



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

April 22, 2014

Quick Links

[MA-ACA Website](#)



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

Strengthening the Nation's Public Health System through a National Voluntary Accreditation Program for State, Tribal, Local and Territorial Health Departments, \$4002. Announced April 11, 2014. Continued funding is available to support improved operations of a national accreditation program for state, tribal, local and territorial public health departments. Project funds will be used for costs associated with planning, organizing, conducting, and supporting the national accreditation process for qualified health departments. Eligibility is limited to grantees who have previously been awarded funding through this opportunity, including the Massachusetts Department of Public Health. There are 50 awards available. Applications are due May 12, 2014.

To learn more about the accreditation process for public health departments, visit:

<http://www.phaboard.org/accreditation-process/seven-steps-of-public-healthaccreditation/>

This announcement may be viewed at:

<http://www.grants.gov/web/grants/view-opportunity.html?oppId=253771>

Tobacco Use Prevention - Public Health Approaches for Ensuring Quitline Capacity, \$4002.

Announced April 10, 2014. Funding is available to all state and territorial health departments to sustain and expand the capacity of a national smoking cessation helpline, known as the Quitline, so that all callers to the Quitline during a federal media campaign are offered at least one smoking cessation coaching call, either immediately upon calling or by being re-contacted within two to three days. The secondary purpose is to build the capacity of state tobacco control programs to implement evidence-based smoking cessation

interventions in all 50 states. \$84,000,000 in total for 53 awards is available.

Created through the CDC's first national tobacco education campaign (Tips From Smokers), the Quitline is a free telephone helpline (1-800-QUIT-NOW) which routes callers to their state quitlines, offering assistance and treatment for tobacco-related addiction and behavior issues. You can learn more about this program by visiting: <http://www.cdc.gov/tobacco/campaign/tips/about/campaign-overview.html>

Applications are due May 12, 2014

The announcement for this opportunity can be found at:

<http://www.grants.gov/web/grants/view-opportunity.html?oppId=253712>

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

4/11/14 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on the revision of currently approved information collection activities related to cooperative agreements to support navigators in Federally-facilitated (FFE) and State Partnership Exchanges (SPEs). Under ACA §1311(i), Exchanges operating as of January 1, 2014 were required to establish a Navigator grant program to provide consumers with health insurance plan enrollment assistance.

The ACA established Affordable Insurance Exchanges (§1311(b)) to provide individuals and small business employees with access to health insurance coverage beginning January 1, 2014. §1311(d) and §1311(i) also direct all Exchanges to award grants to Navigators that will provide unbiased information to consumers about health insurance, the Exchange, qualified health plans, and insurance affordability programs including premium tax credits, Medicaid and the Children's Health Insurance Program (CHIP). The Navigator program will provide outreach and education efforts and assistance applying for health insurance coverage. If states choose not to run either a State-Based Exchange or a SPE, HHS will operate a FFE (§1321). Note that Massachusetts runs a State-Based Exchange.

HHS/CMS will award Navigator grants for FFEs and SPEs. FFE and SPE Navigator grant awardees must provide weekly, monthly, quarterly, and annual progress reports to HHS/CMS on the activities performed during the grant period and any sub-awardees receiving funds.

Comments are due June 10, 2014.

Read the notice at: <http://www.gpo.gov/fdsys/pkg/FR-2014-04-11/pdf/2014-08209.pdf> (see item #1)

4/11/14 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on the revision of currently approved information collection activities related to health care reform insurance web portal requirements. As required by ACA §1103 and §10102, health insurers are required to submit information to be displayed on the federal government website www.healthcare.gov that will help consumers make educated health care decisions.

HHS/CMS is updating the system and may ask states to provide information on the issuers in their state and the informational websites available for consumer use. Issuers will need to provide data and information on their major medical insurance products and plans. According to the notice, HHS/CMS is mandating that health plan issuers verify and update their information on a quarterly basis and requesting that states verify state-submitted information on an annual basis.

Comments are due May 12, 2014.

Read the notice at: <http://www.gpo.gov/fdsys/pkg/FR-2014-04-11/pdf/2014-08208.pdf> (see item #3)

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

News

4/15/14 CMS announced the third extension of deadlines for Letters of Intent and Applications for the Comprehensive End-Stage Renal Disease (ESRD) Care Initiative. Letters of intent from End-stage Renal Disease Seamless Care Organizations (ESCOs) that include a dialysis facility from a large dialysis organization (LDO) are now due June 23, 2014, and applications from LDOs are now due June 23, 2014. Letters of intent from ESCOs that include a non-LDO facility are now due September 15, 2014, and applications from non-LDOs are now due September 15, 2014. The Letter of Intent is required in order to submit an application.

