



Not Just A Website

As Sebelius Testifies On Capitol Hill, A Look At The ObamaCare Train Wreck Beyond The Glitches

SEBELIUS WILL TESTIFY TODAY BEFORE THE SENATE FINANCE COMMITTEE

Today, Health And Human Services Secretary Kathleen Sebelius Will Testify Today Before The Senate Finance Committee. “Kathleen Sebelius, the U.S. Health and Human Services Secretary, told a separate panel a day later that her agency is working to achieve ‘an optimally functioning’ exchange by the end of November. Sebelius is scheduled to testify again tomorrow before the Senate Finance Committee.” (Alex Wayne, “Obamacare Exchange Can Now Handle 17,000 People An Hour,” [Bloomberg](#), 11/5/13)

AMERICANS ARE FINDING THAT THE OBAMACARE TRAIN WRECK IS WORSE THAN JUST THE WEBSITE GLITCHES

President Obama: ObamaCare “Is Not Just A Website. It’s Much More.” OBAMA: “But before I do that, let me remind everybody that the Affordable Care Act is not just a website. It’s much more.” (President Barack Obama, [Remarks On The Affordable Care Act](#), Washington, D.C., 10/21/13)

Sicker, Older Americans Are Flocking To The ObamaCare Exchange, Which Could Increase Costs For Everyone

If The ObamaCare Exchange Is Unable To Draw An Influx Of Young And Healthy Adults, “An Older, More Expensive Set Of Customers Could Drive Up Prices For Everyone.” “Insurers say the early buyers of health coverage on the nation’s troubled new websites are older than expected so far, raising early concerns about the economics of the insurance marketplaces. If the trend continues, an older, more expensive set of customers could drive up prices for everyone, the insurers say, by forcing them to spread their costs around.” (Christopher Weaver and Timothy W. Martin, “Young Avoid New Health Plans,” [The Wall Street Journal](#), 11/4/13)

Insurers Are Relying On The Signups Of Young, Healthy Adults To Offset Higher The Higher Health Care Costs Accrued By Older Americans. “The law bars insurers from charging sicker customers higher rates, and limits the amount they can charge older people compared with younger ones. It offers new subsidies to help cover premiums available to many lower-income applicants. Insurers are relying on a steady stream of younger, healthier enrollees to offset medical bills of older, sicker customers.” (Christopher Weaver and Timothy W. Martin, “Young Avoid New Health Plans,” [The Wall Street Journal](#), 11/4/13)

“So Far, The Young Have Remained Elusive.” “So far, the young have remained elusive. At a health-law education event in North Carolina last week, more than 100 people, mostly in their 40s and 50s, came. ‘I actually didn’t see a single young person,’ said Liz Gallops, an insurance agent from Raleigh, N.C., who

attended.” (Christopher Weaver and Timothy W. Martin, “Young Avoid New Health Plans,” [The Wall Street Journal](#), 11/4/13)

Only 24 Percent Of Kentuckians That Have Enrolled In A Private Health Plan Are Young And Healthy. “In Kentucky, nearly 40% of 4,631 enrollees in private health plans are over age 55, while 24%, including children, fall under age 34. A much higher portion of young people signed up for Medicaid plans, which some states are expanding under the law, state data show.” (Christopher Weaver and Timothy W. Martin, “Young Avoid New Health Plans,” [The Wall Street Journal](#), 11/4/13)

- **“In Kentucky ... A Much Higher Portion Of Young People Signed Up For Medicaid Plans, Which Some States Are Expanding Under The Law, State Data Show.”** (Christopher Weaver and Timothy W. Martin, “Young Avoid New Health Plans,” [The Wall Street Journal](#), 11/4/13)

Connecticut Insurer, WellPoint Inc. “Said Most Of Its Enrollees In The State Were Between 55 And 64.” “WellPoint Inc., the largest insurer offering plans in Connecticut, said most of its enrollees in that state were between 55 and 64 in a recent call with investors. The insurer said it predicted an initial wave of enrollees might be older, but that it would increase efforts to woo younger members.” (Christopher Weaver and Timothy W. Martin, “Young Avoid New Health Plans,” [The Wall Street Journal](#), 11/4/13)

As Hundreds Of Thousands Of Americans Join Medicaid, The Lack Of Exchange Enrollees Could Drive Up Costs

More Americans Are Signing Up For Medicaid Than For Insurance On The ObamaCare Exchange. “The first month of the new health law’s rollout reveals an unexpected pattern in several states: a crush of people applying for an expansion of Medicaid and a trickle of sign-ups for private insurance.” (Sarah Kliff, “In First Month, The Vast Majority Of ObamaCare Sign-Ups Are In Medicaid,” [The Washington Post’s WonkBlog](#), 11/1/13)

