



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

September 9, 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 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

8/30/13 CMS issued the third in a series of letters that provides states with guidance on designing and implementing care delivery and payment reforms that improve health, improve care, and reduce costs within Medicaid programs. The guidance, issued as a State Medicaid Director (SMD), SMDL#13-005, describes the methodological considerations that states may factor into any shared savings proposals, as well as technical guidance and a series of questions that CMS will expect states to answer as part of their proposals. Shared savings programs are authorized by ACA §3021 to help facilitate coordination among providers to improve the quality of care for Medicare beneficiaries, organizations were able to lower costs and improve health outcomes when compared to fee-for-service Medicare. Many states are interested in testing shared savings methodologies in the Medicaid program as a means to promote higher quality at an overall lower cost.

The previous State Medicaid Director (SMD) letters, [SMD #12-001](#) and [SMD #12-002](#), describe the policy considerations for creating "Integrated Care Models" (ICMs), which could include

(but are not limited to) medical/health homes, Accountable Care Organizations (ACOs), ACO-like models, and other arrangements that emphasize person-centered, continuous, coordinated, and comprehensive care. The SMD letters describe the framework for ICMs and pathways that states may use to implement ICMs in the Medicaid state plan or, as needed, through appropriate program waivers and demonstrations.

SMDL#13-005 focuses on reimbursement methodologies that can be adopted in the context of ICMs to incentivize improved quality and outcomes and reduce costs by sharing program savings with high performing providers

ACOs are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to the Medicare patients they serve to help ensure that patients, especially the chronically ill, get appropriate care, with the goal of avoiding unnecessary duplication of services and preventing medical errors. When an ACO succeeds in both delivering high-quality care and spending health care dollars more wisely, it will share in the savings it achieves for the Medicare program.

Information about current ACO programs can be found at:

<http://innovation.cms.gov/initiatives/ACO/>

Read SMDL#13-005 at: <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-13-005.pdf>

8/28/13 HHS/CMS issued the final rule "Patient Protection and Affordable Care Act; Program Integrity: Exchange, SHOP, and Eligibility Appeals." The goal of the final rule is to ensure access to affordable health insurance for consumers and to safeguard federal funds through program integrity activities. The final rule finalizes policies from the [June 19, 2013 proposed rule](#) "Program Integrity: Exchange, SHOP, Premium Stabilization Programs, and Market Standards," published on June 19, 2013. According to the HHS/CMS, the final rule addresses the provisions of the June proposed regulations that need to be effective for the beginning of open enrollment on the Health Insurance Exchanges on October 1, 2013; other provisions will be finalized at a later date. The final rule also finalizes eligibility and Small Business Health Options Program (SHOP) appeals provisions from the [January 22, 2013 proposed rule](#), "Essential Health Benefits in Alternative Benefit Plans, Eligibility Notices, Fair Hearing and Appeal Procedures for Medicaid and Exchange Eligibility Appeals."

The final rule establishes standards for eligibility appeals, verification of eligibility for minimum essential coverage, and treatment of incomplete applications. It also establishes additional consumer protections regarding privacy and security; clarifies the role of agents, brokers, and QHP issuer application assisters who provide services and supports to assist consumers with obtaining health insurance coverage through an Exchange; provides for the handling of consumer cases and complaints; and establishes non-discrimination standards for methods of premium payment. The final rule also describes provisions regarding a State's operation of the Exchange and SHOP.

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).

Although a part of the final rule focuses on program integrity issues regarding QHP issuers offering coverage in the Federally-facilitated Exchange, the final rule also addresses other provisions designed to protect consumers and maintain continued and efficient operation of the Exchange, while also granting flexibility to states. Under the final rule, QHP issuers are required to accept a variety of payment methods in order to ensure that consumers are given several methods to make payments of their monthly premiums. Employers seeking to contest Exchange determinations regarding whether the employer provides minimum essential coverage (MEC) that meets both minimum value and affordability standards will be able to do so through a separate HHS-Secretary directed process. State-based Exchanges will have the flexibility to establish a state-based appeals process for employer appeals, and HHS will provide the process if the state does not opt to do so or does not operate a State-based Exchange. 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.

Read the final rule (which was published in the Federal Register on August 30, 2013) at: <http://www.gpo.gov/fdsys/pkg/FR-2013-08-30/pdf/2013-21338.pdf>

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

News

9/3/13 The U.S. Preventive Services Task Force (USPSTF) issued a final recommendation statement on and final evidence report on screening for peripheral artery disease (PAD) and cardiovascular risk assessment with the ankle brachial index (ABI) in adults. Although ABI is the most commonly used test in screening for and detection of PAD, the USPSTF concluded that the evidence of the effectiveness of screening for PAD with ABI in asymptomatic adults with no known diagnosis of cardiovascular disease (CVD) or diabetes is insufficient. As a result, the USPSTF issued an "I" recommendation statement. The "I" recommendation statement indicates that the evidence is insufficient for the USPSTF to make a recommendation.

