



## AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

July 20, 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

**Tracking Electronic Health Record Adoption and Capturing Related Insights in U.S. Hospitals**, \$3015.  
Announced July 16, 2015.

Funding is available to capture information on the adoption of and attitudes towards electronic health records in U.S. hospitals. The research from this project should be used to accelerate the adoption of electronic health records and exchange of clinical data that is now in place.

This funding opportunity will provide funds in the form of a sole source, single award, through a cooperative agreement, between the Office of the National Coordinator for Health Information Technology (ONC) and American Hospital Association (AHA). The AHA has an ongoing data collection effort in place designed to capture information on the adoption of and attitudes towards electronic health records in U.S. hospitals.

The eligible applicant is the American Hospital Association. \$204,000 is available for one award.

Applications are due September 15, 2015.

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

**Tobacco Quitlines - A Comprehensive Approach to Good Health and Wellness in Indian Country**, \$4002.  
Announced July 14, 2015.

Funding is available to expand a subset of evidence-based commercial tobacco control and prevention activities to reach larger segments of the American Indian and Alaskan Native population. Funded projects should include a combination of policy and environmental approaches, community clinical linkages, and commercial tobacco control and prevention activities.

Eligible applicants are limited to American Indian or Alaska Native Tribal Organizations who are currently funded under, "DP14-1421PPHF14 - A Comprehensive Approach to Good Health and Wellness in Indian Country". \$7,200,000 is available for twelve awards.

Applications are due September 11, 2015.

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

**AHRQ – Patient Centered Outcomes Research (PCOR) Clinical Decision Support Learning Network, \$6301.** Announced July 9, 2015.

Funding is available to engage stakeholders in the use of Clinical Decision Support (CDS) to implement PCOR findings. By engaging stakeholders, the goal of this project is to work towards CDS as a shareable, sustainable, and useful public resource. Specifically, an objective of the PCOR CDS Learning Network will be to engage clinicians, patients, professional associations, health IT developers, and other stakeholders who can help promote the incorporation of PCOR findings into clinical practice.

Eligible applicants include town, city, county and state governments; public and private institutions of higher education; for profit organizations; and Native American Tribal organizations and governments. \$500,000 is available for one award.

Applications are due November 13, 2015.

View the announcement at: [GRANTS.GOV](http://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](http://www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/national-health-care-reform-plan/grants-and-demonstrations.html)

## Guidance

**7/16/15 HHS/CMS published a proposed rule called "Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities."** The proposed rule implements portions of ACA §6101, §6102, §6121 and §6401.

The proposed rule would revise the requirements that Long-Term Care facilities must meet to participate in the Medicare and Medicaid programs. These proposed changes are necessary to reflect the substantial advances that have been made over the past several years in the theory and practice of service delivery and safety.

These proposals are an integral part of CMS's efforts to achieve broad-based improvements both in the quality of health care furnished through federal programs, and in patient safety, while at the same time reducing procedural burdens on providers.

Comments are due September 14, 2015.

Read the proposed rule at: [GPO.GOV](http://GPO.GOV)

**7/14/15 HHS/CMS announced the Comprehensive Care for Joint Replacement Model (CCJR) proposal,** through the notice and comment rulemaking process. The proposed model will support better and more efficient care for Medicare beneficiaries undergoing hip and knee replacements.

The proposed model will test a bundled payment and quality measurement for hip and knee replacements to encourage hospitals, physicians, and post-acute care providers to work together to improve quality and coordination of care.

The proposed CCJR Model has been designed by the CMS Innovation Center, which was established under §3021 of the ACA. The CMS Innovation Center tests innovative payment and service delivery models to reduce CMS program expenditures and improve quality for CMS beneficiaries.

Comments are due September 8, 2015.

Read the proposed rule at: [GPO.GOV](http://GPO.GOV)

### **7/10/15 IRS/DOL/HHS issued final rules “Coverage of Certain Preventive Services Under the Affordable Care Act.”**

The final regulations regard coverage of certain preventive services under §2713 of the ACA. This section requires coverage without cost sharing of certain preventive health services by non-grandfathered group health plans and health insurance coverage.

These regulations finalize provisions from three rulemaking actions: interim final regulations issued in July 2010 related to coverage of preventive services, interim final regulations issued in August 2014 related to the process an eligible organization uses to provide notice of its religious objection to the coverage of contraceptive services, and proposed regulations issued in August 2014 related to the definition of “eligible organization,” which would expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services.

Read the final rules (which were published in the Federal Register on July 14, 2015) at: [www.gpo.gov/fdsys/pkg/FR-2015-07-14/pdf/15-17076.pdf](http://www.gpo.gov/fdsys/pkg/FR-2015-07-14/pdf/15-17076.pdf)

**7/8/15 HHS/CMS issued a proposed rule called “Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2016.”** The proposed rule implements portions of ACA§3001, §3002, §3014, §3021, §3022, §3134, §3135, §3139, §3401, §6001, §6409, §10331 and §10501

The proposed rule addresses changes to the physician fee schedule, 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 changes in the statute.

Comments are due September 8, 2015.

Read the rule (which was published in the Federal Register on July 15, 2015) at: [GPO.GOV](http://GPO.GOV)

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

## **News**

**7/14/15 CMS announced that its Fraud Prevention System identified and prevented \$820 million in improper Medicare payments within its first three years of operations.**

The Fraud Prevention System is one part of CMS’s effort to protect the Medicare Trust Fund. This system uses predictive analytics to identify troublesome billing patterns and outlier claims for action, similar to systems used by major credit card companies. This system identified or prevented \$454 million in improper payments Calendar Year 2014 alone.

In future years, CMS plans to expand the system and its algorithms to identify lower levels of non-compliant health care providers who would be better served by education or data transparency interventions.

§10606 and §6604 of the ACA provide new tools and resources in order to fight fraud in federal health care programs. The ACA also provides an additional \$350 million for health care fraud prevention and enforcement efforts such as the Fraud Prevention System.

To learn more about the Fraud Prevention System, visit: [CMS.GOV](http://CMS.GOV)

## Upcoming Events

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

Friday, July 24, 2015, 1:30 PM - 3:30 PM  
Transportation Building  
10 Park Plaza  
Boston, MA

Friday, September 11, 2015, 1:00-3:00 PM  
1 Ashburton Place, 21st Floor  
Boston, MA

We welcome attendance at all meetings 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).

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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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