



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

September 16, 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 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

9/6/13 HHS/CMS issued a correction to the [proposed rule](#) called "Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Hospital Value-Based Purchasing Program; Organ Procurement Organizations; Quality Improvement Organizations; Electronic Health Records (EHR) Incentive Program; Provider Reimbursement Determinations and Appeals." The rule implements portions of the following ACA sections: 3001, 3006, 3014, 3138, 3401, 4104, 10301 and 10324. The document makes technical corrections to the proposed rule and extends the comment period by 10 days.

The proposed rule revises and updates the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for CY 2014. According to HHS, the rule updates and streamlines programs that encourage high-quality care in these outpatient settings consistent with policies included in the ACA.

The rule describes the proposed changes to the amounts and factors used to determine the payment rates for Medicare services paid under the OPSS and those paid under the ASC payment system. In addition, the rule updates and refines the requirements for the Hospital Outpatient Quality Reporting (OQR) Program, the ASC Quality Reporting (ASCQR) Program, and the Hospital Value-Based Purchasing (VBP) Program. The rule also details revisions to the Quality Improvement Organization (QIO) regulations; changes to the Medicare fee-for-service Electronic Health Record (EHR) Incentive Program; and changes relating to provider reimbursement determinations and appeals.

Comments are now due September 16, 2013.

Read the correction (which was published in the Federal Register on September 6, 2013) at: <http://www.gpo.gov/fdsys/pkg/FR-2013-09-06/pdf/2013-21849.pdf>

9/5/13 IRS issued a notice of proposed rulemaking called "Information Reporting of Minimum Essential Coverage." The rule implements ACA §1502.

The proposed rule provides guidance on persons who are subject to the information reporting requirement. In addition, the regulations also provide that, in general, the name of each individual enrolled in minimum essential coverage and the name and address of the primary insured or other related person who submits the application for coverage must be reported.

Section 6055 of the Internal Revenue Code (Code) as enacted by ACA §1502 details the annual information reporting requirements applicable to insurers, self-insuring employers and certain other providers of minimum essential coverage.

Comments are due November 8, 2013.

Read the proposed rule (which was published in the Federal Register on September 9, 2013) at: <http://www.gpo.gov/fdsys/pkg/FR-2013-09-09/pdf/2013-21783.pdf>

9/5/13 IRS/Treasury issued a notice of proposed rulemaking called "Information Reporting by Applicable Large Employers on Health Insurance Coverage Offered Under Employer-Sponsored Plans." The rule implements Section 6056 of the Internal Revenue Code (Code) as enacted by ACA §1514(a).

The proposed rule provides guidance to employers on their compliance with the employer shared responsibility provisions. In addition, the proposed rule also includes direction to employers on the requirement to provide statements to employees so that employees may determine whether they are eligible for premium tax credits.

The proposed regulations relate to the Employer Shared Responsibility provisions under Section 4980H which was added to the IRS Code by ACA §1513. Starting in 2014, under these provisions, if employers with 50 or more full-time employees* do not offer affordable health coverage that provides a minimum level of coverage (§1501) to their full-time employees, they may be subject to an Employer Shared Responsibility payment if at least one of their full-time employees receives a premium tax credit (§1401, §1411) for purchasing individual coverage on one of the new Affordable Insurance Exchanges. 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.

*To be subject to the Employer Shared Responsibility provisions, an employer must have at least 50 full-time employees or a combination of full-time and part-time employees that is

equivalent to at least 50 full-time employees (for example, 100 half-time employees equals 50 full-time employees). As defined by the statute, a full-time employee is an individual employed on average at least 30 hours per week (so half-time would be 15 hours per week).

Comments are due November 8, 2013.

Read the proposed rule (which was published in the Federal Register on September 9, 2013) at: <http://www.gpo.gov/fdsys/pkg/FR-2013-09-09/pdf/2013-21783.pdf>

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

News

9/10/13 The Patient-Centered Outcomes Research Institute (PCORI) has approved funding for 71 new projects, totaling over \$114 million, to study patient-centered comparative clinical effectiveness research (CER) under the organization's [National Priorities for Research and Research Agenda](#). Created under ACA §6301, PCORI is an independent nonprofit organization, tasked with conducting patient-centered outcomes research. PCORI has already begun to award millions of dollars in federal funds for studies that will provide patients and their caretakers information to make more informed healthcare decisions.

The funded projects will research conditions that affect millions of Americans, including heart disease, cancer, diabetes, obesity, dementia, mental health disorders, autism spectrum disorder, and respiratory illnesses. In addition, projects will also address issues such as disparities in clinical outcomes that will emphasize greater involvement by patients and healthcare stakeholders.

With this announcement, PCORI has awarded \$237.5 million to date to projects addressing its research priorities. PCORI is working to commit more than \$400 million in research support this year.

In addition, PCORI announced that Harvard Pilgrim Health Care will lead a consortium that will serve as the new [National Patient-Centered Clinical Research Network](#). This opportunity will be used to improve CER research by creating a network of patients across the country that are interested in participating in observational and randomized research.

Learn more about the 71 new projects at: [PCORI.Org](#)

For more information about PCORI funding opportunities, visit:

www.pcori.org/funding-opportunities.

For more information about PCORI, visit www.pcori.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 EOHS 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

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.