

Customized Briefing for Kimberly Barry-Curley

May 20, 2013



[From NAHU](#)
[Leading the News](#)
[Legislation and Policy](#)



[Public Health and Private Healthcare Systems](#)
[Senior Market News](#)



[Also in the News](#)



Leading the News



GOP Continues Efforts To Tie ACA To IRS Scandal.



Over the weekend through Monday, reports of Republican attempts to conflate the IRS scandal with the Affordable Care Act continued, with special focus placed on the role played by Sarah Hall Ingram, who now heads the IRS' healthcare law office. Indeed, [Bloomberg News](#)   (5/17, Salant) reported that Republicans, "angry over the Internal Revenue Service scrutiny of anti-tax groups, are aiming their frustration at" Sarah Hall Ingram, "a career employee with a bonus benefit: she's charged with overseeing an enforcement portion of the healthcare law." On Friday, Treasury Secretary Jacob Lew "came to Ingram's defense, saying the 30-year veteran of the tax agency shouldn't be blamed for something she didn't do or oversee."

Similarly, [CQ](#)   (5/18, Ethridge, Subscription Publication) reported that Republicans "jumped" on the original ABC News story which revealed "that the IRS official now responsible for enforcing the health care law was in charge of the agency's tax-exempt organizations division during the time that it heavily scrutinized conservative groups." The article also noted that "House Democrats pushed back."



The [Baltimore Sun](#)   (5/19, Fritze) reported that "Rep. Andy Harris of Maryland used a rare opportunity to speak on behalf of the Republican Party on Saturday to tie the unfolding IRS scandal to President Barack Obama's 2010 overhaul of the nation's health care system."

The [Politico](#)   (5/20, Weinger) "Politico Live" blog reports that Representative Paul Ryan (R-WI) spoke about the IRS scandal on "Fox News Sunday," and moved to tie it to the Affordable Care Act. He said, "The other point I'd say, as bad as this is, the person in charge of this bureaucratic snafu has now been put in charge of Obamacare."



The [Washington Times](#)   (5/17, Wolfgang) also carried continuing coverage of Sarah Hall Ingram, explaining that "the woman who ran the Internal Revenue Service's tax-exempt organizations division has been promoted, and now heads the agency's health care office"



In response to the recent efforts to connect the IRS scandal to the Affordable Care Act, the [National Journal](#)   (5/19, Subscription Publication) explored "the role that the tax-collecting agency plays in the health care law's implementation." The piece notes that the IRS plays "a substantial" role in the enforcing the law, due to a total of "47 tax provisions – including the small business health care credit and the medical device tax – that will go into effect." It also explores Sarah Hall Ingram and her connection to both the targeting of conservative groups and ACA implementation.

On Friday, Fox Business (5/19) looked into whether, "given the recent scandal," the IRS "can be trusted" to fairly implement the law. The piece also touched upon patient privacy and whether an electronic database will hurt medical consumers.

The [Washington Times](#)   (5/17, Howell) reported further on how Republicans are "eager to link" the IRS scandal to its

“Obamacare takedown efforts.”

As the [Christian Science Monitor](#)   (5/18, Trumbull) put it, “Now playing in a political theater near you: The IRS scandal meets Obamacare.”

Unnamed Healthcare Provider Sues IRS For Seizing Medical Records. The [Washington Times](#)   (5/17, Chumley) reported that an unnamed “healthcare provider has sued the Internal Revenue Service and 15 of its agents, charging they wrongfully seized 60 million medical records from 10 million Americans.” The “Courthouse News Service said the suit claims the agency violated the Fourth Amendment in 2011, when agents executed a search warrant for financial data on one employee – and that led to the seizure of information on 10 million, including state judges.” That “search warrant did not specify that the IRS could take medical information,” according to United Press International. The lawsuit seeks compensatory damages in the amount of \$25,000 per violation.

From NAHU



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Legislation and Policy

GOP Continues Call For Investigation Of Sebelius' Solicitation Of Private Funds.



