



## AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

June 01, 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

**Improving Immunization Collaboration Among Pharmacists and Other Healthcare Providers, §4002.**  
Announced May 28, 2015.

Funding is available to demonstrate successful models of collaboration between pharmacists and other healthcare providers in order to ensure up-to-date vaccination status of their shared patients. Better collaboration between pharmacists and other healthcare providers is needed because of the increasing interdependence of pharmacists and other clinicians.

There are no special eligibility requirements but applicants must be able to demonstrate their ability to make a national impact through a significant membership of pharmacists on a national level. \$1,600,000 is available for two awards.

Applications are due July 27, 2015.

View the announcement at: [GRANTS.GOV](http://GRANTS.GOV)

**Increasing Awareness and Implementation of the Standards for Adult Immunization Practice Through Partnerships with State and Local Immunization Programs, §4002.** Announced May 28, 2015.

Funding is available to support state and local immunization programs to develop and implement programs designed to increase adult immunization rates and reduce immunization rate disparities among adults. Programs will be required to collaborate with community health centers, pharmacies/pharmacists, and large healthcare systems and

organizations to improve and expand the implementation of adult immunization standards and to develop strategies to best utilize available vaccine purchase funds to expand access to all recommended adult vaccines to uninsured adults.

Eligible applicants include state, city, township, local, county and special district governments. \$10,000,000 is available for ten awards.

Applications are due July 27, 2015.

View the announcement at: [GRANTS.GOV](http://GRANTS.GOV)

**5/26/15 The Patient Centered Outcomes Research Institute, (PCORI), announced five grant opportunities.** Created under ACA §6301, PCORI is an independent nonprofit organization, tasked with conducting patient-centered outcomes research and studies.

PCORI supports research that will provide reliable, useful information to help people make informed healthcare decisions and improve healthcare delivery and outcomes.

For all five opportunities, mandatory Letters of Intent (LOI) are due July 29, 2015 and applications are due November 3, 2015. The online application system used to apply for the opportunities opens on June 29, 2015.

For more information about PCORI, visit [PCORI](http://PCORI)

For more information about PCORI funding opportunities, visit: [www.pcori.org/funding-opportunities](http://www.pcori.org/funding-opportunities).

**Improving Methods for Conducting Patient-Centered Outcomes Research - Cycle 2 2015:**

Funding is available to address gaps in research relevant to conducting Patient-Centered Outcomes Research (PCOR). These findings will be used in future PCORI Methodology Reports that are used to help clinicians and patients make informed care decisions. Eligible applicants include: private or public research organizations; nonprofit or for-profit organizations; university or college hospitals or healthcare systems; or local, state, or federal government agencies. \$12 million in funding is available for studies.

An announcement for this opportunity can be found at: [PCORI.ORG](http://PCORI.ORG)

**Communication and Dissemination Research - Cycle 2 2015:** Funding is available for projects that address critical knowledge gaps in the communication and dissemination process of research results to patients, their caregivers, and clinicians. Eligible applicants include: private or public research organizations; nonprofit or for-profit organizations; university or college hospitals or healthcare systems; or local, state, or federal government agencies. \$8 million in funding is available for studies.

An announcement for this opportunity can be found at: [PCORI.ORG](http://PCORI.ORG)

**Improving Healthcare Systems - Cycle 2 2015:** Funding is available to study the comparative effectiveness of alternate features of healthcare systems (e.g., innovative technologies, incentive structures, service designs) intended to optimize the quality, outcomes, and/or efficiency of care for the patients they serve and that have the most potential for sustained impact and replication within and across healthcare systems. Healthcare systems encompass multiple levels (e.g., national, state and local health environments, organization and/or practice settings, family and social supports, and the individual patient) and include entities organized to deliver, arrange, purchase, and/or coordinate healthcare services.

Eligible applicants include any private or public sector research organization, nonprofit or for-profit organization, university or college hospital or healthcare system, laboratory or manufacturer, or unit of local, state, or federal government. \$16 million in funding is available for studies.

An announcement for this opportunity may be viewed at: [PCORI.ORG](http://PCORI.ORG)

**Assessment of Prevention, Diagnosis, and Treatment Options - Cycle 2 2015:** Funding is available to conduct comparative effectiveness research (CER) designed to provide information that would inform critical decisions that face patients and caregivers, clinicians, policymakers, and healthcare system leaders. The premise of this research is that any new findings will inform and improve the critical choices made by patients and stakeholders in health care. This knowledge will provide insight about the comparative benefits and harms of the options and provide information about outcomes that are important to patients.

Eligible applicants include any private or public sector research organization, nonprofit or for-profit organization, university or college hospital or healthcare system, laboratory or manufacturer, or unit of local, state, or federal government. \$32 million in funding is available for studies.

An announcement for this opportunity may be viewed at: [PCORI.ORG](http://PCORI.ORG)

**Addressing Disparities - Cycle 2 2015:** Funding is available to conduct comparative effectiveness research (CER) studies that evaluate and compare new and/or enhanced interventions to reduce or eliminate disparities in health and healthcare. Studies in this program should focus on overcoming barriers that may disproportionately affect the outcomes of specific groups of patients, or identify best practices for sharing results and information about patient-centered research across patient groups.

