



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

October 11, 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

10/4/16 The Patient Centered Outcomes Research Institute (PCORI) announced two grant opportunities. Created under ACA §6301, PCORI is an independent nonprofit organization, tasked with conducting patient-centered outcomes research and studies.

For each of the grant opportunities, mandatory Letters of Intent (LOI) are due November 1, 2016 and applications are due February 7, 2017.

For more information about PCORI, visit PCORI.ORG

Treatment of Multiple Sclerosis- Cycle 3 2016 Funding Cycle:PCORI is seeking to fund randomized controlled trials (RCTs) or observational studies that compare two or more alternatives for the treatment of multiple sclerosis (MS), with a focus on the effects of therapies on the symptoms experienced by MS patients and on the quality of life and functional status. Comparisons of the effects of disease-modifying therapies (DMTs) and DMT-based strategies, of non-DMT therapies aimed at specific symptoms, and of telerehabilitation versus conventional direct care on functional status, fatigue, and quality of life are of interest.

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. \$30 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 2016: PCORI is seeking to fund studies that compare two or more alternatives for addressing the

management and reduction of long-term opioid use for chronic pain. Proposed studies must address clinical and healthcare delivery choices faced by patients, their caregivers, clinicians, or delivery systems and must compare two or more active interventions.

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. \$19 million is available for funding.

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

10/4/16 CMS announced a funding opportunity called “Beneficiary Counseling Programs for States Participating in the Medicare-Medicaid Financial Alignment Initiative.” This opportunity is available to state governments that currently receive CMS funding for Demonstration Ombudsman Programs, including: California, Colorado, Illinois, Massachusetts, Michigan, Ohio, Rhode Island, and South Carolina. This initiative is funded by ACA §3021.

The initiative will support two types of activities for beneficiaries eligible to participate in Medicare-Medicaid Financial Alignment Initiative demonstrations. The first allows states that currently receive CMS funding for Demonstration Ombudsman Programs to apply for two additional years of funding. The second provides funding for one-on-one counseling activities that enable beneficiaries to receive information and options counseling on options for health coverage. Previously, only the State Health Insurance Information Assistance Program (SHIP) and Aging and Disability Resource Center (ADRC) together could receive funding to provide this service. However, under this announcement, states have the flexibility to determine what entity will provide this service, and how they wish to structure the one-on-one counseling program. The state-selected entity could be a SHIP, an ADRC, a joint project of a SHIP and ADRC, an ombudsman program, or another appropriate entity.

State government entities may be awarded \$225,000 - \$3,000,000 in funding. Applications for the first round of funding are due November 1, 2016. Closing Dates for Applications for the subsequent four rounds of funding are: January, June and September 2017, and May 2018.

To learn more about this announcement, visit: 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: <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/national-health-care-reform-plan/grants-and-demonstrations.html>

Guidance

10/5/16 HHS/CMS issued a correction to Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2017 Rates; Quality Reporting Requirements for Specific Providers; Graduate Medical Education; Hospital Notification Procedures Applicable to Beneficiaries Receiving Observation Services; Technical Changes Relating to Costs to Organizations and Medicare Cost Reports; Finalization of Interim Final Rules With Comment Period on LTCH PPS Payments for Severe Wounds, Modifications of Limitations on Redesignation by the Medicare Geographic Classification Review Board, and Extensions of Payments to MDHs and Low-Volume Hospitals.” The [final rule](#) (which was published in the Federal Register on August 22, 2016) implements portions of the following ACA Sections: The final rule implements portions of the following ACA Sections: 1105, 1557, 3001, 3004, 3005, 3008, 3021, 3025, 3123, 3124, 3125, 3126, 3133, 3141, 3401, 5503, 5504, 5506, 10309, 10313, 10314, 10319, 10322 and 10324.

The final rule updates fiscal year (FY) 2017 Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System. The final rule, which applies to approximately 3,330 acute care hospitals and approximately 430 LTCHs, impacts discharges occurring on or after October 1, 2016.

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 the cost of hospital labor in the hospital's geographic area.

According to CMS, the rule finalizes policies that continue a commitment to increasingly shift Medicare payments from volume to value, moving the Medicare program, and the health system at large, toward paying providers based on the quality, rather than the quantity of care they give patients.

Read the correction at: <https://www.gpo.gov/fdsys/pkg/FR-2016-10-05/pdf/2016-24042.pdf>

10/4/16HHS/CMS issued a notice under the Privacy Act of 1974 that announces the establishment of an existing Computer Matching Program Agreement that CMS has plans to conduct with the Peace Corps for the Verification of

Eligibility for Minimum Essential Coverage Under the Patient Protection and Affordable Care Act Through a Peace Corps Health Benefits Plan.

ACA §1411 and §1413 require the HHS Secretary to establish a program for applying for and determining eligibility for advance payments of the premium tax credit and cost-sharing reductions and authorize use of secure, electronic interfaces and an on-line system for the verification of eligibility.

The purpose of the Computer Matching Agreement is to establish the terms, conditions, safeguards, and procedures under which the Peace Corps will provide records, information, or data to CMS for verifying eligibility for [minimum essential coverage](#) (MEC, ACA §1501) through a Peace Corps Health Benefits Plan. The data will be used by CMS in its capacity as a federally-facilitated Exchange, and agencies administering insurance affordability programs that will receive the results of verifications using Peace Corps data obtained through the CMS Data Services Hub.

