

Customized Briefing for Kimberly Barry-Curley

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## Leading the News

### Martinez Announces New Mexico Will Expand Medicaid Under ACA.

The [AP](#)   (1/10, Massey) reports, "New Mexico, a state that hovers near the top of national poverty and uninsured rankings, plans to follow provisions of a federal health care law to expand Medicaid to potentially provide medical services to 170,000 low-income adults, Republican Gov. Susana Martinez announced Wednesday." With this decision, New Mexico joins "at least 15 other states and the District of Columbia in broadening eligibility for the health care program under" the Affordable Care Act. Notably, "New Mexico and Nevada are the only states with GOP governors to so far commit to the Medicaid expansion."

The [Huffington Post](#)   (1/10, Young) reports, "In announcing that her state would go along with the Medicaid expansion, Martinez cited her responsibilities to needy New Mexicans and to the state's budget." In a news release, she said, "We have an obligation to provide an adequate level of basic health care services for those most in need in our state. However, we also have an obligation to ensure our state's financial security. In deciding to expand Medicaid, I weighed every possible outcome and impact. Ultimately, this decision comes down to what is best for New Mexicans."

The [Albuquerque \(NM\) Journal](#)   (1/10, Quigley) notes that the decision "means New Mexico will get more than \$6 billion from 2014 through 2020 to cover the lowest-income adult population." [Albuquerque \(NM\) Business First](#)   (1/10, Domrzalski) also reports.

**New Mexico Working To Set Up State-Based Exchange By October Deadline.** The [Alamogordo \(NM\) Daily News](#)   (1/10, Jennings) reports on the progress of New Mexico's state-based insurance exchange under the Affordable Care Act, set in motion "thanks to Republican Gov. Susana Martinez, who broke ranks with many of her GOP colleagues last year when she decided to take on the project." Now, "with the Oct. 1, 2013, federal deadline looming for enrolling residents who want to participate in the state's exchange, several critical questions arise, including matters of law, government, culture and access to care." The article looks into these questions, noting "With only months to ramp up to a working exchange, some have wondered if the Martinez administration waited too long to start the process."



## From NAHU

Access NAHU's latest information on PPACA, including a [timeline](#), through our Compliance Corner by clicking [here](#). This section of the website is constantly being updated, so be sure to check in often!





## NAHU in the News



### Suggestions For Fiscal Cliff Deal's Long-Term Care Panel Floated.





In an article about the 15-member Commission on Long-Term Care created by the American Taxpayer Relief Act of 2012 (ATRA), better known as the deal that averted the fiscal cliff on January 1, [LifeHealthPro](#)   (1/10, Bell) compiles a list of people that could populate the panel. Per the law, the Commission is "supposed to include representatives from LTC insurance (LTCI) providers as well members representing the interests of family caregivers, health care workers, users of LTC services, and users of LTC insurance." Given this, LifeHealthPro floats people like Rick Foster, the outgoing chief actuary for the Centers for Medicare & Medicaid Services, Mark Parkinson, former Governor of Kansas and current President of the American Health Care Association and National Center for Assisted Living (AHCA/NCAL), and Janet Trautwein, the chief executive officer of the National Association of Health Underwriters (NAHU).



## Legislation and Policy



### Florida Agency Revises Medicaid Estimate, "Fueling" Criticism Of Scott.



The [AP](#)   (1/10, Fineout) reports that "just two days ago," while meeting with HHS Secretary Kathleen Sebelius in Washington, Florida Gov. Rick Scott "declar[ed] that the potential cost of the federal health care overhaul to state taxpayers would be as much as \$26 billion." But, Wednesday, "Scott's own health care agency released new cost estimates of as little as \$3 billion over the next decade." According to the article, "the startling turnabout is likely to fuel continued criticism that Scott - a longtime critic of President Barack Obama's health care reform - is overstating the numbers to justify his opposition." Florida's Agency for Health Care Administration "drew up the new estimates at the urging of the Florida House," but the Scott Administration "still contends the higher cost is realistic."



The [Tampa Bay \(FL\) Times](#)   (1/10, Sharockman) reports on the "dramatic" and "enormous" difference between Wednesday's estimate of \$3 billion and the \$26 billion tab Scott was touting Monday and defending until Tuesday. Explaining the revision, the article notes that the Florida's Agency for Health Care Administration's new estimate "includes the federal matching funds promised in the health care law to pay for the Medicaid expansion," and "excludes costs associated with people who are now eligible for Medicaid but for one reason or another have not enrolled." This estimate "is more in line with costs estimated by outside groups, and could soften attacks that the expansion is too costly for Florida to afford."



