



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

June 23, 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

Lead Poisoning Prevention - Childhood Lead Poisoning Prevention, §4002. Announced June 18, 2014. Funding is available to assist in building surveillance capacity to aid in preventing and, ultimately, eliminating childhood lead poisoning. This opportunity will provide funding for housing rehabilitation, enforcement of housing and health codes, engagement with health care systems, public and health care provider education campaigns related to lead contamination through other sources, and educational and public health activities. Eligible applicants include government organizations, states and large cities. \$33,000,000 in total is available for forty-one awards. Required Letters of Intent are due June 30, 2014. Applications are due July 22, 2014.

This announcement may be viewed at: GRANTS.GOV

Three CDC Immunization Information Systems (IIS) grants were recently announced:

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>

Immunization - Enhanced Standards Support for the Immunization Information Systems (IIS) Community, §4002. Announced June 17, 2014. Funding is available to provide facilitation,

consultative, and technical support for the development and enhancement of IIS standards, practices, and operations. Eligible applicants include non-government and non-profit organizations. \$5,000,000 in total is available for one award.

Required Letters of Intent are due June 27, 2014.

Applications are due July 17, 2014.

This opportunity may be viewed at: GRANTS.GOV

Immunization - Enhance an Immunization Information System (IIS) to Interface with CDC's Vaccine Ordering and Management System (VTrckS), §4002. Announced June 17, 2014.

Funding is available to improve the efficiency, effectiveness, and quality of immunization practices by strengthening the immunization information technology infrastructure and expanding immunization delivery partnerships so that more children, adolescents, and adults are protected against vaccine-preventable diseases. These funds will help IIS to interface with the Vaccine Tracking System (VTrckS), CDC's national vaccine ordering and inventory management system for publicly purchased vaccines. Eligible applicants include government organizations, states, and territories. \$15,000,000 in total for twenty awards is available.

Optional Letters of Intent are due June 27, 2014.

Applications are due July 31, 2014.

This opportunity may be viewed at: GRANTS.GOV

Immunization Capacity Building Assistance for Infrastructure Enhancements to Meet Interoperability Requirements, §4002. Announced June 16, 2014.

Funding is available to assist current CDC Immunization Program awardees to improve the efficiency, effectiveness and quality of immunization data practices. These funds will help strengthen the immunization IT infrastructure and enhance awardees' capacity to support and extend interoperability between their Immunization Information Systems (IIS) and Electronic Health Record (EHR) systems. Only current CDC Immunization Program awardees are eligible for this opportunity. \$30,000,000 is available for twenty-five awards.

Applications are due July 31, 2014.

This opportunity may be viewed at: <http://www.grants.gov/web/grants/view-opportunity.html?oppld=257870>

Health Careers Opportunity Program (HCOP) Skills Training and Health Workforce Development of Paraprofessionals, §5402. Announced June 13, 2014.

Funding is available to support the HCOP Skills Training and Health Workforce Development of Paraprofessionals Program. The goal of this program is to train and expand the health paraprofessional workforce to meet the employment needs of rural and underserved communities through existing certificate training programs that provide a pathway to an associate's and/or bachelor's degree and community partnerships to support job placement.

Eligible applicants include accredited schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, chiropractic, and podiatric medicine; public and nonprofit private schools that offer graduate programs in behavioral and mental health; programs for the training of physician assistants; and other public or private nonprofit health or educational entities.

\$2,000,000 in total is available for ten to fifteen awards.

Applications are due July 16, 2014.

This opportunity may be viewed at: HRSA.GOV

Connecting Kids to Coverage: Outreach and Enrollment Grants Focused on Increasing Enrollment of American Indian/Alaska Native Children, §10203. Announced May 12, 2014.

Funding is available to support outreach strategies aimed to increase the enrollment of eligible American Indian and

Alaska Native children in Medicaid and the Children's Health Insurance Program (CHIP). These funds will target activities that are tailored to communities where American Indian and Alaska Native children and their families reside. These grants will also fund activities designed to help families understand new application procedures and health coverage opportunities, including Medicaid, CHIP and health insurance coverage through the Health Insurance Marketplace (Exchange). Eligible applicants include Indian Health Service Providers, Tribes and Tribal organizations operating a health program under the Indian Self-Determination and Education Assistance Act (P.L. 93-638, as amended) and Urban Indian organizations operating a health program under the Indian Health Care Improvement Act (P.L. 94-437, as amended). \$4,000,000 in total is available for ten to twelve awards. Applications are due June 30, 2014.

This opportunity may be viewed at: GRANTS.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

6/12/14 HHS/CMS issued a notice called "Medicare Program; Additional Extension of the Payment Adjustment for Low-Volume Hospitals and the Medicare-dependent Hospital (MDH) Program Under the Hospital Inpatient Prospective Payment Systems (IPPS) for Acute Care Hospitals for Fiscal Year." The notice announces changes to the payment adjustment for low-volume hospitals and to the Medicare-dependent hospital (MDH) program under the hospital inpatient prospective payment systems (IPPS) for the second half of FY 2014 (April 1, 2014 through September 30, 2014). The changes implement portions of ACA Sections 3125 and 10314. The ACA expanded the definition of low-volume hospital and modified the methodology for determining the payment adjustment for hospitals meeting that definition. Under the ACA, the criteria for defining low-volume hospitals changed, specifying that hospitals qualify as low volume if they're more than 15 road miles from another hospital and have fewer than 1,600 discharges of individuals entitled to or enrolled in Medicare Part A benefits.

Read the notice (which was published in the Federal Register on June 17, 2014) at: <http://www.gpo.gov/fdsys/pkg/FR-2014-06-17/pdf/2014-14070.pdf>

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

News

6/13/14 The Medicaid and CHIP Payment and Access Commission (MACPAC) released its June 2014 Report to the Congress on Medicaid and CHIP. In 2014 the Commission has met to explore key issues in the Medicaid and Children's Health Insurance Program (CHIP) programs, the interactions between Medicaid, CHIP and the Health Insurance Exchanges under ACA §1311(b), the future of children's health insurance coverage and other critical questions in Medicaid and CHIP policy.

As required by statute, MACPAC submits reports to Congress annually in March and June which contain recommendations on a wide range of issues affecting Medicaid and CHIP. The report is divided into four chapters and includes a supplement with Medicaid and CHIP program statistics. The Commission's June 2014 report focuses on the following issues: CHIP and the new coverage landscape, Medicaid's role in providing assistance with long-term services and supports, Medicaid and population health, and building capacity to administer Medicaid and CHIP.

In the report, MACPAC Commissioners recommend extending 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 through September 30, 2016. MACPAC 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, affordability issues including 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 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.

Read the report at: [MACPAC](#)

Upcoming Events

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.