



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

December 10, 2013

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These Updates, published by the Executive Office of Health and Human Services (EOHHS) in consultation with the other state agencies involved in ACA implementation, will bring you news related to the implementation of provisions of the ACA here in Massachusetts.

Grants and Demonstrations

The ACA provides funding opportunities to transform how health care is delivered, expand access to care and support healthcare workforce training.

Grant Announcements

Nurse Education, Practice, Quality and Retention (NEPQR) Program: Inter-professional Collaborative Practice, \$5309. Announced December 3, 2013.

Funding is available for projects that create and/or expand Inter-professional Collaborative Practice (IPCP) environments where nurses and other professionals can successfully collaborate and communicate in order to increase access to care and to achieve high quality patient and population-centered outcomes. Successful projects will promote practice environments in which emergent nurse leaders have an opportunity to demonstrate leadership in team building, problem-solving and care-coordination; provide clinical training opportunities for nursing students; and demonstrate innovation in IPCP. Eligible applicants are accredited schools of nursing, health care facilities, or a partnership of such a school and a facility. A health care facility may include a health center, hospital, health clinic, nursing home, home health agency, hospice program, public health clinic, state or local department of public health, skilled nursing facility, or an ambulatory surgical center. \$7M in 14 awards is available.

Applications are due February 3, 2014.

The announcement can be viewed at: HRSA.Gov

Nursing Workforce Diversity (NWD) Program, \$5404. Announced December 3, 2013.

Funding is available to provide educational opportunities in nursing for individuals from disadvantaged backgrounds to increase access to quality health care by increasing diversity in

the nursing workforce. Accredited schools of nursing, nursing centers, academic health centers, state or local governments, and other eligible community groups are eligible to apply. Certain faith-based organizations, community-based organizations, and Tribes and Tribal Organizations can also apply under this opportunity. Grantees will support efforts to recruit, retain and graduate disadvantaged populations by providing stipends, scholarships and mentorship. Projects should address larger social and structural issues that hinder efforts to diversify the nursing workforce. \$4 M in total for 12 awards is available.

Applications are due January 24, 2014.

The announcement can be viewed at: HRSA.Gov

Grant Activity

For information about ACA grants awarded to and grant proposals submitted by the Commonwealth, visit the Grants page of the **Massachusetts National Health Care Reform** website at: Mass.Gov

Guidance

11/27/13 HHS/CMS issued a final rule (with comment period) called "Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Hospital Value-Based Purchasing Program; Organ Procurement Organizations; Quality Improvement Organizations; Electronic Health Records (EHR) Incentive Program; Provider Reimbursement Determinations and Appeals." The rule implements portions of the following ACA sections:

3001, 3006, 3014, 3138, 3401, 4104, 10319 and 10324

The final rule with comment period updates the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for CY 2014.

The rule also describes the changes to the amounts and factors used to determine the payment rates for Medicare services paid under the OPPS and those paid under the ASC payment system. In addition, the final rule with comment period updates and refines the requirements for the Hospital Outpatient Quality Reporting (OQR) Program, the ASC Quality Reporting Program, and the Hospital Value- Based Purchasing Program. Additionally, the final rule makes revisions to the following: the conditions for coverage for organ procurement organizations; the Quality Improvement Organization regulations; the Medicare fee-for-service Electronic Health Record Incentive Program; and provider reimbursement determinations and appeals.

Comments on specific sections are due January 27, 2014; please see the Table of Contents in the final rule for additional information.

Read the CMS fact sheet at: CMS.Gov

Read the rule (which was published in the Federal Register on December 10, 2013) at:

<http://www.gpo.gov/fdsys/pkg/FR-2013-12-10/pdf/2013-28737.pdf>

9/27/13 HHS/CMS issued an ACA-related final rule (with comment period) called "Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule, Clinical Laboratory Fee Schedule & Other Revisions to Part B for CY 2014." The rule implements portions of the following ACA sections: 3003, 3014, 3105, 3134, 4105, 10324, 10311 and 10331.

The final rule with comment period addresses changes to the physician fee schedule (PFS), clinical laboratory fee schedule, and other Medicare Part B payment policies and payment rates for services furnished on or after January 1, 2014. Under the final rule, Medicare will begin making a separate payment for non-face-to-face chronic care management services for Medicare beneficiaries who have multiple, significant chronic conditions beginning in 2015.

