

# CMS Region 7 Updates

12/22/2015

## Marketplace Updates

### Health Insurance Marketplace Open Enrollment Snapshot Week 6: December 6 – December 12, 2015

More than 1.3 million consumers signed-up for health coverage through the HealthCare.gov platform between December 6 and December 12, the last full week before the deadline for January 1 coverage, bringing the total number of plan selections made since Open Enrollment began on November 1 to 4.17 million consumers. Approximately 500,000 were new consumers, for a cumulative total of about 1.5 million new consumers since the beginning of Open enrollment.

"The unprecedented demand over the last several days continues to show that coverage through HealthCare.gov is something millions of Americans want and need," said Department of Health and Human Services Secretary Sylvia Burwell. "We urge those who left their names with the Marketplace to come back to HealthCare.gov or the call center and complete their application for coverage starting January 1."

Because of the unprecedented demand and volume of consumers contacting our call center or visiting HealthCare.gov, we extended the deadline to sign-up for January 1 coverage until 11:59pm PST December 17. Hundreds of

thousands have already selected plans on December 14 and 15 and approximately 1 million consumers have left their contact information to hold their place in line.

Similar to last year, each week, the Centers for Medicare and Medicaid Services (CMS) will release weekly Open Enrollment snapshots for the HealthCare.gov platform, which is used by the Federally-facilitated Marketplaces and State Partnership Marketplaces, as well as some State-based Marketplaces. These snapshots provide point-in-time estimates of weekly plan selections, call center activity and visits to [HealthCare.gov](http://HealthCare.gov) or [CuidadoDeSalud.gov](http://CuidadoDeSalud.gov). The final number of plan selections associated with enrollment activity to date could fluctuate as plan changes or cancellations occur, such as in response to life changes like starting a new job or getting married. In addition, the weekly snapshot only looks at new plan selections, active plan renewals and, starting at the end of December, auto-renewals and does not include the number of consumers who paid their premiums to effectuate their enrollment.

HHS will produce more detailed reports that look at plan selections across the Federally-facilitated Marketplace and State-based Marketplaces later in the Open Enrollment period.

Definitions and details on the data are included in the glossary.

Federal Marketplace Snapshot

<b>Federal Marketplace Snapshot</b>	<b>Week 6 Dec 6 – Dec 12</b>	<b>Cumulative Nov 1 – Dec 12</b>
Plan Selections (net)	1,326,946	4,171,714
<i>New Consumers</i>	38 percent	36 percent
<i>Consumers Renewing Coverage</i>	62 percent	64 percent
Applications Submitted (Number of Consumers)	1,604,633	6,147,257
Call Center Volume	1,511,082	5,383,321
Average Call Center Wait Time	22 minutes 44 seconds	9 minutes 55 seconds
Calls with Spanish Speaking Representative	89,262	338,906
Average Wait for Spanish Speaking Rep	19 seconds	14 seconds
HealthCare.gov Users	3,601,900	13,512,506
CuidadoDeSalud.gov Users	208,935	480,269
Window Shopping HealthCare.gov Users	1,357,120	4,718,633
Window Shopping CuidadoDeSalud.gov Users	21,249	80,195

HealthCare.gov State-by-State Snapshot

Consumers across the country continued to explore their health insurance options by reaching out to a call center representative at 1-

800-318-2596, attending enrollment events in their local communities, or visiting HealthCare.gov or CuidadoDeSalud.gov.

Individual plan selections for the states using the HealthCare.gov platform include:

Week 6	Cumulative Nov 1 – Dec 12
Alabama	88,108
Alaska	9,344
Arizona	94,928
Arkansas	26,608
Delaware	11,139
Florida	834,938
Georgia	229,552
Hawaii	8,060
Illinois	154,947
Indiana	73,943
Iowa	24,442
Kansas	50,000
Louisiana	88,175
Maine	37,210
Michigan	138,765
Mississippi	33,773
Missouri	129,536
Montana	25,103

Nebraska	43,944
Nevada	43,876
New Hampshire	21,277
New Jersey	121,592
New Mexico	22,440
North Carolina	280,080
North Dakota	9,344
Ohio	97,786
Oklahoma	58,621
Oregon	74,523
Pennsylvania	212,605
South Carolina	112,745
South Dakota	13,905
Tennessee	125,777
Texas	474,616
Utah	80,887
Virginia	178,465
West Virginia	15,615
Wisconsin	112,457
Wyoming	12,588

## Glossary

Plan Selections: The weekly and cumulative metrics provide a preliminary total of those who have submitted an application and selected a plan. Each week’s plan selections reflect the total number of plan selections for the week and cumulatively from the beginning of Open Enrollment to the end of the reporting period, net of any cancellations from a consumer or cancellations from an insurer during that time.

