



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

December 15, 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 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

Grant Announcements

Research Coordinating Unit for Testing Multi-Level Interventions to Improve Blood Pressure Control in Minority Racial/Ethnic, Low Socioeconomic Status, and/or Rural Populations, \$6301. Announced December 8, 2014. Funding is available to support patient-centered comparative effectiveness clinical trials that will compare alternative, evidence-based approaches to reduce inadequate control of hypertension among high risk populations, including racial/ethnic minority groups, patients with low socioeconomic status, and individuals residing

in rural geographical areas with an above average lifetime risk of cardiovascular disease.

Eligible applicants include public and private controlled institutions of higher education, non and for profit organizations, state and local governments, Native American Tribal Organizations and Native American Tribal Governments. Up to \$1,500,000 in funding for one award is available.

Require Letters of Intent are due January 13, 2015.

Applications are due February 13, 2015.

This announcement may be viewed at: GRANTS.GOV

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

Perinatal and Infant Oral Health Quality Improvement Expansion Grant Program, §4102. Announced December 4, 2014. Funding is available to reduce the prevalence of oral disease in both pregnant women and infants through improved access to quality oral health care. By targeting pregnant women and infants, during times of increased health care access, the expected result is improved oral health and oral health care utilization of the mother and her child throughout their lifespan. Eligible applicants include any public or private entity, including an Indian tribe or tribal organization. \$1,750,000 in total is available for five awards.

Applications are due February 27, 2015.

This announcement may be viewed at: GRANTS.GOV

Guidance

12/8/14 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on their vision of a currently approved information collection activity related to Employer Notification to HHS of its Objection to Providing Coverage for Contraceptive Services under ACA §1001 (2713).

On July 28, 2014 HHS/Treasury/DOL issued a [final rule](#) called "Coverage of Certain Preventive Services Under the Affordable Care Act" which implements provisions under ACA §1001(2713) that provide women with coverage for preventive care that includes all-FDA approved contraceptive services without cost sharing, while respecting the concerns of certain religious organizations, including certain non-profit religious organizations. Under the final rule non-exempt, non-grandfathered group health plans are required to provide such coverage. Group health plans of "religious employers" are exempted from the requirement to provide contraceptive coverage if they have religious objections to contraception.

Under the ACA, most health plans are required to provide women with coverage for recommended preventive care without charging a co-payment, co-insurance or a deductible. Women's preventive health services include well-woman visits, support for breastfeeding equipment, contraception, and domestic violence screening and counseling. The rule ensures that non-profit organizations with religious objections won't have to contract, arrange, pay, or refer for insurance coverage for contraceptive services to their employees.

[Proposed rules](#) titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (which were published in the Federal Register on August 27, 2014) continue to require each closely-held, for-profit corporation seeking to be treated as an eligible organization to provide notification that it will not act as the plan administrator or claims administrator with respect to, or contribute to the funding of, coverage of all or a subset of contraceptive services. Issuers and third party administrators providing payments for contraceptive services for participants and beneficiaries in plans of eligible organizations would be required to meet the notice requirements as set forth in the

2013 final regulations. In addition, the proposed rule solicits comment how it might extend to certain “closely held” for-profit companies the same accommodation that is available to non-profit religious organizations, while continuing to urge Congress to take action to ensure women’s access to contraception services.

The [interim final regulations](#) titled “Coverage of Certain Preventive Services Under the Affordable Care Act” (which were published in the Federal Register on August 27, 2014) maintain the existing accommodation for certain religious non-profits that object to providing such coverage, but also create an additional pathway for eligible organizations to provide notice of their objection to covering contraceptive services. The interim final rule allows eligible non-profit organizations to notify the HHS in writing of their religious objection to providing contraception coverage. HHS and DOL will then notify insurers and third party administrators so that enrollees in plans of such organizations receive separate coverage for contraceptive services, with no additional cost to the enrollee or the employer.

Comments are due February 6, 2015.

Read the notice at: www.gpo.gov/fdsys/pkg/FR-2014-12-08/pdf/2014-28632.pdf

12/1/14 HHS/CMS issued a proposed rule called “Medicare Program; Medicare Shared Savings Program: Accountable Care Organizations,” as authorized under ACA §3022.

The proposed rule addresses changes to the Medicare Shared Savings Program (Shared Savings Program), including provisions relating to the payment of Accountable Care Organizations (ACOs) participating in the Shared Savings Program. Under the Shared Savings Program, providers of services and suppliers that participate in an ACO continue to receive traditional Medicare fee-for-service (FFS) payments under Parts A and B, but the ACO may be eligible to receive a shared savings payment if it meets specified quality and savings requirements.

Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other health care providers who come together voluntarily to give coordinated high quality care to the Medicare patients they serve. Coordinated care helps ensure that patients, especially the chronically ill, get the right care at the right time, with the goal of avoiding unnecessary duplication of services and preventing medical errors. According to CMS, when an ACO succeeds in both delivering high-quality care and spending health care dollars more wisely, it will share in the savings it achieves for the Medicare program.

Comments are due February 6, 2015.

Read the rule (which was published on December 8, 2014) at: www.gpo.gov/fdsys/pkg/FR-2014-12-08/pdf/2014-28388.pdf

12/3/14 HHS/CMS issued a final ruled called “Medicare Program; Requirements for the Medicare Incentive Reward Program and Provider Enrollment.” The final rule implements portions of ACA §6401 and §6405.

The final rule implements various provider enrollment requirements, including the following: expanding the instances in which a felony conviction can serve as a basis for denial or revocation of a provider or supplier's enrollment; if certain criteria are met, enabling CMS to deny enrollment if the enrolling provider, supplier, or owner thereof had an ownership relationship with a previously enrolled provider or supplier that had a Medicare debt; enabling CMS to revoke Medicare billing privileges if the agency determines that the provider or supplier has a pattern or practice of submitting claims that fail to meet Medicare requirements; and limiting the ability of ambulance suppliers to “backbill” for services performed prior to enrollment.

Read the rule (which was published in the Federal Register on December 5, 2014) at: www.gpo.gov/fdsys/pkg/FR-2014-12-05/pdf/2014-28505.pdf

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

News

12/9/14 HHS/CMS announced \$36.3 million in ACA funding to 1,113 health centers in all 50 states, the District of Columbia, and seven U.S. Territories to recognize health center quality improvement achievements and invest in ongoing quality improvement activities. Funding was awarded to health centers for high levels of quality performance in areas such as chronic disease management, preventive care and the use of Electronic Health Records (EHRs) to report quality data.

Massachusetts received 34 Total Quality Improvement Awards, totaling \$1,123,215.

View a list of awardees in Massachusetts at:

www.hrsa.gov/about/news/2014tables/qualityimprovement/awards.aspx?state=ma&

Upcoming Events

Money Follows the Person (MFP) Semi-Annual Informational Meeting

Wednesday, December 17, 2014

2:00 PM– 3:30 PM

Worcester Public Library

3 Salem Street

Worcester, MA 01608

Directions can be found at: <http://goo.gl/maps/G3do1>

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

Friday, January 9, 2015

1:00 p.m. -3:00 p.m.

Transportation Building – Conference Rooms 2-3

10 Park Plaza

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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