



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

October 13, 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

10/5/15 The Patient Centered Outcomes Research Institute (PCORI) announced eleven grant opportunities. Created under ACA §6301, PCORI is an independent nonprofit organization, tasked with conducting patient-centered outcomes research and studies.

For all of the grant opportunities, mandatory Letters of Intent (LOI) are due November 12, 2015 and applications are due February 2, 2016. The online application system used to apply for the opportunities opens on October 12, 2015.

For more information about PCORI, visit [PCORI](#)

PCORnet Initiative on Health Plan/System Data: Funding is available to participate in Phase II of the National Patient-Centered Clinical Research Network (PCORnet). The project will complete longitudinal patient data studies on entire populations receiving health care within specified healthcare delivery systems. 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. \$3 million in funding is available.

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

Clinical Strategies for Managing and Reducing Long-Term Opioid Use for Chronic Pain - Cycle 3 2015: Funding is available to conduct randomized clinical trials (RCTs) that compare two or more alternative clinical strategies for reducing or eliminating opioid use while managing pain or strategies used to limit dose escalation. Studies should include comorbidities such as mental health

disorders, and past or current substance use disorders.

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. \$10 million in funding is available.

An announcement for this opportunity can be found at: PCORI.ORG

Treatment of Multiple Sclerosis - Cycle 3 2015: Funding is available to conduct RCTs or large observational studies that compare two or more alternative clinical strategies for treatment of multiple sclerosis. 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. Up to \$50 million in funding is available.

An announcement for this opportunity can be found at: PCORI.ORG

Management Strategies for Treatment-Resistant Depression - Cycle 3 2015: Funding is available to conduct RCTs or observational studies that compare two or more alternatives for addressing the management of treatment-resistant depression among patients who have failed to obtain adequate remission after two adequate trials of antidepressant medications. The research is expected to examine direct comparisons of different treatment strategies and modalities (e.g., augmentation strategies versus switching to other treatment modalities) in patients with treatment-resistant depression. 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. Up to \$30 million in funding is available.

An announcement for this opportunity can be found at: PCORI.ORG

New Oral Anti-Coagulants (NOACs) in the Extended Treatment of Venous Thromboembolic Disease - Cycle 3 2015: Funding is available to conduct RCTs or observational studies that compare two or more alternatives for addressing management of Deep Vein Thrombosis or Pulmonary Edema (DVT or PE) with extended anticoagulation treatment. The research is expected to examine how different strategies for extended anticoagulation treatment compare for patients who have completed a course of anticoagulation treatment for an initial episode of DVT or PE.

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. Up to \$30 million in funding is available.

An announcement for this opportunity can be found at: PCORI.ORG

Addressing Disparities - Cycle 3 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 health care. 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. Up to \$8 million in funding is available.

An announcement for this opportunity can be found at: PCORI.ORG

Assessment of Prevention, Diagnosis, and Treatment Options - Cycle 3 2015: Funding is available to conduct CER designed to provide information that would inform critical decisions facing 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 can be found at: PCORI.ORG

Improving Healthcare Systems - Cycle 3 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.

An announcement for this opportunity can be found at: PCORI.ORG

Communication and Dissemination Research - Cycle 3 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.

An announcement for this opportunity can be found at: PCORI.ORG

Improving Methods for Conducting Patient-Centered Outcomes Research - Cycle 3 2015: Funding is available to address gaps in research relevant to conducting Patient-Centered Outcomes Research. 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.

An announcement for this opportunity can be found at: PCORI.ORG

Pragmatic Clinical Studies to Evaluate Patient-Centered Outcomes - Cycle 3 2015: Funding is available to conduct pragmatic clinical trials, large simple trials, or large-scale observational studies that compare two or more alternatives for addressing prevention, diagnosis, treatment, or management of a disease or symptom; improving healthcare system-level approaches to managing care; or eliminating health or healthcare disparities.

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. Up to \$30 million is available for funding.

An announcement for this opportunity can be found at: 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

Guidance

10/5/15 HHS/CMS issued a correction to the final rule called “Medicare Program; FY 2016 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements.” The document corrects technical errors in the [final rule](#) that was published in the Federal Register on August 6, 2015.