Fallout from HHS Secretary Kathleen Sebelius' seeking of private funds to help implement the Affordable Care Act is still receiving coverage, including a piece Monday in the Times. The [New York Times](#)   (5/20, Pear, Subscription Publication) reports that following the “uproar” over HHS Secretary Kathleen Sebelius' “efforts to raise private money to carry out” the Affordable Care Act, “potential donors have become skittish about contributing.” The news of “gun-shy” potential donors comes amid two House investigations and a request from five senior Republican Senators for the U.S. Comptroller General to look into her actions.

[FOX News](#)   (5/17) reported that Senate Republicans “joined their House colleagues in calling on a government watchdog agency to investigate Health and Human Services Secretary Kathleen Sebelius soliciting donations from companies her agency might regulate – part of an effort to sign up uninsured Americans for ObamaCare.” Although “HHS says it’s perfectly legal” for Sebelius to ask “various charitable foundations, business executives, doctors and churches to donate money to nonprofit organizations that are helping implement” the ACA, lawmakers like Sens. Lamar Alexander (R-TN) and Orrin Hatch (R-UT) “argue it’s a conflict of interest and want the Government Accountability Office to look into it.”



The [Tennessean](#)   (5/20, Sisk) “Political Notebook” blog looks into Tennessee Republican Senator Lamar Alexander’s comparison of Sebelius soliciting private funds for implementation of the Affordable Care Act to the 1980s Iran-Contra Scandal. Of the analogy, the blog points out that, as Greta Van Susteren said to Alexander on the Fox News’ Show “On The Record” last week, “Iran-Contra involved deaths.” Still, “Alexander didn’t back away from the comparison.”

Editorials Echo GOP Calls For Investigation. In an editorial, the [Washington Post](#)   (5/19) contended, “One of the biggest questions hanging over the healthcare system is how many young Americans will sign up for coverage once the Affordable Care Act begins to phase in this October.” Although “the stakes for the Health and Human Services Department, which is overseeing the transition, are tremendous,” the Post asserts, however, that “they are not high enough to justify HHS Secretary Kathleen Sebelius dancing around serious ethical lines.” The Post claimed that Sebelius acted improperly when she “solicited private support – including from insurance companies – for Enroll America, a nonprofit group devoted to expanding access that a former Obama administration staffer



runs.”

Similarly, in an editorial, the [Boston Herald](#)   (5/19) called Sebelius' solicitation of private funds for help to enroll the uninsured in the Affordable Care Act “another example of the Obama administration's contempt for the law and the Constitution.”



Newly-Confirmed CMS Chief Tavenner Profiled.



[CQ](#)   (5/18, Reichard, Subscription Publication) carried a flattering profile of newly confirmed CMS Administrator Marilyn Tavenner, praising her “ability to engage opponents of the [healthcare] overhaul and to earn their good will.” Beyond that, the piece notes her “two decades of experience as an executive with the nation's biggest for-profit hospital chain” and “her clinical training and experience as a nurse.” CQ continued, “a former emergency room nurse who has guided patients through medical crises, she's a reassuring presence amid shifting circumstances. To many, she projects calm and efficiency under pressure.”



HHS Issues Final Rule Governing Reimbursement PCIP Rate.



[CQ](#)   (5/18, Adams, Subscription Publication) reported that under a final rule HHS released Friday, “the reimbursement rate for medical services provided under the high-risk pools,” known as the Pre-Existing Condition Insurance Plan, “will be lowered to Medicare rates.” Further, the rule “bans medical providers in the program...from asking patients to pay the difference between what the program will cover and what the provider wants to charge.” According to the rule, that is “to protect enrollees in the federally administered PCIP from having to shoulder potentially significant costs that could be shifted to them as a result of this new payment policy.”

Most GOP-Leaning States On Track To Reject Medicaid Expansion.

