



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

June 9, 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

Increasing the Immunization Information System (IIS) Sentinel Site Capacity for Enhanced Program Support, §4204. Announced June 4, 2014. Funding is available for increased national support to local broad immunization program activities to ensure high vaccination coverage, respond to outbreaks of vaccine preventable disease, and monitor the impact of disease prevention activities. Eligible applicants include state and local governments as well as government organizations. \$5,400,000 in total is available for six awards.

Applications are due July 21, 2014.

An IIS is a confidential, population-based, computerized database that records all immunization doses administered by participating providers to persons residing within a given geopolitical area. For more information regarding this program please visit:

<http://www.cdc.gov/vaccines/programs/iis/index.html>

This opportunity may be viewed at:

<http://www.grants.gov/web/grants/view-opportunity.html?oppId=256669>

ACA Health Center Expanded Services, §10503. Announced June 3, 2014. Supplemental funding is available to support the implementation of the ACA by increasing access to comprehensive primary health care services for underserved populations. The expanded service funds will increase access to care at eligible community health centers by expanding service hours, hiring more medical providers, and adding

oral health, behavioral health, pharmacy, and vision services. Eligible applicants for this opportunity are limited to organizations who are currently receiving operational funds through the HRSA Funded Health Center Program. \$300,000,000 in awards is available. Applications are due July 1, 2014.

Massachusetts currently has 36 health centers participating in the HRSA Funded Health Center Program. For more information about these health centers, visit: HRSA.GOV

This announcement may be viewed at: <http://www.hrsa.gov/grants/apply/assistance/es/esinstructions.pdf>

Grants to States to Support Health Insurance Rate Review and Increase Transparency in the Pricing of Medical Services, Cycle IV, §1003. Announced May 29, 2014. Funding is available to establish a process for the annual review of health insurance premiums in order to protect consumers from unreasonable rate increases. This funding should be used to establish or enhance rate review programs; to help states provide data to the Secretary of HHS regarding trends in rate increases as well as recommendations regarding participation in the Exchange (ACA §1311); and to establish "Data Centers" that collect, analyze, and disseminate medical pricing data to the public. State governments are the only eligible applicants for this opportunity. \$40,000,000 in funding is available for fifty seven awards. Mandatory Letters of Intent are due June 13, 2014. Applications are due July 21, 2014.

The [rate review program](#) under §1003 requires that insurers seeking rate increases of 10% or more for non-grandfathered plans in the individual and small group markets publicly and clearly disclose the proposed increases and the justification for them. Such increases are reviewed by either state or federal experts (in states that do not have a rate review program deemed effective by HHS) to determine whether they are unreasonable. Although the ACA does not grant HHS the authority to block a proposed rate increase, companies whose rates have been determined unreasonable must either reduce their rate hikes or post a justification on their website within 10 days of the rate review determination.

The announcement can be viewed at: Grantsolutions.gov

Administrative Supplements for Minority Health and Mental Health Disparities Research (Admin Support), §3011. Announced May 27, 2014. Additional funding is available to active National Institutes of Mental Health (NIMH) grantees to address mental health disparities among racial and ethnic groups in the United States. Specifically, these funds should be used to clarify distinct mechanisms underlying differences in risk, resilience, morbidity, and the optimal delivery of interventions for mental disorders among diverse racial and ethnic groups.

Eligible applicants include state, county, city, town, and special district governments; agencies of the federal government; public and state controlled institutions of higher education, private institutions of higher education, and independent school districts; nonprofit and for profit organizations; small businesses; community-based organizations and faith-based organizations. Federally recognized Native American tribal governments, Native American tribal organizations, public housing authorities/Indian housing authorities, Alaska Native and Native Hawaiian Serving Institutions, Asian American Native American Pacific Islander Serving Institutions, Hispanic-serving Institutions, Historically Black Colleges and Universities, Regional Organizations and Tribally Controlled Colleges and Universities are also eligible. \$1,000,000 is available for three to five awards. Applications are due August 1, 2014.

