



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

December 08, 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

Pipeline to Proposal Awards Initiative Tier I - Pre-Engagement/Community Projects, §6301. Announced December 2, 2014. Funding is available to build and strengthen the community and capacity necessary to develop a patient-centered comparative effectiveness research (CER) project addressing an issue of interest to the awardee. This opportunity is intended to support individuals and groups who may not have other opportunities for research funding.

Eligible applicants include individuals, consumer and patient organizations, clinicians, researchers, or a combination of these applicants. \$15,000 for individual awards is available.

Required Letters of Intent are due December 23, 2014.

Applications are due February 16, 2015.

This announcement may be viewed at: PCORI.ORG

The Patient Centered Outcomes Research Institute (PCORI), created under ACA §6301, is an independent nonprofit organization, tasked with conducting patient-centered outcomes research and studies.

For more information about PCORI, visit: PCORI

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

Guidance

12/2/14 HHS/CMS issued a correction to the final rule called “Medicare and Medicaid Programs; CY 2015 Home Health Prospective Payment System Rate Update; Home Health Quality Reporting Requirements; and Survey and Enforcement Requirements for Home Health Agencies.” The document makes technical corrections to the [final rule](#) (which was published in the Federal Register on November 6, 2014). The rule implements portions of ACA §3131 and §3401.

The final rule updates the Home Health Prospective Payment System (HH PPS) rates, including the national, standardized 60-day episode payment rates, the national per-visit rates, and the non-routine medical supply conversion factor under the Medicare prospective payment system for home health agencies (HHAs) for calendar year (CY) 2015.

As required by the ACA, the final rule implements the second year of the four-year phase-in of CMS' rebasing adjustments to the HH PPS payment rates. The ACA requires that beginning in CY 2014, CMS apply an adjustment to the national standardized 60-day episode rate and other applicable amounts to reflect factors such as changes in the number of visits in an episode, the mix of services in an episode, the level of intensity of services in an episode, the average cost of providing care per episode, and other relevant factors. The adjustment must be phased-in over a four year period.

The rule also makes changes to the ACA-mandated Medicare home health beneficiary face-to-face encounter requirement. The ACA mandates that a certifying physician or allowable non-physician provider must have a face-to-face encounter with the beneficiary before they certify the beneficiary's eligibility for the Medicare home health benefit. The final rule institutes changes to this requirement.

Finally, this rule also discusses Medicare coverage of insulin injections under the HH PPS, the delay in the implementation of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and a HH value-based purchasing model.

Read the correction at: www.gpo.gov/fdsys/pkg/FR-2014-12-02/pdf/2014-28396.pdf

11/28/14 HHS/CMS issued a notice called “Federal Financial Participation in State Assistance Expenditures; Federal Matching Shares for Medicaid, the Children’s Health Insurance Program, and Aid to Needy Aged, Blind, or Disabled Persons for October 1, 2015 through September 30, 2016.”

The Federal Medical Assistance Percentages (FMAP), Enhanced Federal Medical Assistance Percentages (eFMAP), and disaster-recovery FMAP adjustments for Fiscal Year 2016 have been calculated pursuant to the Social Security Act. These percentages will be effective from October 1, 2015 through September 30, 2016. The notice announces the calculated FMAP rates that HHS will use in determining the amount of federal matching for state medical assistance (Medicaid), Temporary Assistance for Needy Families (TANF) Contingency Funds, Child Support Enforcement collections, Child Care Mandatory and Matching Funds of the Child Care and Development Fund, Foster Care Title IV-E Maintenance payments, and Adoption Assistance payments, and the eFMAP rates for the Children's Health Insurance Program (CHIP) expenditures.

The notice also contains the increased eFMAPs for CHIP as authorized under the ACA for fiscal years 2016 through 2019 (October 1, 2015 through September 30, 2019).

Read the notice (which was published in the Federal Register on December 2, 2014) at: www.gpo.gov/fdsys/pkg/FR-2014-12-02/pdf/2014-28398.pdf

11/28/14 HHS/CMS issued a final rule called “Medicaid Program; Disproportionate Share Hospital Payments – Uninsured Definition.”