Over the weekend through Monday, several states saw regional coverage for making progress on their Medicaid expansion decisions. Notably, a handful of nationally-focused sources offered accounts related to expanding the program. The [Los Angeles Times](#)   (5/19, Levey) reported that state-level Republican opposition to Medicaid expansion “likely widen the divide between the nation's healthiest and sickest states.” The Times says “nearly every GOP-leaning state” is “on track to reject an expansion” of Medicaid, meaning that the Affordable Care Act's “goal of guaranteed insurance will become a reality next year mostly in traditionally liberal and moderate states. These states already have higher rates of health coverage.”

Similarly, [American Medical News](#)   (5/20, Lubell) reports, “As most states wrapped up their 2013 legislative sessions, many of them closed the door on their most likely opportunities to expand Medicaid under an optional provision of the Affordable Care Act.” Although “more than half the states were on track to reject the expansion” when their sessions expired, “it's possible that a few states may decide to revisit the issue before the scheduled start of Medicaid expansion in 2014.”



[Kaiser Health News](#)   (5/18, Galewitz) reported that on Friday, the Obama Administration “informed state officials that they could simplify enrollment in Medicaid, the federal-state program for the poor, to handle the onslaught of millions of anticipated enrollees next year when the health care law expands coverage.” In a letter to state officials, CMS' Medicaid Director Cindy Mann “laid out several ways states might streamline enrollment for adults, including using data people have already submitted to qualify for food stamps – a practice that a few states permit for children.”



[Politico](#)   (5/20, Cheney, Millman) reports that supporters of the Affordable Care Act in Republican-led states are considering “asking voters to do what their elected leaders have not: accept billions of federal dollars to cover millions of poor people under Obamacare.” Politico offers this assessment of this strategy: “Putting anything as volatile as President Barack Obama's health law on the 2014 ballot is risky – more so if the rollout of the law is rocky next year, less so if people start seeing tangible benefits.”



Despite Brewer's Push, Medicaid Expansion Still Uncertain In Arizona. From the state level, Arizona sees the heaviest coverage. For its part, the [Arizona Republic](#)   (5/20, Sanchez) reports on Arizona Governor Jan Brewer's fight to expand Medicaid in her state, and what it says about her legacy. According to the article, “If she succeeds, it would be an important piece of her legacy, improving her image with moderates and Democrats who have criticized her for being too extreme on illegal immigration. It could also hurt her standing with some Republicans, who have lauded her fiscal conservatism as she shepherded the state through the economic downturn.” Regarding the plan's likelihood of passing, the article adds that it “faces an uncertain future in the [state's] House of Representatives”



To this point, the [East Valley \(AZ\) Tribune](#)   (5/19, Fischer) reported that “the Medicaid expansion plan approved by the Senate



late Thursday is pretty much dead on arrival at across the courtyard, House Speaker Andy Tobin said Friday.”



In a related piece, the [Arizona Republic](#)   (5/20, Sanchez) carries an interview with Governor Brewer to discuss “why she wants to expand Medicaid in Arizona.” When asked why she is fighting “so hard” for expansion, Brewer told the papers, “If you look at all the facts and figures, and you do the math, there’s no other way ... other than to implement it here in Arizona. We can bring home Arizona taxpayer dollars that they sent to the federal government ... the federal government has had it long enough ... and they’re not spending it very wisely, so why don’t we bring those dollars home that we’ve all paid and put it to good use for the people of Arizona?”



[CQ](#)   (5/18, Adams, Subscription Publication) reported that last week, “Arizona senators moved Medicaid expansion one step closer to reality in that state this week while the effort fell short in Michigan.”



New Hampshire Republicans Remain Skeptical About Medicaid Expansion. The [AP](#)   (5/17) reported, “State Senate Republican leaders remain skeptical about expanding Medicaid in New Hampshire under the federal health care overhaul law.” On Friday, Senate President Peter Bragdon (R-Milford) told Medicaid chief Katie Dunn “that the federal government made promises before to share costs with states for programs and didn’t keep its word.” While “Bragdon said he isn’t sure he wants to gamble on expansion for fear the state will be stuck with a bigger share of the bill,” the AP noted that “Dunn assured Bragdon federal law allows states to back out whenever they choose.”



