



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

August 10, 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

8/3/15 HHS/CMS issued a correction to a proposed rule called "Medicare and Medicaid Programs; CY 2016 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model; and Home Health Quality Reporting Requirements." The document corrects technical errors in the [proposed rule](#) that was published in the Federal Register on July 10, 2015.

The rule implements portions of the following sections of the ACA: 3006, 3131 and 3401. The rule updates Home Health Prospective Payment System (HH PPS) rates, including the national, standardized 60-day episode payment rates, the national per-visit rates, and the non-routine medical supply (NRS) conversion factor under the Medicare prospective payment system for home health agencies (HHAs), effective for episodes ending on or after January 1, 2016.

The rule implements a payment model authorized under the ACA which, according to CMS, leverages the successes of and lessons learned from other value-based purchasing programs and demonstrations. The model would apply a payment reduction or increase to current Medicare-certified HHA payments, depending on quality performance, for all agencies delivering services within nine randomly-selected states. Payment adjustments would be applied on an annual basis, beginning at 5% and increasing to 8% in later years of the initiative. As proposed, the Home Health Value-Based Purchasing model would test whether incentives for better care can improve outcomes in the delivery of home health services.

Comments are due September 4, 2015.

Read the correction (which was published in the Federal Register on August 4, 2015) at: www.gpo.gov/fdsys/pkg/FR-2015-08-04/pdf/2015-19079.pdf

7/31/15 HHS/CMS issued a final rule called “Medicare Program; Inpatient Psychiatric Facilities Prospective Payment System – Update for Fiscal Year Beginning October 1, 2015 (FY 2016).” The final rule implements portions of the following ACA sections: 3401 and 10322.

The final rule outlines fiscal year 2016 Medicare payment policies and rates for the Inpatient Psychiatric Facilities Prospective Payment System. The final rule also updates the Inpatient Psychiatric Facilities Quality Reporting Program, which requires facilities to report on quality measures or incur a reduction in their annual payment update. According to CMS, the final rule expands the measure sets in future fiscal years, removes redundant measures and changes certain data reporting requirements.

Read the final rule (which was published in the Federal Register on August 5, 2015) at: www.gpo.gov/fdsys/pkg/FR-2015-08-05/pdf/2015-18903.pdf

7/31/15 HHS/CMS issued a final rule called “Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2016.” The final rule implements portions of the following ACA sections: 3004, 3137, 3401 and 10319.

The final rule outlines fiscal year 2016 Medicare payment policies and rates for the Inpatient Rehabilitation Facility Prospective Payment System and the IRF Quality Reporting Program.

Read the final rule (which was published in the Federal Register on August 6, 2015) at: www.gpo.gov/fdsys/pkg/FR-2015-08-06/pdf/2015-18973.pdf

7/31/15 HHS/CMS issued a final rule called “Medicare Program; FY 2016 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements.” The final rule implements portions of the following ACA sections: 2302, 3004, 3132 and 3401.

The final rule updates the hospice payment rates and the wage index for fiscal year 2016, including implementing the last year of the phase-out of the wage index budget neutrality adjustment factor.

Read the final rule (which was published in the Federal Register on August 6, 2015) at: www.gpo.gov/fdsys/pkg/FR-2015-08-06/pdf/2015-19033.pdf

7/31/15 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on the revision of a currently approved information collection activity related to Initial Plan Data Collection to Support Qualified Health Plan (QHP) Certification and Other Financial Management and Exchange Operations.

As required by the ACA, each Exchange must assume responsibilities related to the certification and offering of Qualified Health Plans (QHPs). In addition to data collection for the certification of QHPs, the reinsurance and risk adjustment programs outlined by the ACA, detailed in the December 7, 2012 [proposed rule](#) regarding Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2014, have general information reporting requirements that apply to issuers, group health plans, third party administrators, and plan offerings outside of the Exchanges. Subsequent regulations for these programs including the [final HHS Notice of Benefit and Payment Parameters for 2014 and the Program Integrity: Exchange, Premium Stabilization Programs, and Market Standards; Amendments to the HHS Notice of Benefit and Payment Parameters for 2014](#), and the [final HHS Notice of Benefit and Payment Parameters for 2015](#) provide further reporting requirements.

Comments are due October 2, 2015.