Because of further automation in communication with issuers, the number of net plan selections reported this year account for issuer-initiated plan cancellations that occur before the end of Open Enrollment for reasons such as non-payment of premiums. This change will result in

a larger number of cancellations being accounted for during Open Enrollment than last year. Last year, these cancellations were reflected only in reports on effectuated enrollment after the end of Open Enrollment. As a result, there may also be a smaller difference this year between plan selections at the end of Open Enrollment and subsequent effectuated enrollment, although some difference will remain because plan cancellations related to non-payment of premium will frequently occur after the end of Open Enrollment.

Plan selections will include those consumers who are automatically re-enrolled into their current

plan or another plan with similar benefits, which occurs at the end of December.

To have their coverage effectuated, consumers generally need to pay their first month's health plan premium. This release does not include totals for effectuated enrollments.

**New Consumers:** A consumer is considered to be a new consumer if they did not have Marketplace coverage at the start of Open Enrollment.

**Renewing Consumers:** A consumer is considered to be a renewing consumer if they had 2015 Marketplace coverage at the start of Open Enrollment and either actively select the same plan or a new plan for 2016 or are automatically re-enrolled into their current plan or another plan, which occurs at the end of December.

**Marketplace:** Generally, references to the Health Insurance Marketplace in this report refer to 38 states that use the HealthCare.gov platform. The states using the HealthCare.gov platform are Alabama, Alaska, Arizona, Arkansas, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

**HealthCare.gov States:** The 38 states that use the HealthCare.gov platform for the 2016 benefit year, including the Federally-facilitated Marketplace, State Partnership Marketplaces and State-based Marketplaces.

**Applications Submitted:** This includes a consumer who is on a completed and submitted application or who, through the automatic re-enrollment process, which occurs at the end of

December, had an application submitted to a Marketplace using the HealthCare.gov platform. If determined eligible for Marketplace coverage, a new consumer still needs to pick a health plan (i.e., plan selection) and pay their premium to get covered (i.e., effectuated enrollment). Because families can submit a single application, this figure tallies the total number of people on a submitted application (rather than the total number of submitted applications).

**Call Center Volume:** The total number of calls received by the Federally-facilitated Marketplace call center over the course of the week covered by the snapshot or from the start of Open Enrollment. Calls with Spanish speaking representatives are not included.

**Calls with Spanish Speaking Representative:** The total number of calls received by the Federally-facilitated Marketplace call center where consumers chose to speak with a Spanish-speaking representative. These calls are not included within the Call Center Volume metric.

**Average Call Center Wait Time:** The average amount of time a consumer waited before reaching a customer service representative. The cumulative total averages wait time over the course of the extended time period.

**HealthCare.gov or CuidadodeSalud.gov Users:** These user metrics total how many unique users viewed or interacted with HealthCare.gov or CuidadodeSalud.gov, respectively, over the course of a specific date range. For cumulative totals, a separate report is run for the entire Open Enrollment period to minimize users being counted more than once during that longer range of time and to provide a more accurate estimate of unique users. Depending on an individual's browser settings and browsing habits, a visitor may be counted as a unique user more than once.

Window Shopping HealthCare.gov Users or CuidadoDeSalud.gov Users: These user metrics total how many unique users interacted with the window-shopping tool at HealthCare.gov or CuidadoDeSalud.gov, respectively, over the course of a specific date range. For cumulative totals, a separate report is run for the entire Open Enrollment period to minimize users being

counted more than once during that longer range of time and to provide a more accurate estimate of unique users. Depending on an individual's browser settings and browsing habits, a visitor may be counted as a unique user more than once. Users who window-shopped are also included in the total HealthCare.gov or CuidadoDeSalud.gov user total.

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## Medicare Updates

### Medicare Drug Spending Dashboard Fact Sheet

Prescription drugs are a major contributor to improving patient health as well as a major driver of health care spending. Spending on prescription drugs in the U.S. grew by 12 percent in 2014, faster than in any year since 2002. The Centers for Medicare & Medicaid Services (CMS) is one of the largest purchasers of prescription drugs in the US.

As part of its effort to provide additional information, increase transparency, and address the affordability of prescription drugs, CMS is releasing a new online dashboard to look at Medicare prescription drugs for both Part B and Part D. These categories include drugs with high spending on a per user basis, high spending for the program overall, and those with high unit cost increases in recent years. CMS intends to update this list on a regular basis and release a similar list for Medicaid next year.

To create this list, CMS identified 80 drugs using 2014 data that met the criteria described below: 40 drugs provided through the Medicare

Prescription Drug Program under Part D and 40 drugs administered by physicians and other professionals in the Medicare fee-for-service program under Part B. Products have been selected from each respective program area based on the following criteria:

- (a) The drug is ranked in the top 15 in terms of total program spending (for either Part B or D);
- (b) The drug is associated with a high annual per user spending based on claims data analyses (e.g., greater than \$10,000 per user) and is ranked in the top 15 by overall program spending (if a drug already is selected based on (a) it is not eligible to be selected based on (b) criteria); or
- (c) The drug is ranked among the top 10 high unit cost increases (if a drug already is selected based on (a) or (b) it is not eligible to be selected based on (c) criteria).

