This Week in Health Policy...

- ACO Final Rules
- Medicaid Cuts - Wisconsin
- EHR Medicaid Incentives
- ACA Implementation – Local Level

Office of Health Policy and Government Relations
This week, the **Centers for Medicare and Medicaid Services** (CMS) announced the final rules for setting up **Accountable Care Organizations** (ACOs). The rules define two incentive programs - the *Medicare Shared Savings Program*, and the *Advanced Payment Model* - both of which are intended to facilitate robust physician participation in ACOs. More details available [here](#). CMS will conduct a learning session about ACOs from **November 17-18** in **Baltimore**. You may [sign up here](#).

**Advanced Payment Model Highlights:**

- **Upfront fixed payment**
- **Upfront payment based on the number of Medicare patients served**
- **Monthly payments based on the number of Medicare patients**
- **Designed for physician-owned and rural ACOs**
This week, Wisconsin health officials heard the displeasure of health care advocates over Governor Scott Walker’s proposal to reduce the state’s Medicaid expenses by $500 million by 2013. BadgerCare, as the program is known, proposes to shift more than 200,000 families from the plan to “benchmark” plans that offer fewer benefits. This move would require a federal waiver. BadgerCare serves over a million people, a population that amounts to about one in five Wisconsin residents.

More details are available here.
States are building the infrastructure necessary to help their Medicaid providers adopt health IT systems, in order to meet meaningful use requirements, and qualify for CMS EHR incentives. Alabama’s Provider Electronic Solutions, for example, is available to all Alabama Medicaid providers at no cost. Details of the program are available here.

Photo credit: Alabama Medicaid Agency
Health System Reform:
ACA Implementation @ the County Level

The Healthy Howard Health Plan was developed by Howard County, Maryland, to serve as the first line of defense for health promotion and disease prevention among the county’s uninsured. The Affordable Care Act makes such a plan increasingly more viable at the local level. More details are available here.

Key Points:

- Total county population **287K, 20K uninsured**
- ‘Primary care home' model
- Up to six doctor visits per year, standard
- Consult care coordinator at each doctor visit
- Funded by the county and community partnerships
What You Can Do

• Please call your Members of Congress, and urge them to preserve funding for training minority doctors. Contact info here.

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