



## AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

July 27, 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 Activity

**On July 7, 2015 MassHealth submitted a grant proposal to HHS for funding through the Adult Medicaid Quality: Improving Maternal and Infant Health Outcomes in Medicaid and CHIP grant opportunity, as authorized under ACA §2701**

Funding is available to state Medicaid agencies for testing, collecting, and reporting to CMS a new developmental quality measure as part of the Center for Medicaid and CHIP Services (CMCS) Maternal and Infant Health Initiative. Additionally, grant funding will support states' efforts to use these data to increase the use of effective contraception and reduce the rate of unintended pregnancies.

\$10,000,000 in total is available for twenty five awards.

Read the project abstract at: [www.mass.gov/eohhs/docs/eohhs/healthcare-reform/grants/150707-sec-2701-contraceptive-use.pdf](http://www.mass.gov/eohhs/docs/eohhs/healthcare-reform/grants/150707-sec-2701-contraceptive-use.pdf)

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

### Guidance

**7/24/15 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on the revision of a currently approved information collection activity related to the Consumer Experience Survey Data Collection.** In order to support the delivery of quality health care coverage offered in the Exchanges, ACA §1311 directs the HHS Secretary to develop a system that rates qualified health plans (QHPs) based on their relative quality and price.

ACA §1311 also directs HHS to develop an enrollee satisfaction survey system that assesses consumer experience with QHPs. For implementation of a Quality Rating System (QRS) and the enrollee surveys, QHP issuers are required to collect and report certain data to HHS.

Additionally, beginning January 1, 2015, QHPs are required to contract with certain hospitals that meet specific patient safety and health care quality standards. QHP issuers must also demonstrate compliance with patient safety standards and the related record keeping and information collection requirements.

Beginning October 1, 2013, qualified individuals and qualified employees could purchase private health insurance coverage through Exchanges (Marketplaces) for January 1, 2014 effective dates. The ACA established Affordable Insurance Exchanges (§1311(b)) to provide individuals and small business employees with access to health insurance coverage beginning January 1, 2014. Furthermore, an Exchange makes an advance determination of tax credit eligibility for individuals who enroll in a qualified health plan (QHP) through the Exchange and pursue financial assistance (§1401, 1411, and 1412). QHPs are health plans that have been certified by an Exchange, provide essential health benefits (EHB, §1301) and follow established limits on cost-sharing (such as reduced deductibles, copayments, and out-of-pocket maximum amounts).

Comments are due August 24, 2015.

Read the notice at: [www.gpo.gov/fdsys/pkg/FR-2015-07-24/pdf/2015-18198.pdf](http://www.gpo.gov/fdsys/pkg/FR-2015-07-24/pdf/2015-18198.pdf)  
(see item #2)

Prior guidance can be found at: [www.hhs.gov/healthcare/index.html](http://www.hhs.gov/healthcare/index.html)

## News

### **7/21/15 The Patient-Centered Outcomes Research Institute (PCORI) approved \$142.5 million to support 34 clinical research data networks that will comprise the Phase II network of networks for PCORnet, the National Patient-Centered Clinical Research Network.**

PCORnet is a large national network used to conduct clinical outcomes research. PCORnet will integrate data from 13 Clinical Data Research Networks (CDRNs). CDRNs originate in healthcare systems such as hospitals, health plans, or practice-based networks and securely collect health information during the routine course of patient care. Data will also originate from 21 Patient-Powered Research Networks (PPRNs). PPRNs are networks that are operated and governed by groups of patients and their partners who are focused on a particular condition or population and whose members are interested in sharing health information and participating in research.

Funding will be used for thirty four individual networks to participate in the national research collaborative. Seven new projects received awards and twenty seven networks that participated in Phase I will receive continued funding.

Created under ACA §6301, PCORI is an independent nonprofit organization, tasked with conducting patient-centered outcomes and studies.

To learn more about these awards, visit: [PCORI.ORG](http://PCORI.ORG)

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### **7/21/15 The U.S. Preventive Services Task Force (USPSTF) issued a draft recommendation statement on screening for impaired visual acuity, or vision impairment, in adults 65 and older who have not reported problems with their vision.**

The USPSTF's review concluded that the current evidence is insufficient to assess the balance of benefits and harms of screening older adults in a primary care setting for vision impairment if they have not reported any vision problems. As a result, the Task Force assigned an "I" rating to the recommendation, which is not a recommendation for or against screening.

According to the USPSTF, impairment of visual acuity is a serious public health problem in older adults. In 2011, about 12% of Americans ages 65 to 74 years and 15% of those age 75 years or older reported having problems

seeing, even with glasses or contact lenses. Common causes of vision impairment are refractive errors (the reason most people wear glasses or contacts); cataracts, or the clouding of the eye's lens; and age-related macular degeneration (AMD), which distorts vision in the center of the eye.

In a primary care setting, clinicians usually check for eye conditions with an eye chart test. The Task Force found that while vision screening with an eye chart can identify people who have refractive errors, it does not accurately identify early-stage AMD or cataracts in people without symptoms of vision problems. Furthermore, the USPSTF stated that additional evidence is needed to more accurately screen for eye conditions in older adults in a primary care setting and to determine the link between vision screening and quality of life.

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 recommendation on screening for vision impairment is finalized with an "I" rating, then screening will not be required to be provided without cost sharing.

Comments are due August 17, 2015 and can be submitted at: [www.uspreventiveservicestaskforce.org/Comment/Collect/Index/draft-recommendation-statement161/impaired-visual-acuity-in-older-adults-screening](http://www.uspreventiveservicestaskforce.org/Comment/Collect/Index/draft-recommendation-statement161/impaired-visual-acuity-in-older-adults-screening)

Read the draft recommendation statement at: [www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement161/impaired-visual-acuity-in-older-adults-screening](http://www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement161/impaired-visual-acuity-in-older-adults-screening)

### **7/17/15 Patient-Centered Outcomes Research Institute (PCORI) announced more than \$1 million in awards for five grant awards through the Eugene Washington PCORI Engagement Program.**

The Eugene Washington PCORI Engagement Awards encourage the active integration of patients, caregivers, clinicians, and other healthcare stakeholders who are part of the medical research process. The program provides a platform to expand the role of these stakeholders in research and to support PCORI engagement strategies that include developing a skilled community of patients and other stakeholders.

The five awards will be used for studies being conducted at five sites nationally, including The Boston Medical College at Boston University.

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The deadline to submit Letters of Inquiry for the next round of funding under this opportunity is October 1, 2015.

To learn more about these awards, visit: [PCORI.ORG](http://PCORI.ORG)

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## **Upcoming Events**

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

Friday, September 11, 2015, 1:00-3:00 PM  
1 Ashburton Place, 21st Floor  
Boston, MA

We welcome attendance at all meetings from all stakeholders and members of the public with an interest in One Care. Reasonable accommodations will be made for participants who need assistance. Please send your request for

accommodations to Donna Kymalainen at [Donna.Kymalainen@state.ma.us](mailto:Donna.Kymalainen@state.ma.us).

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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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