



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

February 1, 2016

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

Female Genital Cutting (FGC) Community-Centered Health Care and Prevention Projects, \$3509.
Announced January 20, 2016.

Funding is available to help improve women's health associated with FGC in the U.S. through optimal FGC-related health care and primary prevention for those who have experienced or may be susceptible to FGC. Funded activities include addressing the problems in FGC-related health care services for women who have experienced FGC and supporting prevention of FGC for girls who are at risk for having the procedure conducted in the U.S. or for being sent to another country to undergo the procedure.

Eligible applicants include town, city, county, and special district governments (specially designated subdivisions of state government as described in the grant announcement); independent school districts, public and private institutions of higher education; for profit and non-profit organizations; small businesses; and federally recognized Native American tribal governments or organizations. \$2,000,000 in funding is available for six awards.

Letters of Intent are due February 5, 2016.

Applications are due April 15, 2016.

View the announcement at: GRANTS.GOV

The College Sexual Assault Policy and Prevention Initiative, \$3509. Announced January 19, 2016.

Funding is available for public or private entities to partner with organizations in positions to influence sexual violence policies at colleges or universities. Funded activities include the distribution of information about sexual assault policy and prevention strategies, as well as assistance instituting policies, best practices and prevention strategies that prevent sexual assaults from occurring on campus.

Eligible applicants are public and private entities. \$2,000,000 is available for 10 awards.

Mandatory Letters of Intent are due February 25, 2016.

Applications are due April 8, 2016.

View the announcement at: 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

Guidance

1/27/16 HHS/CMS issued a notice announcing the rescheduling of the meeting, "HHS-Operated Risk Adjustment Methodology Meeting," from March 25, 2016 to March 31, 2016. The notice states that the meeting will focus on the permanent risk adjustment program under ACA §1343 when HHS is operating a risk adjustment program on behalf of a state (referred to as the HHS-operated risk adjustment program).

According to HHS, the purpose of the stakeholder meeting is to solicit feedback on the HHS-operated risk adjustment methodology and to discuss potential improvements to the HHS risk adjustment methodology for the 2018 benefit year and beyond. This meeting, the "HHS operated Risk Adjustment Methodology Conference," will allow issuers, states, and other stakeholders to discuss the contents of a White Paper that the agency will publish in March 2016. The meeting will also provide an opportunity for participants to ask clarifying questions. According to the agency, the comments and information HHS obtains through this meeting may be used in future policy making for the HHS risk adjustment program.

Details and deadlines about registration for both onsite and webinar participation can be found in the notice.

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2016-01-27/pdf/2016-01584.pdf>

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

News

1/26/16 The Patient Centered Outcomes Research Institute (PCORI) awarded \$70 million in funding to support nine patient-centered research projects focused on various health conditions.

Funds will be used for large patient-centered comparative effectiveness research studies that aim to answer critical clinical questions about conditions such as breast cancer, diabetes, chronic lung disease, and migraines. In total, PCORI awarded \$70 million in funding for nine studies. Five of these awards will be allotted for pragmatic clinical studies that aim to produce results that are relevant to a broad range of patients and care settings and easy to adopt in routine practice. Three awards will be used for Clinical Data Research Networks to help study the impact of population-targeted health policies and interventions on risks, complications and disparities related to type II diabetes. Finally, the PCORI Board of Trustees awarded additional funding to address PCORI's priority to fund research on improving healthcare systems.

Of the awards announced, two Massachusetts hospitals received funding for pragmatic clinical studies. Massachusetts General Hospital received \$10,007,571 to study effective smoking cessation treatment and Brigham and Women's Hospital received \$13,857,788 to study strategies to reduce asthma morbidity.

The Patient Centered Outcomes Research Institute (PCORI), created under ACA §6301, is an independent nonprofit organization, tasked with conducting patient-centered outcomes research and studies. With this announcement, PCORI has currently approved or awarded more than \$1.2 billion in research funding through its awards program.

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

For more information about PCORI, visit: PCORI.ORG

1/26/16 The U.S. Preventive Services Task Force (USPSTF) issued a final recommendation statement on screening for depression in all adults over the age of 18, including pregnant and postpartum women.

The USPSTF's review concluded that screening for depression by primary care physicians will help to identify depression and connect patients with appropriate treatment and support. As a result, the Task Force recommends such screening and assigned a "B" grade to the recommendation. The Task Force also recommends that the screening be done in a primary care setting with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

According to the USPSTF, depression is one of the leading causes of disability in adults and is common among patients seen in primary care. Depression can impact a person's quality of life (and can significantly affect family members) and is associated with an increase in suicide rates, among other health problems. Pregnant and postpartum women are also commonly affected by depression, impacting both the mother and child. The Task Force found that people who were identified through screening and treated for depression (with anti-depressants, psychotherapy, or both) exhibited improvement in their symptoms and outcomes.

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. Under the ACA, only screenings for populations that were finalized with an "A" or "B" rating must be provided without cost sharing. Since the screening recommendation was finalized with a "B" rating, then this service must be provided without cost sharing.

Read the final recommendation statement at: www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-adults-screening1

Learn more about preventive services covered under the ACA at: HHS.Gov

Learn more about the USPSTF at: www.uspreventiveservicestaskforce.org

Upcoming Events

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

Implementation Council Meeting
February 12, 2016
1:00 PM - 3:00 PM
1 Ashburton Place, 21st Floor
Boston, MA

Implementation Council Meeting
March 18, 2016
1:00 PM - 3:00PM
Health Policy Commission, 50 Milk Street, 8th Floor Public Meeting Room
Boston, MA

MBTA and driving directions to 1 Ashburton Place are located here: www.sec.state.ma.us/secdir.htm.

MBTA and driving directions to 50 Milk Street are available here: www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/directions-to-50-milk-st.pdf

A meeting agenda and any meeting material will be distributed prior to the meeting.

Reasonable accommodations are available upon request. Please contact Donna Kymalainen at: Donna.Kymalainen@umassmed.edu to request accommodations.

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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