The announcement may be viewed at: <http://grants.nih.gov/grants/guide/pa-files/PAR-14-238.html>

Partnership to Improve Community Health, §4002. Announced May 22, 2014. Funding is available to implement Partnerships to Improve Community Health (PICH). PICH is a 3 year initiative aimed to improve health and reduce the burden of chronic diseases through evidence and practice based strategies to create

or strengthen healthy environments for people to make healthy living choices. PICH supports the implementation of population-based strategies that expand the reach and health impact of policy, systems, and environmental improvements.

Eligible applicants include government organizations, local public health offices, local housing authorities, school districts, local transportation authorities, nonprofit organizations and American Indian tribes or Alaskan Native villages. \$150,000,000 is available for forty awards.

Required Letters of Intent are due June 5, 2014.

Applications are due July 22, 2014.

The announcement may be viewed at: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=255772>

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

6/5/14 HHS/CMS published a notice under the Privacy Act of 1974 that announces the establishment of a new system of records titled "Open Payments" in order to implement ACA §6002, Sunshine Act Disclosures. The system will contain information about the following categories of individuals covered by the Open Payments program: (1) physicians and authorized representatives of physicians and teaching hospitals and (2) any applicable manufacturers and applicable group purchasing organization (GPO) system users.

ACA §6002 requires applicable manufacturers of drugs, devices, biologicals, and medical supplies covered by Medicare, Medicaid or the Children's Health Insurance Program (CHIP) to report payments or other transfers of value (including gifts, consulting fees, research activities, speaking fees, meals, and travel) provided to physicians or teaching hospitals to CMS. Manufacturers and group purchasing organizations (GPOs) are also required to disclose/report annually to CMS physician ownership or investment interests.

According to CMS, the increased transparency is intended to help reduce the potential for conflicts of interest that physicians or teaching hospitals could face as a result of their relationships with manufacturers. Data must be reported in a required format so that CMS can release the data on a public website by September 30, 2014. CMS is developing an electronic system to facilitate the reporting process. GPOs, as well as the physicians and teaching hospitals, will have an opportunity to review and correct reported information prior to its publication. The ACA provides that violators of the reporting requirements will be subject to civil monetary penalties, capped at \$150,000 annually for failing to report, and \$1,000,000 for knowingly failing to report.

§6002 also preempts any state or local laws requiring reporting of the same types of information regarding payments or other transfers of value made by applicable manufacturers to covered recipients. Under the requirement, no state or local government may require the separate reporting of any information regarding a payment or other transfer of value that is required to be reported under this statute, unless such information is being collected by a federal, state, or local governmental agency for public health surveillance, investigation, or other public health purposes or health oversight. According to CMS, this creates the possibility of cost-savings, since a single reporting system for reporting this information is less burdensome than multiple programs.

CMS published a [final rule](#) in February 2013 to implement this program, which included several information collections subject to the Paperwork Reduction Act. This information collection request is to inform the

public about information collected that is necessary for registration, attestation, dispute resolution and corrections, record retention, and submitting an assumptions document within Open Payments.

Comments are due July 7, 2014.

Read the notice at: <http://www.gpo.gov/fdsys/pkg/FR-2014-06-05/pdf/2014-13012.pdf>

6/3/14 IRS/Treasury issued a correction to the proposed regulations called "Minimum Essential Coverage and Other Rules Regarding the Shared Responsibility Payment for Individuals." The document makes technical additional corrections to the [proposed regulations](#) which were published in the Federal Register on January 27, 2014.

The proposed regulations contain guidance related to the ACA's individual shared responsibility provision and provide that coverage under certain government-sponsored programs is not [minimum essential coverage](#), or MEC, (ACA§1501). Under the proposed regulations, the IRS stipulates that certain limited-benefit Medicaid and TRICARE health care coverage is not MEC. The proposed regulations also address the treatment of health reimbursement arrangements and wellness program incentives for purposes of determining the exemption for individuals who cannot afford employer-sponsored coverage.

