



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

July 21, 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

Implementation of Strategic Plans for Billing for Immunization Services in Health Department Clinics, §4002. Announced July 9, 2014. Funding is available to improve the efficiency and effectiveness of immunization programs through continuance of current insurance billing projects. Funds will also be used for implementation of new projects for public health department insurance billing. Eligible applicants are limited to health department clinics. \$5,000,000 in total is available for fifteen awards.

Applications are due August 8, 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.html

Guidance

7/11/14 HRSA filed a notice regarding the "Reconciliation of Advanced Premium Tax Credits: Affordable Care Act and the Ryan White HIV/AIDS Program; Clarification." The notice seeks comments on the feasibility of policies related to the ACA and premium tax credits.

According to the notice, HRSA's HIV/AIDS Bureau (HAB) previously released [HAB Policy Clarification Notice 14-01](#), which requires Ryan White HIV/AIDS Program (RWHAP) grantees and subgrantees that use HRSA program funds to purchase health insurance for clients in the Affordability Insurance Exchanges (Marketplaces) to reconcile the premium tax credit a client receives from the IRS upon submission of the client's tax return. HRSA is seeking comments on the implementation of grantee and subgrantee policies related to the reconciliation

Under the ACA, RWHAP clients with incomes between 100-400% FPL who do not have minimum essential coverage as established by ACA §1401 [minimum essential coverage](#), or MEC, (ACA §1501) may be eligible for a premium tax credit to offset the cost of purchasing a qualified health plan (QHP) through the Marketplace.

Beginning October 1, 2013, qualified individuals and qualified employees could purchase private health insurance coverage through Exchanges for January 1, 2014 effective dates. 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, where low and moderate income individuals would be eligible for premium tax credits (§1401, §1411) to make purchasing a QHP more affordable by reducing out-of-pocket premium costs. Furthermore, an Exchange makes an advance determination of tax credit eligibility for individuals who enroll in a QHP through the Exchange and pursue financial assistance (§1401, 1411, and 1412). QHPs are health plans that have been certified by an Exchange, provide essential health benefits (EHB, §1301) and follow established limits on cost-sharing (such as reduced deductibles, copayments, and out-of-pocket maximum amounts).

QHP issuers are required to accept payments for enrollee premiums and cost sharing from third party payers such as the Ryan White HIV/AIDS Program, Indian tribes, tribal organizations, urban Indian organizations, and other relevant federal and state government programs.

Comments are due August 13, 2014.

Read more about the ACA and the Ryan White Program at: <http://hab.hrsa.gov/affordablecareact/>

Read the notice (which was published in the Federal Register on July 14, 2014) at:
www.gpo.gov/fdsys/pkg/FR-2014-07-14/pdf/2014-16406.pdf

7/3/14 HHS/CMS issued a proposed rule called "Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Physician-Owned Hospitals: Data Sources for Expansion Exception; Physician Certification of Inpatient Hospital Services; Medicare Advantage Organizations and Part D Sponsors: Appeals Process for Overpayments Associated with Submitted Data." The rule implements portions of the following ACA sections: 3138, 3401, 4104, 10319 and 10324.

The proposed rule updates the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for CY 2015. According to CMS, the proposal implements changes to move from a hospital OPPS and fee schedule to a complete PPS. Under the policy, CMS will make a single payment for all related or adjunctive hospital services provided to a patient in the furnishing of certain primary procedures. The rule also proposes changes to quality reporting programs, Community Health Center outlier payments, partial hospitalization program rates and the overpayment

recovery and appeals process for Medicare Part C and Part D.

Comments are due September 2, 2014.

Read the proposed rule (which was published in the Federal Register on July 14, 2014) at:
www.gpo.gov/fdsys/pkg/FR-2014-07-14/pdf/2014-15939.pdf

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

News

7/15/14 HHS announced the availability of \$11 million in grant funding for community health centers as part of the Partnerships for Care: Health Departments and Health Centers Collaborating to Improve HIV Health Outcomes. The opportunity is authorized under the Minority AIDS Initiative Fund and ACA §4206, in order to better integrate HIV services into the care provided at community health centers.

The opportunity is part of a three-year, multi-agency project administered jointly by the CDC and the Health Resources and Services Administration (HRSA). The project will enable HRSA-funded health centers to work with CDC-funded state health departments to expand HIV prevention, testing, care, and treatment services, especially among racial/ethnic minorities.

The additional funding will be used for state projects that are aimed to increase HIV prevention and care services within communities most impacted by HIV. The projects will support health center workforce growth, infrastructure improvements, HIV service delivery across the HIV care continuum, and the development of sustainable partnerships with state health departments.

On June 3, 2014 the Massachusetts Department of Public Health (DPH) was one of four states to win an award for the initiative, receiving a \$644,375 grant. This September HHS is expected to award the additional HRSA grants to Massachusetts health centers who qualify for the Partnerships for Care funding opportunity. The six qualified Massachusetts health centers can be found at: HRSA.GOV

Read the grant narrative submitted by DPH at: www.mass.gov/eohhs/docs/eohhs/healthcare-reform/grants/140603-sec-4206-increasing-med-partnerships.pdf

Learn more about the Partnerships for Care opportunity at: HRSA.GOV

7/14/14 HHS announced the launch of the Innovation Accelerator Program (IAP) authorized under ACA §3021, a new technical assistance program aimed to improve the health care and health outcomes of Medicaid beneficiaries. IAP is a component of CMS's wide ranging efforts to support system-wide payment and delivery system reform innovation.

As an extension of the Medicaid development and testing work that the CMS Innovation Center is doing, IAP is designed to assist states through strategically targeted activities aimed at advancing Medicaid delivery system and payment transformation. According to CMS, IAP activities will be designed to help states take advantage of opportunities and to address common challenges in order to advance innovation.

IAP will allow CMS to work closely with states, consumer groups, and the health care provider community to address critical issues in Medicaid. While developments in care management and coordination and payment reform have been made in state Medicaid programs, states have reported challenges in achieving and sustaining innovation. IAP is a new approach to tackling these challenges collaboratively, leveraging best practices in driving innovation in the public and private sectors.

For more information regarding AIP, please visit: MEDICAID.GOV

7/10/14 The U.S. Preventive Services Task Force (USPSTF) released the 2014 Guide to Clinical Preventive Services, designed to help primary care clinicians and patients select which preventive services

fit their needs. The 2014 Guide includes all active Task Force evidence-based recommendations since 2004, including 28 new and updated recommendations since the 2012 version of the Guide.

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 in the Guide that received 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.

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

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

Access the guide at: www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/

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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