The [Palm Beach \(FL\) Post](#)   (1/10, Green) reports that Scott and his Administration appear "to be factoring that skepticism into the math he and lawmakers use to decide whether to insure at least 1 million more low-income Floridians." The [Orlando \(FL\) Sentinel](#)   (1/10, DeSlatte) provides similar coverage.

The [Huffington Post](#)   (1/10, Young) reports on the story, calling Scott "Professional health care reform opponent cum Florida Gov." The article continues, though Scott "made some noises after President Barack Obama's reelection about being newly openminded about a law he spent \$5 million of his own money to defeat," so far, "his actions suggest his point of view hasn't changed after all."



The [MSNBC](#)   (1/10, Benen) "Maddow Blog" characterizes Scott as "looking for excuses to turn down the Medicaid expansion that common sense suggests he should accept." The blog concludes, "The problem is, the governor knows what he's saying isn't true."



**Scott Now "Looks Forward" To Reviewing Other Estimates.** [Kaiser Health News](#)   (1/10, Gentry) reports that "in apparent reaction to Health News Florida's report early Tuesday headlined 'Legislative Analysts told Scott His Medicaid Estimates Are Wrong (But He's Using Them Anyway),' Scott's Communications Director has released a statement saying he "is willing to look at estimates on the cost of Medicaid expansion other than the ones he has been using." The statement read in full, "The discussion underway now about the cost of adding people in Medicaid under the new healthcare law is incredibly important. Gov. Scott is focused on improving the cost, quality and access of healthcare for Florida families. When he met with (Health and Human Services Secretary) Sebelius yesterday in Washington, they discussed the AHCA cost estimate report and the Governor's concerns about how taxpayers could afford to nearly double the number of people in Medicaid. AHCA's report concluded that adding people to Medicaid under the new law would cost Florida \$26 billion over 10 years. Others have asked AHCA to use different assumptions to calculate different cost estimates. We look forward to reviewing those cost estimates as well."



**AHCA Director Defends Original Estimate In Interview.** The [Orlando \(FL\) Sentinel](#)   (1/9) runs a recent interview with Florida's Agency for Health Care Administration director Elizabeth Dudek, who "defended the estimate." For example, when asked why AHCA's original estimate of \$25.8 billion differed so "radically" from the Kaiser Family Foundation's estimate of \$4.1 billion, Dudek said, "Our experience has been that no matter what we have seen estimated in the Medicaid program, it's always cost much more than what was estimated. ... Obviously, the Legislature and others will look at the figures and make a determination. We wanted to give them, based on the history that we know and based on looking at what was in the act, what could potentially happen to Florida."

**Florida House Appropriations Chair Calls For "Consensus" On Estimate.** The [Orlando \(FL\) Sentinel](#)   (1/10, DeSlatte) reports, "House Appropriations Chairman Seth McKeel, R-Lakeland, released a statement Wednesday night defending Florida's consensus revenue process but also welcoming alternative projections for the cost of expanding Medicaid coming from Gov. Rick Scott's administration." McKeel said "that the state needed to follow its traditional process for agreeing on revenue and expenditure projections, which requires the House, Senate and governor's economic experts to come to a unanimous decision on what revenues will come in and



what programs will cost."



**South Florida Paper: Scott's "Spin" Makes "Trust" Difficult.** In an editorial, the [South Florida Sun-Sentinel](#)   (1/10) writes, "We keep hearing Gov. Rick Scott has softened his stance against Obamacare and is open to helping uninsured Floridians gain access to affordable health care, while keeping costs affordable for businesses, taxpayers and everyone else." And yet, "things aren't always as they appear." Because, "First, the governor missed last month's deadline for agreeing to create a state health insurance exchange," and now, "we learn the governor has inflated the projected costs of covering another 1.2 million Floridians under Medicaid." The paper concludes, "if the governor refuses to stop spinning the numbers on health care, how can we trust him?"

**Palm Beach Post: Scott Must Give Accurate, Practical "Prescription" For Medicaid.** In an editorial, the [Palm Beach \(FL\) Post](#)   (1/10) responds to Governor Scott's "repeated inaccuracies" in estimating the cost to Florida of expanding Medicaid under the Affordable Care Act. In a press conference after meeting with HHS Secretary Kathleen Sebelius Monday, Scott said "I'm responsible for Florida families. And what I'm concerned about is their health care." The Post writes that he "could prove that in two ways." First, "he could use accurate numbers about Medicaid expansion." And second, "he could either expand Medicaid or propose an alternative to the health care law that would help some of Florida's nearly 4 million uninsured."



