



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

March 31, 2014

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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

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

News

3/25/14 The U.S. Preventive Services Task Force (USPSTF) issued a final recommendation statement on screening for cognitive impairment in older adults. The U.S. Preventive Services Task Force (USPSTF) concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for cognitive impairment. The USPSTF concluded that the current evidence is insufficient to assess the value of screening older adults for cognitive impairment and assigned an "I" rating to the recommendation. The "I" rating indicates that the Task Force does not recommend the service. The recommendation statement applies to adults who do not already illustrate symptoms of cognitive impairment.

Cognitive impairment, which ranges from mild cognitive impairment to severe dementia, includes many disorders that cause a person to experience problems with memory or other mental activities. Alzheimer's is one type of cognitive impairment that begins as mild memory problems and progresses to severe dementia. Aging is the main risk factor for cognitive impairment. During office visits, doctors can screen for cognitive impairment using brief question-and-answer assessments. Screening also can include tests that measure abilities related to brain function such as memory, language skills and range of attention.

According to the USPSTF, cognitive impairment affects millions of older Americans and dementia affects approximately 2.4 to 5.5 million Americans and its prevalence increases significantly with age. Although the USPSTF's evidence review found no evidence on whether early detection of cognitive impairment helps patients, caregivers, and doctors make decisions about health care or plan for the future, the Task Force did find that some screening tools can successfully identify people who have early stage dementia.

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. Since the recommendation was finalized with an "I" rating then screening for cognitive impairment in older adults will not be required to be covered without cost-sharing under the ACA.

Read the final recommendation statement at: [USPSTF](#)

Learn more about preventive services covered under the ACA at: [HHS.Gov](#)

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

3/21/14 HHS/CMS announced that as a result of the ACA, 7.9 million seniors and people with disabilities with Medicare Part D who reached the gap in coverage known as the "donut hole" saved an average of \$1,265 per beneficiary on prescription drugs since the law's enactment. CMS data shows that in 2013, over 4.3 million Medicare beneficiaries received an automatic discount on their prescription drugs after reaching the drug coverage gap. In 2013, 67,514 individuals in Massachusetts had received an average discount amount per beneficiary of \$823. Last year beneficiaries received a 14% discount on generics and a 50% discount on their covered brand name prescription drugs. In 2011, the ACA provided a 7% discount on covered generic medications for people who hit the donut hole. In 2010, nearly 4 million beneficiaries who hit the donut hole received a one-time \$250 rebate under the ACA to help them afford prescription drugs in the coverage gap. These discounts will continue to grow over time until the donut hole is closed completely in 2020 as required by §1101.

In addition, HHS announced that over 37 million people with original Medicare (including 878,048 beneficiaries in Massachusetts) received at least one **free preventive service** in 2013 to date. Under ACA §4103 and §4104, certain preventive services are available to Medicare beneficiaries without cost sharing. The ACA eliminated coinsurance and the Part B deductible for preventive care such as annual wellness visits, cancer screenings, flu shots,

mammograms and diabetes screenings.

For the CMS data, visit: [CMS.Gov](http://www.cms.gov)

For more information on the donut hole coverage, visit:

<http://www.medicare.gov/pubs/pdf/11493.pdf>

For more information on the free preventive services, visit:

<http://www.hhs.gov/healthcare/prevention/seniors/medicare-preventive-services.html>

Upcoming Events

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

Monday, April 18, 2014

1:00 PM - 3:00 PM

State Transportation Building, Conference Rooms 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.

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

Friday, April 25, 2014

10:00 AM - 12:00 PM

Transportation Building

10 Park Plaza, Conference Rooms 1-3

Boston, MA

MBTA and driving directions to 1 Ashburton Place are located here: 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 to request accommodations.

Bookmark the **Massachusetts National Health Care Reform website** at:

[National Health Care Reform](http://www.mass.gov/nhcr) to read updates on ACA implementation in Massachusetts.

Remember to check the Mass.Gov website at: [Dual Eligibles](http://www.mass.gov/dual) for information on the "**Integrating Medicare and Medicaid for Dual Eligible Individuals**" initiative.