(Music)

Mark Masselli: This is Conversations on Health Care. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, the leaves are turning, the temperatures are falling, and we are counting down to the next open enrollment under the Affordable Care Act, the third open enrollment since full implementation of the health care law.

Margaret Flinter: Almost getting to be a routine, Mark, and November 1st is the start date for open enrollment under the Accountable Care Act, and interesting to note there is already a lessening of sense of urgency this time around. HHS has done a good job working out most of the kings in the online portals. I think consumers are going to be more accustomed to using online insurance marketplaces, and people are really beginning to understand the impact that the tax subsidies have in terms of reducing the cost of purchase health insurance for them and for their families.

Mark Masselli: More than 80% of American families who purchased insurance through the exchanges realize some kind of tax subsidy, still many millions haven't signed up for coverage yet, and we want to remind people that those who don't will pay a higher tax penalty this year.

Margaret Flinter: Well, the Department of Health and Human Services is taking to try and bring in more of the young invisibles, and also the nation's Latino population. These are the two groups that just persistently remain disproportionately uninsured.

Mark Masselli: But one group is guaranteed coverage, the American Seniors, 10,000 Americans are turning 65 everyday, making them eligible for health coverage through Medicare.

Margaret Flinter: And Medicare open enrollment is also under way, Mark. And that's got a little more complex in recent years in terms of the options that are available to seniors, and that's something that our guest today knows quite a bit about. Ray Hurd is the Regional Administrator for the Centers for Medicare and Medicaid Services.

Mark Masselli: CMS is seeking to get the word out to American seniors that they should really take a good look at their coverage. He has some important tips for health consumers of all ages to be aware of.

Margaret Flinter: And Lori Robertson, Managing Editor of FactCheck.org, will be stopping by, she is always on the hunt for misstatements spoken about health policy in the public domain.

Mark Masselli: But no matter what the topic, you can hear all of our shows by going to www.chcradio.com. And as always, if you have comments, please e-mail us at chcradio@chc1.com, or find us on Facebook or Twitter at CHC Radio. We love to hear from you.

Margaret Flinter: Now we will get to our interview with Ray Hurd in just a moment.

Mark Masselli: But first, here is our producer Marianne O'Hare with this week's Headline News.

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Marianne O'Hare: I am Marianne O'Hare with these Health Care Headlines. A reprieve for small businesses under a new health law provision, President Obama has signed legislation that would ease requirements for small business owners, the law which came with bipartisan support revises the definition of small employer. Companies with 51 to 100 will still have to provide insurance options or pay a penalty, but they will only be required to cover the 10 essential benefits which might leave some employees with less coverage than they might have otherwise thought. Insurers can now base premiums in the individual and small group markets and only four things where people live, family size, tobacco use, and age.

Millions of Americans take supplements of an unregulated over the counter supplements, and while most take them in some kind of moderation a recent study showed supplements are responsible for about 23,000 hospitalizations each year. Often the **cost/cause [PH]** is taking more far more than a prescribed dose or not understanding how certain supplements interact with other medications. The age group most likely to **land** in the hospital with complications, 18 to 23 years. Planned Parenthood has made a decision in the wake of the doctor to video controversy that made it appear to woman's health organization paddled aborted baby parts on the open market, the fetal tissue distribution used by scientist around the world for research is perfectly legal under 1993 statute. However, the (inaudible 03:57) has led to a change of policy at Planned Parenthood. Labs will no longer be charged for the fetal tissue they use for research or the transport of it.

An estimated 75 million Americans are expected to have Type II diabetes by 2030, little bit of good news, folks who drank a glass or two of red wine everyday actually did better in controlling their diabetes. Israeli researchers randomly assign 224 patients all alcohol abstainers with well controlled Type II diabetes to

drink five ounces of either mineral water, white wine or red wine with dinner after two years compared with the water drinkers those who drank red wine have increased their HDL or good cholesterol by about 10%. These positive changes didn't happen with the white wine drinkers. However, there were two beneficial effects in all the wine drinkers, triglycerides and fasting plasma glucose levels decrease significantly in both groups compared to the water drinkers. I am Marianne O'Hare with these Health Care Headlines.

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Mark Masselli: We are speaking today with Raymond Hurd, Regional Administrator for the Centers for Medicare and Medicaid Services. Mr. Hurd served for 20 years as an officer in the United States Navy where he held many leadership roles including two successful commanding officer tours. Mr. Hurd joined the CMS Boston Regional Office in 2011, and was appointed Regional Administrator in May 2013. He earned his Bachelor's Degree in Civil Engineering from Norwich University and a Masters Degree in Management from Troy State University. Mr. Hurd, welcome to Conversations on Health Care.

