



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

April 28, 2011

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

Nationwide Program for National and State Background Checks for Direct Patient Access Employees of Long Term Care Facilities and Providers. §6201. Announced 4/26/11. CMS issued a third multi-year solicitation for Federal matching grants to all States and the U.S. Territories that did not submit proposals during the first two solicitations. The Federal matching funds and State funds will be used by States to perform criminal background checks for direct patient access employees of long term care facilities and providers. Eligible facilities and providers include various facilities and entities that provide long-term care services. State grant funding will range between \$1.5 and \$3 million. CMS received 19 applications from the first two solicitations and made awards to 11 States. The anticipated number of awards combined from all three solicitations is up to 54. Applications are due 6/30/11.

The Nationwide Program for National and State Background Checks for Direct Patient Access Employees of Long Term Care Facilities and Providers solicitation can be viewed at: [Grants](#)

For further information about the National Background Check Program please review the current Survey and Certification National Background Check Notice, as well as the Questions and Answers document and Pilot Evaluation located on the CMS website at:

http://www.cms.gov/SurveyCertificationGenInfo/04_BackgroundCheck.asp.

Area Health Education Centers Infrastructure Development (AHEC). §5403.

Announced 4/22/11. The infrastructure development award will fund the development and operation of an AHEC program. AHEC programs are community-based, primary care training programs working to improve the diversity and quantity of primary care personnel specifically in rural and underserved areas. Schools of allopathic or osteopathic medicine in states with no AHEC programs and nursing schools are eligible. 5 awards will be made from \$5M in total funding. Proposals due 6/10/11.

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

Area Health Education Centers (AHEC) Point of Service Maintenance and

Enhancement. §5403. Announced 4/22/11. Supplemental funds to maintain and improve the effectiveness and capabilities of existing AHEC programs in place to improve the diversity, quantity, and quality of primary care personnel especially in rural and underserved areas. Currently funded and operating AHEC programs are eligible Total funds available are \$6,500,000 in 19 awards. Proposals due 6/10/11.

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

Guidance

4/22/11 CMS released a State Medicaid Director's letter clarifying earlier CMS guidance provided in a 10/1/10 State Medicaid Director letter regarding §6507 of the ACA. The new letter indicates that states are not obligated to implement the appeals component of the five Medicare **National Correct Coding Initiative** (NCCI) methodologies. Read the letter at: <http://www.cms.gov/smdl/downloads/SMD11003.pdf>

4/22/11 CMS filed a proposed rule, which will publish in the Federal Register on 4/29/11, to implement §3004 of the ACA which establishes a **new quality reporting program for inpatient rehabilitation facilities** that provides for a 2 percent reduction in the annual increase factor beginning in 2014 for failure to report quality data to the HHS Secretary. The rule updates Medicare payment policies and rates for inpatient rehabilitation facilities (IRFs) in FFY 2012 and proposes to increase payment rates under the IRF Prospective Payment System (PPS) by a projected 1.5%, an estimated \$120 million nationwide. The proposed rule would apply to more than 1,200 Medicare-participating IRFs, including freestanding IRFs and IRF units in acute care hospitals and critical access hospitals. Comments are due 6/21/11. Read the proposed rule at: <http://www.gpo.gov/fdsys/pkg/FR-2011-04-29/pdf/2011-10159.pdf>

Note that the guidance listed in this section dates back to April 22, 2011. Prior guidance can be viewed at www.healthcare.gov

News

5/5/11- 5/6/11 The **Advisory Committee on the Maternal, Infant and Early Childhood Home Visiting Program Evaluation** established under §2951 of the ACA has scheduled their second meeting. Additional information, including how to register and submit comments on the design of the national model, is posted in the 4/22/11 Federal Register Notice below.
<http://www.gpo.gov/fdsys/pkg/FR-2011-04-22/pdf/2011-9756.pdf>

The Advisory Committee was established in March 2011 by the Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF) as an independent advisory panel consisting of experts in program evaluation and research, education, and early childhood development. The Committee provides advice to the Secretary

on the design, plan, progress, and findings of the evaluation required for the home visiting program under the ACA.

