



## AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

October 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 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

**10/3/14 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on the reinstatement without any changes of a previously approved information collection activity related to the following topics: requesting a waiver of Medicare/Medicaid enrollment application fees; submission of fingerprints; submission of Medicaid identifying information; and Medicaid site visit and rescreening.** According to HHS/CMS, the data collection will be used in the implementation of ACA §6401, which establishes provisions to improve the integrity of the

Medicare, Medicaid, and Children's Health Insurance Programs (CHIP) in order to reduce fraud, waste and abuse.

Comments are due November 3, 2014.

Read the notice at: <http://www.gpo.gov/fdsys/pkg/FR-2014-10-03/pdf/2014-23614.pdf>  
(see item #2)

**10/3/14 HHS/CMS issued a correction to the final rule called "Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2015 Rates; Quality Reporting Requirements for Specific Providers; Reasonable Compensation Equivalents for Physician Services in Excluded Hospitals and Certain Teaching Hospitals; Provider Administrative Appeals and Judicial Review; Enforcement Provisions for Organ Transplant Centers; and Electronic Health Record (EHR) Incentive Program."** The document makes technical corrections to the [final rule](#) (which was published in the Federal Register on August 22, 2014). The final rule implements portions of the following ACA sections: 3001, 3004, 3005, 3008, 3021, 3025, 3106, 3123, 3124, 3133, 3141, 3313, 3401, 5503, 5504, 5506, 10309, 10312, 10313, 10319 and 10324.

The rule updates fiscal year (FY) 2015 Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital Prospective Payment System (LTCH PPS). The rule, which applies to approximately 3,400 acute care hospitals and approximately 435 LTCHs, will generally be effective for discharges occurring on or after October 1, 2014. According to CMS, under the rule, operating rates for inpatient stays in general acute care hospitals paid under the IPPS that successfully participate in the Hospital Inpatient Quality Reporting (IQR) Program and are meaningful electronic health record (EHR) users will be increased by 1.3%. Those that do not successfully participate in the Hospital IQR Program (and do not submit the required quality data) will receive a one-fourth reduction of the market basket update. Furthermore, the rate for any hospital that is not a meaningful EHR user will be reduced by one-quarter of the market basket update in 2015, with penalties growing over time.

In addition to setting the standards for payments for Medicare-covered inpatient services, the FY 2014 hospital payment rule describes the process for implementing the Hospital-Acquired Conditions Reduction Program, which will begin in FY 2015. The rule updates measures and financial incentives in the Hospital Value-Based Purchasing and Readmissions Reduction programs. Additionally, the rule makes several changes relating to direct graduate medical education and indirect medical education payments and also establishes new or revised requirements for quality reporting by specific providers (acute care hospitals, PPS-exempt cancer hospitals, LTCHs, and inpatient psychiatric facilities that are participating in Medicare).

The ACA contains a hospital price transparency provision which requires that each hospital establish and develop a public a list of its standard charges for items and services. Under the final rule, HHS/CMS includes guidance to hospitals about this requirement.

The rule also updates the payment policies and the annual payment rates for the Medicare prospective payment system (PPS) for inpatient hospital services provided by long-term care hospitals (LTCHs) and implements certain statutory changes to the LTCH PPS under the ACA.

Read the correction at: <http://www.gpo.gov/fdsys/pkg/FR-2014-10-03/pdf/2014-23630.pdf>

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

## News

**10/7/14 The U.S. Preventive Services Task Force (USPSTF) issued a draft recommendation statement about screening for abnormal glucose levels and type 2 diabetes.** The USPSTF recommends screening for abnormal blood glucose and type 2 diabetes mellitus in adults who are at increased risk for diabetes. The Task Force assigned a "B" rating to this recommendation, indicating that

there is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.

Type 2 diabetes mellitus is a metabolic disorder characterized by insulin resistance and relative insulin deficiency, resulting in hyperglycemia. Type 2 diabetes typically develops slowly, and progression from normal blood glucose to impaired fasting glucose (IFG) or impaired glucose tolerance (IGT) to diabetes may take a decade or longer. IFG and IGT are considered to be early stages of the disease process and are risk factors for diabetes and cardiovascular disease. Type 1 diabetes is usually diagnosed in children and young adults, and was previously known as juvenile diabetes. In type 1 diabetes, the body does not produce insulin. Insulin is a hormone that is needed to convert sugar, starches and other food into energy needed for daily life.

The USPSTF's evidence review found that in 2012 an estimated 86 million Americans age 20 years or older have IFG or IGT and 29 million have diabetes. The CDC estimated that about 8 million Americans had undiagnosed diabetes in 2012. Furthermore, the prevalence of diabetes in the United States has increased over the past 15 years, from 5% in 1995 to 9% in 2012.

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 in the plan years (or, in the individual market, policy years) that began on or after September 23, 2010. If the screening recommendation is finalized with a "B" rating, then this service must be provided without cost sharing.

Comments are due on November 3, 2014 and can be submitted at:

<http://www.uspreventiveservicestaskforce.org/Page/Name/us-preventive-services-task-force-opportunities-for-public-comment>

Read the draft recommendation statement at:

<http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementDraft/screening-for-abnormal-glucose-and-type-2-diabetes-mellitus>

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

Learn more about the USPSTF at: [www.uspreventiveservicestaskforce.org/](http://www.uspreventiveservicestaskforce.org/)

**Maternal and Child Health Research Program (MCH), §501 of the Social Security Act, Title V.**

Announced October 6, 2014. Funding is available to support applied research and analysis studies relating to maternal and child health services, that have the potential to improve health services and delivery of care for mothers and their children. Findings from the MCH research program are expected to strengthen and expand the ACA implementation process.

Eligible applicants include public or nonprofit institutions of higher learning, public or private nonprofit agencies engaged in research programs relating to maternal and child health and/or services for children with special health care needs, faith-based and community-based organizations, tribes, and tribal organizations.

\$1,000,000 in total is available for ten awards.

Applications are due December 5, 2014.

This opportunity may be viewed at: [HRSA.GOV](http://HRSA.GOV)

## Upcoming Events

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

Friday, October 17, 2014  
Transportation Building – Conference Rooms 1-3  
10 Park Plaza  
Boston, MA

Friday, November 21, 2014  
1 Ashburton Place, 21st Floor  
Boston, MA

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

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](#) 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.

---

To subscribe to receive the ACA Update, send an email to: [ehs-ma-aca-update@listserv.state.ma.us](mailto:ehs-ma-aca-update@listserv.state.ma.us). To unsubscribe from the ACA Update, send an email to: [join-ehs-ma-aca-update@listserv.state.ma.us](mailto:join-ehs-ma-aca-update@listserv.state.ma.us). Note: When you click on the sign up link, a blank e-mail should appear. If your settings prevent this, you may also copy and paste [join-ehs-ma-aca-update@listserv.state.ma.us](mailto:join-ehs-ma-aca-update@listserv.state.ma.us) into the address line of a blank e-mail. Just send the blank e-mail as it's addressed. No text in the body or subject line is needed.