Raymond Hurd: Well, thank you for having me.

Mark Masselli: And it's open enrollment season which insured Americans traditionally take a look at health plans they have and decided to whether to renew those plans or consider committing to other options, and many Americans get their coverage through work places, but Medicare's open enrollment season is just beginning October 15th, and for seniors, there are many more options than that might realize, could you tell our listeners about this year's open enrollment season? Through work places but Medicare's open enrolment season is just beginning October 15 and for seniors there are many more options, and that might realize, could you tell our listeners about this year's open enrolment season.

Raymond Hurd: Sure so the Medicare Open enrolment seasons runs every year from October 15 through December 7, I like to talk mostly about their prescription drug benefits, because under traditional Medicare, your prescription drugs aren't covered, so this is the time of year when they can review their prescription drug benefits in their prescription plans and see if they need to make a change or enrolling to a new plan , the other thing to remember rolling into the open enrolment season is that insurance plans change from year to year, and so you really need to review, to see what's changed on your plan, you should have received an annual notice of change letter, from whichever insurance companies is managing your benefits, and that I will explain to you those items which may have changed. So you need to check the formulary to make sure that prescription drugs that you are taking are still covered in the new benefit year or maybe you can find another plan that has a better option for you get those prescription drugs.

Margaret Flinter: I know the CMS is very focused on getting the word out to the nation's seniors about, being aware of open enrolment, but you know from a clinical perspective I think we have recognized still just a lot of confusion among many seniors about what their options truly are what do you think the critical issues that Medicare recipients need to be aware of this year and may you could out learn what are the different services covered by Medicare part A B C and D which I think is pretty confusing to those who haven't got into that step yet.

Raymond Hurd: So this open enrolment period October 15 to December 7 is really the one that they need to concentrate on, especially if they want say additional benefits through as you mentioned there is four parts so if you jump into part C, part C is basically a contract that we have with private health insurers to manage your Medicare benefits, so in some cases, you may pay an additional premium every month on top of your Medicare AMB premium I will say for this year that the average premium, for Medicare Advantage Plan, I about $32.91 So but a part C plan would manage all your benefits for yourself you have been in health insurance through your whole life, sometimes people prefer the Part C plans plus they sometimes offer additional benefits that you don't get under your traditional Medicare when I say traditional Medicare now we are talking parts A and B.

So traditional Medicare part A covers your hospital or your emergency stays, Part B covers your outpatient or your doctor office visits to qualify for that, you have to have, paid into social security for 40 quarters and you enroll through the social security administration you get what's called an initial enrolment period which is a seven month period around your birth month so the three months prior to your birth month, the month of your birth month and it's three month after when you turn 65 is your initial enrolment period. That's the time when you should look and see if you need to sign up from Medicare and I say that because as you mentioned, if you are covered through an employer's insurance plan you may not need, to sign up at that point. But there are all ramifications if you miss that initial enrolment period and you didn't have, other credible insurance, and you could have to pay a penalty for the rest of your life, which is an additional fee to be able to sign up for Medicare, the point I want to make, here is that every state has what's called a ship program which stands for to state health insurance, assistance program, those are volunteers that are trained to help you walk through all the ins and outs of Medicare so that you understand and get signed up and do the things that you need to do and then the fourth part of Medicare to get back to your question is part D which is prescription drug coverage if you have prescriptions you need to sign up for prescription drug plan in order to help to afford those.

Mark Masselli: You know we also have a growing number of seniors who were also what's called dual eligible under CMS meaning that they have more complex health issues that give them coverage under both Medicare, and Medicaid which

is tensed to be for the underserved and the poor and they are often dealing with multiple health issues, could you describe, of the dual eligible group and the complexities of this population.

Raymond Hurd: Sure so back in I think it was 1973, Medicare was expanded to cover not only individuals over age 65, but also individuals with disabilities, and so a big part of what we call the dual eligible population is a very vulnerable population because they may have disabilities, so when we talk about a dual eligible beneficiary that means that they qualify for both Medicare on the federal side, as well as Medicaid on the state side at the same time.

Margaret Flinter: Well Ray I think perhaps the public has not realized how many measures within the affordable care act we are really about transforming care, and the way we pay for care and certainly center for Medicare and Medicaid has been deeply involved in that work, and does the typical medical recipient see changes because of this, or is it kind of invisible to them.

