NABIP-SOTX

NEWS

National Association of Business and Insurance Professional - South Texas



HAPPY NEW YEAR

Walgreens To Pay \$360 Million To Humana In Drug Pricing Settlement

Walgreens (WBA.O) has agreed to pay \$360 million to healthcare insurer Humana to settle a lawsuit claiming that the retail pharmacy giant for years overcharged for prescription drug reimbursements.

U.S. District Judge Ana Reyes on Friday dismissed the Washington, D.C., federal court lawsuit after Walgreens disclosed the settlement in a court filing. The amount was shown in a filing with the U.S. Securities and Exchange Commission. Read More Here...

Claim Denied? Health Insurers Must Promptly Hand Over Records, But Most Don't

Federal regulations require health insurers to promptly hand over records to patients facing claim denials within 30 days, however, Anthem, Aetna and UnitedHealth blew past the 30-day deadline in a recent ProPublica investigation

Just outside public view, the American health insurance industry's algorithms, employees and executives process tens of millions of claims for people seeking medical care.

Sometimes, ProPublica as has reported, insurers base decisions on what's good for the company's bottom line rather than what's good for the patient's health. Sometimes. insurers make mistakes. In one case we learned about, a company denied a child's treatment because it based its judgment on adult guidelines instead of pediatric ones. In another, an internal reviewer misread what type of surgery the patient sought and denied coverage based on that error. Read More Here...



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Day of Education 5-Hours CE Credit

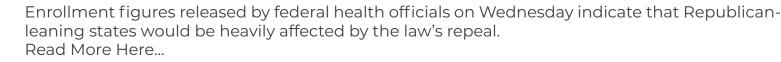
May 2, 2024 - McAllen

ACA Enrollment Surged In Red States This Year

A record 21.3 million people signed up for health insurance on the Affordable Care Act marketplaces this year, with the largest enrollment increases tallied in red states.

Why it matters: The 30.7% annual increase in ACA sign-ups comes as





Humana Sent Protected Health Information To The Wrong Address, Texas Included

Humana documents containing protected health information meant for providers were sent to the incorrect address, affecting enrollees in eight states.

According to a statement shared with Becker's Jan. 23, on Dec. 8, Humana became aware that explanation of payment documents containing enrollees' names, Humana ID numbers, claim payment information and other information were sent to the wrong address. There is no indication the information was misused as a result of the error, the company said in its statement.

"Humana immediately identified the cause of the error and corrected it. Through testing we confirmed the system is now operating correctly," the company said. Red More Here....

NABIP-SOTX SPANISH CE CLASS -ETHICS

MARCH 6, 2024 BROWNSVILLE, TX

LOCATION: TBA

MEMBERSHIP MIXER MARCH 21, 2024



DAY OF EDUCATION 5HR CE MAY 2, 2024 - MCALLEN TX





Health Cost And Affordability Policy Issues And Trends To Watch In 2024

While issues of health care costs and affordability may not be at the forefront of this year's election, they remain a major concern among the public. Health spending in the United States is projected to grow by 5% between 2023 and 2024, to a total of \$4.9 billion. Here are key health costs and affordability policy issues and trends to watch in 2024.

Will policymakers pass site-neutral payment reforms?

Payments for outpatient services frequently vary depending on the type of setting where they're provided. For example, reimbursement rates are often higher for a given service when provided in a hospital outpatient department versus a freestanding physician office, even though in many of these circumstances care may be safe and appropriate in either setting. Policymakers and payers have expressed interest in aligning payments across care settings through "site-neutral payment reforms."

Through legislation and rulemaking, Medicare has aligned payments for office visits across freestanding physician offices and off-campus hospital outpatient departments—which often resemble physician offices—as well as for other services for relatively new off-campus facilities. The U.S. House of Representatives passed a bill in December 2023 (HR 5378) that would align Medicare payments for drugs administered in off-campus hospital outpatient departments and freestanding physician offices, which the CBO estimates would save \$3.7 billion over 10 years.

Other proposals, such as aligning payments for both on- and off-campus hospital outpatient departments with payments for ambulatory surgical centers or physician offices for certain services, could lead to much larger savings. Policymakers have also explored reforms intended to address outpatient facility fees—which are on top of professional fees for a given service and can add substantially to the total bill—charged by hospitals and other institutional providers in commercial markets.

In addition to directly lowering costs for payers and individuals, site-neutral payment reform could reduce the incentive for hospitals to buy up physician practices, a practice which has been associated with higher commercial prices.

Nonetheless, hospitals and other opponents have argued that there are differences in the patients that hospitals care for, the services they provide, and their cost structure that justify higher payment rates.

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