The final rule implements portions of the following ACA sections: 2302, 3004, 3132 and 3401. The final rule updates the hospice payment rates and the wage index for fiscal year 2016, including implementing the last year of the phase-out of the wage index budget neutrality adjustment factor.

Read the correction at: www.gpo.gov/fdsys/pkg/FR-2015-10-05/pdf/2015-25267.pdf

10/5/15 HHS/CMS issued a correction to the 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 document corrects technical errors in the [final rule](#) that was published in the Federal Register on August 17, 2015.

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.

Read the correction at: www.gpo.gov/fdsys/pkg/FR-2015-10-05/pdf/2015-25269.pdf

10/5/15 HHS/CMS issued a correction to the final rule called “Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2016, SNF Value-Based Purchasing Program, SNF Quality Reporting Program, and Staffing Data Collection.” The document corrects technical errors in the [final rule](#) that was published in the Federal Register on August 4, 2015.

The final rule implements portions of the following ACA sections: 3006, 3401, 6104 and 6106. The final rule updates Medicare payment rates for skilled nursing facilities (SNFs) for Fiscal Year 2016. According to CMS, the final rule promotes policies that shift Medicare payments from volume to value and includes policies that support building a health care system that delivers better care, spends health care dollars more wisely and results in healthier people. The rule also amends the requirements that a long-term care facility must meet to qualify to participate as an SNF in the Medicare program, or a nursing facility in the Medicaid program, by establishing requirements that implement the provision in the ACA regarding the submission of staffing information based on payroll data.

Read the correction at: www.gpo.gov/fdsys/pkg/FR-2015-10-05/pdf/2015-25268.pdf

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

News

10/7/15 President Obama signed The Protecting Affordable Coverage for Employees (PACE) Act, a bill that amends §1304(b) of the ACA so that employers with 51 to 100 employees are not required to be considered small employers for purposes of health insurance markets.

On January 1, 2016 the federal definition for small group markets was scheduled to change from employers with up to 50 employees to include employers with up to 100 employees. According to those who advocated for this legislation, this change would have required many small and mid-sized businesses to be subject to different rules and requirements, potentially increasing premiums for small businesses. The PACE Act re-categorizes businesses with 51 to 100 employees from the ACA's "small employer" designation to its "large employer" designation.

The PACE Act was supported by a coalition representing small and mid-sized businesses, including the U.S. Chamber of Commerce, the National Retail Federation, the National Restaurant Association, the National Federation of Independent Business, and received bipartisan support from the U.S. House of Representatives and Senate.

Read the text of this legislation at: CONGRESS.GOV

10/6/15 The U.S. Preventive Services Task Force (USPSTF) issued a draft recommendation statement on screening for colorectal cancer. The draft recommendation statement includes two recommendations that address two different age groups. The draft recommendation statement reaffirms the Task Force's 2008 recommendation to screen all adults ages 50 to 75 and selectively screen some adults ages 76 to 85 based on a patient's prior screening history and overall health status.

According to the USPSTF, colorectal cancer is the second leading cause of death from cancer in the United States and the majority of cases of colorectal cancer occur in individuals older than 50 years of age. Furthermore, the Task Force's review concluded that there is clear evidence that colorectal cancer screening works to reduce the risk of dying from the disease.

The Task Force found that screening is most beneficial for adults ages 50 to 75, and, as a result, screening this age group for colorectal cancer continues to be recommended. The USPSTF assigned an "A" grade to this recommendation.

For adults ages 76 to 85, the Task Force recommends that screening be an individual decision depending on a patient's overall health and prior screening history. A "C" grade was assigned to this recommendation.

The recommendations apply to asymptomatic adults 50 years of age and older at average risk for colorectal cancer, who do not have a family history of known genetic disorders linked to a high risk of colorectal cancer or a personal history of inflammatory bowel disease, previous noncancer growths that may lead to colorectal cancer, or previous colorectal cancer.

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 recommendations on screening for colorectal cancer are finalized, then only screening for adults ages 50 to 75 will be required to be provided by health plans without cost sharing.

Comments are due November 2, 2015 and can be submitted at: www.uspreventiveservicestaskforce.org/Comment/Collect/Index/draft-recommendation-statement38/colorectal-cancer-screening2

Read the draft recommendation statement at: www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement38/colorectal-cancer-screening2

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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