For more information, view the Federal Register notice at: <http://www.gpo.gov/fdsys/pkg/FR-2011-03-09/pdf/2011-5504.pdf>

The Advisory Committee met on 3/23/11 for the first time; meeting materials including presentations can be found at:

<http://webcast.hrsa.gov/postevents/archivedWebcastDetail.asp?aeid=552>

4/21/11 The Employee Retirement Income Security Act (ERISA) Advisory Council at the Department of Labor (DOL)/Employee Benefits Security Administration (EBSA) released a new report examining **Health Care Literacy**. The Council studied Health Care Literacy and developed recommendations to improve health care outcomes through better health literacy. §2715 of the ACA requires HHS to develop consistent definitions of "co-payment," "co-insurance," and "deductible." The Council recommends that DOL should use standard definitions in its benefit communications to encourage consistency of health care-related terminology among Federal agencies, insured and self-insured plans. The Council also recommends that DOL should permit flexibility in the delivery of the summary of essential group health plan benefits and coverage explanations required under the ACA. The Council views this as an opportunity for DOL to promote health care literacy by giving plan sponsors flexibility to determine the most effective ways to distribute mandated information to plan participants. Read the complete report and the Council's full set of recommendations at:

<http://www.dol.gov/ebsa/publications/2010ACreport1.html#toc2>

The ERISA Advisory Council was created by ERISA to provide advice to the Secretary of Labor. For information on the Advisory Council:

http://www.dol.gov/ebsa/aboutebsa/erisa_advisory_council.html

4/20/11 In an effort to reject the ACA, Georgia Gov. Nathan Deal (R) became the first governor to sign a bill establishing an "**interstate health care compact**," that would give states the authority to supersede federal law and make their own decisions on health care policy. The effort is under discussion in 10 state legislatures and has made it through one or more of the chambers in seven of them. Opponents of the effort, however, say that it would need Congressional approval, and a presidential signature, to go into effect. The Ga. bill signing comes after Arizona Gov. Jan Brewer vetoed similar legislation last week.

Read the Ga. bill at: <http://www.legis.ga.gov/Legislation/20112012/113602.pdf>

4/27/11 Health Care Compact legislation passed the Missouri legislation, landing on the desk of Governor Jay Nixon (D). If he signs the bill, Missouri will become the second state in the deal and a compact would be created. Read the Missouri bill:

<http://www.house.mo.gov/billtracking/bills111/sumpdf/HB0423P.pdf>

4/15/11 **Guam applied for a state adjustment of the medical loss ratio (MLR) rules**, seeking a 65% adjustment through 2013. The MLR rules require insurance companies to spend at least 80% or 85% of premium dollars on medical care. The ACA allows the Secretary to adjust the MLR standard for a state if it is determined that meeting the 80% MLR standard may destabilize the individual insurance market. In order to qualify for this adjustment, a state must demonstrate that requiring insurers in its individual market to meet the 80% MLR has a likelihood of destabilizing the individual market and result in fewer choices for consumers.

Guam is seeking relief in the small and large group markets (in addition to the individual market where it is clear that HHS has authority to regulate). Guam is the 1st territory to apply, joining 9 other states including Louisiana, North Dakota, Georgia, Nevada, Kentucky, New Hampshire, Florida, Iowa and Maine. On 3/8/11 the state of Maine was granted the first state-specific adjustment to the MLR rules that will allow its insurers to spend 65% on medical care. For more information on states and the MLR requirements visit the Center for Consumer

Information and Insurance Oversight (CCIIO) website at:
<http://cciio.cms.gov/programs/marketreforms/mlr/index.html>

Upcoming Events

Next Quarterly Stakeholder Meeting

Patient Protection and Affordable Care Act Implementation meeting

Tuesday June 21, 2011 from 3:00-4:00 P.M.

1 Ashburton Place, 21st floor, Boston

Don't forget to add our website to your favorites: www.mass.gov/nationalhealthreform