



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

July 06, 2015

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

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: www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/national-health-care-reform-plan/grants-and-demonstrations.html

Guidance

6/30/15 IRS/Treasury issued Notice 2015-43, which provides interim guidance based in part on the definition of expatriate health plans set forth in the temporary relief established under ACA implementation, including [Frequently Asked Questions \(FAQs\) Part XIII](#) (issued March 8, 2013) and [Part XVIII](#) (issued January 9, 2014). Additionally, the notice provides guidance on the requirements for certain individuals to be considered qualified expatriates under the Expatriate Health Coverage Clarification Act of 2014 (EHCCA), which exempts health plans directed at and used by expatriates from the ACA requirements.

Expatriate health plans are insured group health plans for individuals who reside outside of their home country for at least six months of the plan year and any covered dependent.

Notice 2015-43 applies to policies that are issued or renewed on or after July 1, 2015, and plan years that start on or after July 1, 2015. This notice does not apply for purposes of the ACA §9010 fee. [Notice 2015-29](#) addresses the application of the EHCCA to the § 9010 fee for the 2014 and 2015 fee years. According to the agency, future guidance will address 2016 and later fee years.

The ACA created the annual fee on certain health insurance providers which began in 2014. The Health Insurance Providers Fee [final rule](#) (which was published in the Federal Register on November 29, 2013) provides 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.

Read Notice 2015-43 at: www.irs.gov/pub/irs-drop/n-15-43.pdf

6/26/15 IRS/Treasury issued Notice 2015-46, which clarifies how a charitable hospital organization may comply with the requirement in the [final regulation](#) (which were published in the Federal Register on December 31, 2014) that a hospital facility include a provider list in its financial assistance policy (FAP). The provider list must include any providers, other than the hospital facility itself, delivering emergency or other medically necessary care in the hospital facility and specify which providers are and are not covered by the hospital facility's FAP.

The regulation provides guidance on the requirements for charitable hospital organizations added by ACA §9007. ACA §9007 requires charitable hospitals (which are tax-exempt) to 1) limit the amounts charged to patients eligible for financial assistance so that the amount is generally not more than the amount billed to patients with Medicare or private insurance, 2) establish and broadly disclose their financial assistance policies so that the eligibility criteria and application method is clear to patients, 3) follow reasonable billing and collection requirements and 4) perform a community health needs assessment (CHNA) every three years and disclose steps the hospital is taking to address any identified needs.

Read Notice 2015-46 at: www.irs.gov/pub/irs-drop/n-15-46.pdf

6/26/15 CMS/HHS issued a proposed rule called “Medicare Program; End-Stage Renal Disease Prospective Payment System, and Quality Incentive Program.” The proposed rule implements portions of ACA §317 and §3401.

The proposed rule updates payment policies and rates under the End-Stage Renal Disease (ESRD) Prospective Payment System for renal dialysis services furnished to beneficiaries on or after January 1, 2016. The rule also proposes new quality and performance measures designed to improve the quality of care rendered by dialysis facilities treating patients with ESRD.

Comments are due August 25, 2015.

Read the proposed rule (which was published in the Federal Register on July 1, 2015) at: www.gpo.gov/fdsys/pkg/FR-2015-07-01/pdf/2015-16074.pdf

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

News

6/25/15 CMS announced two modifications to the design of the ACO Investment Model, as authorized under ACA §3022. The new modifications will help rural areas and small group practices gain more access to the benefits that ACOs have shown across the country.

These changes will allow ACOs starting in the Medicare Shared Savings Program in 2015 to apply in the upcoming application round, and it will remove the 10,000 or fewer assigned beneficiary eligibility criteria for rural ACOs that started in the Medicare Shared Savings Program in 2015 (or will start in 2016).

Accountable Care Organizations (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. Coordinated care helps ensure that patients, especially the chronically ill, get the right care at the right time, with the goal of avoiding unnecessary duplication of services and preventing medical errors. According to CMS, 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. Since passage of the ACA, more than 360 Medicare ACOs have been established in 47 states, serving over 5.6 million Americans with Medicare.

Applications will open to participate in the Investment Model on July 1, 2015 for ACOs that started in the Shared Savings Program in 2014 and 2015 – or are scheduled to start in 2016.

For more information on the ACO Investment Model, please visit: CMS.GOV

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Upcoming Events

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

Friday, July 24, 2015, 1:30 PM - 3:30 PM
Transportation Building
10 Park Plaza
Boston, MA

Friday, September 11, 2015, 1:00-3:00 PM
1 Ashburton Place, 21st Floor
Boston, MA

We welcome attendance at all meetings 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.

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.



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