**Florida Paper: Scott's Estimate Not In Proper Context.** In an editorial, the [Panama City \(FL\) News Herald](#)   (1/10) writes that Florida Governor Rick Scott "committed an unforced error by trumpeting a statistic on Medicaid without putting it in the proper context." This move, the paper deplors, "has focused attention away from where it should be: on the federal government's trustworthiness." After explaining the difference between the \$26 billion figure Scott was using until Monday, and the \$5 billion figure the state's healthcare agency arrived at Wednesday, the piece contends, "Instead of throwing around a definitive number, what the governor should have done was question whether Washington will live up to its promises."



## NGA: States Need Bigger Role, Flexibility In Healthcare Implementation.



[CQ](#)   (1/10, Norman, Subscription Publication) reports that during the National Governors Association's first ever "State of the States" address Wednesday, leaders from both parties asked that the Federal government "be flexible and partner with states as the health care law is implemented." As the Affordable Care Act goes into full effect in 2014, "attention increasingly will be paid to state decisions on health insurance exchanges, Medicaid expansion, insurance rate review and more." Given this, "governors have been pushing for a higher-profile role in many Washington fiscal discussions, including on health care policy." Still, "There's no one position on health care NGA has adopted because of the politics surrounding the law, and the governors said state differences when it comes to decisions on health need to be acknowledged."



The [Waterville \(ME\) Morning Sentinel](#)   (1/10, Miller) reports further that the NGA "said Wednesday they are struggling with rising Medicaid costs and federal inflexibility in administering a program that consumes an ever-larger share of state budgets." For example, "Oklahoma Gov. Mary Fallin, a Republican, described Medicaid as one of the biggest budget issues for states this year. Speaking at the conference, Fallin urged the Obama administration to grant states more flexibility to change or cut back the program that provides health care coverage to millions of low-income, elderly and disabled Americans."

## Missouri Republicans, Democrats Clash Over Medicaid Expansion.

The [AP](#)   (1/10, Lieb) reports that "the Missouri Legislature convened its 2013 session Wednesday with the largest contingent of Republican lawmakers since the Civil War era," and one of the items on the agenda is whether to expand the state's Medicaid program under the Affordable Care Act. While Democratic Governor Jay Nixon is in favor of expansion, "Republican legislative leaders restated their reluctance to do so Wednesday, citing fears about the potential long-term costs." Still, Democrats "emphasized their desire to expand the Medicaid program as called for by Nixon, noting the potential economic impact of billions of federal dollars flowing into the health care system."

The [St. Louis Post-Dispatch](#)   (1/10, Crisp) calls Medicaid expansion "one of the key issues for state lawmakers" in the session beginning Wednesday, and questions whether there is "a chance for compromise" between Democrats and Republicans. The article notes that "Republicans have veto-proof majorities in the House and Senate, but Gov. Jay Nixon, a Democrat, has traveled the state in support of the Medicaid expansion plan." Further, "Several health care groups also are backing the effort, as is the Missouri Chamber of Commerce."



The [Joplin \(MO\) Globe](#)   (1/10, Yokley) reports, "The issue of Medicaid will likely be an extensive battle as lawmakers deliberate about the fiscal 2014 budget. That discussion will begin when Nixon takes the stage on Jan. 28 in the House chamber to deliver his State of the State address to a joint session of the General Assembly."

[Missourinet](#)   (1/10, Lear) reports, "Republican and Democrat leaders have staked two very opposing positions on Medicaid expansion on day one of the legislative session." For example, "During remarks on the floor of the House, Minority Leader Jake Hummel (D-St. Louis) tied the issue of Medicaid expansion to job creation." However, "House Speaker Tim Jones (R-Eureka) in his opening day



address made a strong statement in opposition to Medicaid Expansion, saying it threatens funding for schools."



## **Kentucky Bill Would Block Governor From Implementing ACA Provisions.**





The [AP](#)   (1/10, Alford) reports, "Democrats and Republicans in the Legislature are primed for a lively debate on federal health care changes that could provide Medicaid benefits to some 400,000 additional Kentuckians and create an insurance exchange that would make it easier for people to find affordable private coverage." House Speaker Greg Stumbo, D-Prestonsburg, "said Wednesday that he will oppose legislation that could impede implementation of two key parts of the Affordable Care Act, the federal initiative that he touts as a way to improve the health of Kentucky residents." These comments followed State Sen. Julie Denton, R-Louisville, introducing "legislation Wednesday that would require Gov. Steve Beshear to get legislative approval before implementing the health insurance exchange or opening the state's Medicaid program to additional recipients."