For all drugs included on the list, CMS displays relevant spending, utilization, and trend data and also includes consumer-friendly information on the drug product descriptions, manufacturer(s), and clinical indications. CMS is

prohibited from publicly disclosing information on manufacturer rebates, thus the data used to select Part D drugs do not reflect any manufacturers' rebates or other price concessions.

One use of this list is to make the trends related to drug spending for beneficiaries and for the programs administered by CMS transparent to providers, consumers and the public. The relatively small set of medications presented as part of this dashboard represents a very large

proportion of program spending, including 33percent of all Part D spending and 71percent of Part B drug spending in 2014. In addition to the goal of transparency and the potential use of the information to educate the public, the data can be used to spur research and public discussion of how these drug products are being used in Medicare and how they are affecting beneficiary costs.

#### Part D Dashboard Summary, CY2014.

	# of Drug Products*	Total Program Spending	Percent of Program Spending
All Drugs	3,761	\$121.5B	100%
All Drugs with High Total Program Spending (>\$250M)	115	\$76.7B	63%
<b>Top 15 Program Spending Drugs</b>	<b>15</b>	<b>\$29.1B</b>	<b>24%</b>
All Drugs with High Per-User Spending (>\$10K)	267	\$26.2B	22%
<b>Top 15 Drugs with High Per-User Spending</b>	<b>15</b>	<b>\$9.3B</b>	<b>8%</b>
All Drugs with Large Unit Cost Increases (>25%)	540	\$13.7B	11%
<b>Top 10 Drugs with Unit Cost Increases</b>	<b>10</b>	<b>\$1.3B</b>	<b>1%</b>
<b>All Drugs Included in Dashboard</b>	<b>40</b>	<b>\$39.7B</b>	<b>33%</b>

\* Drug Products defined by distinct Brand Name and Generic Name (First Databank), excluding over the counter drugs.

#### Part B Dashboard Summary, CY2014.

	# of Drug Products^	Total Program Spending	Percent of Program Spending
All Drugs	606	\$21.5B	100%
All Drugs with High Total Program Spending (>\$250M)	21	\$12.8B	60%
<b>Top 15 Program Spending Drugs</b>	<b>15</b>	<b>\$11.5B</b>	<b>53%</b>
All Drugs with High Per-User Spending (>\$10K)	107	\$12.4B	58%
<b>Top 15 Drugs with High Per-User Spending</b>	<b>15</b>	<b>\$3.3B</b>	<b>15%</b>
All Drugs with Large Unit Cost Increases (>10%)	96	\$1.3B	6%
<b>Top 10 Drugs with Unit Cost Increases</b>	<b>10</b>	<b>\$0.6B</b>	<b>3%</b>

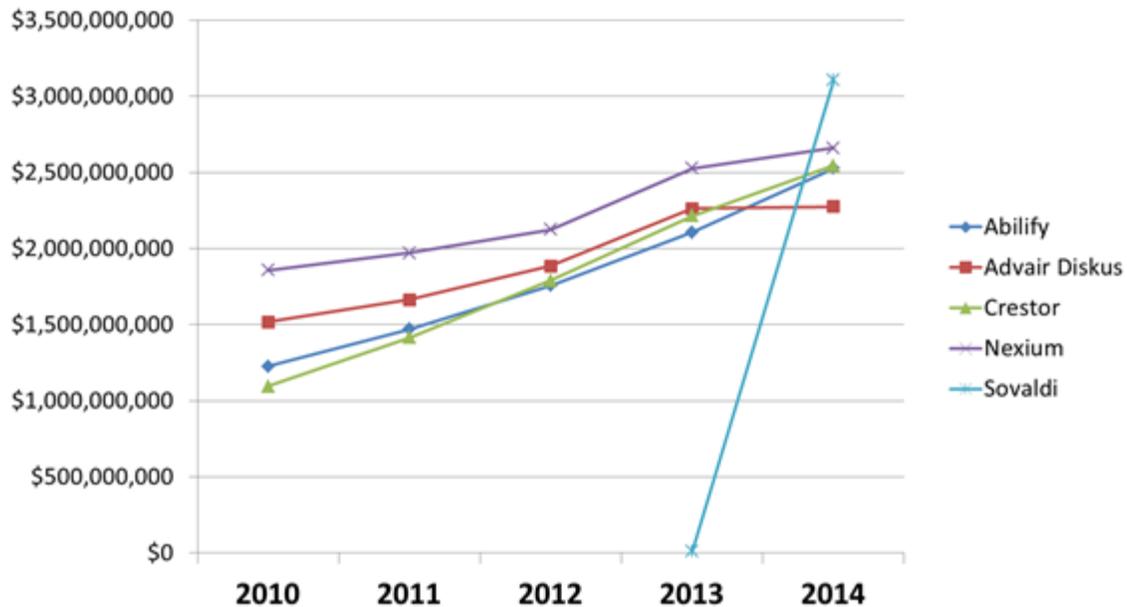
^ Drug Products defined by Healthcare Common Procedure Coding System (HCPCS) codes for products with a manufacturer reported Average Sales Price (ASP) and Part B oral cancer drugs (these drugs are not included in the ASP).

