



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

June 13, 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 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

6/6/16 CMS/HHS issued a final rule called "Medicare Program; Medicare Shared Savings Program; Accountable Care Organizations--Revised Benchmark Rebasing Methodology, Facilitating Transition to Performance-Based Risk, and Administrative Finality of Financial Calculations."

The final rule addresses changes to the Medicare Shared Savings Program (ACA §3022), including: modifications to the program's benchmarking methodology, when resetting the Accountable Care Organization's (ACO) benchmark for a second or subsequent agreement period, to encourage ACOs' continued investment in care coordination and quality improvement; an alternative participation option to encourage ACOs to enter performance-based risk arrangements earlier in their participation under the program; and policies for reopening of payment determinations to make corrections after financial calculations have been performed and ACO shared savings and shared losses for a performance year have been determined.

Furthermore, according to the final rule, under the Medicare Shared Savings Program, providers of services and suppliers that participate in an ACO continue to receive traditional Medicare fee-for-service (FFS) payments under Parts A and B, but the ACO may be eligible to receive a shared savings payment if it meets specified quality and savings requirements.

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. When an ACO succeeds in both delivering high-quality care and spending health care dollars more efficiently, it will share in the savings it achieves for the Medicare program.

According to HHS, the ACA includes a number of provisions designed to improve the quality of Medicare services, support innovation and the establishment of new payment models, better align Medicare payments with provider costs, strengthen Medicare program integrity, and put Medicare on a firmer financial footing. According to the agency, the Medicare Shared Savings Program is a key component of the Medicare delivery system reform initiatives included in the ACA and is a new approach to the delivery of health care. The purpose of the Shared Savings Program is to promote accountability for a population of Medicare beneficiaries, improve the coordination of FFS items and services, encourage investment in infrastructure and redesigned care processes for high quality and efficient service delivery, and promote higher value care. ACOs that successfully meet quality and savings requirements share a percentage of the achieved savings with Medicare.

Learn more about the Medicare Shared Savings Program at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html?redirect=/sharedsavingsprogram/>

Read it the final rule (which was published in the Federal Register on June 10, 2016) at: <https://www.gpo.gov/fdsys/pkg/FR-2016-06-10/pdf/2016-13651.pdf>

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

News

6/7/16 The U.S. Preventive Services Task Force (USPSTF) issued a final recommendation statement on screening for syphilis infection in nonpregnant adults and adolescents. The Task Force strongly recommends screening individuals at increased risk for syphilis infection. As a result, the USPSTF assigned an "A" grade to the recommendation. People at the highest risk for syphilis infection are men who have sex with men and people living with HIV. Other factors associated with increased rates of syphilis infection, which clinicians may also consider in deciding which patient populations to screen, include age, race, and local rates of syphilis infection.

Syphilis is an infectious disease that can be transmitted sexually between partners. The infection may initially present as a sore on the skin, and without treatment, can progress to a more severe disease. Late-stage disease may cause inflammation of the heart, skin, or other organs. Syphilis can also affect the nervous system at any stage of infection and can cause a loss of coordination or dementia.

According to the Task Force, syphilis rates in the United States have been steadily increasing over the past decade. However, accurate tests are available for screening and effective therapies exist that can cure syphilis, prevent further complications, and prevent the spread of infection. The USPSTF further emphasized that everyone can reduce their risk for syphilis infection by consistently using latex condoms, limiting sexual activity to a mutually monogamous relationship, or by abstaining from sex.

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. Since the recommendation on screening for syphilis infection was finalized with an "A" grade, then such screening for high-risk adults will be required to be provided by health plans without cost sharing.

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

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

Read the final recommendation statement at: <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/syphilis-infection-in-nonpregnant-adults-and-adolescents>

6/7/16 The Patient-Centered Outcomes Research Institute (PCORI) approved nearly \$1.56 million for six grant awards through the Eugene Washington PCORI Engagement Program.

The Eugene Washington PCORI Engagement Awards encourage the active integration of patients, caregivers, clinicians, and other healthcare stakeholders who are part of the medical research process. The program provides a platform to expand the role of these stakeholders in research and to support PCORI engagement strategies that include developing a skilled community of patients and other stakeholders.

The six awards will be used for the following: 1) a study led by the Celiac Disease Foundation of California that aims to develop a nationwide, patient-led network prepared to engage in Patient-Centered Outcomes Research (PCOR) that is focused on celiac disease, 2) a series of multi-stakeholder workshops led by the Hereditary Neuropathy Foundation of New York to address PCOR and comparative effectiveness research (CER) topics and patient-centered measurement tools for research and care of patients with inherited peripheral neuropathies, 3) a conference led by the National Hispanic Health Foundation in Washington, D.C. that will focus on developing an agenda for PCOR that addresses the needs and concerns of Hispanic patients and stakeholders, 4) a project conducted by the Penn State College of Nursing that will build capacity for community-engaged research and PCOR through mentorship, training and networking among nurses and community stakeholders, 5) a conference held by the University of South Carolina that is focused on giving patients and stakeholders knowledge and skills to engage in improving the social, emotional, and behavioral health of children in South Carolina, and 6) an initiative led by the University of Texas at Austin that will create a network and an online forum for spouses of veterans to be engaged in PCOR focusing on the mental health needs of returning veterans and their families.

Created under ACA §6301, PCORI is an independent nonprofit organization, tasked with conducting patient-centered outcomes and studies.

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

The next deadline for submitting a required letter of intent for these awards is August 8, 2016.

To learn more about the application process, visit: PCORI.ORG

Upcoming Events

Money Follows the Person (MFP) Semi-Annual Informational Meeting

Wednesday, June 29, 2016
2:00 PM – 3:30 PM
John W. McCormack Building
One Ashburton Place - 21st floor Conference Rooms
Boston, MA 02108

Please contact MFP@state.ma.us for more information.

Click [link](#) for directions and parking information.

Bookmark the **Massachusetts National Health Care Reform website** at: [National Health Care Reform](http://NationalHealthCareReform) to read updates on ACA implementation in Massachusetts.

Remember to check the Mass.Gov website at: [Dual Eligibles](http://DualEligibles) for information on the "**Integrating Medicare and Medicaid for Dual Eligible Individuals**" initiative.



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