



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

May 27, 2014

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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

Large Pragmatic Studies to Evaluate Patient-Centered Outcomes, §6301. Announced May 19, 2014. Funding is available to conduct pragmatic clinical trials (PCTs), large simple trials (LSTs), or large-scale observational studies that compare two or more alternatives for addressing prevention, diagnosis, treatment, or management of a disease or symptom; improving health care system-level approaches to managing care; or for eliminating health or healthcare disparities. Eligible applicants include: private or public research organizations; nonprofit or for-profit organizations; university or college hospitals or healthcare systems; or local, state, or federal government agencies. \$90 million in awards is available.

Required Letters of Intent are due June 27, 2014.

Applications are due November 4, 2014.

The announcement can be viewed at: PCORI.Org

The Patient Centered Outcomes Research Institute (PCORI), created under ACA §6301, PCORI is an independent nonprofit organization, tasked with conducting patient-centered outcomes research and studies.

For more information about PCORI, visit PCORI

For more information about PCORI funding opportunities, visit:
www.pcori.org/funding-opportunities.

Multiple Approaches to Increase Awareness and Support among Young Women Diagnosed with Breast Cancer, §10413. Announced May 16, 2014. Funding is available to provide support to young breast cancer survivors and conduct national strategic and integrated health communication, education and awareness campaigns related to risk and risk reduction of early onset breast cancer.

Eligible applicants include states, government organizations, local governments, state controlled institutions of higher learning, public housing authorities, nonprofit and for profit organizations, private colleges and universities, community based organizations, faith based organizations, small businesses, American Indian governments and American Indian designated organizations. \$9,000,000 in funding is available for seven awards.
Applications are due July 1, 2014.

The announcement can be viewed at:
<http://www.grants.gov/web/grants/view-opportunity.html?oppId=255408>

Partnerships to Increase Coverage in Communities Initiative. Announced May 14, 2014. Funding is available through §1707 of the Public Health Service Act to educate and assist minority populations with enrollment into health insurance in the Health Insurance Exchange (Marketplace) (ACA §1311). With successful completion of the application, individuals will be able to enroll and purchase a health insurance plan through the Exchange that will best meet their needs.

Eligible applicants include non and for profit organizations, small, minority, and women-owned businesses, college and universities, research institutions, hospitals, community-based organizations, faith-based organizations, Federally recognized or state-recognized American Indian/Alaska Native tribal governments, American Indian/Alaska Native tribally designated organizations, Alaska Native health corporations, Urban Indian health organizations, tribal epidemiology centers, and state and local governments. \$250,000 in total for 10 - 13 awards is available.

Applications are due June 16, 2014.

The announcement can be viewed at: Grantsolutions.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

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

News

5/20/14 The U.S. Preventive Services Task Force (USPSTF) issued a final recommendation statement on screening for suicide risk in adolescents, adults, and

older adults in primary care settings. The USPSTF concluded that the current evidence is insufficient to determine the effectiveness of screening for suicide risk and assigned an "I" rating to the recommendation. The "I" rating indicates that the Task Force does not recommend the service. The recommendation applies to individuals without a diagnosed mental health disorder or symptoms of mental illness.

The USPSTF's evidence review found suicide was the 10th leading cause of death in the United States in 2010. The greatest risk factor for suicide is having a diagnosed mental health disorder. The USPSTF recommends that primary care clinicians screen both adolescents and adults for depression, and make the appropriate referrals when needed. In adults, a lifetime history of depression more than doubles the risk of suicide. In youths who attempt suicide, although depression may not be diagnosed, 50%- 70% experience depression.

Although suicide is a significant public health issue in America that affects adolescents, adults, and the elderly, the Task Force suggests that additional research is needed to develop better screening tests that can better identify people without symptoms who are at risk for suicide.

The USPSTF is an independent panel of non-federal government experts that conduct reviews of scientific evidence of preventive health care services. The USPSTF then develops and publishes recommendations for primary care clinicians and health systems in the form of recommendation statements. As part of their recommendations process, the USPSTF will assign definitions to the services they review based on the certainty that a patient will receive a substantial benefit from receiving the benefit. Services that are graded "A" and "B" are highly recommended and the USPSTF believes there is a high certainty that patient will receive a substantial or moderate benefit.

Under ACA §1001, all of the recommended services receiving grades of "A" or "B" must be provided without cost-sharing when delivered by an in-network health insurance provider in the plan years (or, in the individual market, policy years) that begin on or after September 23, 2010. Because the recommendation was finalized with an "I" rating, screening for suicide risk is not required to be covered without cost-sharing under the ACA.

Read the recommendation at:

<http://www.uspreventiveservicestaskforce.org/uspstf/uspssuic.htm>

Learn more about preventive services covered under the ACA at: HHS.Gov

Learn more about the USPSTF at: <http://www.uspreventiveservicestaskforce.org/>

Upcoming Events

Money Follows the Person (MFP) Demonstration Information Meeting

Wednesday, June 18, 2014

2:00 PM- 3:30 PM

State Transportation Building, 2nd floor Conference Rooms

10 Park Plaza

Boston, MA 02116

Please contact MFP@state.ma.us to RSVP and to request reasonable accommodations.

Although RSVPs are greatly appreciated, they are not required.

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

Friday, May 30, 2014

1:00 PM - 3:00 PM

1 Ashburton Place, 21st Floor

Boston, MA

*Please note the change in meeting location

Friday, June 27, 2014

1:00 PM -3:00 PM

1 Ashburton Place, 21st Floor

Boston, MA

Friday, July 25, 2014

1:00 PM -3:00 PM

1 Ashburton Place, 21st Floor

Boston, MA

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

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.