Advair Diskus, Crestor, Nexium, and Sovaldi. All of these drugs had total drug spending greater than \$2 billion in 2014, and with the exception of Sovaldi, which was introduced in 2013, these drugs had annual total program spending greater than \$1 billion for the past 5 years. The top five Part B drugs with highest total spending were aflibercept, ranibizumab, pegfilgrastim, infliximab, and rituximab. Each of these drugs contributed more than \$1 billion in spending for the Medicare Part B program.

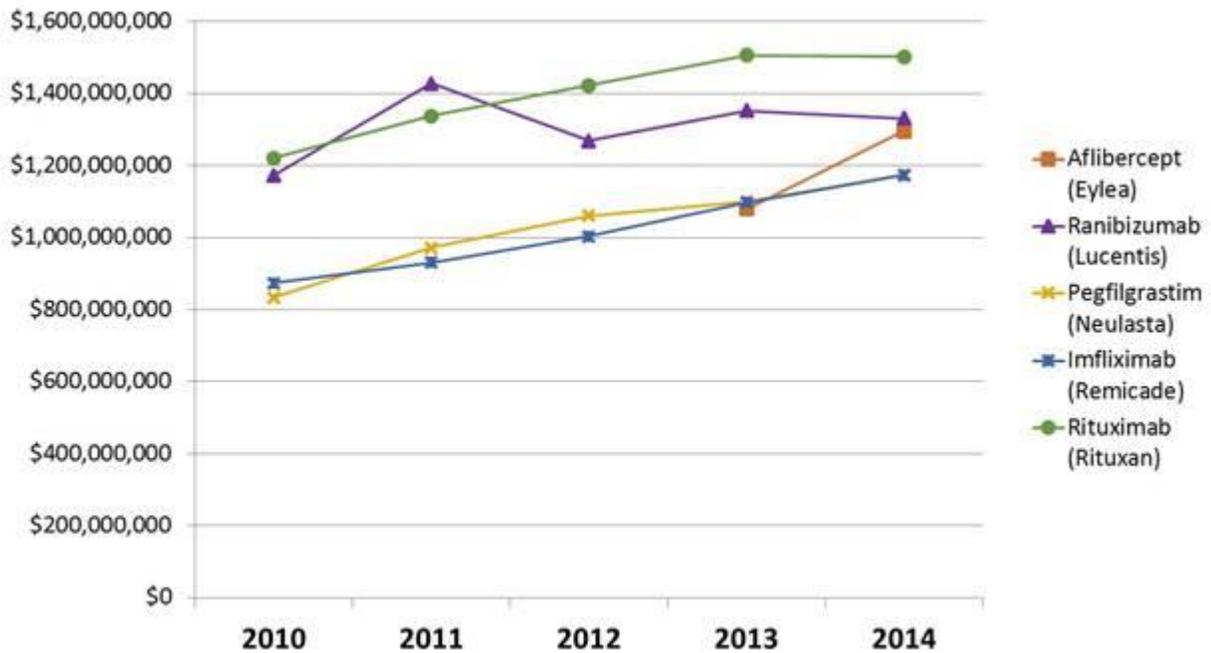
### Trend Charts and Analyses

Charts 1a and 1b below show the trend in total drug spending for the five drugs with the highest Part D and Part B drug spending in 2014, respectively. The top Part D drugs with highest total spending were Abilify,