Raymond Hurd: We currently have 55 million Medicare beneficiaries, across the country, we estimate that in the next 15 years that number will jump to 80 million, traditionally health care is delivered in a fee for service model what we are trying to do is to force quality by bundling some of these payments or by incentivizing doctors to may be not administer unnecessary tests or procedures, and just focus on providing the quality of care and help to reduce the overall costs. We have some programs that tie our Medicare payments to performance. We have readmissions reduction program at hospitals, and then we have other programs that most people have heard of called the Accountable Care Organizations where they have a group of providers that come together and try and coordinate and administer care for somebody that does away with the traditional fee-for-service side of the house.

Now in January, the Secretary for Health and Human Services announced that we are going to tie 30% of our traditional Medicare payments to quality or value through alternative payment models such as Accountable Care Organizations or some other bundled arrangements by the end of 2016. Then we are going to try and tie 50% of those payments to those models by the end of 2018. Now we have also set a goal that we are going to tie 85% of our payments to quality through other programs, and so we talk about Physician Quality Reporting and some other programs out there that incentivize everybody to try and improve quality and reduce costs.

Mark Masselli: We are speaking today with Raymond Hurd, Regional Administrator for the Centers for Medicare and Medicaid Services. Ray, this is the first time perhaps in the history of the American health care where most recipients are able to view their options online, reviewing a variety of health insurance plans under the Accountable Care Act or reviewing drug pricing plans under Medicare, and there is emerging culture of price transparency, has this

Center for Medicare and Medicaid Services promoting this transparency initiative, and how are senior consumers using health pricing data, and what is CMS doing to promote the wise use of this data?

Raymond Hurd: So CMS' goals include making sure health coverage is accessible to everybody, it's affordable to everybody, and it's got quality, and that where we are improving population health. And so we look at consumer choice and allowing them to be able to be a part of that, and we have many compared tools that we have launched online so that as a consumer, you can go in and compare hospitals against the one another or nursing homes or home health agencies. Through the Medicare Plan Finder, you can compare the different Medicare parts C and D or Medicare Advantage and Prescription Drug Plans out there. We have added star ratings to our plans and to our compare site so on a scale of 1 to 5, with 5 being the very best meeting our quality measures, people can go out and compare all this data so that they can make a choice to see the physician or go to the hospital that they think is going to give them the best quality care. And so we are very open to that and transparent about providing data to people to help meet those choices.

Margaret Flinter: Ray, obviously Medicare covers a very vulnerable population and there are enormous financial resources committed, and I know that fraud and user scams are something that all of you in senior positions have to be aware. You have written about this issue and fraud prevention program at CMS. Tell us a little bit how prevalent is the issue and what should they be looking for.

Raymond Hurd: When we are talking about our seniors, they are very vulnerable population to fraud. So in part of the Accountable Care Act, we announced that we were implementing a new fraud prevention system, and in the first three years of CMS' fraud prevention system being in place, we prevented $820 million Medicare payments going out of the door. Prior to implementing this system, we basically paid all the claims that come in and then went through them to find the ones that could be fraudulent and try to go back and get the money. So this fraud prevention system is preventing us from doing that. Basically it's a similar to what credit card company uses so the system will see that the claims coming through and it will flag those claims that are odd.

The other thing as we have strengthened our ties to law enforcement agencies across the country with local law enforcement, state law enforcement, department of justice and federal law enforcement agencies so that we can crack down on people that we know are committing fraud. Now during the open enrollment season, seniors are very vulnerable because people use that time to try and scam them into providing their Medicare number. So the first thing I always try and educate seniors that you don't share that Medicare number with anybody. If someone knocks on your door and says, "Hey, I can give you a free knee brace and charge Medicare, and all you need to do is give me your Medicare number," that's more than likely a scam because Medicare looks for

medical necessity to pay claims. The help for seniors around fraud comes from a program called the Senior Medicare Patrol, and every **state [PH]** has a Senior Medicare Patrol Agency that helps them to protect against fraud. So if they have questions they can go and talk to them. So I tell seniors that you need to review those explanations of benefits to make sure that the services you are being charged for are services that were actually provided by your physician. There is also what we call an open payment site where we show what doctors have received payments from medical device or pharmaceuticals companies. And so by being transparent with data that also helps people to perhaps identify fraud and to let us know if they see something that's not necessarily on the up and up and we can investigate those kinds of things.

