



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

January 5, 2015

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

Public Health Research on Modifiable Risk Factors for Spina Bifida, §4204. Announced December 23, 2014. Funding is available to investigate potentially modifiable risk factors for spina bifida in the presence of adequate folate. This research should include identifying reasons that may alter the impact of established risk factors, and replication of previously observed associations from population-based epidemiological studies.

Eligible applicants include public and state, city, county and township governments; private nonprofit organizations, for profit organizations; small, minority, and women-owned businesses; universities and colleges; research institutions; community-based organizations; faith-based organizations; federally recognized or state-recognized American Indian/Alaska Native tribal governments; and American Indian/Alaska Native tribally designated organizations. \$1,800,000 is available for two awards.

Spina bifida is a condition that affects the spine and is usually apparent at birth. It is a type of neural tube defect. Although the prevalence of spina bifida has declined significantly in the United States, spina bifida still affects almost 1,500 pregnancies in the United States annually. Research has shown that if all women who could possibly become pregnant were to take a multivitamin with folic acid, the risk of neural tube defects like spina bifida could be reduced by up to 70%.

Letters of Intent are due January 23, 2014.

Applications are due February 24, 2014.

This announcement may be viewed at:

<http://www.grants.gov/web/grants/view-opportunity.html?oppId=270791>

Nurse Faculty Loan Program (NFLP), §5311. Announced December 23, 2014. Funding is available to establish and operate an interest-bearing NFLP loan fund. Accredited schools of nursing or a department within the institution that offers an eligible advanced graduate nursing education program are eligible to apply. Awardees will provide loans to registered nurses for the completion of their graduate education to become qualified nursing faculty. In addition, the NFLP provides loan cancellation for approximately 85% of borrowers that serve as full-time faculty for an approved period of time. Funds may be used for tuition, fees, books, laboratory expenses and other reasonable educational costs. Eligible applicants include accredited schools of nursing. Eligible schools must offer educator coursework as part of an advanced education nursing degree program(s) that will prepare the graduate student to teach. HRSA expects to make 105 awards during Federal fiscal year (FY) 2015 totaling an estimated program funding of \$22,500,000.

Applications are due February 25, 2015.

The announcement can be viewed at:

<https://grants3.hrsa.gov/2010/Web2External/Interface/FundingCycle/ExternalView.aspx?fCycleID=2e35f4e3-9e79-4e1d-98d7-7a1309093981&txtAction=View+Details&submitAction=Go&ViewMode=EU>

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

12/29/14 IRS/Treasury issued final regulations called “Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirement of a Section 4959 Excise Tax Return and Time for Filing the Return.” The regulations provide guidance on the requirements for charitable hospital organizations added by ACA Section 9007. The regulations provide guidance on the requirements described in section 501(r) of the IRS Code, the entities that must meet these requirements, and the reporting obligations relating to these requirements under section 6033 of the IRS Code. In addition, the final regulations provide guidance on the consequences for failing to satisfy the section 501(r) requirements. The regulations apply to taxable years beginning one year after December 29, 2014.

ACA Section 9007 requires charitable hospitals (which are tax-exempt) to 1) limit the amounts charged to patients eligible for financial assistance so that the amount is generally not more than the amount billed to patients with Medicare or private insurance, 2) establish and broadly disclose their financial assistance policies so that the eligibility criteria and application method is clear to patients, 3) follow reasonable billing and collection requirements and 4) perform a community health needs assessment (CHNA) every three years and disclose steps the hospital is taking to address any identified needs.

Read the final regulations (which were published in the Federal Register on December 31, 2014) at:

<http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>

12/29/14 HHS/CMS issued a correction to a final rule with comment period 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 document makes technical corrections to the [final rule](#) (which was published in the Federal Register on November 13, 2014). The rule implements portions of ACA Sections 3002, 3014, 3021, 3022, 3134, 4104, 6002 and 10331.

The final rule with comment period addresses changes to the physician fee schedule (PFS), and other Medicare Part B payment policies to ensure that payment systems are updated to reflect changes in medical practice and the relative value of services, as well as statutory changes.

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. The rule also changes 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 ACA) 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.

Read the correction (which was published in the Federal Register on December 31, 2014) at:

<http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30663.pdf>

12/23/14 Treasury/DOL/HHS issued a notice of proposed rulemaking called “Summary of Benefits and Coverage and Uniform Glossary.” The proposed regulations refer to the summary of benefits and coverage (SBC) and the uniform glossary for group health plans and health insurance coverage in the group and individual markets under the ACA. The regulations propose changes to the disclosure requirements under section 2715 of the Public Health Service Act to help plans and individuals better understand their health coverage, as well as to gain a better understanding of other coverage options for comparison. The regulations also propose changes to related documents required for compliance with section 2715 of the Public Health Service Act, including a template for the SBC, instructions, sample language, a guide for coverage example calculations, and the uniform glossary.

ACA §10101(b) requires that group health plans and health insurance carriers in the group and individual markets provide an SBC that concisely and accurately describes the benefits and coverage available under the applicable plan or coverage. The [final SBC rule](#) (published in the Federal Register on February 14, 2012) implements the disclosure requirements, as added by §10101(b) of the ACA, which require plans to provide concise and comprehensible coverage information to the millions of Americans with private health coverage so that they can more easily directly compare one plan to another.

Comments are due March 2, 2015.

View the Proposed SBC Blank Template at:

<https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/blank-template-12-19-14-FINAL.pdf>

View the Uniform Glossary at:

<https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Uniform-Glossary-12-19-14-FINAL.pdf>

Access other proposed supporting materials for public comment at:

[https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html#Summary of Benefits and Coverage and Uniform Glossary](https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html#Summary_of_Benefits_and_Coverage_and_Uniform_Glossary)

Read the proposed regulations (which were published in the Federal Register on December 30, 2014) at:
<http://www.gpo.gov/fdsys/pkg/FR-2014-12-30/pdf/2014-30243.pdf>

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

News

12/23/14 The U.S. Preventive Services Task Force (USPSTF) issued a draft recommendation statement on screening for high blood pressure in adults. The USPSTF concluded that screening people ages 18 and older for high blood pressure has a beneficial impact on important health outcomes. The Task Force assigned an "A" rating to the recommendation, indicating that the USPSTF recommends the service because there is high certainty that the net clinical benefit is substantial.

The USPSTF's evidence review found that high blood pressure (hypertension) is a highly prevalent condition, affecting approximately 30% of the adult population. It is the most commonly diagnosed condition at outpatient office visits and also raises a person's risk for heart attack, stroke, and kidney and heart failure. According to the Task Force, accurate screening and appropriate treatment of hypertension can help prevent strokes, heart attacks, and other health conditions. In 2010, high blood pressure was a primary or contributing cause of death for more than 362,000 Americans. High blood pressure is a leading cause of death in the United States, particularly among older Americans.

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. If the screening recommendation is finalized with an "A" rating, then this service must be provided without cost sharing.

Comments are due on January 26, 2015 and can be submitted at:

<http://www.uspreventiveservicestaskforce.org/Comment/Collect/Index/RecommendationStatementDraft/hypertension-in-adults-screening-and-home-monitoring>

Read the draft recommendation statement at:

<http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementDraft/hypertension-in-adults-screening-and-home-monitoring>

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

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

Upcoming Events

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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