**Chart 1a.** Trends in Medicare Part D Total Spending for the Top 5 Drugs in 2014.



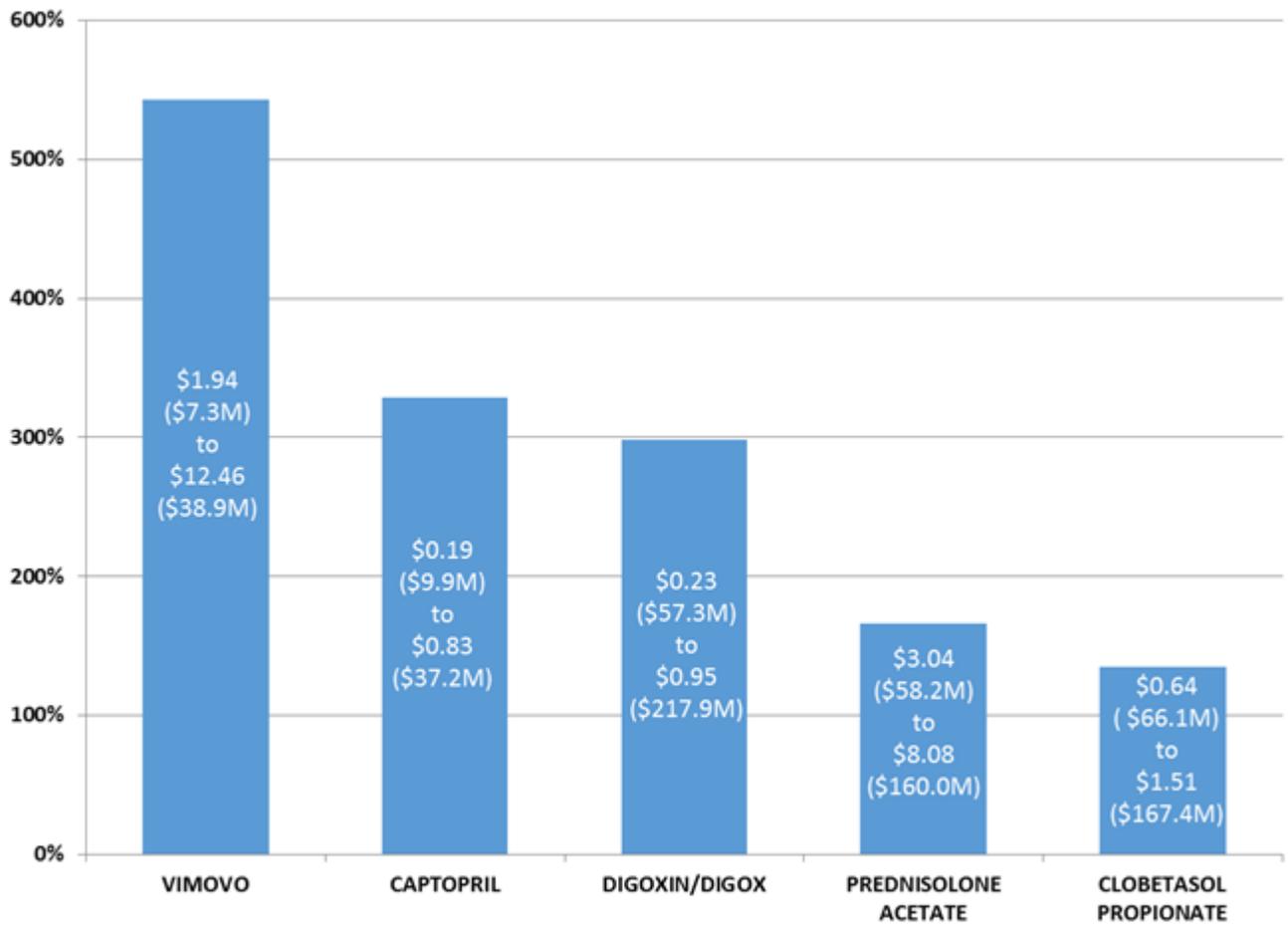
**Chart 1b.** Trends in Medicare Part B Total Spending for the Top 5 Drugs in 2014.



Charts 2a and 2b below show the top five drugs with the largest increases in average cost per unit from 2013 to 2014 in the Part D and Part B programs, respectively. The average cost per unit for Vimovo, a prescription form of the pain reliever naproxen, increased from \$1.94 to \$12.46 – an increase of more than 500percent in the