The [Lexington \(KY\) Herald-Leader](#)   (1/10, Musgrave, Brammer) reports on the two bills Denton filed Wednesday. The first, Bill 39, "deals with the expansion of Medicaid, a federal-state health care program for the poor and disabled, and SB 40 deals with a state-based health benefit exchange." The second, SB 40, "deals with a state-based health benefit exchange." Both aim to "block Gov. Steve Beshear from" implementing these ACA provisions.

## **Alexander Proposes Having Feds Take All Responsibility For Medicaid.**

The [AP](#)   (1/10) reports US Sen. Lamar Alexander, addressing a joint session of the Tennessee General Assembly on Wednesday, "proposed a 'grand swap' in which the federal government would take over all responsibility for Medicaid and the states would gain all control over education." Alexander said he proposed such a measure about three decades ago, noting that former President Ronald Reagan "embraced the idea, but it did not gain any traction in Congress. Alexander told reporters after the speech on Tuesday that he sees similar barriers to his proposal amid Democratic control of the Senate and the presidency but said the change would remove the concerns and political challenges facing the states on expanding Medicaid or creating state insurance exchanges."





The [Tennessean](#)   (1/10, Sisk) notes Alexander "said shifting Medicaid spending to the federal government would take away the political and budget questions that have been raised among the states by the Affordable Care Act. But he declined to offer an opinion on whether Tennessee should expand Medicaid."

The [Chattanooga \(TN\) Times Free Press](#)   (1/10, Sher) says US Sen. Alexander thinks his grand swap may gain traction in Congress, "given the expansion of Medicaid envisioned by President Obama's federal Affordable Care Act. Tennessee and a number of other states are still weighing whether to expand Medicaid or not." The [WPLN-AM](#)   Nashville, TN (1/10, Farmer) website also covers this.



## **Brown To Propose California Budget Including Health Policy Changes.**

The [Los Angeles Times](#)   (1/10, York, Megerian) reports that California Governor Jerry Brown "is set to propose a state budget Thursday that would shift the Capitol's focus from fiscal triage to sweeping policy changes in education, criminal justice, and healthcare." Among its provisions, Brown's "proposed budget will outline his plans for expanding health coverage under the new federal healthcare law, which is set to require increased coverage beginning in January 2014." The article notes that expansion of Medicaid under the Affordable Care Act "will put hundreds of thousands of new enrollees into California's public insurance program, but the governor has raised concerns about what that will cost."

## **LePage Administration Weighing Appeal Of HHS Decision On Medicaid Cuts.**

[CQ](#)   (1/10, Adams, Subscription Publication) reports that "Maine officials are still debating whether to appeal federal officials' split decision this week on Gov. Paul LePage's request to reduce health care benefits." LePage had "sought to eliminate coverage for about 37,000 people. Medicaid officials on Monday said they would allow the state Medicaid program to take away or reduce benefits for more than 20,000 people but that the state could not proceed on other reductions that LePage had requested." The state has "60 days from Monday to appeal the decision and will decide soon whether to do so, said a LePage spokeswoman." [The Hill](#)   (1/10, Viebeck) "Healthwatch" blog reports on CMS' decision.



## **Brewer Still Weighing Medicaid Expansion For Arizona.**

[KPHO-TV](#)   Phoenix (1/10, Barry) reports that Arizona Governor Jan Brewer's announcement whether she will expand the state's Medicaid program under the Affordable Care Act "may be days away." On the pro side, "A number of Arizona healthcare officials have said that expanding the state's Medicaid program will not only provide health coverage to more than 300,000 Arizonans, it will also pour billions of dollars into the state economy, create jobs and reduce premiums for businesses." However, "Several state lawmakers have argued that





expanding Arizona's Health Care Cost Containment System would be too expensive." For now, "A spokesperson said she's studying all sides of the issue and is determined to do what's best for the state."



