



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

March 30, 2015

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

Surveillance of Congenital Heart Defects Across the Lifespan, §10411. Announced March 24, 2015.

Funding is available to develop an accurate and complete population-based surveillance program that studies congenital heart defects (CHDs). Funded programs will be in alignment with the National Center on Birth Defects and Developmental Disabilities' programs that conduct birth defects surveillance with a focus on CHDs among individuals of all ages.

Eligible applicants include non and for profit organizations; small businesses; public housing authorities; city, town, county, district, and state governments; independent school districts; state controlled institutions of higher education; private institutions of higher education; and Native American Tribal governments. \$9,600,000 in total is available for six awards.

Applications are due June 1, 2015.

View the announcement at: GRANTS.GOV

State Partnerships Initiative to Address Health Disparities, §10334. Announced March 19, 2015.

Funding is available to improve the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities. The purpose of this initiative is to demonstrate that partnerships in which state offices of minority health, state health agencies, tribes and tribal health organizations play a significant role can efficiently and effectively improve health outcomes in selected communities and address health disparities that affect minorities and disadvantaged populations.

Eligible applicants include states, state offices of minority health, federally and state recognized American Indian/Alaskan Native Tribal governments. \$3,000,000 in total is available for seventeen awards.

Applications are due May 24, 2015.

View the announcement at: GRANTS.GOV

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

3/26/15 HHS/Substance Abuse and Mental Health Services Administration (SAMHSA) issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on OMB approval for a revision of the 2016 and 2017 Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant Plan and Report Guidance and Instructions.

According to SAMHSA, under the ACA, more individuals are eligible for Medicaid and private insurance. As a result, this expansion of health insurance coverage will continue to have a significant impact on how state mental health agencies and state Medicaid agencies use their limited resources.

Given these changes, SAMHSA has stated that block grant funds be directed toward specific purposes and SAMHSA proposes several changes to the block grant programs, discussed in greater detail in the notice.

Comments are due April 27, 2015.

Read the notice at: www.gpo.gov/fdsys/pkg/FR-2015-03-26/pdf/2015-06915.pdf

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

News

3/25/15 HHS announced the establishment of the Health Care Payment Learning and Action Network (The Network), as authorized under ACA §3021. The new network is designed to engage the private sector in order to advance value and quality in health care.

In 2015 HHS has set two goals to help advance the work being done across various sectors to increase the adoption of value-based payments and alternative payment models. The first goal is tying 30% of Medicare fee-for-service payments to quality or value through alternative payment models by 2016 and 50% by 2018. The second goal is

tying 85% of all Medicare fee-for-service to quality or value by 2016 and 90% by 2018.

The Network will accelerate the achievement of these goals as, through this Network, HHS will work with various partners in the private, public, and non-profit sectors to transform the nation's health system to emphasize value over volume. This cooperation will help achieve better care, smarter spending, and healthier people, by supporting the adoption of alternative payments models.

To register to participate in the Network, visit: CMS.GOV

To learn more about the Network, visit: HHS.GOV

3/24/15 The Medicaid and CHIP Payment and Access Commission (MACPAC) held a public meeting in Washington, D.C. Meeting sessions focused on MACPAC's work to understand payment models that emphasize value (rather than volume of services); looking at state efforts to implement certain delivery system reforms; Medicaid beneficiary access to specialty care; a discussion of MACPAC's proposed chapters in its June 2015 report to Congress regarding the intersection of Medicaid and child welfare; the coverage of adult dental benefits in Medicaid; and the needs and use of behavioral health services in Medicaid. Other sessions reviewed recent HHS findings on disparities in Medicaid and CHIP as well as other new findings from surveys regarding characteristics of the Medicaid expansion population.

MACPAC was established by the Children's Health Insurance Program Reauthorization Act and later expanded and funded through ACA §2801 and §10607. The commission consists of experts, government officials, executives and medical professionals. MACPAC is tasked with reviewing state and federal Medicaid and CHIP access and payment policies and making recommendations to Congress, the HHS Secretary, and the states on a wide range of issues affecting Medicaid and CHIP populations, including the implementation of health care reform.

View the meeting agenda at: www.macpac.gov/wp-content/uploads/2014/12/March-2015-MACPAC-Meeting-Agenda1.pdf

MACPAC invites stakeholders to submit comments on their work throughout the year at: comments@macpac.gov

Learn more about MACPAC at: <https://www.macpac.gov>

3/24/15 The U.S. Preventive Services Task Force (USPSTF) issued a final recommendation statement on screening for thyroid dysfunction in adults who are not pregnant and show no signs or symptoms of a thyroid problem. The USPSTF concluded that the current evidence is insufficient to determine the effectiveness of screening for thyroid dysfunction and assigned an "I" rating to the recommendation. The "I" rating indicates that the Task Force does not recommend the service.

Thyroid dysfunction is a range of thyroid gland disorders, and includes hypothyroidism and hyperthyroidism. The thyroid gland produces hormones that help control the body's metabolism. According to the USPSTF, thyroid dysfunction is one of the most common endocrine (or hormone) conditions that doctors and nurses evaluate and treat.

The USPSTF's evidence review found that in a 2014 study an estimated 5% of women and 3% of men in the United States have subclinical thyroid dysfunction, and approximately 0.5% of the population may have undiagnosed overt thyroid disease. Subclinical thyroid dysfunction is defined as an elevated or low thyroid-stimulating hormone test in the setting of normal thyroid hormone levels. Overt thyroid disease is defined by the presence of abnormal thyroid hormone levels. In some studies, subclinical hypothyroidism is associated with symptoms such as increased risk for coronary artery disease and overt thyroid disease is associated with symptoms such as negative cardiovascular and musculoskeletal effects.

In conclusion, the USPSTF states that screening can identify patients with subclinical thyroid dysfunction or undiagnosed overt thyroid disease, but direct evidence on benefits and harms of screening versus not screening remain unavailable. The Task Force suggests that additional research on this topic is needed to understand how best

to diagnose and treat such conditions.

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. Because the recommendation was finalized with an "I" rating, thyroid screenings in nonpregnant, asymptomatic adults do not have to be covered without cost-sharing under the ACA.

Read the final recommendation statement at:

www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/thyroid-dysfunction-screening

Learn more about preventive services covered under the ACA at: HHS.Gov

Learn more about the USPSTF at: www.uspreventiveservicestaskforce.org

Upcoming Events

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

Friday, April 24, 2015
2:00 PM - 4:00 PM
1 Ashburton Place, 21st Floor
Boston, MA

Friday, May 29, 2015
1:00 PM - 3:00 PM
1 Ashburton Place, 21st Floor
Boston, MA

MBTA and driving directions to the Transportation Building are available here:

www.mhd.state.ma.us/default.asp?pgid=dist/HQ_directions&sid=about.

MBTA and driving directions to 1 Ashburton Place are located here: www.sec.state.ma.us/secdir.htm.

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



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