“If The Trend Continues, Experts Say It Could Prove Costly For States That Will Have To Help Pay” For The New Enrollees. “But if this trend continues, experts say it could prove costly for states that will have to help pay for some of these new Medicaid enrollees. It would widen disparities between the states that opted to expand the entitlement program and those that have not.” (Sarah Kliff, “In First Month, The Vast Majority Of ObamaCare Sign-Ups Are In Medicaid,” [The Washington Post’s WonkBlog](#), 11/1/13)

- **CBS News’ Jan Crawford: “There Could Be Big Problems For The Entire System.”** CRAWFORD: “Now they expected some of these high enrollment numbers. Supporters say this shows there’s demand but industry sources say if we don’t see some real turnaround soon, there could be big problems for the entire system.” (CBS News, “[This Morning](#),” 10/25/13)

“Of The States Reporting Enrollment Data, Most Show A Much Wider Gap Between The Two Programs.” (Sarah Kliff, “In First Month, The Vast Majority Of ObamaCare Sign-Ups Are In Medicaid,” [The Washington Post’s WonkBlog](#), 11/1/13)

96 Percent Of Maryland Health Care Enrollees Are Enrolled In Medicaid. “Maryland has enrolled 82,473 people in Medicaid expansion coverage, which accounts for 96 percent of total enrollment. Maryland’s exchange, the Maryland Health Connection, has enrolled 3,186 residents.” (Sarah Kliff, “In First Month, The Vast Majority Of ObamaCare Sign-Ups Are In Medicaid,” [The Washington Post’s WonkBlog](#), 11/1/13)

Oregon Had 56,000 People Sign Up For Medicaid Without Enrolling A Single Person In The State’s ObamaCare Exchange. “During the first two weeks of October, Oregon cut its uninsured rate by 10 percent — without signing up a single person for private health insurance. Instead, a surge of 56,000 Oregonians flocked to the health law’s expansion of Medicaid.” (Sarah Kliff, “In First Month, The Vast Majority Of ObamaCare Sign-Ups Are In Medicaid,” [The Washington Post’s WonkBlog](#), 11/1/13)

Washington Has Over 36,000 More Enrollees In Medicaid Than Signed Up Through The State’s Exchange. “In Washington state, officials have reported 42,605 enrollments in the state Medicaid

program and 6,390 sign-ups for private insurance.” (Sarah Kliff, “In First Month, The Vast Majority Of ObamaCare Sign-Ups Are In Medicaid,” [The Washington Post’s WonkBlog](#), 11/1/13)

Kentucky Has “Four Times” More Enrollments In Medicaid Than In Through The State’s ObamaCare Exchange. “In Kentucky, the marketplace has received 25,654 Medicaid enrollments, about four times the 5,891 private insurance enrollments submitted.” (Sarah Kliff, “In First Month, The Vast Majority Of ObamaCare Sign-Ups Are In Medicaid,” [The Washington Post’s WonkBlog](#), 11/1/13)

- **85 Percent Of The Enrollments In Kentucky Have Been In Medicaid.** “Most enrollments in Kentucky – about 85 percent – have been in Medicaid, the government program that provides health care to the poor, which is expanding under the law.” (Abby Goodnough, “In Kentucky, A Glimpse Of Health Insurance Help,” [The New York Times’ In Practice](#), 11/5/13)

“And In Arkansas, The Medicaid Office Has Reported 70,595 Medicaid Applications.” (Sarah Kliff, “In First Month, The Vast Majority Of ObamaCare Sign-Ups Are In Medicaid,” [The Washington Post’s WonkBlog](#), 11/1/13)

AMERICANS ARE FINDING THAT THEY WILL HAVE LIMITED ACCESS TO HEALTH CARE THROUGH THE OBAMACARE EXCHANGE

Consumers In The ObamaCare Exchange “May Find Themselves Restricted To More Limited Doctor And Hospital Networks.” “Premiums and deductibles may not be the only surprises awaiting Americans shopping for health insurance on the ObamaCare exchanges. Some folks looking for coverage may find themselves restricted to more limited doctor and hospital networks than their peers outside the state-based exchanges enjoy.” (Tami Luhby, “Doctor Choice In ObamaCare? Not So Much,” [CNN Money](#), 10/14/13)

- **Under ObamaCare, “Many Insurers Are Significantly Limiting The Choices Of Doctors And Hospitals Available To Consumers.”** “Federal officials often say that health insurance will cost consumers less than expected under President Obama’s health care law. But they rarely mention one big reason: many insurers are significantly limiting the choices of doctors and hospitals available to consumers.” (Robert Pear, “Lower Health Insurance Premiums To Come At Cost Of Fewer Choices,” [The New York Times](#), 9/23/13)

Major California Insurers “Have Sharply Limited A Number Of Doctors And Hospitals Available To Patients In The State’s” ObamaCare Exchange. “The doctor can’t see you now. Consumers may hear that a lot more often after getting health insurance under President Obama’s Affordable Care Act. To hold down premiums, major insurers in California have sharply limited the number of doctors and hospitals available to patients in the state’s new health insurance market opening Oct. 1.” (Chad Terhune, “Insurers Limiting Doctors, Hospitals In Health Insurance Market,” [Los Angeles Times](#), 9/14/13)