Beginning earlier this year, the individual shared responsibility provision requires each nonexempt individual to have basic health insurance coverage known as MEC, qualify for an exemption, or make a shared responsibility payment when filing their federal income tax return. The requirement applies to adults, children (as tax dependents), seniors (most of whom will meet the coverage requirement through Medicare), and lawfully present immigrants.

The comment period on the proposed regulations ended on April 28, 2014.

Read the correction at: <http://www.gpo.gov/fdsys/pkg/FR-2014-06-03/pdf/2014-12754.pdf>

6/2/14 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on the revision of a currently approved information collection activity related to the Reporting Requirements for Grants to States for Rate Review Cycle I, Cycle II, Cycle III, and Cycle IV and Effective Rate Review Programs. According to CMS, the notice explains that the Rate Review Grant Program is required to assist states in the establishment of "Data Centers" that gather, evaluate, and publicize health care pricing data for the public.

Along with this information collection request, HHS announced the Cycle IV of the Rate Review Grant opportunity, "Grants to States to Support Health Insurance Rate Review and Increase Transparency in the Pricing of Medical Services." As indicated by HHS/CMS, the purpose of Cycle IV of the Rate Review Grant Program is not only to continue the rate review successes of Cycles I- III but also and to offer enhanced support to the aforementioned Data Centers.

States and territories that are awarded funds under the Cycle IV funding opportunity are required to provide the HHS Secretary with rate review data, four quarterly reports, one annual report per year until the end of the grant period (as well as a final report) describing the state's development towards a more comprehensive and effective rate review process.

The [rate review program](#) under §1003 requires that insurers seeking rate increases of 10% or more for non-grandfathered plans in the individual and small group markets publicly and clearly disclose the proposed increases and the justification for them. Such increases are reviewed by either state or federal experts (in states that do not have a rate review program deemed effective by HHS) to determine whether they are unreasonable. Although the ACA does not grant HHS the authority to block a proposed rate increase, companies whose rates have been determined unreasonable must either reduce their rate hikes or post a justification on their website within 10 days of the rate review determination. CMS determined that

both the individual and small-group markets in Massachusetts meet standards under §1003 and that the Commonwealth does have an effective rate review process.

Comments are due August 1, 2014.

Read the notice at:

<http://www.gpo.gov/fdsys/pkg/FR-2014-06-02/pdf/2014-12664.pdf> (see item #2)

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

News

6/4/2014 The National Institutes of Health (NIH) and The Patient Centered Outcomes Research Institute (PCORI) jointly announced a \$30 million grant award to prevent fall-related injuries in older adults.

The funding for the "Randomized Trial of a Multifactorial Fall Injury Prevention Strategy" study was released as part of the Falls Injuries Prevention Partnership of the two organizations and was awarded to three researchers at NIA-funded centers of research expertise on complex geriatric conditions.

The project will test the effectiveness of deploying nurses or nurse practitioners as trained "falls care managers" to develop and deliver evidence-based prevention plans tailored to the specific risks of the 6,000 non-institutionalized adults who are participating in the study. The rate of fall-related injuries among participants receiving this experimental approach will be compared to the injury rate among similar patients who receive only risk assessments and educational material from their primary care physicians. According to NIH/PCORI, patients, stakeholders, nurses, and primary care physicians will play key roles as partners in implementing and examining this developed tailored care approach.

Falls rank among one of the most common accidents facing adults over the age of 65. Every year, roughly one in three adults over age 65 falls, and as many as 30% suffer moderate to severe injuries, which can lead to more serious health problems and loss of independence. The rate of fall-related injuries remains high despite research pointing to effective interventions. The NIH/PCORI study is designed to examine and reduce this number.

The Patient Centered Outcomes Research Institute (PCORI), created under ACA §6301, 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 this project, visit: <http://www.pcori.org/2014/pcori-and-nih-announce-major-study-of-patient-centered-approach-to-preventing-fall-related-injuries-in-older-adults/>

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, 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.