On February 4, 2013 CMS originally announced the Comprehensive End-Stage Renal Disease (ESRD) Care Initiative, for providers serving Medicare beneficiaries with ESRD to identify, test, and evaluate ways to improve health outcomes and reduce per capita Medicare expenditures. The initiative, authorized under §3021 and funded through the CMS Innovation Center, enhances care coordination of beneficiaries with ESRD and provides a more patient-centered experience that will improve health outcomes. CMS will test and evaluate a new payment model with groups of health care providers and suppliers, known ESRD Seamless Care Organizations (ESCOs) under this initiative.

Eligible organizations (ESCOs) must include providers from dialysis facilities, nephrologists and other Medicare providers and suppliers experienced with providing care to members with ESRD. CMS expects that 10-15 ESCOs will participate and that each organization will serve at least 500 Medicare beneficiaries. CMS will use historical data to match beneficiaries with participating organizations with providers who are already providing care for members. Under the initiative, organizations will be financially and clinically responsible for all care provided to beneficiaries, not only services related to ESRD. Depending on the size of the dialysis facility, there are three payment tracks available to participating organizations. If an organization has a dialysis facility that is owned by a larger dialysis organization, it must participate in a risk-based payment arrangement. Other organizations will be eligible for the other payment tracks.

CMS will hold ESCOs financially accountable for providing quality care and improving the health outcomes of their beneficiaries. ESCOs will report on health outcome measures in the following five areas: preventative health, chronic disease management, care coordination and patient safety, patient and caregiver experience and patient quality of life.

For more information, including updates on the initiative, please visit the CMS Innovation Center website at: [Innovation](#)

Review the revised Request for Applications at: <http://innovation.cms.gov/Files/x/CEC-rfa.pdf>

4/10/14- 4/11/14 The Medicaid and CHIP Payment and Access Commission (MACPAC) met to discuss key issues in the Medicaid and CHIP programs, the interactions between Medicaid, the Children's Health Insurance Program (CHIP) and the Health Insurance Exchanges under ACA §1311(b), critical questions in Medicaid and CHIP policy, the reauthorization of the CHIP program and to plan for the Commission's June 2014 report to Congress.

MACPAC Commissioners voted to extend the CHIP program to 2017, two years beyond the program's current authorization. The ACA extended CHIP funding through FY 2015, although states will be able to use 2015 allotments will through September 30, 2016. MACPAC did not vote for a longer-term solution because the Commission wants policymakers to address alternative health coverage options for children offered

through the Health Insurance Exchanges (§1311) to ensure that coverage remains affordable and comprehensive. In contemplating the future of children's coverage, MACPAC recommends that CHIP coverage remain available during a transition period, and that policymakers should evaluate key subjects such as: program benefits, premiums and cost sharing, adequacy of provider networks and eligibility for premium tax credits or federal subsidies (including consideration of the way that affordability is defined as it relates to the cost of employer-related insurance, ESI). Currently, the cost of family coverage, rather than individual coverage, is referenced when determining whether or not such insurance is affordable. This may mean that parents have access to private ESI but are unable to insure their children without Medicaid or CHIP. Commissioners recommend that policymakers resolve this matter known as the "family glitch."

MACPAC Commissioners also reviewed several policy proposals and key topics including Medicaid health homes, Medicaid's role in providing long-term services and supports, CHIPRA bonus payments and a state's capacity to administer Medicaid and CHIP programs and Medicaid managed care rate setting.

MACPAC was established by the Children's Health Insurance Program Reauthorization Act and later expanded and funded through ACA §2801 and §10607. The commission consists of experts, government officials, executives and medical professionals. MACPAC is tasked with reviewing state and federal Medicaid and CHIP access and payment policies and making recommendations to Congress, the HHS Secretary, and the states on a wide range of issues affecting Medicaid and CHIP populations, including health care reform.

View the agenda at:

<http://www.macpac.gov/home/meetings/april-2014-agenda>

View the meeting materials at: <http://www.macpac.gov/home/meetings/2014-04>

Upcoming Events

Integrating Medicare and Medicaid for Dual Eligible Individuals (also known as One Care) Implementation Council Meetings

Friday, April 25, 2014

10:00 AM - 12:00 PM

Transportation Building

10 Park Plaza, Conference Rooms 1-3

Boston, MA

Friday, May 30, 2014

1:00 PM - 3:00 PM

Transportation Building

10 Park Plaza, Conference Rooms 1-3

Boston, MA

A meeting agenda and any meeting material will be distributed prior to the meeting.

Meetings of the Implementation Council are open to stakeholders and members of the public with an interest in One Care. Reasonable accommodations are available upon request. Please contact Donna Kymalainen at Donna.Kymalainen@umassmed.edu to request accommodations.

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.