The [New Hampshire Union Leader](#)   (5/17, Rayno) reported that Dunn “said if the state does not expand Medicaid, thousands of state residents will not have health insurance and the money will go elsewhere.” New Hampshire “HHS commissioner Nick Toumpas and Dunn told the committee that Medicaid managed care and Medicaid expansion along with the individual insurance mandates in the Affordable Care Act are tied together and are not separate.”



The [Concord \(NH\) Monitor](#)   (5/20, Leubsdorf) reported, “No decision’s been made yet on Medicaid expansion by the Senate, though the House included the expansion in the budget it passed last month.” Although “Bragdon pointed out yesterday that even if federal dollars pay most of the expansion cost, the state would still spend more on Medicaid in future years,” he noted that “other provisions of the health care law will result in lower state costs... and the managed care system being implemented now will also save the state money.”

Two Bills Tackle Medicaid Expansion In Louisiana. The [New Orleans Times-Picayune](#)   (5/18, McGaughy) reports, “The 2013 legislative session in Baton Rouge is three weeks from its close on June 6, and lawmakers are steeped in debate on several issues, including Medicaid expansion.” Two bills expanding Medicaid in Louisiana “still have a long slog in the state Legislature before they hit Gov. Bobby Jindal’s desk, where they would likely be killed.” Senate Bill 125, sponsored by Sen. Karen Carter Peterson (D-New Orleans) “would mimic the Arkansas model to use federal Medicaid expansion funding to pay for private insurance plans,” while a similar House Bill 233 has been sponsored by Rep. Patricia Haynes Smith (D-Baton Rouge).



Iowa Lawmakers May Postpone Medicaid Expansion Debate. The [AP](#)   (5/20) reports that as Iowa “lawmakers struggle to complete their work and adjourn the legislative session, some wonder whether the best way to deal with a contentious health debate is to skip the matter for now and hold a special session later.” Although “it’s been seven years since the Legislature held a special session,” they “have been used sporadically over the years to address complex issues.” Some lawmakers believe that “a discussion over whether to expand Medicaid may be too complicated to finish in the coming days, in addition to work on taxes and education policy.”



Efforts To Expand Medicaid In Ohio Continue. The [Columbus \(OH\) Dispatch](#)   (5/18, Siegel, Candisky) reports, “As supporters of Medicaid expansion in Ohio grow increasingly impatient with legislative inaction, talk, both publicly and privately, is turning toward alternatives such as a 2014 ballot issue.” Although “Gov. John Kasich proposed expanding Medicaid,” House Republicans “pulled Kasich’s plan out of the budget,” and Senate President Keith Faber (R-Celina) “has said it will not be put back.” However, “both House and Senate GOP leaders have indicated a willingness to work on an alternative to the expansion outside the budget, possibly in the fall.”

Nixon, Missouri Republicans Clash Over Medicaid Expansion Effort. The [AP](#)   (5/19, Shapiro) reported that Missouri Gov. Jay Nixon (D) “began his second term with ambitions to expand Medicaid coverage, cap campaign contributions and lengthen the school year,” however, “those priorities ran into a wall of opposition from the largest Republican legislative majority since the Civil War.” Missouri lawmakers “soundly defeated Nixon’s plan to expand Medicaid coverage” on Friday, after Nixon spent several months on “a public campaign trying to pressure Republicans into backing his plan. He held 32 press conferences across the state and met with House and Senate Republicans behind closed doors.”



