



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

June 17, 2013

Quick Links

[MA-ACA Website](#)



Join Our
Mailing List

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

A National Patient-Centered Clinical Research Network, §6301. Announced June 5, 2013. Funding is available to eligible applicants to become a Coordinating Center, which will support the core components of the National Patient-Centered Clinical Research Network Program. Private-sector organizations, research organizations; universities; colleges; hospitals laboratories; healthcare systems; and state and local governments are eligible to apply. The goal of the program is to create a national network for performing comparative effectiveness research. In addition, the program will promote a more comprehensive longitudinal data infrastructure and improved methods of data analysis for both observational and experimental comparative effectiveness research. The Coordinating Center will provide support and organize interactions between the Clinical Data Research Networks, which are healthcare delivery system networks and the Patient-Powered Research Networks, which are networks formed of patients that will participate in research.

Created under ACA §6301, PCORI is an independent nonprofit organization, tasked with conducting patient-centered outcomes research, that has already begun to award millions of dollars in federal funds for studies. One award is available and costs for the project are reimbursable. Applications are due July 31, 2013.

The announcement can be viewed at: PCORI.org

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

6/11/13 IRS published final regulations called "Indoor Tanning Services; Excises Taxes." The final regulations provide guidance on the 10% excise tax on indoor UV tanning services that went into effect on July 1, 2010 as required by ACA §10907. The final regulations replace [temporary regulations](#) that were issued in June 2010.

In general, providers of indoor tanning services collect the tax from consumers at the time the tanning services are purchased and the provider then pays over these amounts to the government. The tax does not apply to phototherapy services performed by a licensed medical professional on his or her premises. There is also an exception for certain physical fitness facilities that offer tanning as an incidental service to members without a separately identifiable fee.

IRS is seeking comments on two provisions: 1) the treatment of bundled services and 2) undesignated payment cards. Comments on those issues are due October 9, 2013.

For more information on the excise tax, read the IRS Frequently Asked Questions at: IRS.Gov
Read the final regulations at: <http://www.gpo.gov/fdsys/pkg/FR-2013-06-11/pdf/2013-13876.pdf>

Prior guidance can be viewed at: www.healthcare.gov

News

6/11/13 The U.S. Preventive Services Task Force (USPSTF) issued a final recommendation statement on interventions to prevent the maltreatment of children, including child abuse or neglect, from birth to 18 years old. The USPSTF concluded that there is not enough evidence about how primary care clinicians can intervene to prevent abuse among children who show no signs or symptoms of maltreatment. Such interventions were therefore given an "I" recommendation, which means the USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. The panel noted that child abuse is a serious health problem and that research in related areas (such as harsh punishment and possible connections between domestic violence and child abuse) should be a public health priority.

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 begin on or after September 23, 2010. Because the final recommendation received an "I" rating (indicating that the evidence is insufficient to assess the balance of benefits and harms of primary care interventions to prevent child maltreatment), the interventions will not be required to be covered without cost-sharing under the ACA.

The USPSTF issued its [draft recommendation](#) statement on primary care interventions to prevent child abuse in January 2013.

The USPSTF's final recommendation is published online in the Annals of Internal Medicine, as well as on the USPSTF Web site at: uspreventiveservicestaskforce.org
Learn more about the USPSTF and the ACA at: Healthcare.Gov

EOHHS News

Update: MassHealth Section 1115 Demonstration Amendment

On June 4, 2013 EOHHS submitted a request to amend the MassHealth Section 1115 Demonstration to the Centers for Medicare and Medicaid Services (CMS). The MassHealth Section 1115 Demonstration provides federal authority for Massachusetts to expand eligibility to individuals who are not otherwise Medicaid or CHIP eligible, offer services that are not typically covered by Medicaid, and use innovative service delivery systems that improve care, increase efficiency, and reduce costs.

