



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

August 31, 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

8/21/15 CMS/HHS issued a correction to the proposed rule called "Medicare Program; Comprehensive Care for Joint Replacement (CCJR) Payment Model for Acute Care Hospitals Furnishing Lower Extremity Joint Replacement Services." The document corrects technical errors in the [proposed rule](#) that was published in the Federal Register on July 14, 2015.

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 correction (which was published in the Federal Register on August 25, 2015) at: www.gpo.gov/fdsys/pkg/FR-2015-08-25/pdf/2015-20994.pdf

8/21/15 CMS/HHS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on a new information collection activity related to Essential Community Provider (ECP) Data Collection to Support Qualified Health Plan (QHP) Certification for Plan Year 2017. For plan years beginning on or after January 1, 2016, HHS intends to discontinue the ECP write-in process for QHP issuers entering their contracted ECPs on their ECP template as part of the QHP application. For plan years beginning on or after January 1, 2016, HHS intends to calculate an issuer's satisfaction of the 30% ECP threshold based exclusively on the ECPs that it lists on its ECP template that are included on the HHS ECP list. HHS will collect data on qualified and available ECPs from providers and providers will submit an ECP petition to be added to the HHS ECP list or provide required missing data fields to remain on the list. As required by In the [final HHS Notice of Benefit and Payment Parameters for 2016](#) (which was published in the Federal Register on February 27, 2015), QHP issuers in the Federally-facilitated Marketplaces are required to publish information regarding their formulary drug lists and provider directories on their website in an HHS-specified format, in a format and at times determined by HHS.

Comments are due September 23, 2015.

Read the notice (which was published in the Federal Register on August 24, 2015) at: www.gpo.gov/fdsys/pkg/FR-2015-08-24/pdf/2015-20787.pdf (see item #3)

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

News

8/26/2015 CMS announced the 2014 quality and financial performance results showing that Medicare Accountable Care Organizations (ACOs) continue to improve the quality of care for Medicare beneficiaries.

In 2014, 20 Pioneer and 333 Shared Savings Program ACOs generated more than \$411 million in savings, which includes all ACOs savings and losses. These results show that ACOs with more experience in the program tend to perform better over time. Of the 333 Shared Savings Program ACOs, 119 are in their first performance year in Track 1, which involves standing up the program without the financial risk associated with later tracks. ACOs in Massachusetts helped save a combined \$120 million during this period.

Authorized under ACA §3022, 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.

For more detailed quality and financial results, visit 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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