



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

November 23, 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 Announcements

Oral Health Service Expansion, \$5601. Announced November 17, 2015.

Funding is available to increase access to oral health care services and improve oral health outcomes for the Health Resources and Services Administration (HRSA) Health Center Program patients. This funding opportunity will enable health centers to expand integrated oral health care services by funding new onsite providers and supporting the purchase and installation of dental equipment.

Eligible applicants are limited to existing HRSA Health Center Program award recipients. \$100,000,000 is available for 285 awards.

Applications are due January 19, 2016.

For more information on the HRSA Health Center Program, visit: HRSA.GOV

The announcement may be viewed at GRANTS.GOV

Connecting Kids to Coverage Outreach and Enrollment Cooperative Agreements, authorized by §2113 of the Social Security Act, as amended by Section 303 of the Medicare Access and (Children's Health Insurance Program) CHIP Reauthorization Act and extended under the ACA. Announced November 16, 2015.

Funding is available to support outreach efforts to families with children that are eligible for Medicaid and CHIP to help them receive health insurance benefits. The funds will support activities aimed at alerting families to the availability of free or low-cost health coverage under Medicaid and CHIP, identifying children likely to be eligible, and assisting families with the application and renewal process.

Eligible applicants include states with an approved Children's Health Insurance Program (CHIP) ; local governments;

federal health safety net organizations; national, state, local, or community-based public or nonprofit private organizations, including organizations that use community health workers; certain faith-based organizations or consortia that meet statutory requirements; elementary or secondary schools; Indian tribes or tribal consortiums, tribal organizations, urban Indian organizations receiving funds under title V of the Indian Health Care Improvement Act, or Indian Health Service providers. \$32,000,000 is available for 30 awards.

Applications are due January 20, 2016.

The announcement may be viewed at: GRANTS.GOV

Enhanced Surveillance for New Vaccine Preventable Diseases, \$4204. Announced November 13, 2015.

Funding is available for networks of pediatric medical institutions to conduct prospective, active surveillance for acute gastroenteritis and acute respiratory illnesses in inpatient and emergency department clinical settings, and among asymptomatic healthy individuals who will act as controls.

Eligible applicants include state, county, city, township or district governments; independent school districts; public and private controlled institutions of higher education; public housing authorities; non-profit organizations; Native American tribal governments, Native American tribal organizations and Indian housing authorities. \$38,600,000 is available for seven awards.

Applications are due January 15, 2016.

This announcement may be viewed at: GRANTS.GOV

Emergency Medical Services for Children - State Partnership Regionalization of Care, \$5603. Announced November 10, 2015.

Funding is available to develop systems of care that increase access to emergency medical services for children living in rural, territorial, insular and or tribal communities. The purpose of this program is to reduce pediatric morbidity and mortality through increased access to pediatric specialists through an established network within these communities.

Eligible applicants are limited to state governments and accredited schools of medicine. \$800,000 is available for four awards.

Applications are due January 20, 2016.

The announcement may be viewed at: GRANTS.GOV

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

11/17/15 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 the 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 December 18, 2015.

Read the notice (which was published in the Federal Register on November 18, 2015) at: www.gpo.gov/fdsys/pkg/FR-2015-11-18/pdf/2015-29343.pdf

11/13/15 Employee Benefits Security Administration (EBSA) issued a notice of proposed rulemaking called "Claims Procedure for Plans Providing Disability Benefits."

The document contains proposed amendments to claims procedure regulations for plans providing disability benefits under the Employee Retirement Income Security Act of 1974 (ERISA). [ERISA](#) is a federal law that sets minimum standards for retirement and health benefit plans in private industry. According to EBSA, the amendments would revise and strengthen the current rules primarily by adopting certain procedural protections and safeguards made applicable to group health plans by the ACA. The proposed regulation would affect plan administrators and participants and beneficiaries of plans providing disability benefits, and others who assist in the provision of these benefits, such as third-party benefits administrators and other service providers that provide benefits to participants and beneficiaries of these plans.

As stated by the agency, the amendments improve the current procedural protections for workers who become disabled and make claims for disability benefits from an employee benefit plan. ERISA requires that plans provide claimants with written notice of benefit denials and an opportunity for a full and fair review of the denial by an appropriate plan fiduciary. As a result, the amendments are designed to elevate the current standards applicable to the processing of claims and appeals for disability benefits so that they better align with the requirements regarding internal claims and appeals for group health plans under the regulations implementing the requirements and consumer protections of the ACA.

Comments are due January 19, 2016.

Read the rule (which was published in the Federal Register on November 18, 2015) at: www.gpo.gov/fdsys/pkg/FR-2015-11-18/pdf/2015-29295.pdf

11/13/15 Treasury/DOL/HHS issued called "Final Rules for Grandfathered Plans, Preexisting Condition Exclusions, Lifetime and Annual Limits, Rescissions, Dependent Coverage, Appeals, and Patient Protections under the Affordable Care Act."

