



## AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

April 14, 2014

### 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

**Behavioral Health Workforce Education and Training for Paraprofessionals, §5103.** Announced April 3, 2014. Funding is available to expand the mental health and substance abuse workforce in order to help children and adolescents who are at risk for developing or who have developed a recognized behavioral health disorder. Grantees will help to close the gap in access to behavioral health care services by increasing the numbers of skilled behavioral health paraprofessionals working with at-risk children, youth and their families. Accredited community and technical colleges, including tribal colleges and universities, with paraprofessional certificate training programs are eligible to apply. \$3,400,000 in total for 10-30 awards is available.

Applications are due June 3, 2014.

The announcement may be viewed at: [HRSA](#)

**Behavioral Health Workforce Education and Training for Professionals, §5103.** Announced April 3, 2014. Funding is available to help expand the mental health and substance abuse workforce by supporting education and training for behavior health-related professionals who serve children and adolescents who are at risk for developing or have developed a recognized behavioral health disorder. Eligible applicants are accredited master's level schools and programs of social work, psychology, marriage and family therapy, psychiatric-mental health nurse practitioners and professional counseling. \$26,700,000 in total for 120 awards is available.

Applications are due June 3, 2014.

For more information about this opportunity please visit: [HRSA](#)

## 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: [Mass.Gov](#)

## Guidance

**4/8/14 HHS/CMS published a notice under the Privacy Act of 1974 that announces the establishment of a new system of records titled "Hospice Item Set (HIS) System"** to support the collection of data required for the Hospice Quality Reporting Program (HQRP) as required by ACA §3004(c). §3004(c) directed the HHS Secretary to establish a quality reporting program for hospices for the purpose of collecting, compiling and eventually publishing data measuring the quality of care provided to patients receiving hospice care.

According to the notice, a hospice is a public agency or private organization that provides care to terminally ill individuals, meets the conditions of participation for hospices, and has a valid Medicare provider agreement. Currently, Medicare beneficiaries are required to forgo curative care in order to receive access to palliative care services offered by hospices.

HIS is a standardized, patient-level data collection tool consisting of data elements confirming that the appropriate assessments were made and inquiries or concerns were addressed for each patient at the time of admission for the specific domains of care. CMS will require hospices to begin using the HIS for all patients beginning July 1, 2014. Hospices will submit two HIS records for each patient admitted to their organization: 1) a HIS- Admission record and 2) a HIS-Discharge record. The records will contain both administrative items and clinical patient data.

According to CMS, the system of records will be effective 30 days after publication of the notice unless the agency publishes an amended system of records in response to public comments.

Comments are due May 8, 2014.

Read the notice at: <http://www.gpo.gov/fdsys/pkg/FR-2014-04-08/pdf/2014-07552.pdf>

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

## News

**4/8/14 The U.S. Preventive Services Task Force (USPSTF) issued a draft recommendation statement on the use of low-dose aspirin for the prevention of morbidity and mortality from preeclampsia.** The USPSTF recommends low-dose aspirin (81 mg/day) use after 12 weeks of pregnancy in women who are at high risk for preeclampsia. The USPSTF assigned a "B" rating to the recommendation, indicating that the Task Force recommends the service.

Preeclampsia is a complex condition that occurs in pregnant women and is characterized by an increase in blood pressure and excess protein in the urine after 20 weeks of pregnancy. According to the USPSTF, the condition is one of the leading causes of health complications for expectant mothers and their babies (if left untreated it can lead to both maternal and infant morbidity and mortality), affecting about 4% of all pregnancies in the United States, and as many as 8% of pregnancies worldwide. Preeclampsia also accounts for 15% of preterm births in the United States.

The Task Force's recommendation applies to pregnant women who are at high risk for preeclampsia and haven't had any health problems from using aspirin in the past. Risk factors include: preeclampsia, preterm birth or intrauterine growth restriction (IUGR) in a previous pregnancy, placental abruption or fetal death, and maternal comorbid conditions (including type 1 or 2 pregestational diabetes, chronic hypertension, renal disease and autoimmune diseases). Other risk factors include age (women who younger than 20 and older than 40), a history of obesity, first pregnancy and multiple pregnancy (women who are carrying twins, triplets, and other multiples). IUGR refers to a condition in which an unborn baby is smaller than it should be because it is not growing at a normal rate inside the womb.

The USPSTF's evidence review found that the daily use of low-dose aspirin can reduce the risk of preeclampsia, premature birth, and IUGR in women who are at increased risk for preeclampsia.

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. If the recommendation is finalized with the "B" rating, then the use of low-dose aspirin for the prevention of morbidity and mortality from preeclampsia will be required to be covered without cost-sharing under the ACA.

Comments on the draft are due May 5, 2014 and can be submitted at: [USPSTF](#)

Read the draft recommendation statement at: <http://www.uspreventiveservicestaskforce.org/draftrec.htm>

Learn more about preventive services covered under the ACA at: [HHS.Gov](#)

Learn more about the USPSTF at: <http://www.uspreventiveservicestaskforce.org/>

**The Office of Population Affairs (OPA) announced a funding opportunity - FY14 Announcement of Availability of Funds to Enroll Family Planning Clients into Health Insurance Programs.**

Announced April 3, 2014. Authorized by Title X of the Public Health Service Act, funding is available to initiate or expand health insurance enrollment assistance activities and facilitate enrollment of eligible Title X clients into affordable health insurance coverage through the Health Insurance Marketplace (ACA §1311), Medicaid, the Children's Health Insurance Program (CHIP), or other local programs.

The ACA established Affordable Insurance Exchanges (§1311(b)) to provide individuals and small business employees with access to health insurance coverage beginning in 2014, where low and moderate income Americans may be eligible for premium tax credits (§1401, §1411) to make purchasing a health plan more affordable by reducing out-of-pocket premium costs. The funding aims to increase access to high quality family planning and related preventive health services and expand services to more individuals in need.

Eligible applicants are limited to existing Title X service delivery grantees with an active project as of March 31, 2014. \$3,000,000 is available for up to 30 awards.

Applications are due June 9, 2014.

The OPA serves as the focal point to advise the Secretary and the Assistant Secretary for Health on a wide range of reproductive health topics, including adolescent pregnancy, family planning, and sterilization, as well as other population issues.

For more information about Title X Family Planning, please visit: <http://www.hhs.gov/opa/title-x-family-planning/>

To see the list of Title X grantees in Massachusetts, please visit: [HHS.Gov](http://www.hhs.gov)  
For more information on the OPA and this opportunity please visit: <http://www.hhs.gov/opa/grants-and-funding/>

## Upcoming Events

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

Friday, April 25, 2014  
10:00 AM - 12:00 PM  
Transportation Building  
10 Park Plaza, Conference Rooms 1-3  
Boston, MA

MBTA and driving directions to 1 Ashburton Place are located here: [www.mass.gov/anf](http://www.mass.gov/anf)

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

Meetings of the Implementation Council are open to stakeholders and members of the public with an interest in One Care. Reasonable accommodations are available upon request. Please contact Donna Kymalainen at [Donna.Kymalainen@umassmed.edu](mailto:Donna.Kymalainen@umassmed.edu) to request accommodations.

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

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