Californians “Could See Long Wait Times ... And Loss Of A Longtime Doctor.” “These diminished medical networks are fueling growing concerns that many patients will still struggle to get care despite the nation’s biggest healthcare expansion in half a century. Consumers could see long wait times, a scarcity of specialists and loss of a longtime doctor.” (Chad Terhune, “Insurers Limiting Doctors, Hospitals In Health Insurance Market,” [Los Angeles Times](#), 9/14/13)

- **Health Net Customers Are Having Their Networks Limited To Just Over 2,000 Primary-Care Doctors And Specialists.** “In Los Angeles County, for instance, Health Net customers in the state exchange would be limited to 2,316 primary-care doctors and specialists. That’s less than a third of the doctors Health Net offers to workers on employer plans. In San Diego, there are only 204 primary-care doctors to serve Health Net patients.” (Chad Terhune, “Insurers Limiting Doctors, Hospitals In Health Insurance Market,” [Los Angeles Times](#), 9/14/13)

- **Blue Shield Of California Cut Its Network By About 50 Percent.** “Other major insurers have pared their list of medical providers too, but not to Health Net's degree. Statewide, Blue Shield of California says exchange customers will be restricted to about 50% of its regular physician network.” (Chad Terhune, “Insurers Limiting Doctors, Hospitals In Health Insurance Market,” [Los Angeles Times](#), 9/14/13)

In New Hampshire, The Only Insurer Offering Health Coverage In The ObamaCare Exchange “Touched Off A Furor By Excluding 10 Of The State’s 26 Hospitals” From Its Plan. “In New Hampshire, Anthem Blue Cross and Blue Shield, a unit of WellPoint, one of the nation’s largest insurers, has touched off a furor by excluding 10 of the state’s 26 hospitals from the health plans that it will sell through the insurance exchange. ... Anthem is the only commercial carrier offering health plans in the New Hampshire exchange.” (Robert Pear, “Lower Health Insurance Premiums To Come At Cost Of Fewer Choices,” [The New York Times](#), 9/23/13)

- **Many Consumers In New Hampshire May Have To Drive Nearly An Hour For A Doctor.** “Peter L. Gosline, the chief executive of Monadnock Community Hospital in Peterborough, N.H., said his hospital had been excluded from the network without any discussions or negotiations. ‘Many consumers will have to drive 30 minutes to an hour to reach other doctors and hospitals,’ Mr. Gosline said. ‘It’s very inconvenient for patients, and at times it’s a hardship.’” (Robert Pear, “Lower Health Insurance Premiums To Come At Cost Of Fewer Choices,” [The New York Times](#), 9/23/13)

As Insurers Struggle To Keep Costs Low By Providing Smaller Networks, Americans Will Have To Choose Between Their Wallet Or Their Doctor

ObamaCare Exchange Shoppers May “Pay More To Keep Their Current Providers.” “Some people looking for coverage on the exchange, however, do care about provider networks. They’ll have to shop carefully to find plans in which their doctors are participating and may even have to pay more to keep their current providers.” (Tami Luhby, “Doctor Choice In ObamaCare? Not So Much,” [CNN Money](#), 10/14/13)

- **For A Middle-Aged Ohioan And His Wife, They Must Now Either Choose To Pay More In Premiums To Keep Their Doctor Of Years.** “For Don Lane, 59, doctor networks are key. Lane is looking to retire next year so he and his wife, Amanda, are expecting to sign up for an exchange policy. But they want to make sure their primary care doctor, whom they’ve seen for years and has all their records, is in the plan they pick. So far, Lane found that his physician is in a platinum plan offered by Humana. But he hasn’t been able to access the networks offered by the other insurers in his area because of ongoing technical glitches, so he doesn’t yet know if he has other options. ‘I will have to make a choice -- should I pay a little more to get my doctor?’ said Lane, who lives in Wyoming, Ohio.” (Tami Luhby, “Doctor Choice In ObamaCare? Not So Much,” [CNN Money](#), 10/14/13)

Consumers May Have To “Foot The Full Bill Themselves” If They Choose To Go Out-Of-Network. “Insurers are also restricting participants access to doctors through HMO plans that don’t offer out-of-network benefits. So patients have to stick to a certain set of physicians and hospitals or foot the full bill themselves.” (Tami Luhby, “Doctor Choice In ObamaCare? Not So Much,” [CNN Money](#), 10/14/13)

According To An Analyst At The North Carolina Justice Center, Consumers Could “End Up With Astronomical Costs.” “Consumers should be prepared for ‘much tighter, narrower networks’ of doctors and hospitals, said Adam M. Linker, a health policy analyst at the North Carolina Justice Center, a statewide advocacy group. ‘But there is also a risk because, under some health plans, consumers can end up with astronomical costs if they go to providers outside the network.’” (Robert Pear, “Lower Health Insurance Premiums To Come At Cost Of Fewer Choices,” [The New York Times](#), 9/23/13)