## **Mead To Wyoming Lawmakers: Look "Carefully" At Medicaid Expansion.**

The [AP](#)   (1/10) reports that Wyoming Governor Matt Mead is "urging Wyoming lawmakers to look carefully at whether the state should accept \$50 million in federal funds to expand the Medicaid system in the state." In his annual "State of the State address," Mead said "federal officials have failed to answer questions from him about how to implement the expansion," and also said he "questions whether the federal government can live up to promises to pay for enlarging the program." Instead, Mead suggested the state "work over the next year to look at what conditions would lead the state to accept the Medicaid expansion and create a health insurance exchange."


## **Mississippi Unlikely To Expand Medicaid Under ACA.**

The [AP](#)   (1/10) reports that there is a "slim chance of Medicaid expansion in Mississippi" under the Affordable Care Act. Senate Public Health Committee Chairman Dean Kirby, R-Pearl, "said he doesn't think expansion will be approved this year to prepare for 2014." He explained that "even if a bill were to pass the House and Senate...the governor has made it clear he'd veto it." Kirby continued, "We do not have the votes to override a veto, I'll tell you that."



## **Advocate Urges Texans To Push For Medicaid Expansion Under ACA.**

Juan Flores, executive director of La Fe Policy Research & Education Center, expresses the importance of Texas expanding Medicaid under the Affordable Care Act in an op-ed for the [San Antonio Express-News](#)   (1/10). He explains, "Texas is the state with one of the largest number of potential new enrollees (over 3 million) to the Affordable Care Act's Medicaid expansion and health exchange opportunities." And, currently, "23.7 percent of Texans are uninsured, the biggest share of any of the 50 states." However, Texas Governor Rick Perry has already refused to extend Medicaid eligibility, citing high costs. Flores concludes, "It's incumbent on us all to call Perry and our representatives and tell them that the Medicaid expansion and health exchange is critically important to the health and financial future of all Texans."



## **Journalist Dings Fast Food Restaurants For Avoiding ACA Provisions.**

Journalist and California radio host Patt Morrison writes an op-ed for the [Los Angeles Times](#)   (1/10) decrying the fast food franchises that, "in anticipation of the healthcare overhaul which takes full effect next year...are evidently cutting back the hours of employees to dodge requirements" of the law. Of the franchises in question, a few Taco Bells and Wendy's in Oklahoma and Nebraska, she writes, "These fast-foods stories are against the backdrop of mostly Republican governors declaring their states won't take part in the healthcare overhaul." Morrison concludes, "In short, to you residents of those 22 states, take two aspirin and call the feds in 2014."



## **Columnist: Fiscal Cliff Deal Ignored "Real Fiscal Crisis," Medicare.**

Author and syndicated columnist Tom Purcell argues that in passing the recent fiscal cliff deal, President Obama and Congress ignored "the real fiscal crises that are dead ahead," namely Medicare, in a piece for the [Omaha World-Herald](#)   (1/10). He explains, "Medicare actually worked well for many years - when there were lots more people paying into the insurance program than there were Americans over 65 using it. But, like most government programs, Medicare was too good to last." Purcell concludes, "here we are, stuck on stupid, headed for certain disaster, and nobody is doing a thing to get Medicare under control before it and the other entitlement programs sink us all."

## **Minnesota Lawmakers Work On Health Insurance Exchange.**



The [Minneapolis Star Tribune](#)   (1/10, Brooks) reports, "A bipartisan coalition of lawmakers gathered at the Capitol on Wednesday to introduce long-delayed legislation that will set the groundwork for Minnesota's new health insurance exchanges." Under the legislation, the exchanges "will be governed by a seven-member board that will decide which plans will be offered to the public. Among the million-plus Minnesotans expected to use the exchange are 300,000 who are now uninsured."

## **State Regulators Concerned About Possible Premium Hikes Under ACA.**

The [Insurance & Financial Advisor](#)   (1/9) reported the National Association of Insurance Commissioners, in response to new ACA rules, sent CMS a letter that said members "are concerned high premiums will force young and healthy Americans out of the market in favor of penalties, leaving a larger and healthier population." The NAIC "is seeking more time and the ability and authority to develop systems to respond to what it says will be 'rate shock' for younger consumers." The letter said, "States need flexibility to develop a



regulatory environment that will discourage adverse selection while preserving consumer protections, rather than having the federal government prescribe open enrollment as the tool that states must use."