Virginia Hospitals Anxiously Await Possible Medicaid Reforms. The [Richmond \(VA\) Times-Dispatch](#)   (5/20, Martz) reports, “Virginia hospitals face an anxious summer and fall as state lawmakers begin to take a hard look at reforming — and potentially expanding — the state’s Medicaid program for the poor, elderly and disabled.” In June, “a new legislative commission will meet for the first

time to review Medicaid reforms required under the state budget that will take effect July 1.” The Times-Dispatch notes that “accomplishment of those reforms will determine whether the Medicaid Innovation and Reform Commission agrees to extend the program to hundreds of thousands of uninsured Virginians — many of whom now go to emergency rooms for care that ultimately is paid for by taxpayers.”



Texas Medical Association Approves Resolution Endorsing Medicaid Expansion. The [San Antonio Express-News](#)   (5/20, MacCormack) reports, “A resolution endorsing the expansion of Medicaid was approved by Texas Medical Association delegates Saturday at the group’s annual meeting in San Antonio.” However, Dr. Robert Luedecke, a San Antonio anesthesiologist and member of the Bexar County Medical Society claimed that his is “doubtful the group’s stance will sway Gov. Rick Perry” who opposes expansion.

Medicaid Expansion Efforts In Georgia Detailed. In the [Athens \(GA\) Banner-Herald](#)   (5/19), columnist Walt Jones writes about how the “quest for Medicaid expansion doesn’t let up.” Jones notes that, in a number of states – including Georgia, Florida, Michigan, Ohio, and Arizona – “governors and lawmakers have been out of synch” on expansion. Medicaid expansion opponents claim “the political cost of defunding a program with so many beneficiaries would be almost certainly crippling on both state and federal politicians,” which “means the best hope for those who want to stop it is to do so before it takes effect.” Nonetheless, Jones ponders why advocates are “still hopeful, despite the Peach State leadership’s unified opposition and legislative defeats across the country.”

Employers May Be Able To Provide Limited Coverage, Avoid ACA Penalties.



On its front page, the [Wall Street Journal](#)   (5/20, A1, Weaver, Mathews, Subscription Publication) reports that businesses across the country are beginning to realize they can avoid various penalties of the Affordable Care Act by providing their employees with bare-bones coverage that lacks many standard benefits. Insurance brokers and advisers are increasingly recommending these limited plans, suggesting that the ACA will not enhance coverage as was intended. It is unclear so far how widespread this strategy will be, but at least twelve brokers in ten states have been pitching the idea to their clients.



Republicans Divided Over Whether To “Fix” Or Repeal ACA.

[The Hill](#)   (5/20, Baker) reports in its “Healthwatch” blog that while critics of the Affordable Care Act have talked about its potential to hurt small businesses, “there hasn’t been a real effort on the Hill to address the provisions that will have the most immediate impact on” them, like the so-called employer mandate. The Hill says the lack of action stems in part from disagreement within the GOP over whether it is “OK to ‘fix’ parts of the healthcare law,” instead of repealing the law entirely, as some conservatives would prefer.



Public Health and Private Healthcare Systems



CBO: Obama’s Budget Would Save Medicare \$364 Billion Over Ten Years.

[The Hill](#)   (5/18, Baker) “Healthwatch” blog reported that the CBO said on Friday that “President Obama’s budget proposal would save the Medicare program \$364 billion over the next decade.” The article noted that “Obama’s budget called for a range of cuts in Medicare’s payments to healthcare providers. The most controversial proposals would let poor seniors buy prescription drugs at the price Medicaid pays, rather than the higher Medicare price.”



[Modern Healthcare](#)   (5/18, Zigmond, Subscription Publication) noted that these CBO figures fall “closely in line with the Obama administration’s analysis last month.”





North Carolina Lawmakers Direct State To Craft Medicaid Reform Waiver.

The [AP](#)   (5/18, Kardish) reported that officials in North Carolina said Friday that “the state Senate will soon direct state agencies to begin crafting a proposal to tame the costs of Medicaid and improve patient care.” The reform proposal, to be ready by March 2014, “will incorporate ideas from Republican Gov. Pat McCrory to give greater control to outside groups to manage the subsidized health program serving 1.5 million of the state’s poor, disabled and elderly residents.”

