



## AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

January 27, 2014

### 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 January 21, 2014, DPH submitted a grant proposal to CMS for a 12-month Cost Extension and Program Expansion Supplement to benefit their Behavioral Risk Factor Surveillance System (BRFSS) under ACA §4002.**

The funds will provide a 12-month program cost expansion supplement to extend and continue funding for the current BRFSS at DPH. This cost extension provides financial and programmatic assistance to DPH so they can 1) continue to maintain and expand their current surveillance program in order to help understand what contributes to the prevention of chronic diseases and injuries, 2) maintain and expand the collection, analysis, and dissemination of BRFSS data to state categorical programs for their use in assessing trends and evaluating programs, establishing program priorities, developing policy and targeting relevant population groups and 3) complete existing activities that may be jeopardized because of limited time and funds.

The BRFSS is an annual telephone survey that collects data on emerging public health issues, health conditions, risk factors and behaviors of non-institutionalized adults ages 18 years and older. The BRFSS is the principal source of state-specific surveillance information about health risk behaviors and health status among the states' resident population. BRFSS statistics have been used to support public health programs and policies that seek to improve population health.

Read the grant narrative at: [Mass.Gov](http://Mass.Gov)

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](http://Mass.Gov)

## Guidance

**1/23/14 CMS/HHS published a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on proposed information collection activities related to the evaluation of the rural community hospital demonstration (RCHD).** ACA §10313 extended and expanded the RCHD; there are no participating hospitals in Massachusetts.

The RCHD is a demonstration that aims to provide information that can be used to assess the feasibility of establishing a new category of rural community hospitals for reimbursement policy.

Originally created in 2003, the RCHD provides enhanced reimbursement for inpatient services to small rural hospitals that do not qualify as critical access hospitals (CAHs). The RCHD is intended to increase the capability of these hospitals to meet the health care needs of rural beneficiaries in their service areas. As of January 2013, 23 hospitals from 11 states were participating in the RCHD. The number includes seven hospitals from the original demonstration (as authorized in 2003) and 15 new hospitals that joined under the expansion authorized under the ACA.

In assessing the impact of the RCHD, the evaluation will examine how RCHD hospitals responded to payment options and assess how the costs to Medicare under RCHD compare to existing alternative payment options.

Comments are due February 24, 2014.

Read the notice at: <http://www.gpo.gov/fdsys/pkg/FR-2014-01-23/pdf/2014-01208.pdf> (see item #2)

**1/22/14 IRS/Treasury issued a correction to the final regulations regarding "Health Insurance Providers Fee."** The document makes technical corrections to the [final rule](#) which was published in the Federal Register on November 29, 2013. The regulations provide guidance on the annual fee imposed on covered health insurance plans engaged in the business of providing insurance for United States health risks under ACA §9010. The ACA defines a United States health risk to include the health risk of a U.S. citizen or a resident non-citizen.

Beginning in 2014, each health insurance plan with aggregate net premiums exceeding over \$25 million is liable for the annual fee due by September 30th of each fee year. The annual fee for each entity is determined by the ratio of the plan's net premiums for the previous calendar year and the aggregate net premiums of all qualified health insurance plans for the previous calendar year. Health plans that have net premiums that exceed \$25 million but are less than \$50 million will have 50% of their net premiums taken into account for this calculation. Entities with net premiums over \$50 million will have 100% of their net premiums taken into account for this calculation. The regulation establishes the aggregated annual fee for all entities at \$8 billion for 2014, \$11.3 billion for 2015 and 2016, \$13.9 billion for year 2017, and \$14.3 billion for 2018. The regulation also lists exemptions from the fee which include self-insured employers, government entities and certain nonprofit corporations.

Read the correction (which was published in the Federal Register on January 22, 2014) at:

<http://www.gpo.gov/fdsys/pkg/FR-2014-01-22/pdf/C1-2013-28412.pdf>

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

## News

**State Health Access Reform Evaluation (SHARE) Grant Announcement**, Coverage Provisions of the Affordable Care Act. Announced January 13, 2014. Funding is available from the Robert Wood Johnson Foundation's SHARE program for timely, policy-relevant studies that examine implementation of the ACA in the states, the law's impact on coverage, health care utilization, and affordability. Researchers, practitioners and public and private policymakers working with researchers are eligible to submit proposals through their organizations. Proposals may involve a single state, groups of states, or national analyses that use state-level data. Up to \$1.5M is available for proposals and project funding will range from \$50,000 to \$150,000.

The deadline for brief proposals is February 13, 2014. Successful applicants will be invited to submit a full proposal.

Read the Call for Proposals and learn how to apply at: [RWJ](#)

## Upcoming Events

### **Integrating Medicare and Medicaid for Dual Eligible Individuals (also known as One Care) Open Meetings**

Monday, January 27, 2014, 2:00-4:00 PM  
State Transportation Building, Conference Room 1-3  
10 Park Plaza  
Boston, MA

Friday, February 21, 2014, 1:00-3:00 PM  
State Transportation Building, Conference Room 1-3  
10 Park Plaza  
Boston, MA

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](mailto:Donna.Kymalainen@state.ma.us).

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

Friday, January 31, 2014  
12:00 PM-2:00 PM  
1 Ashburton Place, 21st Floor  
Boston, MA

Friday, February 28, 2014  
11:00 AM-1:00PM  
1 Ashburton Place, 21st Floor  
Boston, MA

MBTA and driving directions to 1 Ashburton Place are located here: [www.mass.gov/anf](http://www.mass.gov/anf)

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

Meetings of the Implementation Council are open to stakeholders and members of the public with an interest in One Care. Reasonable accommodations are available upon request. Please contact Donna Kymalainen at [Donna.Kymalainen@umassmed.edu](mailto:Donna.Kymalainen@umassmed.edu) to request accommodations.

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.