Eligible applicants include any private or public sector research organization, nonprofit or for-profit organization, university or college hospital or healthcare system, laboratory or manufacturer, or unit of local, state, or federal government. \$8 million in funding is available for studies.

An announcement for this opportunity may be viewed at: [PCORI.ORG](http://PCORI.ORG)

## 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](http://www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/national-health-care-reform-plan/grants-and-demonstrations.html)

## Guidance

**5/26/15 HHS/DOL/Treasury issued FAQ Part XXVII, regarding the implementation of the ACA, specifically regarding limitations on cost sharing in self-insured and large group employer health plans and provider non-discrimination in health plans.**

As required by §1302, annual cost sharing imposed by health plans on members must have an out-of-pocket maximum which limits overall out-of-pocket costs on all essential health benefits (EHB). For plan or policy years beginning in 2015, the maximum annual limitation on cost sharing under ACA §1302(c)(1) is \$6,600 for self-only coverage and \$13,200 for coverage other than self-only coverage. For plan or policy years thereafter, the maximum annual limitation on cost sharing is increased by the premium adjustment percentage described under ACA §1302(c)(4). For plan or policy years beginning in 2016, the maximum annual limitation on cost sharing is \$6,850 for self-only coverage and \$13,700 for other than self-only coverage. In the [final HHS Notice of Benefit and Payment Parameters for 2016](#) (which was published in the Federal Register on February 27, 2015), HHS clarified that under ACA §1302(c)(1), the individual out-of-pocket maximum applies to all individuals, even if they have family coverage.

FAQ Set XXVII clarifies that this requirement applies to all non-grandfathered health plans, including large employer and self-insured plans and further provides that the requirement does not apply for plan or policy years that begin before 2016.

EHBs are a package of medical services and treatments which includes ambulatory and emergency care, maternity care, prescription drugs and other comprehensive health care services in ten statutory benefit categories, and are equal in scope to a typical employer health plan. Effective January 1, 2014, all plans sold in the exchanges and through the small group and individual markets were required to be equal in scope to the benefits covered by a typical employer plan and offer an EHB package of medical services and treatments in the ten prescribed categories.

The FAQ set also clarifies the agencies' policy on the ACA's provider nondiscrimination requirement. Section 2706 of the Public Health Services Act prohibits insurers from discriminating against providers acting within the scope of their license or certification under state law. Furthermore, insurers are not required to contract with any particular health care provider willing to abide by the terms and conditions for participation established by the plan or issuer and insurers can vary payment rates based on performance and quality.

Read FAQ Part 27 at: [www.dol.gov/ebsa/faqs/faq-aca27.html](http://www.dol.gov/ebsa/faqs/faq-aca27.html)

Prior guidance can be found at: [www.hhs.gov/healthcare/index.html](http://www.hhs.gov/healthcare/index.html)

## News

**5/26/15 HHS announced that \$112 million was awarded to help 5,000 primary care professionals to advance heart health through the EvidenceNOW initiative.** Authorized under ACA §1181, the grants will help improve the heart health of nearly 8 million patients.

The EvidenceNOW initiative establishes seven regional cooperatives composed of public and private health partnerships that will help provide quality improvement services to up to 300 small primary care practices. These services include onsite coaching, consultation from experts in health care delivery improvement, sharing best practices, and electronic health record support. Awarded funding will be aligned with HHS's "Million Hearts" national initiative to help prevent and lower the number of heart attacks and strokes. No Massachusetts providers were given awards.

Heart disease is the leading cause of death for men and women in the United States. The goal of these awards and this initiative is to ensure that primary care practices have the latest evidence and that they use it to help their patients live healthier and longer lives.

Read the full press release at: [HHS.GOV](http://HHS.GOV)

To learn more about the EvidenceNOW initiative, visit: [AHRO.GOV](http://AHRO.GOV)

## Upcoming Events

### **Integrating Medicare and Medicaid for Dual Eligible Individuals (also known as One Care) Open Meeting**

June 8, 2015

10:00 AM – 12:00 PM

1 Ashburton Place, 21st Floor

Boston, MA

The purpose of this meeting is to continue discussion of key implementation topics for One Care. An agenda will be provided in advance of the meeting.

We welcome attendance from all stakeholders and members of the public with an interest in One Care. Reasonable accommodations will be made for participants who need assistance. Please send your request for accommodations to

Donna Kymalainen at [Donna.Kymalainen@state.ma.us](mailto:Donna.Kymalainen@state.ma.us)

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

June 24, 2015

2:00 PM – 3:30 PM

Massachusetts Department of Public Health

Public Health Council Room

250 Washington Street

Boston, MA 02108

Click link for [directions](#)

Please contact [MFP@state.ma.us](mailto:MFP@state.ma.us) to RSVP and to request reasonable accommodations.

Although RSVPs are greatly appreciated, they are not required.

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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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