

# HHS Office of Intergovernmental and External Affairs News Bulletin: Friday, June 27, 2014

Visit [HHS.gov/Healthcare](http://HHS.gov/Healthcare) and [CuidadodeSalud.Gov](http://CuidadodeSalud.Gov), two consumer-focused health care websites to: [find insurance options](#), [compare care quality](#), and [learn about the law](#). How is the Affordable Care Act helping you? Share your story [here](#).

## ACA News

### ➤ June 27, 2014

Health and Human Services (HHS) Secretary Sylvia Burwell announced today that about 76 million Americans in private health insurance plans are newly eligible to receive expanded coverage for one or more recommended preventive health care services, such as a mammogram or flu shot, with cost sharing, because of the Affordable Care Act. The new data were released in a report from HHS today.

Under the Affordable Care Act most health plans must cover a set of recommended preventive services like screening tests and immunizations at no out-of-pocket cost to consumers. This includes Marketplace private insurance plans. Today's data are broken down across states, age, race and ethnic group. For example, the report finds that approximately 30 million more women are now eligible to receive coverage for the recommended preventive services with no out-of-pocket costs. Altogether, a total of 48.5 million women are estimated to benefit from free preventive services. Covered preventive services for women include well-woman visits, screening for gestational diabetes, domestic violence screening and counseling, and FDA-approved prescription contraception with no cost-sharing.

Recent evidence from the IMS Institute for Healthcare Informatics (IMS) shows that an additional 24.4 million prescriptions for oral contraceptives were dispensed with no co-pays in 2013 compared to 2012, translating to an estimated \$483.3 million reduction in out-of-pocket spending by women.

Of the 76 million Americans with expanded access to free preventive services:

- **18.6 million are children** receiving expanded preventive services coverage for immunization vaccines for children from birth to age 18; vision screening; hearing screening for newborns; behavioral assessments; obesity screening; and height, weight, and body mass index measurements.
- **29.7 million are women** receiving expanded preventive services coverage for cervical cancer screening, mammograms for women over 40, recommended immunizations, healthy diet counseling for women at higher risk for chronic disease and obesity screening and counseling; cholesterol and blood pressure screening; screening for HIV; depression screening; and tobacco-use screening; well-woman visits, screening for gestational diabetes, domestic violence screening and counseling, and FDA-approved contraception with no cost sharing.
- **28.1 million are men** receiving expanded preventive services coverage for recommended immunizations such as flu shots, colorectal cancer screening for adults over 50, healthy diet counseling for those at higher risk for chronic disease, obesity screening and counseling, cholesterol and blood pressure screening, screening for HIV, depression screening, and tobacco-use screening.

You can read the report [here](#).

The press release is live [here](#)

### ➤ June 26, 2014

The Centers for Medicare & Medicaid Services (CMS) has announced the availability of funding, totaling \$60 million, to support Navigators in Federally-facilitated and State Partnership Marketplaces in 2014-2015. The funding opportunity announcement is open to eligible individuals, as well as

private and public entities, Indian tribes, tribal organizations, and urban Indian organizations applying to serve as Navigators in states with a Federally-facilitated or State Partnership Marketplace. It is open to new and returning Navigator applicants.

**LETTER OF INTENT IS REQUIRED TO BE SUBMITTED BY: JUNE 30, 2014**  
**NAVIGATOR APPLICATION CLOSES: July 10, 2014 by 1:00 p.m. Eastern Daylight Time**

You can access the [funding opportunity announcement and FAQs](#) or [here](#) or you can visit <http://www.grants.gov> and search for CFDA # **93.332**.

**Navigator FOA Pre-application conference call:**

**FINAL call:** Tuesday, July 1, 2014 from 1:30-3:00 p.m. Eastern Daylight Time

Audience URL: <https://goto.webcasts.com/starthere.jsp?ei=1036406>

Title: Navigator Funding Opportunity Announcement Pre-Application Webinar 7-1-14

➤ **June 26, 2014**

The U.S. Department of Health and Human Services (HHS) announced its plans to help give existing Marketplace consumers a simple way to remain in the same plan next year unless they want to shop for another plan and choose to make changes.

In today's health insurance market, the vast majority of consumers are generally auto-enrolled in their plan year after year. For example, about 88 percent of employees receiving coverage through the Federal Employee Health Benefits Program don't choose to change plans and are instead auto-enrolled in their current plan with updated premiums and benefits. These guidelines aim to bring the Marketplace in line with this practice in the existing insurance market.

As with existing open enrollment periods for employer-based coverage, consumers are strongly encouraged to use the open enrollment period as an opportunity to update their information and reevaluate their health coverage needs for the coming year.

Consumers always have the ability to return to the system for shopping, changing plans, or reporting life changes or a change to their annual income to ensure they are getting the lowest cost possible on their monthly premium. And, to help ensure the program integrity of how taxpayer dollars are spent, while also protecting consumers from having to pay back tax credits they are no longer eligible for, under the approach that the Federally-facilitated Marketplace would use in 2015, the small number of consumers whose updated income information suggests they no longer qualify for a tax credit next year, will still be auto-enrolled in their current plan, but without a tax credit. State-based Marketplaces may take this approach as well, or propose an alternative.