Mark Masselli: One of the things that I think is quite remarkable the CMS is continuing to lead, in the area of innovation, could you talk about this new culture of innovation at CMS, and what kind of promise it holds to improve health outcomes as well as contain cost?

Raymond Hurd: In order to make sure that these programs, are sustainable, we are implementing innovations to change the way that health care delivery system delivers care and pays for care. The big goal for us of course is a longer life for the Medicare trust fund. You know we are starting to see seniors get a lot of different preventative services, right now we have 23 preventative services that are available to seniors at little or no cost you know they can go in and get colonoscopies or mammograms or other cancer screenings, as part of a preventative service, but the innovation center is overseeing various models and demonstrations across the country, for different provider groups or payers or even states to try and change, the way they deliver and pay for healthcare and if you are really interested in seeing some of the innovations that are going on in your owns state you can go to cms.gov and click on the innovation center tab and you can click on each state and it will show you what innovative programs are happening within those states.

Margaret Flinter: We have been speaking today with Raymond Hurd regional administrator for the Centers for Medicare and Medicaid Services, you can learn more about their work by going to cms.gov or follow them on twitter by going to atcms.gov. Ray thank you for your service and thank you so much for joining us on conversations on Healthcare today.

Raymond Hurd: It's my pleasure.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award-winning journalist and managing editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to

reduce the level of deception in US politics. Lori, what have you got for us this week?

Lori Robertson: Well we recently, looked at the change in the number of the uninsured under president Obama, the census reported that the number of the uninsured ,dropped sharply last year which was their first year in which the main provisions of the Affordable Care Act the fact, the number of uninsured jobs, by 8.8 million, to 33 million in 2014. What about Obama's entire time in office census change the way it gathers the data in 2013 so we can't compare earlier census numbers with the recent one instead we use the National Health Interview Survey conducted by the centers for disease control and prevention, those numbers are also compiled quarterly and are more up to date, during the first three months of this year, 29 million people were uninsured at the time they were interviewed, that's down from 43.8 million during all of 2008 a drop of 14.8 million since Obama was first sworn in the drop is even more dramatic when measured from the peak of the uninsured, which hit 48.6 million in 2010, as the recession led to loss of not only job but employers sponsored health insurance. 16% of Americans lack health insurance at the time they were interviewed, in 2010 that's now down to 9.2%, for the first quarter of 2015.

There are a lot more statistics on other measures of Obama's time in office in our latest Obama's numbers article. And that's my fact check for this week. I'm Lori Robertson, managing editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact, that you would like checked, email us at www.chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

(Music)

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Following is a common experience among the elderly and that is not good news.

Male: Hip fractures in the elderly are an enormous, devastating expensive death sentence of an injury, if you are over 65 and you have fallen and broken your hip, 25% of them will die within 12 months. Another 25% will never be able to live independently and a full 75% will never regain deformability.

Mark Masselli: That statistic at former airbag executive (inaudible 22:59) thinking what if you could apply the technology used in airbags, to create wearable devices that protect a person from the impact of falling.

Male: So similar to the auto industry our government has spend billions and about two decades, on fall prevention program for the elderly, what I am suggesting is we make that same strategic shift that the auto industry did and we begin to focusing on intelligent protection of our elderly.

Mark Masselli: So they did their research and found a combination of accelerometers and other sensors, on the band worn around the waist could deploy within 6 milliseconds of sensing an imminent fall, and protective bags, unfurl around the hip joints before, impact with the floor, significantly reducing the blow to the joint.

Male: Physics has taught us that bodies and motions, stay in motion until they meet in a movable object right in this case the immovable object is the living room floor with the right technology we can ensure that these people that meet that inevitable immovable object which is the floor can not only survive that accident they can walk away.

Mark Masselli: He founded active protect technologies and while his initial focus was providing the significant barrier to devastating interim adults he has additional potential markets as well.

Male: With this type of technology we can protect against concussions, we can now protect (inaudible 24:17) patients, we can protect postal workers when it's ICR, we can protect our military soldiers from IEDs.

Mark Masselli: A simple retooling that of airbag technology, in a wearable device that could greatly reduce the devastation of hip fractures leading to better health outcomes lower health costs, and better quality of life, now that’s a bright idea.

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Margaret Flinter: This is Conversations on Health Care. I'm Margaret Flinter.

Mark Masselli: And I'm Mark Masselli, peace and Health.

Conversations on Health Care, broadcast from the campus of WESU at Wesleyan University, streaming live at www.wesufm.org and brought to you by the Community Health Center.