



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

November 02, 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

10/28/15 HHS/CMS issued a final rule called "Medicare Program; Final Waivers in Connection With the Shared Savings Program." The final rule implements certain provisions of ACA §3022.

According to CMS, the final rule finalizes waivers of the application of the physician self-referral law, the Federal anti-kickback statute, and the civil monetary penalties law provision relating to beneficiary inducements to specified arrangements involving accountable care organizations (ACOs) under section 1899 of the Social Security Act and the "Shared Savings Program", as set forth in the [Interim Final Rule](#) with comment period which was published in the Federal Register on November 2, 2011.

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.

Learn more about the Shared Savings Program at: www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharesavingsprogram/index.html?redirect=/sharesavingsprogram/

Read the rule (which was published in the Federal Register on October 29, 2015) at: www.gpo.gov/fdsys/pkg/FR-

[2015-10-29/pdf/2015-27599.pdf](https://www.dhs.gov/2015-10-29/pdf/2015-27599.pdf)

10/23/15 HHS/DOL/Treasury (“the Departments”) issued FAQ Part XXIX, regarding the implementation of the ACA, specifically regarding implementation of the following: the ACA’s market reform provisions, wellness programs under the ACA, and the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), as amended by the ACA.

Preventive services topics addressed in FAQ Part XXIX include: coverage of screening for breast cancer susceptibility genes (known as BRCA1 or BRCA2), lactation counseling providers, coverage of Food and Drug Administration (FDA)-approved contraceptives and coverage of colonoscopies pursuant to USPSTF recommendations.

Requirements under ACA §1001(2713) and its implementing regulations relating to coverage of preventive services require non-grandfathered group health plans and health insurance coverage offered in the individual or group market to provide benefits for, and prohibit the imposition of cost-sharing requirements with respect to evidence-informed preventive care and screening provided for in comprehensive guidelines supported by the Health Resources and Services Administration, to the extent not included in certain recommendations of the U.S. Preventive Services Task Force (USPSTF).

Under the ACA, most health plans are required to provide women with coverage for recommended preventive care without charging a co-payment, co-insurance or a deductible. Women’s preventive health services include well-woman visits, support for breastfeeding equipment, contraception, and domestic violence screening and counseling.

Group health plans and health insurance issuers in the group and individual market are generally prohibited from discriminating against participants, beneficiaries, and individuals in eligibility, benefits, or premiums based on a health factor. An exception to this general prohibition allows premium discounts, rebates, or modification of otherwise applicable cost sharing (including copayments, deductibles, or coinsurance) in return for adherence to certain programs of health promotion and disease prevention, commonly referred to as wellness programs. The wellness program exception applies to group health coverage, but not individual market coverage.

On June 3, 2013, the Departments issued [final regulations](#) that address the requirements for wellness programs provided in connection with group health coverage. According to the agencies, the final rule implements and expands employment-based wellness programs to promote health and help control health care spending, while ensuring that individuals are protected from unfair health plan underwriting practices that could otherwise reduce benefits based on health status. The rule implements nondiscriminatory wellness programs in group health coverage, consistent with ACA §1201 and §1251. Specifically, the regulations increase the maximum permissible reward under a health-contingent wellness program offered in connection with a group health plan (and any related health insurance coverage) from 20% to 30% of the cost of coverage. The final regulations further increase the maximum permissible reward to 50% for wellness programs designed to prevent or reduce tobacco use. These regulations also include other proposed clarifications regarding the reasonable design of health-contingent wellness programs and the reasonable alternatives they must offer in order to avoid prohibited discrimination.

[MHPAEA](#) is a federal law that generally prevents group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits. MHPAEA originally applied to group health plans and group health insurance coverage and was amended by the ACA to also apply to individual health insurance coverage, as well as Medicaid ABPs. MHPAEA does not apply directly to small group health plans, although the ACA builds on MHPAEA and requires coverage of mental health and substance use disorder services as one of ten essential health benefits categories.

Previous FAQs from the Departments have stated that ‘under the internal appeals and external review requirements added by the ACA, non-grandfathered group health plans and health insurance issuers must provide to an individual (or a provider or other individual acting as a patient’s authorized representative), upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to the individual’s claim for benefits consistent with the Department of Labor claims procedure regulation.”

Read FAQ Part 29 at: www.dol.gov/ebsa/faqs/faq-aca29.html

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

News

10/27/15 The U.S. Preventive Services Task Force (USPSTF) issued a final recommendation statement about screening for abnormal glucose levels and type 2 diabetes. The USPSTF recommends screening for abnormal blood glucose and type 2 diabetes mellitus in adults who are at increased risk for diabetes. The Task Force assigned a "B" rating to this recommendation, indicating that there is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.

Type 2 diabetes mellitus is a metabolic disorder characterized by insulin resistance and relative insulin deficiency, resulting in hyperglycemia. Type 2 diabetes typically develops slowly, and progression from normal blood glucose to impaired fasting glucose (IFG) or impaired glucose tolerance (IGT) to diabetes may take a decade or longer. IFG and IGT are considered to be early stages of the disease process and are risk factors for diabetes and cardiovascular disease. Type 1 diabetes is usually diagnosed in children and young adults, and was previously known as juvenile diabetes. In type 1 diabetes, the body does not produce insulin. Insulin is a hormone that is needed to convert sugar, starches and other food into energy needed for daily life.

The USPSTF's evidence review found that in 2012 an estimated 86 million Americans age 20 years or older have IFG or IGT and 29 million have diabetes. The CDC estimated that about 8 million Americans had undiagnosed diabetes in 2012. Furthermore, the prevalence of diabetes in the United States has increased over the past 15 years, from 5% in 1995 to 9% in 2012.

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. Since the screening recommendation was finalized with a "B" rating, then this service must be provided without cost sharing.

Read the final recommendation statement at: www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes

Learn more about preventive services covered under the ACA at: HHS.Gov

Learn more about the USPSTF at: www.uspreventiveservicestaskforce.org

10/26/15 CMS Announced the FY2016 Results for the CMS Hospital Value-Based Purchasing Program (VBP), created by §3001(a) of the ACA.

The VBP Program attaches value-based purchasing to the payment system that accounts for the largest share of Medicare spending, affecting payment for inpatient stays in over 3,500 hospitals across the country. Participating hospitals are paid for inpatient acute care services based on the quality of care, not just quantity of the services they provide.

The ACA requires that the portion of Medicare payments available to fund the program's value-based incentive payments increase from 1.50 to 1.75% of the base operating Medicare Severity diagnosis-related group payment amounts to all participating hospitals. CMS estimates that the total amount available for value-based incentive payments in FY 2016 will be approximately \$1.5 billion.

This program is part of CMS's effort to structure Medicare payments in order to improve healthcare quality, including hospital inpatient care. This is the fourth year of value-based purchasing for the largest share of Medicare spending..

To learn more about the VPB Program, visit: CMS.GOV

To see this year's results, visit: CMS.GOV

Upcoming Events

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

Friday, December 11, 2015 12:00 PM - 2:00 PM
1 Ashburton Place, 21st Floor
Boston, MA

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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