You can read the press release [here](#)

The proposed rule is available [here](#)

Guidance on Annual Redeterminations for 2015 is available [here](#)

The draft issuer renewal and discontinuance notices are open to public comment and may be viewed [here](#)

➤ **June 25, 2014**

In its second year of operations, CMS' state-of-the-art Fraud Prevention System, that employs advanced predictive analytics, identified or prevented more than \$210 million in improper Medicare fee-for-service payments, double the previous year. It also resulted in CMS taking action against 938 providers and suppliers, according to a report sent to Congress.

The Fraud Prevention System is a key element of the anti-fraud strategy that has led to a record \$19.2 billion in fraud recoveries over the previous five years. The Fraud Prevention System uses predictive algorithms and other sophisticated analytics to analyze billing patterns against every Medicare fee-for-service claim. Building on its expert knowledge for investigators and analysts, CMS is leading the government and healthcare industry in systematically applying advanced analytics on a nationwide scale. The system also uses other data sources including compromised Medicare identification numbers and complaints made through 1-800-MEDICARE.

You can read the report [here](#) and the press release [here](#)

➤ **June 23, 2014**

Parkview Health System, Inc. has agreed to settle potential violations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule with the U.S. Department of Health and Human Services Office for Civil Rights (OCR). Parkview will pay \$800,000 and adopt a corrective action plan to address deficiencies in its HIPAA compliance program. Parkview is a nonprofit health care system that provides community-based health care services to individuals in northeast Indiana and northwest Ohio.

OCR opened an investigation after receiving a complaint from a retiring physician alleging that Parkview had violated the HIPAA Privacy Rule. In September 2008, Parkview took custody of medical records pertaining to approximately 5,000 to 8,000 patients while assisting the retiring physician to transition her patients to new providers, and while considering the possibility of purchasing some of the physician's practice. On June 4, 2009, Parkview employees, with notice that the physician was not at home, left 71 cardboard boxes of these medical records unattended and accessible to unauthorized persons on the driveway of the physician's home, within 20 feet of the public road and a short distance away from a heavily trafficked public shopping venue.

As a covered entity under the HIPAA Privacy Rule, Parkview must appropriately and reasonably safeguard all protected health information in its possession, from the time it is acquired through its disposition.

OCR offers helpful FAQs concerning HIPAA and the disposal of protected health information. You can access the FAQs [here](#).

You can learn more about non-discrimination and health information privacy laws, your civil rights, and privacy rights in health care and human service settings, and to find information on filing a complaint [here](#)

The Resolution Agreement can be found on the OCR website [here](#)

## **Health Care Blog Posts**

➤ **June 26, 2014**

The Affordable Care Act provides affordable coverage options in the Health Insurance Marketplace for immigrant families. For those families or individuals that have recently had a change in their immigration status, this blog, entitled, ***10 Things Immigrant Families Need to Know About the Marketplace***, will provide them information they need to enroll into a health care plan in the health insurance marketplace. You can read the blog [here](#).

➤ **June 23, 2014**

In her blog, [\*\*\*I'm Covered Stories: A Healthy Respect for a 'Complicated' Family\*\*\*](#), Daryn DeZengotita, a self-employed social media strategist, discusses her struggle with obtaining health coverage for both herself and her partner, Celia, before the Affordable Care Act. Now, thanks to the ACA, Daryn and Celia were able to enroll into a marketplace plan that was high quality and affordable. Read Daryn's blog to get a sense for how the ACA has made it easier for American, including LGBT individuals, to access health coverage through the marketplace and Medicaid.

## **White House Health Care Blog Posts**

➤ **June 24, 2014**

Sylvia Mathews Burwell was sworn in as the new Secretary of the Department of Health and Human Services. You will be able to get additional details about Secretary's Burwell's swearing in ceremony through this [blog](#).

## **Educational Materials**

*Below you'll find materials related to the implementation of the Affordable Care Act.*

## **Info-Graphahics**

View all our *Flickr Info-Graphs* page [here](#).

## **Public Service Announcement/Address**

### **Twitter/Facebook**

➤ **Men's Health Week:**

Please remember to use the hashtag [#ShowUsYourBlue](#) and [#MHW14](#) to raise awareness for men's health week & remind men of the importance of staying healthy.

### **Marketplace Updates**

*For information on how to sign up for coverage through the Health Insurance Marketplace, including text message and email updates visit <http://www.healthcare.gov/marketplace/index.html>*

### **State by State Fact Sheets**

*Choose your state to learn more about the immediate benefits of the Affordable Care Act,*

The ACA state by state fact sheets have been updated with the most current stats available. They can be found here: <http://www.hhs.gov/healthcare/facts/bystate/statebystate.html>