The rule also finalizes changes to many of the quality reporting initiatives that are associated with PFS payments and continues a phased-in implementation of the physician value-based payment modifier, created by the ACA, which will affect payments to certain physician groups based on the quality and cost of care they deliver to beneficiaries enrolled in the traditional Medicare fee-for-service program.

Comments on specific sections are due January 27, 2014; please see the Table of Contents in the final rule for additional information.

For more information about the Physician Fee Schedule, please visit:

<http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html>

Read the CMS fact sheets at:

<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-Sheets/2013-Fact-Sheets-Items/2013-11-27-2.html?DLPage=1&DLSort=0&DLSortDir=descending>

and

<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-Sheets/2013-Fact-Sheets-Items/2013-11-27.html?DLPage=1&DLSort=0&DLSortDir=descending>

Read the rule (which was published in the Federal Register on December 10, 2013) at:

<http://www.gpo.gov/fdsys/pkg/FR-2013-12-10/pdf/2013-28696.pdf>

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Read the CMS fact sheet at: [CMS.Gov](http://www.cms.gov)

Read the rule (which was published in the Federal Register on December 10, 2013) at: http://www.ofr.gov/OFRUpload/OFRData/2013-28737_PI.pdf

Prior guidance can be found at: <http://www.hhs.gov/healthcare/index.html>

News

12/5/13 HHS announced that \$55.5 million in HRSA (Health Resources and Services Administration) nursing workforce development grants were awarded nationally to strengthen training for health professionals, including \$45.4 million in grants to five different programs authorized by the ACA to support nursing workforce development. 1) Nurse Faculty Loan Program (\$5311, NFLP), designed to increase the number of nurse faculty, provides low-interest loans to registered nurses for the completion of their graduate education to become qualified nursing faculty. 2) Nursing Workforce Diversity (\$5404, NWD), developed to improve nursing diversity, will expand educational opportunities for students from disadvantaged backgrounds who are underrepresented among registered nurses. 3) Nurse Anesthetist Traineeships (\$5308, NAT), supports nurse anesthetist programs to provide traineeships to licensed registered nurses enrolled as full-time students in a master's or doctoral nurse anesthesia program. 4) Interprofessional Collaborative Practice/Nurse Education, Practice, Quality and Retention (\$5309, NEPQR) Program, promotes interprofessional collaborative practice by bringing together interprofessional teams of nurses and other health professionals to develop and implement innovative practice models for providing care. 5) Advanced Nursing Education (\$5308, ANE), funds advanced nursing education programs that support registered nurses in becoming nurse practitioners, nurse midwives and other practice nurses.

The following organizations in Massachusetts received ACA-authorized nursing workforce development grants. The Nurse Faculty Loan Program (NFLP): University of Massachusetts, Amherst; University of Massachusetts, North Dartmouth; Regis College, Weston and University of Massachusetts, Worcester. Nursing Workforce Diversity (NWD): University of Massachusetts, Dorchester. Nurse Anesthetist Traineeships (NAT): Northeastern University, Boston.

The remaining \$10.1 million in HRSA awards (not funded by the ACA) also support health workforce needs in nursing, public health, behavioral health, health workforce development, and dentistry.

View a list of grant awards, listed by organization and state, at: www.hrsa.gov/about/news/2013tables/healthprofessions

Upcoming Events

Integrating Medicare and Medicaid for Dual Eligible Individuals Implementation Council Meeting

Friday, December 20, 2013

1:00-3:00 PM

State Transportation Building, Conference Room 1-3

10 Park Plaza

Boston, MA

Meetings of the Implementation Council are open to stakeholders and members of the public with an interest in One Care. Reasonable accommodations will be made for participants who need assistance. Please send your request for accommodations to Donna Kymalainen at Donna.Kymalainen@state.ma.us.

Bookmark the **Massachusetts National Health Care Reform website** at:
[National Health Care Reform](#) to read updates on ACA implementation in Massachusetts.

Remember to check the Mass.Gov website at: [Dual Eligibles](#) for information on the
"Integrating Medicare and Medicaid for Dual Eligible Individuals" initiative.