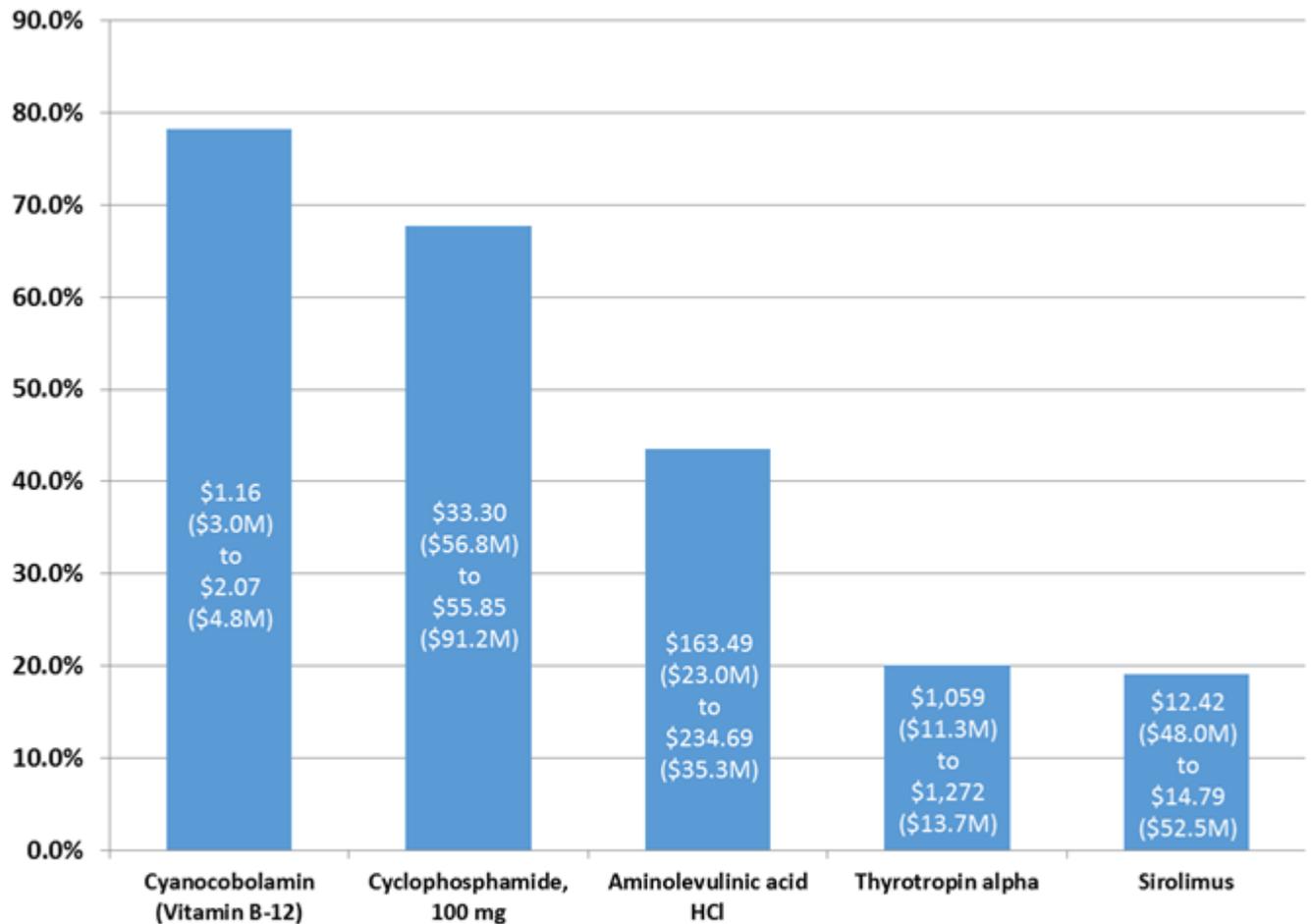
average Part D cost per unit. All five of these Part D drugs had increases in cost per unit of more than 100percent. Among Part B drugs, the medication Cyanocobalamin, an injection of Vitamin B-12, had the largest increase in the average Part B cost per unit at 78percent.

**Chart 2a.** Medicare Part D Drugs with Large Increases in Cost per Unit, 2013 to 2014.



Note: Data in bars indicate change in cost per unit and total spending (in parentheses) from 2013 to 2014. Individual units vary based on the dosage form of the medication such as tablets, milliliters of liquid, grams of ointment, etc., and typically prescription fills contain multiple units of medication (e.g., 30 tablets, 15 grams, etc.).

**Chart 2b.** Medicare Part B Drugs with Large Increases in Spending per Unit, 2013 to 2014.



Note: Data in bars indicate change in cost per unit and total spending (in parentheses) from 2013 to 2014. Individual units vary based on the specific Part B billing code definitions and multiple units may be administered per service.

Charts 3a and 3b below display total annual spending per user by total spending for Part D and Part B drugs, respectively, in 2014. Larger bubbles indicate more beneficiaries utilize the drug. The Part D drug, Humira (used to treat rheumatoid arthritis), had more than 50,000 beneficiaries using it in 2014, with total annual Part D spending per user of approximately \$24,000 and total spending of \$1.2 billion. In comparison, about 33,000 beneficiaries were

using Sovaldi (used to treat Hepatitis C infections) with total annual spending per user of \$94,000 and total Part D spending of \$3.1 billion. Among Part B drugs, ranibizumab (brand name Lucentis, used to treat macular degeneration symptoms) had 141,606 beneficiaries using the drug in 2014, costing \$9,401 in total annual spending per user and total Part B spending of \$1.3 billion.