The final rule addresses the hospital-specific limitation on Medicaid disproportionate share hospital (DSH) payments under the Social Security Act. Under this limitation, DSH payments to a hospital cannot exceed the uncompensated costs of furnishing hospital services by the hospital to individuals who are Medicaid-eligible or have no health

insurance (or other source of third party coverage) for the services furnished during the year. The rule provides that, in auditing DSH payments, the quoted test will be applied on a service-specific basis; so that the calculation of uncompensated care for purposes of the hospital specific DSH limit will include the cost of each service furnished to an individual by that hospital for which the individual had no health insurance or other source of third party coverage.

Currently, states make Medicaid Disproportionate Share Hospital (DSH) payments to hospitals that serve a disproportionate share of low income patients and have high levels of uncompensated care costs. The Affordable Care Act expands coverage to millions of Americans. At the same time as the ACA expands coverage that reduces levels of uncompensated care, it also reforms Medicaid DSH allotments to reflect anticipated changes in coverage. ACA §1203 requires aggregate reductions to state Medicaid DSH allotments annually from fiscal year (FY) 2014 through FY 2020. The final rule delineates a methodology to implement the annual reductions for FY 2014 and FY 2015.

With implementation of the ACA, states have opportunities to expand Medicaid coverage to individuals with family incomes at or below 133% of the federal poverty level. This expansion includes non-elderly adults without dependent children, who have not previously been eligible for Medicaid in most states. Twenty-eight states, including the District of Columbia have expanded Medicaid under the Affordable Care Act.

Read the rule (which was published in the Federal Register on December 3, 2014) at:
www.gpo.gov/fdsys/pkg/FR-2014-12-03/pdf/2014-28424.pdf

11/28/14 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on a new information collection activity related to the Emergency Department Patient Experience of Care (EDPEC) Survey Mode Experiment.

According to HHS/CMS, the survey supports the six national priorities for improving care from the [National Quality Strategy](#) developed by the HHS as required under ACA §3011. The National Quality Strategy is a strategic plan for improving the delivery of health care services, achieving better patient outcomes, improving the health of the U.S. population and establishing priorities to guide local, state, and national efforts to improve the quality of health care. The six priorities include: making care safer by reducing harm caused by the delivery of care; ensuring that each person and family are engaged as partners in their care; promoting effective communication and coordination of care; promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease; working with communities to promote wide use of best practices to enable healthy living; and making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models. In 2012, HHS launched the development of the EDPEC to measure the experiences of patients (18 and older) with emergency department care.

Comments are due January 27, 2015.

Read the notice at: www.gpo.gov/fdsys/pkg/FR-2014-11-28/pdf/2014-28137.pdf
See item #2

11/25/14 The Food and Drug Administration (FDA) finalized two rules under §4205, requiring that calorie information be listed on menus and menu boards in restaurants and similar retail food establishments that are part of a chain and in vending machines with 20 or more locations. According to the FDA, the proposed changes are being made to help combat obesity by assisting consumers in maintaining healthy dietary practices. New information will provide consumers with more nutritional information about the foods they eat outside of the home.

The menu labeling rule applies to restaurants and similar retail food establishments if they are part of a chain of 20 or more locations. These establishments will be required to clearly and conspicuously display calorie information for standard items on menus and menu boards, next to the name or price of the item. Covered establishments must comply with the rule by December 1, 2015.

The vending machine final rule requires operators who own or operate 20 or more vending machines to disclose calorie information for food sold from vending machines, subject to certain exceptions. Covered vending machine operators must comply with the rule by December 1, 2016.

Comments on information collection issues under the Paperwork Reduction Act of 1995 (PRA) for both rules are due

December 31, 2014.

Read the rule regarding menu labeling (which was published in the Federal Register on December 1, 2014) at: www.gpo.gov/fdsys/pkg/FR-2014-12-01/pdf/2014-27833.pdf

Read the rule regarding vending machines (which was published in the Federal Register on December 1, 2014) at: www.gpo.gov/fdsys/pkg/FR-2014-12-01/pdf/2014-27834.pdf

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

Upcoming Events

Money Follows the Person (MFP) Semi-Annual Informational Meeting

Wednesday, December 17, 2014

2:00 PM– 3:30 PM

Worcester Public Library

3 Salem Street

Worcester, MA 01608

Directions can be found at: <http://goo.gl/maps/G3do1>

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

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



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