The [Greater Triad Area Business Journal](#)   (5/17, Covington, Subscription Publication) reported further that McCrory on Friday “announced support from General Assembly leaders for a plan to seek a waiver from the federal government that would allow North Carolina to significantly alter its Medicaid program.” North Carolina Senate President Phil Berger and House Speaker Thom Tillis, both



Republicans, backed the announcement. According to authorities, “the Senate’s budget proposal will include direction to the state Department of Health and Human Services to prepare a waiver application.”



The [Winston-Salem \(NC\) Journal](#)   (5/20, Craver) reports that Dr. Aldona Wos, head of the North Carolina Department of Health and Human Services, and state Medicaid Director Carol Steckel, on their “statewide stops, which are aimed at raising support for Gov. Pat McCrory’s health-care overhaul,” have heard arguments against it asking the state to “let North Carolina providers resolve Medicaid financial and operational issues, not for-profit insurers and out-of-state providers.”

Also reporting were the [Triangle Business Journal](#)   (5/17, deBruyn, Subscription Publication) and [High Point \(NC\) Enterprise](#)   (5/20).



Maine Budget Committee Holds Meeting On Medicaid Shortfall.



The [AP](#)   (5/20) reports, “Some members of the Maine Legislature’s budget-writing committee said Sunday they were surprised by the projected funding shortfall at the Department of Health and Human Services but Gov. Paul LePage was rebuffed when he tried to address the panel.” On Sunday, “the Appropriations Committee held a rare State House meeting... to ask Commissioner Mary Mayhew about her department’s financial issues, two days after she told LePage that DHHS will run out of money to pay Medicaid providers in three weeks if money isn’t appropriated by May 28.” According to Mayhew, “lawmakers had plenty of warning but LePage wasn’t allowed to address the committee.”

The [Bangor \(ME\) Daily News](#)   (5/19, Stone) reports, “On Sunday, Democrats on the appropriations panel criticized Mayhew for a lapse in communication that resulted in committee members learning of the May 28 deadline at 5 p.m. Friday through a letter addressed to Senate President Justin Alford (D-Portland) and House Speaker Mark Eves (D-North Berwick).” Mayhew “told committee members they shouldn’t be surprised to learn her department could soon have insufficient funds for Medicaid-related payments in the final weeks of the fiscal year,” adding “there could be flexibility around the May 28 deadline, she added, but additional funds need to be allocated soon.”



The [Waterville \(ME\) Morning Sentinel](#)   (5/20, Mistler) reports that Maine Sen. Dawn Hill (D-Cape Neddick) “blocked Gov. Paul LePage’s surprise attempt to speak” at Sunday’s meeting. LePage “asked to address the Appropriations and Financial Affairs Committee as it was preparing to recess.” Hill “told the governor that she didn’t want to inject politics into a meeting during which lawmakers had agreed that the shortfall could be fixed by the end of the week.”

Study: Costs Associated With Walker’s Medicaid Expansion Plan Increase.

The [AP](#)   (5/20) reports, “The cost of Gov. Scott Walker’s plan to reject federally funded Medicaid expansion and instead tighten income eligibility for the program has gone up.” According to a new estimate from the nonpartisan Legislative Fiscal Bureau, “the cost of Walker’s proposal is \$73.5 million more than when he released it in February.” The AP adds, “Of that, \$52 million is directly related to the changes Walker is proposing.”



The [Milwaukee Journal Sentinel](#)   (5/20, Stein) notes that the report “immediately became part of the debate over Walker’s budget proposal for Medicaid programs, which is currently before lawmakers on the Joint Finance Committee. The budget panel is rewriting Walker’s bill and will send it to the Assembly and Senate early next month for their consideration.” The Journal Sentinel adds, “The Walker administration had presented his plan as saving roughly \$3 million compared to current law.”

Florida Governor To Approve Medicaid Transition Money.



