

Hamilton Headlines

APRIL 6, 2015



Aetna To Lower Costs For Most HIV Drugs After Complaint

(Bloomberg) -- Aetna Inc. has agreed to reduce out-of-pocket payments for most HIV and AIDS medicines after pressure from an advocacy group, revising coverage that had some patients paying \$1,000 a month for the drugs.

Before the change, Aetna put almost all HIV drugs in its highest category of cost sharing, asking patients to pay as much as half the expense of high-priced medicines, according to the AIDS Institute. The health insurer will move the drugs into a category that will charge patients \$5 to \$100 after deductibles are met, the nonprofit institute said March 26. Cynthia Michener, an Aetna spokeswoman, confirmed the change.

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Final Rule to

Policy Shift By Nation's Largest Insurer Could Leave Some With Unexpected Bills

Some St. Louis area residents face the prospect of getting stuck with hefty medical bills because of a recent change by the nation's largest health insurer.

Minnetonka, Minn.-based UnitedHealthcare, which covers approximately one-fourth of Missourians, has changed the way it handles something known as "balance billing" - the difference between the provider's charge and the amount allowed by the insurer.

The insurer's move this year, designed to force down costs, means the insurer won't pay the bills of some emergency room physicians and other specialists even though they work for hospitals in the UnitedHealthcare network.

That could leave a customer with health insurance coverage stuck with thousands of dollars in unexpected expenses.

"This is an issue that has been cropping up around the country," said Cheryl Fish-Parcham of Families USA, an advocacy group. "We are very concerned about it."

A Post-Dispatch analysis of UnitedHealthcare's network and data provided by insurance brokers show that about one-fifth of area hospitals in the carrier's network had out-of-network emergency room doctors as of last month.

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Obamacare, Private

Revise The Definition Of "Spouse" Under The FMLA

The Family and Medical Leave Act (FMLA) entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons. The FMLA also includes certain military family leave provisions.

The Department of Labor issued a Final Rule on February 25, 2015 revising the regulatory definition of spouse under the Family and Medical Leave Act of 1993 (FMLA). The FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons.

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Did You Know?

1**To avoid extra payments you must notify your Marketplace Plan when you move. If you don't inform the marketplace to cancel your subsidized plan, a 90-day grace period will begin the first month that you don't play your premium. The period is intended to protect consumers from losing coverage immediately because of a late payment. During the first 30 days, insurers are required to continue coverage and pay claims. For the next 60 days, if consumers still haven't paid up, insurers may delay paying claims. During this period, consumers can still pay their back premiums and continue their coverage if they wish. After 90 days, the insurer can cancel coverage.

You could be on the hook for the entire premium for the first month of the 90-day period. You may be

Medicare Plans Must Keep Updated Doctor Directories in 2016

Starting next year, the federal government will require health insurers to give millions of Americans enrolled in Medicare Advantage plans or in policies sold in the federally run health exchange up-to-date details about which doctors are in their plans and taking new patients.

Medicare Advantage plans and most exchange plans restrict coverage to a network of doctors, hospitals and other health care providers that can change during the year. Networks can also vary among plans offered by the same insurer. So it's not always easy to figure out who's in and who's out, and many consumers have complained that their health coverage doesn't amount to much if they can't find doctors who accept their insurance.

Under a rule published last month by the Centers for Medicare & Medicaid Services, Medicare Advantage plans must contact doctors and other providers every three months and update their online directories in "real time." Online directories for policies sold through healthcare.gov, the health law exchange run by the federal government in 37 states, must be updated monthly, CMS announced in a separate rule.

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Depression, Related Ailments Take Their Toll On The Workplace, Study Finds

For every dollar spent on treating depression, almost five dollars is spent on the treatment and workplace costs of related medical conditions like back and chest pain, sleep disorders and migraines - placing a greater financial burden on businesses and the health care system, according to new research measuring the economic impact of depression.

"The fact that they're finding such greater costs

responsible for repaying any premium tax credit for that first month or when you file your taxes.

2**The District of Columbia's Wage Theft Prevention Amendment Act of 2014 took effect on February 26, 2015. Among other things, employers must post a summary of the law and provide pay notices to employees that contain detailed wage and other information. The Department of Employment Services has now issued the summary along with sample templates of the required notices. Employers should be sure to provide pay notices to new employees at the time of hire and to existing employees by May 27.

3**The Supreme Court ruled that private sector health care companies cannot sue to force states to raise their Medicaid reimbursement rates to keep up with rising medical costs. The justices ruled 5-4 Tuesday that the medical companies have no private right to enforce federal Medicaid funding laws against states if Congress has not created such a right.

4**Affordable Care Act was signed into law on March. 23, 2010; the first wave of insurance reform included the age 26 mandate and the ban on lifetime annual limits.

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with all these different [related conditions] underscores how the fragmented system is not helpful for our economy because people with mental illness are not getting the rounded health care they need," said Lynn Bufka, assistant executive director of practice research and policy at the American Psychological Association, who was not affiliated with the study.

Among the study's findings was that the total cost to the U.S. economy of major depressive disorder - a condition that results in having persistent depressive episodes - rose from \$173.2 billion in 2005 to \$210 billion in 2010, a 21.5 percent increase. About half of that is for direct treatment and suicide-related services, but the rest is workplace costs. The rise is partially accounted for by the increase in population, but also because depression is being diagnosed and treated more often. The incidence of major depressive disorder rose during this time period from 6.4 percent of the population to 6.8 percent.

In addition, some of this growth might have been caused by the nation's 2008 economic downturn and tight job market, factors that combined to make it harder for those suffering from depression to retain their jobs and even more difficult for those with this condition who are job seekers to find work, according to Paul Greenberg, a study author and director of health economics at the Analysis Group, a consulting firm in Boston.

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