



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

June 24, 2013

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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

6/20/13 CMS announced that the extensions of deadlines for Letters of Intent and Applications for the Comprehensive End-Stage Renal Disease (ESRD) Care Initiative. Applications are now due by August 1, 2013. CMS is also reopening the Letter of Intent period. Letters of Intent to Apply may be submitted by July 19, 2013. The Letter of Intent is required in order to submit an application.

On February 4, 2013 CMS originally announced the Comprehensive End-Stage Renal Disease (ESRD) Care Initiative, for Medicare beneficiaries with ESRD to identify, test, and evaluate ways to improve health outcomes and reduce per capita Medicare expenditures. The initiative, authorized under §3021 and funded through the CMS Innovation Center, enhances care coordination of beneficiaries with ESRD and provides a more patient-centered experience that will improve health outcomes. CMS will test and evaluate a new payment model with groups of health care providers and suppliers, known ESRD Seamless Care Organizations (ESCOs) under this initiative.

Eligible organizations (ESCOs) must include providers from dialysis facilities, nephrologists and other Medicare providers and suppliers experienced with providing care to members with ESRD. CMS expects that 10-15 ESCOs will participate and that each organization will serve at least 500 Medicare beneficiaries. CMS will use historical data to match beneficiaries with participating organizations with providers who are already providing care for members. Under

the initiative, organizations will be financially and clinically responsible for all care provided to beneficiaries, not only services related to ESRD. Depending on the size of the dialysis facility, there are three payment tracks available to participating organizations. If an organization has a dialysis facility that is owned by a larger dialysis organization, it must participate in a risk-based payment arrangement. Other organizations will be eligible for the other payment tracks.

CMS will hold ESCOs financially accountable for providing quality care and improving the health outcomes of their beneficiaries. ESCOs will report on health outcome measures in the following five areas: preventative health, chronic disease management, care coordination and patient safety, patient and caregiver experience and patient quality of life.

For more information, including updates on the initiative, please visit the CMS Innovation Center website at: CMS.Gov

Prevention Research Centers, \$4002. Announced June 14, 2013. Funding is available to support Health Promotion and Disease Prevention Research Centers that: focus on the causes of diseases and disabilities with a focus on underserved and minority populations; increase the use of community-based participatory research; and research and disseminate effective public health programs at state and community levels. Only centers previously awarded a Health Promotion and Disease Prevention Research Centers grant are eligible to apply. Awardees will collaborate with researchers, representatives from state and local health departments, community members and other public health professionals. \$14,476,850 in 37 awards is available for FY13.

Applications are due July 15, 2013.

The announcement can be viewed 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: Mass.Gov

Guidance

6/14/13 HHS issued a proposed rule called, "Patient Protection and Affordable Care Act; Program Integrity: Exchange, SHOP, Premium Stabilization Programs, and Market Standards." The goal of the proposed rule is to ensure access to affordable health insurance for consumers and to safeguard federal funds through program integrity activities.

The proposed rule describes standards for agents, brokers and health insurance issuers who provide services and supports in Federally-facilitated Exchanges. The proposed rule also requires that states collect information on their reinsurance and risk adjustment programs, provide this information to HHS and submit reports to the public on these programs. In addition, HHS proposes standards for the oversight of premium tax credits and cost-sharing reductions that include the maintenance of records and annual reporting to HHS. HHS also provides flexibility by allowing states to run a state-based Small Business Health Options Program (SHOP) while the federal government manages the individual market in the Federally-facilitated Exchange. The rule also establishes criteria for enrollee satisfaction survey vendors, standards for handling consumer complaints, consumer protections, and other activities to ensure smooth operation of the Health Insurance Exchange.

The ACA established Affordable Health Insurance Exchanges (§1311(b)) to provide individuals and small business employees with access to health insurance coverage beginning January 1,

2014, where low and moderate income Americans will be eligible for premium tax credits (§1401, §1411) to make purchasing a health plan more affordable by reducing out-of-pocket premium costs. §1311(b)(1)(B) requires that SHOP assist qualified small employers in facilitating the enrollment of their employees in qualified health programs (QHPs) offered in the small group market. QHPs are health plans that have been certified by an Exchange, provide essential health benefits (§1301) and follow established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts).

The ACA also directs the HHS Secretary to develop and administer a quality rating system and an enrollee satisfaction survey system, the results of which will be available to Exchange consumers shopping for insurance plans. In addition, the ACA established risk-mitigation programs to stabilize premiums in the individual insurance market and minimize the effects of adverse selection that may occur as insurance reforms and the Exchanges launch in 2014. These programs include reinsurance (§1341) and risk adjustment programs (§1343) to provide payments to health insurance issuers that cover higher-risk populations and to more evenly spread the financial risk borne by issuers.

Comments are due July 19, 2013.

Read the CMS fact sheet at: [Fact Sheet](#)

Read the CMS press release at: [CMS.Gov](#)

Read the proposed rule (which was published in the Federal Register on June 19, 2013) at: <http://www.gpo.gov/fdsys/pkg/FR-2013-06-19/pdf/2013-14540.pdf>

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

News

6/14/13 The Medicaid and CHIP Payment and Access Commission (MACPAC) released its *sixth Report to the Congress on Medicaid and CHIP*. In 2013 the Commission has met to explore key issues in the Medicaid and CHIP programs, the interactions between Medicaid, CHIP and the Health Insurance Exchanges under ACA §1311(b), express lane eligibility, changes in Medicaid benefit design and cost sharing issues including the use of premium assistance in the expansion of Medicaid.

As required by statute, MACPAC submits reports to Congress annually in March and June which contain recommendations on a wide range of issues affecting Medicaid and CHIP. The report is divided into five chapters and includes a supplement with Medicaid and CHIP program statistics. The Commission's June 2013 report focuses on the following issues: Medicaid and CHIP eligibility and coverage for maternity services, ACA §1202 (a two-year provision which requires state Medicaid agencies to pay certain primary care physicians at rates equal to at least Medicare levels for specified primary care services), access to care for non-elderly individuals with disabilities and improving the effectiveness of program integrity activities and an update on the use of Medicaid and CHIP data for program accountability and policy analysis.

The statistical supplement in the June 2013 report presents data on: 1) trends in Medicaid enrollment and spending, 2) health and other characteristics of Medicaid and CHIP populations, 3) Medicaid enrollment and benefit spending and 4) Medicaid managed care.

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 health care reform.

View the June report at: [MACPAC Report](#)

Upcoming Events

Money Follows the Person (MFP) Stakeholder Meeting

June 25, 2013

2:00 PM - 3:30 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.