## Medicare, Medicaid Electronic Health Payments To Surpass \$10.3 Billion In December.



[Government Health IT](#)   (1/10, Mosquera) reports that "Medicare and Medicaid electronic health record payments are estimated to have blasted through \$10.3 billion to a total of 180,200 physicians and hospitals through December since the program's inception." Robert Anthony, a specialist in CMS' Office of eHealth Standards and Services, said, "We will pay out in December more than \$1 billion in Medicare and Medicaid hospital payments, our single largest month of payments by a factor of almost three, and a total of \$1.2 billion." He said this will bring the year-to-date incentive payments to over \$10.3 billion. Providers, including hospitals, "attested to get paid in the final month of the 2012 and will in the early months of this year so they can be counted as part of 2012 incentives."

### Public Health and Private Healthcare Systems





## CMS Decision Cuts \$60 Million From Kentucky's Medicaid Program.

The [Louisville \(KY\) Courier-Journal](#)   (1/10, Loftus) reports, "Medicaid funding to most primary-care health clinics across Kentucky will be cut starting next month, the Cabinet for Health and Family Services said Wednesday." The cut, the result of a decision out of the Federal CMS, "will result in a reduction of \$60 million a year to 155 primary-care clinics across the state, cabinet Secretary Audrey Tayse Haynes said." Just before the holidays, "federal authorities notified Kentucky that only primary-care clinics that have attained a special federal certification as a 'Federally Qualified Health Center' or 'Rural Health Center' are eligible for the supplemental funding." Of 273 primary-care clinics within Kentucky's Medicaid program, only 118 "have such certifications and will continue to get the supplemental money," while "the other 155 do not."

## Ohio Health Insurers Raise Premiums.



The [Hamilton \(OH\) Journal-News](#)   (1/10, Levingston) reports health insurance premiums "are rising this year for many Ohioans, and some will see larger double-digit percent increases than they've seen before, according to rate requests filed by health insurers. The rate hikes come ahead of implementation in 2014 of key provisions of the federal health care law, which industry watchers expect to dramatically increase insurance costs for some people even though the law's intention is to help make health care more affordable." Ohio Department of Insurance "said the average rate increase in Ohio for individual and small group plans is still below 10 percent."

## UnitedHealth Releases Savings Plan For Government Health Programs.



[CQ](#)   (1/9, Adams, Subscription Publication) reported that as legislators "hunt for Medicare and Medicaid savings, the nation's largest insurer released its own plan early Wednesday for how to squeeze \$542 billion over a decade from those government health programs, largely by more closely coordinating care for patients." The 32-page [plan](#)   (pdf) "would save about 4.4 percent from the nearly \$12.5 trillion that the federal government will spend on Medicare and Medicaid through 2022, according to the UnitedHealth Center for Health Reform and Modernization, which is affiliated with the national insurance company." Officials from UnitedHealth acknowledged, however, that "the Congressional Budget Office has not validated the proposal's estimates."

### Also in the News

## Coupons For Medical Deals Help Physicians Lure Patients.

[Kaiser Health News](#)   (1/10, Rau) cites James Dougeris, a healthcare business and marketing strategist at HCP Associates, who said coupons for health and medical deals oftentimes represent "the cheapest option for healthy people who may not need follow-up appointments. Even for those enrolled in a private insurance plan, the cost of using an online deal or a retail clinic may be less than seeing an in-network physician." Dr. John Muney, head of AMG Medical Group, said the company's Groupon deals "brought more than 1,000 people to AMG's six clinics for cholesterol and blood sugar testing, and regular checkups, over the course of a year." He said most of the new patients were low-income, uninsured, or on high-deductible plans.

## Beth Israel Launching New Accountable Care Organization.

The [Boston Globe](#)   (1/10, Borchers) reports, "Beth Israel Deaconess Medical Center is launching a new organization with doctors and other hospitals, adapting to a national movement toward payment systems that provide a single, set fee to care for each patient's

health." Beth Israel president Dr. Kevin Tabb "said the creation of the so-called accountable care organization caps more than a year of work since he became president in October 2011." The Globe adds, "In launching the new organization, the medical center and the Beth Israel Deaconess Physician Organization agreed to invest a total \$12 million per year over the next five years in care management and infrastructure improvements meant to promote seamless coordination among doctors and hospitals."

### Wednesday's Lead Stories

- [HHS Blocks Majority Of Cuts To Medicaid Sought By Maine Governor.](#)
- [NAHU Submits Comment Letter In Response To Draft PPACA Regulations.](#)
- [Scott Criticized For Using Flawed Medicaid Expansion Estimates.](#)
- [California Commissioner Calls Anthem Rate Increase "Unreasonable."](#)
- [Corporation With Medicaid Contract Donates To Obama's Inauguration.](#)

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