The USPSTF's evidence review found that CVD (including heart disease and stroke), is the leading cause of death in men and women in the United States. For some people, PAD, which causes reduced blood flow in the legs, can accompany CVD. People with PAD have a higher risk of having CVD and having a heart attack or stroke, the ABI test, which compares blood pressure in the ankle with blood pressure in the arm, is used to detect if a person has PAD.

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 on screening with the ABI test for PAD and CVD disease received an "I" rating, the screenings will not be required to be covered without cost-sharing under the ACA.

The "I" recommendation statement does not apply to people with symptoms of PAD; people experiencing symptoms should see a health professional and should receive appropriate diagnostic testing and therapy.

According to the USPSTF, although the effectiveness of ABI testing is uncertain, there are other ways that clinicians can help their patients reduce their risk for CVD.

To address such risk factors, the USPSTF recommends screening for and managing high blood pressure, high blood cholesterol, and diabetes as well as screening for tobacco use and providing cessation support.

Read the final recommendation statement at: uspreventiveservicestaskforce.org

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

Learn more about the USPSTF at: <http://www.uspreventiveservicestaskforce.org/>

Commonwealth of MA News

MassHealth Section 1115 Demonstration Extension

EOHHS plans to submit a request to extend the MassHealth Section 1115 Demonstration to the Centers for Medicare and Medicaid Services (CMS) on September 30, 2013. 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 Extension Request outlines the specific authorities being requested from CMS from July 1, 2014 to June 30, 2019 to sustain and improve upon the gains in coverage, affordability and access to health care achieved to date under the Demonstration. Consistent with Chapter 224 and the Affordable Care Act, the next phase of the Demonstration focuses on cost containment and delivery system reforms. This request will affect eligibility, benefits, payment methodologies and delivery systems, as well as changes to expenditure authorities under the Demonstration.

The proposed Extension and additional relevant information are available at: Mass.Gov

Written comments must be received by EOHHS by 5 pm, September 19, 2013.

Comments may be sent to: laxmi.tierney@state.ma.us, or mailed to:

EOHHS, Office of Medicaid

Attn: Laxmi Tierney

One Ashburton Place, 11th Floor

Boston, MA 02108

Upcoming Events

Quarterly Affordable Care Act Implementation Stakeholder Meeting

September 16, 2013

1:30 PM - 2:30 PM

1 Ashburton Place, 21st Floor

Boston, MA 02108

Integrating Medicare and Medicaid for Dual Eligible Individuals Open Meeting

September 17, 2013

2:00 PM - 4:00 PM
1 Ashburton Place, 21st Floor, Conference Rooms 1, 2 and 3
Boston, MA 02108

We welcome attendance 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.

Integrating Medicare and Medicaid for Dual Eligible Individuals Implementation Council Meeting

September 20, 2013
1:00 PM - 3:00 PM
State Transportation Building, Conference Rooms 1, 2, and 3
10 Park Plaza
Boston, MA 02116

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

MBTA and driving and public transit directions are located here: [Directions](#)

Reasonable accommodations are available upon request. Please contact Donna Kymalainen at Donna.Kymalainen@umassmed.edu to request accommodations.

State Forums for Employers on Federal Health Reform

The Health Connector and Associated Industries of Massachusetts (AIM) are teaming up by holding events for employers to hear from and speak with executives from key regulatory agencies on National Health Reform and its implementation in the Commonwealth. AIM's in-house experts will discuss day-to-day management, timelines, compliance and administrative implications for the employer community.

September 9, 2013 | Delaney House, 1 Country Club Rd., Holyoke
September 11, 2013 | Taunton Holiday Inn, 700 Miles Standish Blvd., Taunton
September 13, 2013 | Holiday Inn, 1 Newbury St., Peabody
September 16, 2013 | UMass Medical School Faculty Conference Room, 55 N. Lake Ave., Worcester
September 17, 2013 | Berkshire Community College, Boland Theater, 1350 West St., Pittsfield
September 18, 2013 | Dedham Holiday Inn, 55 Ariadne Rd., Dedham
September 20, 2013 | Cape Codder, 1225 Iyannough Rd., Hyannis

All programs take place from 9:00 AM -11:00 AM. Check-in is at 8:30 AM. There is no fee to attend these events, however, registration is required. To register, visit: www.aimnet.org/thesolution

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.