



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

August 24, 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 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

8/14/15 HHS/CMS issued a correction to the proposed rule called "Medicare and Medicaid Programs; CY 2016 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model; and Home Health Quality Reporting Requirements." The document corrects technical errors in the [proposed rule](#) that was published in the Federal Register on July 10, 2015.

The rule implements portions of the following sections of the ACA: 3006, 3131 and 3401. The rule updates Home Health Prospective Payment System (HH PPS) rates, including the national, standardized 60-day episode payment rates, the national per-visit rates, and the non-routine medical supply (NRS) conversion factor under the Medicare prospective payment system for home health agencies (HHAs), effective for episodes ending on or after January 1, 2016.

The rule implements a payment model authorized under the ACA which, according to CMS, leverages the successes of and lessons learned from other value-based purchasing programs and demonstrations. The model would apply a payment reduction or increase to current Medicare-certified HHA payments, depending on quality performance, for all agencies delivering services within nine randomly-selected states. Payment adjustments would be applied on an annual basis, beginning at 5% and increasing to 8% in later years of the initiative. As proposed, the Home Health Value-Based Purchasing model would test whether incentives for better care can improve outcomes in the delivery of home health services.

Comments are due September 4, 2015.

Read the correction (which was published in the Federal Register on August 18, 2015) at: www.gpo.gov/fdsys/pkg/FR-2015-08-18/pdf/2015-20336.pdf

7/31/15 HHS/CMS issued a final rule called "Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System Policy Changes and Fiscal Year 2016 Rates; Revisions of Quality Reporting Requirements for Specific Providers, including Changes Related to the Electronic Health Record Incentive Program; Extensions of the Medicare-Dependent, Small Rural Hospital Program and the Low-Volume Payment Adjustment for Hospitals." The final rule implements portions of the following ACA sections: 1104, 1105, 3001, 3003, 3004, 3005, 3008, 3021, 3025, 3106, 3123, 3124, 3125, 3133, 3141, 3301, 3401, 10309, 10312, 10313, 10314, 10316, 10319 and 10324.

The final rule updates fiscal year 2016 Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital Prospective Payment System. The final rule affects discharges occurring on or after October 1, 2015.

The IPPS pays hospitals for services provided to Medicare beneficiaries using a national base payment rate, adjusted for a number of factors that affect hospitals' costs, including the patient's condition and market conditions in the hospital's geographic area.

According to CMS, the final rule includes policies that continue a commitment to increasingly shift Medicare payments from volume to value.

Read the rule (which was published in the Federal Register on August 17, 2015) at: www.gpo.gov/fdsys/pkg/FR-2015-08-17/pdf/2015-19049.pdf

News

8/18/15 The Patient-Centered Outcomes Research Institute (PCORI) approved \$65.7 million for six new Patient Centered Research Projects. Created under ACA §6301, PCORI is an independent nonprofit organization, tasked with conducting patient-centered outcomes and studies.

Funding for four awards will be used for studies focused on treatment options for appendicitis, ways to improve behavioral and mental health care, and options to prevent potentially deadly blood clots in patients getting hip and knee replacements. The remaining \$9 million will support two studies on obesity. The first obesity study will compare weight loss study approaches and the second obesity study will explore weight gain that may be caused by antibiotic use among children.

With these new awards, PCORI's Board has approved nearly \$1.08 billion to support research projects since PCORI began funding research in 2012.

To learn more about these awards, visit: PCORI.ORG

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8/18/15 The U.S. Preventive Services Task Force (USPSTF) issued a draft recommendation statement on screening for chronic obstructive pulmonary disorder (COPD) in asymptomatic adults. The Task Force recommends against such screening for COPD and assigned a "D" grade to the recommendation.

According to the USPSTF, COPD is a serious, chronic condition that affects a person's ability to breathe. It is the third leading cause of death in the United States. The most common symptoms of COPD are difficulty breathing, chronic cough, phlegm production, and wheezing. Smoking is the main risk factor for COPD; more than 70% of people with COPD are current or former smokers.

The Task Force's review concluded that there is no evidence that screening for COPD in adults without symptoms results in improved health outcomes. The USPSTF stated that avoiding smoking is the most important step a person

can take to prevent COPD.

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 recommendation on screening for COPD in asymptomatic adults is finalized with a "D" rating, then such screening will not be required to be provided without cost sharing.

Comments are due September 14, 2015 and can be submitted at: www.uspreventiveservicestaskforce.org/Comment/Collect/Index/draft-evidence-review150/chronic-obstructive-pulmonary-disease-screening

Read the draft recommendation statement at: www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement159/chronic-obstructive-pulmonary-disease-screening

8/13/15 CMS/HHS announced over 2,100 additional participants have been included in the Bundled Payments for Care Improvement (BPCI) Initiative under ACA §3021. This program rewards participants for increasing quality and reducing costs.

2,100 acute care hospitals, skilled nursing facilities, physician group practices, long-term care hospitals, inpatient rehabilitation facilities, and home health agencies transitioned from a preparatory period to a risk-bearing implementation period. The participants include 360 organizations that have entered into agreements with CMS to participate in the BPCI initiative and an additional 1,755 providers who have partnered with those organizations.

The initiative is designed to test how bundling payments for episodes of care can lower costs for Medicare and improve outcomes for beneficiaries. Under the BPCI models, organizations enter into payment arrangements that include performance and financial accountability for episodes of care. The program aligns payments for services delivered across an episode of care, such as heart bypass or hip replacement, rather than paying for services separately as Medicare currently does. Bundled payments are intended to give doctors and hospitals new incentives to coordinate care, improve the quality of care and save money for Medicare.

The BPCI initiative outlines 4 models of care. Models 1-3 involve a retrospective bundled payment, with a price for a defined episode of care, and Model 4 would be paid prospectively. Phase 2 of Models 2 through 4 began testing in October 2013.

Model 2 is defined by CMS as retrospective bundled payment models for hospitals, physicians, and post-acute providers for an episode of care consisting of an inpatient hospital stay followed by post-acute care. CMS defined Model 3 as retrospective bundled payment models for post-acute care where the episode does not include the acute inpatient hospital. Model 4 are prospectively administered bundled payment models for the acute inpatient hospital stay and related readmissions.

Read more about the BPCI initiative at: CMS.GOV

Upcoming Events

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

Friday, September 11, 2015, 1:00 PM-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.

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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