Comments are due within 30 days after publication of this notice in the Federal Register.

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2016-10-04/pdf/2016-23866.pdf>

9/28/16 HHS/CMS issued a final rule called "Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities." The final rule implements portions of the following ACA sections: 2402, 6102, 6103, 6106, 6121, and 6401. The regulations are effective on November 28, 2016.

The final rule revises the requirements that long-term care facilities must meet to participate in the Medicare and Medicaid programs. According to HHS, the changes are necessary to reflect the substantial advances that have been made over the past several years in the theory and practice of service delivery and safety. The agency also said that the revisions are an integral part of their efforts to achieve broad-based improvements both in the quality of health care furnished through federal programs, and in patient safety, while at the same time reducing procedural burdens on providers.

Read the final rule (which was published in the Federal Register on October 4, 2016) at: <https://www.gpo.gov/fdsys/pkg/FR-2016-10-04/pdf/2016-23503.pdf>

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

News

10/3/16 CMS/the Center for Medicare and Medicaid Innovation (CMMI) announced the participants in the Part D Enhanced Medication Therapy Management (MTM) model.

CMS will test the Enhanced MTM model across five Medicare Part D regions: Region 7 (Virginia), Region 11 (Florida), Region 21 (Louisiana), Region 25 (Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota, Wyoming) and Region 28 (Arizona). According to the agency, the Enhanced MTM model offers opportunities and financial incentives for basic stand-alone Part D Prescription Drug Plans in selected regions to offer innovative MTM programs in lieu of the standard CMS MTM model, aimed at improving the quality of care while also reducing costs.

The Enhanced MTM model test will begin January 1, 2017 with a five-year performance period. CMS will test this model in the Medicare program through a limited waiver of certain Part D requirements for participants in the test regions, including current CMS MTM program requirements.

The Enhanced MTM Model is approved under ACA §3021, which authorizes the CMMI to test innovative health care payment and service delivery models that have the potential to lower Medicare, Medicaid, and Children's Health Insurance Program (CHIP) expenditures while maintaining or enhancing the quality of beneficiaries' care.

To learn more about the Part D Enhanced MTM model, visit: [CMS.GOV](https://www.cms.gov)

10/3/16 CMS/the Center for Medicare and Medicaid Innovation (CMMI) announced refinements to the Medicare Advantage Value-Based Insurance Design (MA-VBID) model for 2018. Medicare Advantage plans (MA plans) may offer extra coverage, such as vision or dental and most include Medicare Part D prescription drug coverage. The MA-VBID model is an opportunity for MA plans, including Medicare Advantage plans offering Part D benefits (MA-PD plans), to offer clinically nuanced benefit packages aimed at improving quality of care while also reducing costs.

Value-Based Insurance Design (VBID) generally refers to health insurers' efforts to structure enrollee cost sharing and other health plan design elements to encourage enrollees to use high-value clinical services – those that have the greatest potential to positively impact enrollee health. CMS will test VBID in MA plans and measure whether structuring patient cost sharing and other health plan design elements encourages enrollees to use health care services in a way that improved their health and reduces costs.

In its first year, beginning in January 2017, CMS will test the model in seven states: Arizona, Indiana, Iowa, Massachusetts, Oregon, Pennsylvania, and Tennessee. In Massachusetts the model will be tested in the following MA Organizations: Blue Cross Blue Shield of Massachusetts, Fallon Community Health Plan, and Tufts Associated Health Plan.

In the second year of the model, beginning January 1, 2018, CMS will: open the model test to new applicants; conduct the model test in three new states (Alabama, Michigan, and Texas); add rheumatoid arthritis and dementia to the clinical categories for which participants may offer benefits; make adjustments to existing clinical categories; and change the minimum enrollment size for some MA and MA-PD plan participants.

The MA-VBID model is approved under ACA §3021, which authorizes the Innovation Center to test innovative health care payment and service delivery models that have the potential to lower Medicare, Medicaid, and Children's Health Insurance Program (CHIP) expenditures while preserving or enhancing the quality of beneficiaries' care.

To learn more about the MA-VBID model, visit: [CMS.GOV](https://www.cms.gov)

9/27/16 The Patient-Centered Outcomes Research Institute (PCORI) Board of Governors approved \$14.8 million under their New Oral Anticoagulants in the Extended Treatment of Venous Thromboembolic Disease Initiative for a large trial at Duke University. The project compares the risks and benefits of blood-thinning drugs for blood clots. Created under ACA §6301, PCORI is an independent nonprofit organization, tasked with conducting patient-centered outcomes research and studies.

The study will compare two newer blood thinning medications against each other and against the older drug warfarin to see which works best in preventing the recurrence of dangerous blood clots in the veins and lungs. The randomized controlled trial will compare each drug's safety and effectiveness in helping people who have suffered a potentially deadly blood clot and are at high risk for another. The trial also seeks to provide evidence on the risks and benefits of taking blood thinners for longer than three months. Researchers plan to recruit more than 3,000 participants in as many as 60 sites.

In July, PCORI's Board approved two additional projects under this initiative totaling \$6.5 million. With this latest award the Board has approved more than \$1.5 billion in funding since 2012 for 551 patient-centered comparative clinical effectiveness (CER) studies and related projects to enhance the methods and infrastructure needed to support rigorous, efficient CER.

For more information about this award, visit [PCORI.ORG](https://www.pcori.org)

For more information about PCORI, visit PCORI.ORG

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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