The Demonstration amendment request outlines the specific authorities being requested from CMS to implement changes consistent with the Affordable Care Act (ACA), affecting eligibility, benefits, programs and delivery systems, as well as changes to expenditure authorities under the Demonstration. An attachment to the Amendment is a Transition Plan that explains in additional detail how the State plans to coordinate the transition of individuals enrolled in the Demonstration to a new coverage option available under the ACA without interruption in coverage to the maximum extent possible. The documents had previously been included in ACA Update emails during the public comment process, and changes to the proposal were made in response to comments received.

The updated proposed Amendment and Transition Plan and additional relevant information are available at: Mass.Gov

Integrating Medicare and Medicaid for Dual Eligible Individuals

The Massachusetts Duals Demonstration is now called One Care: MassHealth plus Medicare. One Care is a new health care option for people with disabilities. One Care offers a better, simpler way for people to get the care they need. To join One Care, a person must be eligible for both MassHealth and Medicare and be 21 to 64 years old. For more information about One Care, please visit:

<http://www.mass.gov/masshealth/duals>

A revised timeline for the implementation of One Care is provided below. These changes have been agreed to by MassHealth and CMS following careful consideration of the time needed to achieve key milestones before enrollment of members into One Care plans begins.

Key dates in the revised timeline include:

Work Stream	Expected Date	Entity	Action
Readiness Review	Mid-June	Plans	One Care plans resubmit provider networks
Outreach	July	MA	Public awareness campaign begins
Contract	Mid- July	CMS, MA and Plans	Three-way contracts signed
Implementation	August	MA and Plans	MassHealth and plan implementation readiness activities
Outreach	Sept. 1	MA	Self-selection letters sent to individuals in target population. Outreach to potential enrollees begins.
Marketing	Sept. 1	Plans	Plan marketing begins
Implementation	October 1	All	One Care start date, self-selection enrollments only
Implementation	November 1	MA	60 day notice sent to first auto-assignment group (individuals in C1 and F1 rating categories)
Implementation	January 1, 2014	Plans	Effective date for first wave of auto-assignment <ul style="list-style-type: none"> • 2nd wave of auto-assignment effective tentatively April 1, 2014 • Possible 3rd wave of auto-assignment tentatively July 1, 2014

MassHealth thanks all stakeholders for continuing to work with us on this important initiative.

Upcoming Events

Money Follows the Person (MFP) Stakeholder Meeting

June 25, 2013

2:00 PM - 3:00 PM

McCormack Building, 21st Floor

1 Ashburton Place

Boston, MA

Please contact MFP@state.ma.us if you would like to attend the meetings. Requests for reasonable accommodations should be sent to MFP@state.ma.us. Although an RSVP is not required, it is appreciated.

Integrating Medicare and Medicaid for Dual Eligible Individuals Open Meeting

Friday, June 28, 2013
10:00 AM - 12:00 PM
State Transportation Building, Conf Rooms 1, 2 and 3
10 Park Plaza
Boston, MA

Integrating Medicare and Medicaid for Dual Eligible Individuals Implementation Council Meeting

July 12, 2013
1:00 PM - 3:00 PM
State Transportation Building, Conference Rooms 1, 2 and 3
10 Park Plaza
Boston, MA

Reasonable accommodations are available upon request. Please contact Kate Russell at Kate.Russell@umassmed.edu to request accommodations.

Integrating Medicare and Medicaid for Dual Eligible Individuals Implementation Council Subcommittees

Long Term Services and Supports Subcommittee

Wednesday, June 26, 2013
1:00 PM - 3:00 PM
Thomas Crane Public Library, Community Conference Room
40 Washington St.
Quincy, MA 02169

Due to space limitations, **RSVPs are required**. Interested stakeholders should contact Kate Russell at Kate.Russell@umassmed.edu by 5pm on Monday, June 24, to join the LTSS Subcommittee. Please include your name, contact information, affiliation, and subcommittee of interest.

Quarterly Affordable Care Act Implementation Stakeholder Meeting

September 16, 2013
1:30 PM - 2:30 PM
1 Ashburton Place, 21st Floor
Boston, MA

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.