



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

July 14, 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

Improving Immunization Rates and Enhancing Disease Prevention through Partnerships with Providers and National Organizations that focus on Public Health, §4002. Announced July 8, 2014. Funding is available to develop and implement programs that are designed to increase immunization rates by increasing the number of providers who are assessing and recommending vaccination needs for their patients.

Eligible applicants include state and local governments, territorial governments, state controlled institutions of higher education, public housing authorities, American Indian or Alaska Native tribal governments and Indian Housing Authorities. \$40,000,000 in total is available for six to ten awards.

Applications are due August 21, 2014.

This announcement may be viewed at: GRANTS.GOV

Affordable Care Act New Access Point Grants, §10503. Announced July 8, 2014. Funding is available to support new service delivery sites under the Health Center Program. These sites will help increase access to comprehensive, culturally competent, quality primary health care services, while improving the health status of underserved and vulnerable populations.

Eligible applicants include state, county, city, town, and special district governments; public and private institutions of higher education, independent school districts, nonprofit organizations, public housing authorities, Indian housing authorities, Native American tribal organizations and Native American tribal governments. \$100,000,000 is available for one hundred and fifty awards.

Applications are due August 20, 2014

There are currently 36 health centers in Massachusetts participating in the HRSA Funded Health Center Program.

For more information about these health centers, visit: HRSA.GOV

This announcement may be viewed at: GRANTS.GOV

Immunization - HPV Roundtable: Creating a National Network of Partners to Promote Cancer Prevention through Human Papillomavirus (HPV) Vaccination, §4002. Announced July 3, 2014. Funding is available to develop and administer a national network of cancer prevention organizations in order to promote improve human papillomavirus (HPV) vaccination delivery for the prevention of HPV-related cancers. This network will include cancer prevention stakeholders who will provide education, outreach and training to the public and providers. Eligible applicants include states and territories, government organizations, state controlled institutions of higher educations, public housing authorities, Indian housing authorities and American Indian or Alaska Native Tribal governments. \$500,000 is available for one award.

Required Letters of Intent are due July 14, 2014.

Applications are due August 1, 2014.

This announcement 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:

www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/national-health-care-reform-plan/grants-and-demonstrations.htm

Guidance

7/3/14 CMS/HHS issued a proposed rule called "Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule, Clinical Laboratory Fee Schedule, Access to Identifiable Data for the Center for Medicare and Medicaid Innovation Models & Other Revisions to Part B for CY 2015." The rule implements portions of ACA Sections 3002, 3014, 3021, 3022, 3134, 4104, 6002 and 10331.

This proposed rule that would update payment policies and payment rates for services furnished under the Medicare Physician Fee Schedule (PFS) on or after Jan. 1, 2015. Medicare primarily pays physicians and other practitioners for care management services as part of face-to-face visits. Last year, CMS finalized a separate payment, outside of a face-to-face visit, for managing the care of Medicare patients with two or more chronic conditions beginning in 2015. Through this year's rule, CMS is proposing details relating to the implementation of the new policy, including payment rates. In addition, CMS is proposing a new process for

establishing PFS payment rates that will be more transparent and allow for greater public input prior to payment rates being set. Under the new process, payment changes will go through notice and comment rulemaking before being adopted beginning for 2016.

The proposed rule also proposes changes to several of the quality reporting initiatives that are associated with PFS payments – the Physician Quality Reporting System, Medicare Shared Savings Program, and Medicare Electronic Health Record Incentive Program, as well as changes to the Physician Compare tool on the Medicare.gov website. Finally, the rule continues the phased-in implementation of the physician value-based payment modifier, created by the Affordable Care Act, that would affect payments to physicians and physician groups, as well as other eligible professionals, based on the quality and cost of care they furnish to beneficiaries enrolled in the traditional Medicare fee-for-service program.

Comments are due September 2, 2014.

Read the proposed rule (which was published in the Federal Register on July 11, 2014) at:
www.gpo.gov/fdsys/pkg/FR-2014-07-11/pdf/2014-15948.pdf

7/3/14 CMS/HHS issued a proposed rule called “Medicare Program; End-Stage Renal Disease Prospective Payment System, Quality Incentive Program, and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies.” The rule implements portions of ACA §3401 and §6410.

The annual proposed rule updates and revises the End-Stage Renal Disease (ESRD) prospective payment system for calendar year 2015. The rule also proposes requirements for the ESRD quality incentive program, for payment year 2016 and beyond. The changes apply to services furnished on or after January 1, 2014.

Additionally, the rule includes new quality and performance measures to improve the quality of care by outpatient dialysis facilities treating ESRD patients and proposes to expand competitive bidding for durable medical equipment, as required by the ACA.

Comments are due September 2, 2014.

Read the proposed rule (which was published in the Federal Register on July 11, 2014) at:
www.gpo.gov/fdsys/pkg/FR-2014-07-11/pdf/2014-15840.pdf

7/2/13 HHS/CMS issued a proposed rule called “Medicare and Medicaid Programs; CY 2015 Home Health Prospective Payment System Rate Update; Home Health Quality Reporting Requirements; and Survey and Enforcement Requirements for Home Health Agencies.” The rule implements portions of ACA §3131 and §3401.

