efforts to fix the problems that have plagued Cover Oregon since its launch have cost more than \$600,000. The work by turnaround expert Clyde Hamstreet has a contractual maximum price of \$750,000. The AP notes, "Hamstreet was hired after the state agency launched a website that couldn't come close to fulfilling the promise of seamless online sign-ups for health insurance."

## Friday's Lead Stories

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- [Pennsylvania Governor Agrees To Medicaid Expansion Plan.](#)
- [IRS Releases ACA Employer Mandate Guidance.](#)
- [New Exchange Options Coming For Small Businesses.](#)
- [Nevada Hospitals Complain Of Lowered Reimbursements Following Prisoners' Transfer To Medicaid.](#)
- [About 51% Of Formerly Uninsured Now Have Coverage In Illinois.](#)
- [Article Profiles HealthCare.gov Contractors.](#)

### Editor's Note

In Friday's briefing, the summary under the headline "About 51% of Formerly Uninsured Now Have Coverage in Illinois." should have read, "The paper noted that, "Illinois expanded its eligibility in July 2013 and subsequently enrolled 405,000 people statewide in Medicaid." We regret the error.

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