**Chart 3a.** Annual Spending per User by Total Spending for Medicare Part D Drugs: 2014.

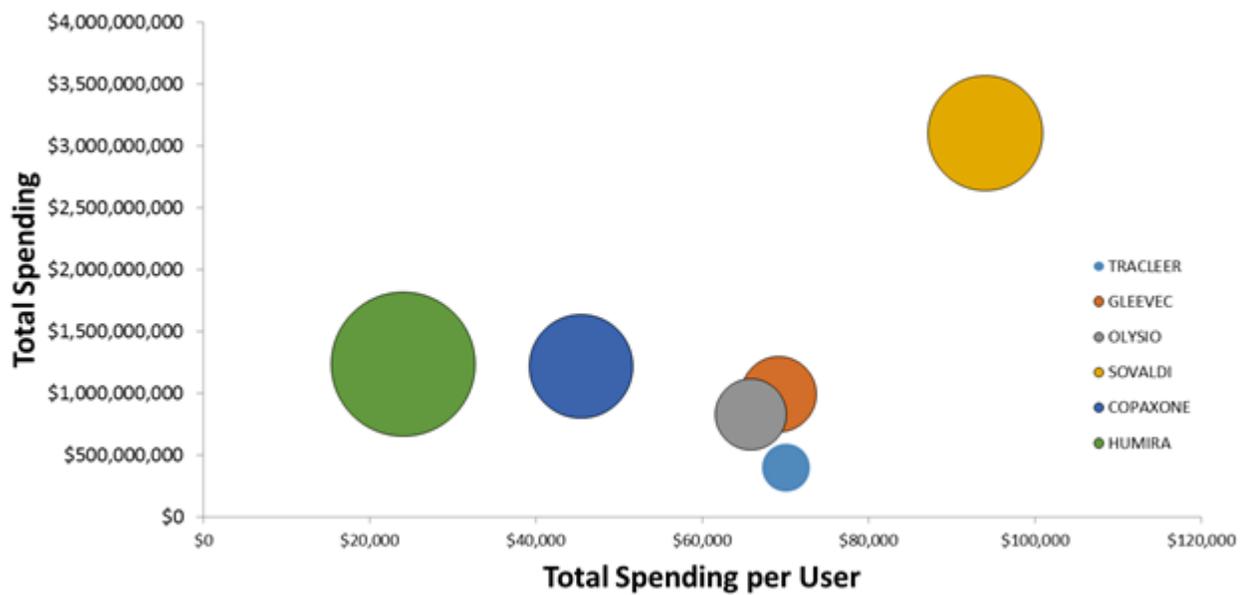
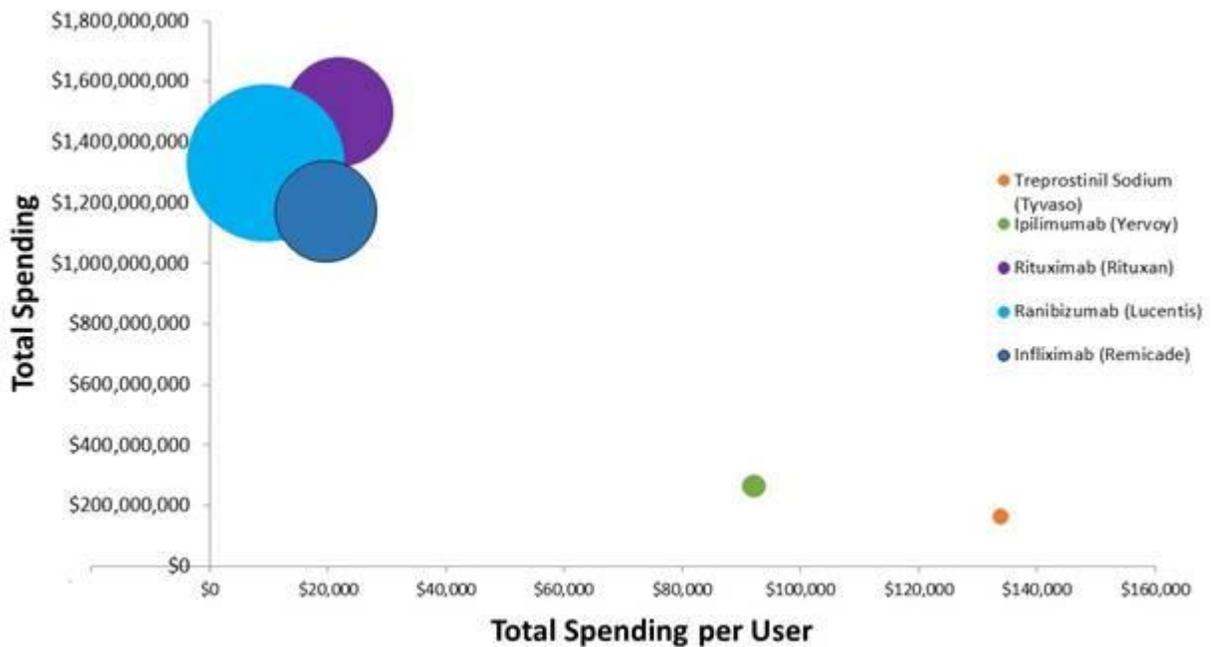


Chart 3b. Annual Spending per User by Total Spending for Medicare Part B Drugs: 2014.



## FAQ

1. Does this dashboard tell you what Medicare prescription drug plans paid to pharmacies for drugs?

*Answer: Yes - it provides the amount paid by all plans in aggregate, but not by individual plan.*

2. Does this dashboard tell you what Medicare paid to physician offices, hospital outpatient departments, and other suppliers for Part B drugs?

