

# Hamilton Headlines

SEPTEMBER 14, 2015



## 26% of Employers Could Face the 'Cadillac tax' on Health Insurance

The next fight over the Affordable Care Act may center on one of its most powerful provisions to contain health care costs - the "Cadillac tax" on the most generous health insurance plans.

A new analysis released this week by the Kaiser Family Foundation estimated that just over a quarter of employers that offer health plans would pay the 40 percent tax in 2018 on at least one plan if they don't make changes. The National Business Group on Health, a nonprofit association of large employers, found that half of its members reported that at least one of their health plans would trigger the tax in 2018. Both groups predicted that the proportion of employers affected would go up significantly over time.

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## States Looking

## CMS Awards \$67 Million in Affordable Care Act Funding to Help Consumers Sign-Up for Affordable Health Insurance Marketplace Coverage in 2016

With Marketplace Open Enrollment set to begin on November 1, 2015, the Centers for Medicare & Medicaid Services (CMS) today announced grant awards totaling \$67 million to support outreach efforts designed to connect people with local help as they seek to understand the coverage options and financial assistance available at HealthCare.gov. Awarded to 100 organizations located in 34 states that operate Federally Facilitated Marketplaces, State Partnership Marketplaces, and supported State-Based Marketplaces, the three year-long Marketplace Navigator grants will fuel efforts to help consumers enroll in a health plan that fits their budget and best meets their family's needs.

"There are a lot of choices when it comes to signing up for health insurance and we want to help make sure consumers feel confident that they've picked the right plan," said Kevin Counihan, CEO of the Health Insurance Marketplaces. "In person assistance from Navigators and assisters has proven to be an incredibly important avenue for consumers to get the right coverage. I'm pleased that Navigators and assisters will be available in even more geographic areas this year."

Navigators and assisters are trained specialists who provide consumers in their communities with in-person help, answering their questions

# For More Effective Ways To Encourage Vaccinations

When kids start school this fall, it's a sure bet that some won't have had their recommended vaccines because their parents have claimed exemptions from school requirements for medical, religious or philosophical reasons. Following the much publicized outbreak of measles that started in Disneyland in California in December, these exemptions have drawn increased scrutiny.

That outbreak, which eventually infected 147 people in seven states, was a wake-up call for many parents, who may not have realized how contagious or serious the disease can be, and for states as well, say public health officials.

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## 3 Ways Hypertension Affects Your Bottom Line and What To Do About It

Commentary: Hypertension, or high blood pressure, is one of the most prevalent health conditions in America today. Nearly one in three adults is diagnosed with high blood pressure, and less than half of people with the disease have it under control.<sup>[i],[ii]</sup> Although the factors that contribute to high blood pressure vary from person to person, lifestyle changes - such as reduction of sodium intake and increased physical activity - are a critical component of therapy.

about their health insurance and financial assistance options and assisting them as they complete their application. Navigators and assisters are knowledgeable about the range of health plans available on HealthCare.gov as well as other public health insurance programs offered in their state, including Medicaid and the Children's Health Insurance Program (CHIP). The navigator awards announced today will allow organizations to work with consumers for the next three years.

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## Billing Squeeze: Hospitals in Middle as Insurers and Doctors Battle Over Out-of-Network Charges

When Dr. Kelly Kyanko was giving birth to her second son a couple of years ago, there were signs her baby was facing a higher risk of complications after delivery. A pediatrician was called in, and everything turned out fine for mother and newborn baby.

But after she left the hospital, Kyanko faced a surprise \$636 bill from the pediatrician that her insurer, UnitedHealthcare, did not cover. Before her delivery, she had checked to make sure the hospital and the OB-GYN were in her plan's network. She had no way of knowing, however, that the consulting pediatrician was out-of-network.

"I was in absolutely no condition to be refusing care or making sure someone was in-network at the time," Kyanko said. "I have no idea how I would have prevented getting that balance bill."

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## DID YOU KNOW? Top Headlines of the Week

-- Transgender individuals would gain new health-care protections in rules proposed Friday by U.S. regulators. Under the rules, discrimination against

[Full article](#)

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## CMS to Extend Initiative to Improve Care for Nursing Facility Residents

The Centers for Medicare & Medicaid Services (CMS) today announced a new funding opportunity designed to enhance the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents. The funding opportunity will allow the organizations currently participating in the Initiative to apply to test whether a new payment model for nursing facilities and practitioners will further reduce avoidable hospitalizations, lower combined Medicare and Medicaid spending, and improve the quality of care received by nursing facility residents.

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transgender people would be a form of sex discrimination. That would block insurers from categorically denying coverage for treatments that help people transition to another gender, according to a fact sheet released today by the Department of Health and Human Services.

The proposal is open to public comment until Nov. 6. The rules build on a portion of the **Patient Protection and Affordable Care Act** that prohibits discrimination in health-care programs.

-- President Obama signed an executive order on Monday requiring federal contractors to provide up to seven days of paid sick leave a year.

-- A study by the Brennan Center for Justice at New York University finds that 38 states charge prisoners certain fees for medical services. The introduction of fees is an attempt to rein in the growing cost of prison health care on public coffers. A recent study by Pew Charitable Trusts estimated the annual cost of medical services in U.S. prisons to be \$7.7 billion.

-- A standard for code sets is established in the Social Security Act, the Code of Federal Regulations, and the Health Insurance Portability and Accountability Act. The International Classification of Diseases, 9th Revision (ICD-9) has been adopted as the standard code set. Effective October 1, 2015, ICD-9 is being replaced by the 10th revision, or ICD-10. All claims submitted on October 1 or after will require submission of ICD-10 diagnosis codes.

-- The rate of total knee replacements almost doubled between 2000 and 2010 for Americans over 45, according to new data from the Centers for Disease Control (CDC), while the average age of patients decreased by more than two years, to 66.2. The elective surgeries, which replace worn-out cartilage and bone with metal and plastic mechanical joints, became the most common inpatient hospital procedure for people over 45 in 2008. Almost 700,000 were performed in 2010.

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