The proposed rule updates the Home Health Prospective Payment System rates, including the national, standardized 60-day episode payment rates, the national per-visit rates, and the non-routine medical supply conversion factor under the Medicare prospective payment system for home health agencies (HHAs) for calendar year (CY) 2015.

As required by the ACA, the proposed rule implements the second year of the four-year phase-in of CMS’ rebasing adjustments to the HH PPS payment rates. The ACA requires that beginning in CY 2014, CMS apply an adjustment to the national standardized 60-day episode rate and other applicable amounts to reflect factors such as changes in the number of visits in an episode, the mix of services in an episode, the level of intensity of services in an episode, the average cost of providing care per episode, and other relevant factors. The adjustment must be phased-in over a four year period.

The rule also makes changes to the ACA-mandated Medicare home health beneficiary face-to-face encounter requirement. The ACA mandates that a certifying physician or allowable non-physician provider must have a face-to-face encounter with the beneficiary before they certify the beneficiary’s eligibility for the Medicare

home health benefit. The proposed rules institutes changes to this requirement.

Under the proposed rule, CMS also proposes elements of a value-based purchasing model for HHAs in certain states, beginning in CY 2016.

Comments are due September 2, 2014.

Read the proposed rule (which was published in the Federal Register on July 7, 2014) at:
www.gpo.gov/fdsys/pkg/FR-2014-07-07/pdf/2014-15736.pdf

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

News

7/9/14 HHS has announced the preliminary recipients of the Second Round of Health Care Innovation Awards authorized by ACA §3021 to test new payment and service delivery models that will deliver improved care and lower costs for Medicare, Medicaid and Children's Health Insurance Program (CHIP) enrollees.

The awards range from an expected \$2 million to \$23.8 million over a three year period and include an array of initiatives that aim to lower health costs and improve care. The initiatives cover a broad range of payment and service delivery models, including accountable care organizations; bundled payment; primary care transformation; initiatives focused on the Medicare, Medicaid, and CHIP enrollee populations; initiatives to accelerate the development and testing of new payment and service delivery models and initiatives to speed the adoption of best practices.

This second announcement, if the primary recipients are finalized, increases the total amount of Innovation Award funding to \$360 million for 39 recipients across 27 states and the District of Columbia. The projects will benefit a wide range of patient populations, from children to the elderly, across the care continuum. Under the second announcement, Boston Medical Center located in Boston, Massachusetts, is slated to receive \$6,128,059.

CMS announced the first round of awards in 2012.
The first round of awardees is available at: CMS.GOV

To learn more about the Health Care Innovation Awards Round Two projects please visit: CMS.GOV

7/8/14 The U.S. Preventive Services Task Force (USPSTF) issued a final recommendation statement on screening for asymptomatic carotid artery stenosis (CAS). The USPSTF does not recommend screening for CAS in the general adult population. The USPSTF assigned a "D" rating to the recommendation, indicating that the Task Force recommends against the service. The recommendation applies only to people without symptoms or history of stroke.

CAS is the narrowing of the arteries that run along both sides of the neck and supply blood to the brain. According to the Task Force, although stroke is a leading cause of death and disability in the United States and asymptomatic CAS is a risk factor for stroke, CAS causes a relatively small proportion of strokes. The USPSTF found that the most effective way to prevent a stroke and other cardiovascular disease is to control high blood pressure and cholesterol, not smoke, be physically active, maintain a healthy weight and eat a healthful diet.

Because there is moderate or high certainty that CAS screening has no net benefit and that the risk of false positives outweigh possible benefits, the Task Force discourages the use of the screening. The USPSTF notes that adults with a history of stroke or signs and symptoms of stroke are not included in this recommendation and should seek the advice of their clinicians.

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 began on or after September 23, 2010. Since the recommendation was finalized with a "D" rating, CAS screenings are not required to be covered without cost-sharing under the ACA.

Read the final recommendation statement at:

www.uspreventiveservicestaskforce.org/uspstf13/cas/casfinalrs.htm

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

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

7/7/14 HHS awarded \$83.4 million to the Teaching Health Center Graduate Medical Education (THCGME) program to train new primary care providers under ACA §5508. Funding will support primary care residency programs in 60 Teaching Health Centers across the nation, expanding the number of states with Teaching Health Centers from 21 to 24.

The funds will go towards direct expenses associated with sponsoring an approved graduate medical or dental residency training program and indirect expenses associated with the additional costs relating to training residents in such programs. Residents participating in THCGME programs will be trained in family medicine, internal medicine, pediatrics, obstetrics and gynecology, psychiatry, geriatrics, and general dentistry.

Created by the ACA, the Teaching Health Center Program expands residency training in community-based settings and Centers are located in a variety of settings, including urban, rural, and tribal communities, and serve diverse populations. Under the FY2014 funding cycle, the Greater Lawrence Family Health Center located in Lawrence, Massachusetts received \$900,000.

For more information regarding the Teaching Health Center Program please visit: HRSA.GOV

To learn more about this announcement please visit: HHS.GOV

Upcoming Events

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

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.

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