



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

November 14, 2016

Quick Links

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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: <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/national-health-care-reform-plan/grants-and-demonstrations.html>

Guidance

11/4/16 HHS/CMS issued a Request for Information called "Medicaid Program; Request for Information (RFI): Federal Government Interventions to Ensure the Provision of Timely and Quality Home and Community Based Services."

The RFI seeks information and data on additional reforms and policy options that HHS can consider to accelerate the provision of home and community-based services (HCBS) to Medicaid beneficiaries taking into account issues affecting beneficiary choice and control, program integrity, rate setting, quality infrastructure, and the homecare workforce.

To support acceleration of the provision of HCBS, the ACA extended the Money Follows the Person Rebalancing Demonstration Grant (MFP), enhanced the 1915(i) state plan option, and established the Balancing Incentive Program, which provided financial incentives in the form of enhanced federal reimbursement to States to increase access to non-institutional LTSS.

Comments are due January 9, 2017.

Read the RFI (which was published in the Federal Register on November 9, 2016) at: <https://www.gpo.gov/fdsys/pkg/FR-2016-11-09/pdf/2016-27040.pdf>

11/4/16 IRS/Treasury issued Notice 2016-64, which provides that the adjusted applicable dollar amount that applies for determining the PCORI (Patient-Centered Outcomes Research Institute) fee for policy years and plan years ending on or after October 1, 2016 and before October 1, 2017 is equal to \$2.26. According to the IRS, this adjusted applicable dollar amount has been determined using the percentage increase in the projected per capita amount of the National Health Expenditures published by HHS in July 2016.

Created under ACA §6301, PCORI is an independent nonprofit organization, tasked with conducting patient-centered outcomes research and studies. The PCORI trust fund is funded in part by fees paid by issuers of certain health insurance policies and sponsors of certain self-insured health plans. The fee, required to be reported only once a year on the second quarter Form 720 and paid by its due date, July 31, is based on the average number of lives covered under the policy or plan.

For more information on the PCORI fee, visit: <https://www.irs.gov/uac/newsroom/patient-centered-outcomes-research-institute-fee>

Read Notice 2016-64 at: <https://www.irs.gov/pub/irs-drop/n-16-64.pdf>

11/4/16 HHS/CMS issued a notice called "Medicare, Medicaid, and Children's Health Insurance Programs; Provider Enrollment Application Fee Amount for Calendar Year 2017."

The notice announces a \$560.00 calendar year (CY) 2017 application fee for institutional providers that are initially enrolling in the Medicare or Medicaid program or the Children's Health Insurance Program (CHIP); revalidating their Medicare, Medicaid, or CHIP enrollment; or adding a new Medicare practice location. As required by ACA §6401, such providers must submit the fee with any enrollment application submitted on or after January 1, 2017 and on or before December 31, 2017.

Read the notice (which was published in the Federal Register on November 7, 2016) at: <https://www.gpo.gov/fdsys/pkg/FR-2016-11-07/pdf/2016-26828.pdf>

10/28/16 HHS/CMS issued a final rule called "Medicare Program; End-Stage Renal Disease Prospective Payment System, Coverage and Payment for Renal Dialysis Services Furnished to Individuals with Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, Durable Medical Equipment, Prosthetics, Orthotics and Supplies Competitive Bidding Program Bid Surety Bonds, State Licensure and Appeals Process for Breach of Contract Actions, Durable Medical Equipment, Prosthetics, Orthotics and Supplies Competitive Bidding Program and Fee Schedule Adjustments, Access to Care Issues for Durable Medical Equipment; and the Comprehensive End-Stage Renal Disease Care Model. The final rule implements portions of ACA §3021 and §3401.

The final rule updates and makes revisions to the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) for calendar year 2017. It also finalizes policies for coverage and payment for renal dialysis services furnished by an ESRD facility to individuals with acute kidney injury. The rule also sets forth requirements for the ESRD Quality Incentive Program (ESRD QIP), including the inclusion of new quality measures beginning with payment year (PY) 2020 and provides updates to programmatic policies for the PY 2018 and PY 2019 ESRD QIP. In addition, the rule implements statutory requirements for bid surety bonds and state licensure for the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Competitive Bidding Program.

Read the final rule (which was published in the Federal Register on November 4, 2016) at: <https://www.gpo.gov/fdsys/pkg/FR-2016-11-04/pdf/2016-26152.pdf>

10/20/16 HHS/CMS issued a final rule with comment period called "Medicare Program; Merit-based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models." The final rule implements

portions of the following ACA Sections: 3014, 3021, 10331 and 10332.

The Medicare Access and CHIP Reauthorization Act of 2015 repeals the Medicare sustainable growth rate methodology for updates to the physician fee schedule (PFS) and replaces it with a new approach to payment called the Quality Payment Program that is designed to reward the delivery of high-quality patient care through two avenues: Advanced Alternative Payment Models (Advanced APMs) and the Merit-based Incentive Payment System (MIPS) for eligible clinicians or groups under the PFS. The final rule with comment period establishes incentives for participation in certain APMs and includes the criteria for use in making comments and recommendations on physician-focused payment models. APMs are payment approaches, developed in partnership with the clinician community, that provide added incentives to deliver high-quality and cost-efficient care. APMs can apply to a specific clinical condition, a care episode, or a population. The final rule with comment period also establishes the MIPS, a new program for certain Medicare-enrolled providers which consolidates components of three existing programs: the Physician Quality Reporting System, the Physician Value-based Payment Modifier, and the Medicare Electronic Health Record Incentive Program for Eligible Professionals.

Comments are due December 19, 2016.

Read the rule (which was published in the Federal Register on November 4, 2016) at: <https://www.gpo.gov/fdsys/pkg/FR-2016-11-04/pdf/2016-25240.pdf>

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

News

11/8/16 The Patient-Centered Outcomes Research Institute (PCORI) approved over \$750,000 for three grant awards through the Eugene Washington PCORI Engagement Awards 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 three awards will be used for the following three projects: 1) In Massachusetts, Partners in Health and its sister organization, the non-profit Community Outreach & Patient Empowerment (COPE), will collaborate with the Brigham and Women's Hospital to incorporate patient-centered outcomes research (PCOR)/clinical effectiveness research into the community-led annual COPE-Navajo Nation Cancer Survivorship Conference; 2) The Food Allergy Research & Education organization based in Virginia will develop an Outcomes Research Advisory Board to empower individuals reflecting on food allergy (FA) issues to ensure the development of a patient-centric FA research program; and 3) The Regents of the University of California, Riverside will engage with Native American patients, providers, and other stakeholders to develop capacity to determine key patient-centered health concerns and jointly identify appropriate PCOR efforts through co-learning and training activities.

Created under ACA §6301, PCORI is an independent nonprofit organization, tasked with conducting patient-centered outcomes research and studies. To date, as part of PCORI's overall grant making activities, the organization has awarded more than \$30 million to specifically support 157 projects through the Engagement Awards.

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

The next deadline for submitting a required letter of intent for these awards is February 1, 2017.

To learn more about the application process, 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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