The [Tampa Bay \(FL\) Times](#)   (5/20, Bousquet, Mitchell) reports, “Gov. Rick Scott today will veto a 3 percent increase in Florida college tuition and approve \$65 million in extra Medicaid funding to hospitals that provide much of the care to the poor, including Tampa General and Jackson Memorial in Miami.” The Times notes that “the state’s largest hospitals were relieved to learn Scott will not spike \$65 million aimed at easing the transition to a new Medicaid payment system. In return, hospitals agreed not to ask for more such money next year.”

Senior Market News

Ohio To Bolster Criminal Background Checks On Home Healthcare Workers.



The [AP](#)   (5/20) reports, “Ohio officials plan to bolster criminal background checks for those home health-care workers who provide direct care to the disabled and elderly.” Ohio “has received a \$2.1 million federal grant to provide increased reviews for more than 100,000 workers who serve patients in Medicaid- and Medicare-funded settings.” According to officials, the Retained Applicant Fingerprint Database Information Exchange “will make post-hiring background checks timelier and less burdensome.”

Residential Care For Elderly Goes Digital.



[NorthJersey](#)   (5/20, Diskin) reported, “Sensors under the mattresses of elderly residents with dementia track how much they sleep at night. Others in the showers note how often they bathe, while sensors in the walls watch over their movements.” The information is “sent to the nurses at the assisted living center where these residents live, a red dot appearing next to the names of residents whose normal routines have changed dramatically.” Paul Langevin, president of the Health Care Association of New Jersey, a trade group that represents the long-term-care industry, said, “There are a whole host of things that are arriving on the market and being looked at as ways to improve care.”

Also in the News



Texas House Backs Omnibus Medicaid Fraud Bill.

The [Texas Tribune](#)   (5/17, Aaronson) reports that the Texas “House decorated an omnibus Medicaid fraud bill on Friday with a variety of amendments in a last ditch effort to save near-death health care legislation. The original version of Senate Bill 8, which the House tentatively approved, would allow Texas to take a more proactive approach to preventing and catching Medicaid fraud.” The Tribune notes that the bill, sponsored by Texas Sen. Jane Nelson (R-Flower Mound) would “set up a data analysis unit within the office of inspector general at the Health and Human Services Commission to detect trends and outliers that may indicate fraud.”

Florida Medicaid Fraud Probe Centers On Businesswoman.

The [Orlando \(FL\) Sentinel](#)   (5/17, Pavuk) reports that the Florida “investigation into a \$3 million Medicaid fraud scheme surrounding an Orlando woman and her mental-health service business has led to the arrests of several of her employees, who are accused of double-billing and taking kickbacks.” Janie Vittini, owner of Improving Together Inc., “was arrested in March and accused of billing the Medicaid program for hundreds of services never rendered.” Authorities claim that “Vittini used the money to fund a lavish lifestyle — living in a posh downtown condo, buying homes and several vehicles, and purchasing thousands of dollars in luxury items.”

Efforts To Stop Medicaid Fraud In Miami Noted.

The [Miami Herald](#)   (5/20) editorializes, “In the latest roundup of accused Medicare fraudsters, Miami is once again one of the main players” after local actor Roberto F. Marrero and his wife, Sandra Fernandez Viera were “accused of submitting \$20 million in false claims to the taxpayer funded federal Medicare program.” Noting that “Miami has long had the sorry reputation for being the nation’s leader in Medicare fraud,” the paper questions where why “the federal safety net that weeds out the unqualified or corrupt from getting carte blanche to bilk the American public at a cost of untold millions” failed the city.

Friday's Lead Stories

- [House Votes Along Party Lines, Again, To Repeal Affordable Care Act.](#)
- [Republicans Continue Push To Tie IRS Scandal To ACA.](#)
- [Study: “Romneycare” Had Little Impact On Healthcare Use In Massachusetts.](#)
- [Healthcare Cost Slowdown Benefits Retirees.](#)
- [Swiss Healthcare Offers Glimpse At Mandatory-Private System.](#)

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