



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

March 3, 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

Affordable Care Act - State Loan Repayment Program, §10503. Announced February 25, 2014. Funding is available to all 50 states and territories to assist in operating their state educational loan repayment programs for primary care providers working in health professional shortage areas (HPSA) within the state. This funding will help recruit and retain high quality health professionals practicing in rural/urban areas that are designated as HPSA. \$10,000,000 in total for 45 awards available.

Applications are due April 29, 2014.

The announcement may be viewed at:

<https://grants.hrsa.gov/webExternal/SFO.asp?ID=5fa8940f-975a-424f-a7e7-8f188a31a44e>

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

2/28/14 HHS/CMS issued a notice announcing the preliminary Medicaid Disproportionate Share Hospital (DSH) Allotments for Fiscal Year (FY) 2014 and the preliminary federal share FY 2014 limits on aggregate DSH payments that states may make to institutions for mental diseases (IMDs) and other mental health facilities. This notice also includes additional information regarding the calculation of the FY 2014 DSH allotments and FY 2014 IMD DSH limits.

ACA §2551 amended Medicaid DSH provisions, adding section 1923(f)(7) of the Social Security Act which would have required reductions to states' FY DSH allotments beginning with FY 2014. The reductions under section 1923(f)(7) of the Act were delayed and modified by section 1204 of Division B (Medicare and Other Health Provisions) of the "Pathway for SGR Reform Act of 2013" (Pub. L. 113-67), which was enacted on December 26, 2013. Because there is no reduction to DSH allotments for FY 2014 under section 1923(f)(7) of the Act, this notice contains only the state-specific FY 2014 DSH allotments, as calculated under the statute without application of the reductions that would have been imposed under the Affordable Care Act provisions beginning with FY 2014.

Read the notice here: <http://www.gpo.gov/fdsys/pkg/FR-2014-02-28/pdf/2014-04032.pdf>

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

News

2/27/2014 The CMS Innovation Center has extended their deadline for a Request for Information (RFI) to obtain feedback on Specialty Practitioner Payment Model Opportunities. CMS has extended their deadline to consider policy options for the development of innovative payment and service delivery models that will focus on specific diseases, patient populations, and specialty practitioner services in the outpatient setting. In order to develop these models (and test whether they can improve health care outcomes and reduce costs) CMS is seeking input in the RFI from stakeholders on two potential models 1) procedural episode-based payment models and 2) complex and chronic disease management episode-based payment models.

The CMS Innovation Center, authorized under ACA §3021, is tasked with testing new health care payment and service delivery models that enhance the quality of Medicaid, Medicare and the Children's Health Insurance Program while also lowering program costs.

Responses are now due April 10, 2014.

For more information or to submit your comments please visit:

<http://innovation.cms.gov/initiatives/Specialty-Practitioner/>

2/25/2014 The U.S Preventive Services Task Force (USPSTF) issued a final recommendation on the use of vitamin, mineral, and multivitamin supplements for the primary prevention of cardiovascular disease and cancer. The USPSTF has concluded that there is insufficient evidence to assess the balance of benefits and harms of the use of multivitamins and single or paired-nutrient supplements (except β -carotene and vitamin E) for the prevention of cardiovascular disease or cancer. The substantial effect of cardiovascular disease and cancer on health status and mortality in the United States has been heavily studied and many supplements for public use are promoted to prevent these conditions. 49% of adults used at least 1 dietary supplement between 2007 and 2010 and 32% reported using a multivitamin-multimineral supplement.

The USPSTF concludes that the evidence is insufficient to determine the balance of benefits and harms of supplementation with single or paired nutrients (except β -carotene or vitamin E) for the prevention of

cardiovascular disease or cancer. A critical gap in the evidence is the lack of studies of multivitamin combinations in groups generalizable to the U.S. population. The USPSTF concludes with moderate certainty that there is no net benefit of supplementation with vitamin E or β -carotene for the prevention of cardiovascular disease or cancer and gives this service a D recommendation.

Created in 1984, the USPSTF is an independent, volunteer panel of national experts in prevention and evidence-based medicine. This panel conducts reviews of scientific evidence of preventative 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 the recommendation process, the USPSTF will assign definitions to the services they review based on the certainty that a patient will receive a substantial or moderate benefit. These recommendations are published in the form of "Recommendation Statements".

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 begin on or after September 23, 2010.

Read the USPSTF's final recommendations at:

<http://www.uspreventiveservicestaskforce.org/uspstf14/vitasupp/vitasupfinalrs.htm>

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

2/18/2014 - The U.S. Preventive Services Task Force (USPSTF) is seeking public comment on screening for carotid artery stenosis.

The USPSTF has released and is seeking comments on a draft Evidence Report and draft Recommendation Statement against the screening for asymptomatic carotid artery stenosis (CAS) in the general adult population. While stroke is a leading cause of death and disability, only a relatively small proportion of strokes are caused by CAS. USPSTF has stated that there is moderate or high certainty that the screening has no net benefit or that the harms outweigh the benefits and discourages the use of this service and gives the service a D recommendation.

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Comments are due March 17, 2014.

You can read this report and make comments by visiting:

<http://www.uspreventiveservicestaskforce.org/draftrec3.htm#drec>

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

Upcoming Events

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

Friday, March 28, 2014

1:00 PM -3:00 PM

1 Ashburton Place, 21st Floor

Boston, MA

MBTA and driving directions to 1 Ashburton Place are located here: 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 to request accommodations.

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.