The final regulations apply to group health plans and health insurance issuers beginning on the first day of the first plan year (or, in the individual market, the first day of the first policy year) beginning on or after January 1, 2017.

The final regulations implement the following sections: preservation of right to maintain existing coverage (ACA §1251), preexisting condition exclusions (PHS Act §2404), lifetime and annual dollar limits on benefits PHS Act, prohibition against rescissions of coverage (PHS Act §2712), coverage of dependent children to age 26 requirements (PHS Act §2714), internal claims and appeal and external review processes (PHS Act §2719), and other patient protections under the ACA (PHS Act §2719A). The rules largely finalize without major changes proposed and interim final rules issued in 2010 and incorporate subregulatory guidance issued by the Departments since publication of the proposed and interim final rules.

Additional information about the ACA's health insurance market reforms can be found at: www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/index.html

Read the rules (which were published in the Federal Register on November 18, 2015) at: www.gpo.gov/fdsys/pkg/FR-2015-11-18/pdf/2015-29294.pdf

10/30/15 HHS/CMS issued a final rule with a comment period called "Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2016." The

final rule implements portions of the following sections of the ACA: 3002, 3014, 3021, 3022, 3134, 3135, 3139, 3401, 4101, 6001, 6049, 7002, 10331 and 10501.

According to CMS, the final rule addresses changes to the physician fee schedule, and other Medicare Part B payment policies to ensure that the agency's payment systems are updated to reflect changes in medical practice and the relative value of services, as well as changes in the statute.

Comments are due December 29, 2015.

Read the final rule (which was published in the Federal Register on November 16, 2015) at: www.gpo.gov/fdsys/pkg/FR-2015-11-16/pdf/2015-28005.pdf

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

News

11/18/15 The U.S. Preventive Services Task Force (USPSTF) issued its Fifth Annual Report to Congress, "High-Priority Evidence Gaps for Clinical Preventive Services, Improving the Health of Women Through Research."

The report highlights five high-priority evidence gaps related to women's health and requests additional research in five areas of women's health beyond pregnancy and reproductive health. The 5 key areas include: 1) Intimate partner violence, illicit drug use, and mental health conditions, 2) Thyroid dysfunction, 3) Vitamin D deficiency, vitamin D and calcium supplementation, and osteoporosis, 4) Cancer and 5) The implementation of preventive services like screenings, counseling, and preventive medications in practice.

The report notes that research in these areas would produce much needed evidence to support new recommendations and to improve the health and health care of women in the United States.

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.

Additionally, the ACA also tasks the USPSTF with making an annual report to Congress that identifies gaps in the evidence base and recommends priority areas that deserve further examination. In its previous four reports to Congress, the Task Force identified screening tests, behavioral interventions, and preventive medications with significant evidence gaps deserving further research.

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

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

Read the complete USPSTF Fifth Annual Report to Congress at: www.uspreventiveservicestaskforce.org/Page/Name/fifth-annual-report-to-congress-on-high-priority-evidence-gaps-for-clinical-preventive-services

11/10/15 The Patient-Centered Outcomes Research Institute (PCORI) announced more than \$800,000 in five grant awards through the Eugene Washington PCORI Engagement Program.

The Eugene Washington PCORI Engagement Awards encourage the active integration of patients, caregivers, clinicians, and other healthcare stakeholders who are part of the medical research process. The program provides a platform to expand the role of these stakeholders in research and to support PCORI engagement strategies that include developing a skilled community of patients and other stakeholders.

The five awards will be used for studies being conducted at the University of Miami Miller School in Florida, the ECRI Institute in Pennsylvania, the NEC Society in Texas, the Greenville Health System in South Carolina and the Center for Health Policy Development in Maine.

Created under ACA §6301, PCORI is an independent nonprofit organization, tasked with conducting patient-centered outcomes and studies.

To learn more about these awards, visit: PCORI.ORG

The deadline to submit Letters of Inquiry for the next round of funding under this opportunity is February 1, 2015.

Learn more about the application process at: www.pcori.org/content/engagement-award-application-process

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 02108

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

Money Follows the Person (MFP) Semi-Annual Informational Meeting

Wednesday, December 16, 2015
2:00 PM– 3:30 PM
Worcester Public Library
3 Salem Street
Worcester, MA 01608

The Massachusetts MFP Project Office holds this meeting semi-annually to provide stakeholders and other interested parties the opportunity to stay current on MFP Demonstration activities and topics related to program success. Please contact MFP@state.ma.us to RSVP and to request reasonable accommodations. Although RSVPs are greatly appreciated, they are not required.

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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