*Answer: Yes - it provides the amount paid to these providers in aggregate, but not by individual provider.*

3. Does this dashboard tell you the total amount Medicare spent on a drug net of all price concessions?

*Answer: No – any rebates or indirect payments from manufacturers to Part D plan sponsors (or to purchasing intermediaries in Part B) are not reflected in the payment amounts displayed on the dashboard. While CMS has information on rebates and indirect remuneration, the law prohibits CMS from publicly releasing it. Including rebate information in the drug selection process would not substantially change the composition of the medications included.*

**4. Does this dashboard tell you how much a physician office or hospital pays to acquire a medication (from a distributor or purchasing organization)?**

*Answer: No – the Part B data reflect Medicare payments to physicians and hospitals. Most Part B drug payments are based on the ASP methodology, which by law is determined using manufactures' sales prices to all purchasers. Although the ASP is net of price concessions, the ASP payment limits used in part B do not necessarily reflect the final price physicians or other providers pay for drugs, particularly for providers who purchase drugs from sources other than manufacturers.*

*The most recent (CY2016) ASP drug pricing files are available in the related links section of the following CMS webpage: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/2016ASPFiles.html>. The payment limits are updated quarterly. Older price files are also available via links on the webpage.*

**5. Does this dashboard tell you anything about beneficiary cost sharing payments?**

*Answer: Yes – Average beneficiary cost sharing is displayed separately for beneficiaries with and without the low-income subsidy in Part D.*

**6. Does this dashboard tell you how much a drug costs for every beneficiary?**

*Answer: No – Part D cost sharing for any particular beneficiary will depend on the exact plan in which the beneficiary is enrolled. While generally Part B cost sharing is 20 percent of the Medicare allowed amount, it also will depend on any supplemental insurance the beneficiary holds.*

**7. Is the total drug spending amount what a Medicare beneficiary actually pays?**

*Answer: No – The total drug cost includes the amounts paid by the Medicare Part B or Part D programs as well as Medicare beneficiary payments, government subsidies, or any other third-party payers. Part D drug costs do not reflect any manufacturers' rebates or other price concessions.*

**8. Does this dashboard tell you anything about the performance of pharmacy benefit managers or health plans in negotiating rebates or managing utilization?**

*Answer: No*

9. **Does the dashboard tell you about spending by Medicaid, the VA, or commercial payers on these medications?**

*Answer: No*

### **Input**

CMS is reviewing these medications to better understand the characteristics of their use in the Medicare population. We welcome input from physicians, pharmacists, patients, manufacturers, researchers, and others to inform our understanding. CMS asks input from external partners for with insight and analysis to help us understand how drug

### **Helpful web links:**

**CMS Fact Sheet:** <http://cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-12-21.html>

**CMS Blog:** <http://blog.cms.gov/2015/12/21/medicare-drug-spending-dashboard/>

**Medicare Dashboard:** <http://go.cms.gov/medicaredrugspending>

**AHRQ webpage:** <http://www.effectivehealthcare.ahrq.gov/index.cfm/news-and-announcements/cms-high-cost/>

these products are being used in the Medicare population, and to provide feedback to help make sure patients are getting the best value from these important therapies. To that end CMS has established an email box to receive comments from all interested parties: [druglistinput@cms.hhs.gov](mailto:druglistinput@cms.hhs.gov). CMS is particularly interested in comments regarding the value of information contained in the list; gaps in clinical knowledge about products on the list; and other types of information CMS and others could release that would support improved public understanding of the use and value of medications in Medicare and other health insurance programs.

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## Upcoming Webinars

### Marketplace Exemptions Webinar

December 23, 2015 at 1:00 – 2:00 pm CT

<https://goto.webcasts.com/starthere.jsp?ei=1066426>

This webinar will feature an overview of exemptions from the Marketplace shared responsibility payment, who may be eligible,

how to file for a Marketplace exemption, and an overview of the HealthCare.gov Exemptions Screener Tool.

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### Affordable Care Act 101 for Individuals and Families

January 6, 2016 at 1:00 pm CT - [Click here to register](#)

This presentation will discuss what is the Affordable Care Act and the Health Insurance Marketplace, how to enroll in the Marketplace,

key websites and resources on the law. Open enrollment ends on January 31, 2016. Questions will be answered at the end of the webinar.

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### Health Insurance Options for Immigrant Families

January 12, 2016 at 2:00 pm CT – [Click here to register](#)

Please join the Centers for Medicare & Medicaid Services (CMS) and the HHS Partnership Center for a webinar on the benefits available to immigrant families through the Health Insurance

Marketplace. We will discuss how to enroll and answer your questions. Open enrollment started on November 1 and ends on January 31, 2016.

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### Connecting Kids to Coverage

February 11, 2016 at 2:00 pm CT – [Click here to register](#)

Children and teenagers in your congregation or community may qualify for free or low-cost

health insurance coverage through Medicaid and the Children's Health Insurance Program (CHIP).

Many parents may be eligible for Medicaid as well. Learn about the nationwide effort to identify children and youth eligible for Medicaid

and the Children's Health Insurance Program (CHIP) and get them enrolled.

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