Read the notice (which was published in the Federal Register on August 3, 2015) at: www.gpo.gov/fdsys/pkg/FR-2015-08-03/pdf/2015-18848.pdf

7/30/15 HHS/CMS issued a final rule called “Medicare Program; Prospective Payment System and

Consolidated Billing for Skilled Nursing Facilities (SNFs) for FY 2016, SNF Value-Based Purchasing Program, SNF Quality Reporting Program, and Staffing Data Collection." The final rule implements portions of the following ACA sections: 3006, 3401, 6104 and 6106.

The final rule updates Medicare payment rates for skilled nursing facilities (SNFs) for Fiscal Year 2016. According to CMS, the final rule promotes policies that shift Medicare payments from volume to value and includes policies that support building a health care system that delivers better care, spends health care dollars more wisely and results in healthier people. The rule also amends the requirements that a long-term care facility must meet to qualify to participate as an SNF in the Medicare program, or a nursing facility in the Medicaid program, by establishing requirements that implement the provision in the ACA regarding the submission of staffing information based on payroll data.

Read the final rule (which was published in the Federal Register on August 4, 2015) at: www.gpo.gov/fdsys/pkg/FR-2015-08-04/pdf/2015-18950.pdf

7/30/15 IRS/Treasury issued Notice 2015-52, which is intended to continue the process of developing regulatory guidance regarding the excise tax on high cost employer-sponsored health coverage under section 4980I.

According to the agency, Notice 2015-52 supplements [Notice 2015-16](#) (issued on February 23, 2015) by addressing additional issues under section 4980I, including the identification of the taxpayers who may be liable for the excise tax, employer aggregation, the allocation of the tax among the applicable taxpayers, the payment of the applicable tax and further issues regarding the cost of applicable coverage that were not addressed in Notice 2015-16.

Section 4980I, which was added to the IRS Code by the ACA, applies to taxable years beginning after December 31, 2017. Under this provision, if the aggregate cost of applicable employer-sponsored coverage provided to an employee exceeds a statutory dollar limit, which is revised annually, the excess is subject to a 40% excise tax.

Comments are due October 1, 2015.

Read the notice at: www.irs.gov/pub/irs-drop/n-15-52.pdf

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

News

8/4/15 The U.S. Preventive Services Task Force (USPSTF) issued a draft recommendation statement on screening for autism spectrum disorder (ASD) in asymptomatic young children. The USPSTF reviewed published studies on screening for autism in children under 3 years old who do not have symptoms of autism or developmental delay, and whose parents or health care providers have not raised concerns about autism.

The Task Force concluded that the current evidence is insufficient to assess the balance of benefits and harms of screening for ASD in children for whom no concerns of ASD have been raised by their parents or clinical provider. As a result, the USPSTF issued an "I" recommendation statement, which reflects that there is insufficient evidence for the USPSTF to make a recommendation.

According to the Task Force, ASD affects thousands of children and families across the nation. The prevalence of ASD in the United States in 2010 (the most recent data available) was estimated by the Centers for Disease Control and Prevention to be that 1 in 68 children are diagnosed with ASD.

The USPSTF's review found that currently there are no studies on whether earlier identification of autism through screening leads to improvements in language or skill development, behavior, or quality of life. The Task Force indicated that there is a need for more research to better understand the benefits and harms of screening for autism spectrum disorder in young children without symptoms. Specifically, more research is needed about the best tools to use, the best time to screen, and the best treatment to use for children who are identified through screening.

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 began on or after September 23, 2010. If the recommendation on screening for ASD is finalized with an "I" rating, then such screening will not be required to be provided without cost sharing.

Comments are due August 31, 2015 and can be submitted at: www.uspreventiveservicestaskforce.org/Comment/Collect/Index/draft-recommendation-statement15/autism-spectrum-disorder-in-young-children-screening

Read the draft recommendation statement at: www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement15/autism-spectrum-disorder-in-young-children-screening

Upcoming Events

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

Implementation Council Meeting

Friday, September 11, 2015, 1:00 PM-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.

One Care Open Meeting

Monday, August 17, 2015, 2:00 PM – 4:00 PM
1 Ashburton Place, 21st Floor, Rooms 1 & 2
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.

Bookmark the **Massachusetts National Health Care Reform website** at: [National Health Care Reform](http://NationalHealthCareReform) to read updates on ACA implementation in Massachusetts.

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



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