



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

December 28, 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: <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/national-health-care-reform-plan/grants-and-demonstrations.html>

Guidance

12/18/15 HHS/CMS issued a notice announcing a public meeting on January 13, 2016 of the Advisory Panel on Outreach and Education (APOE, "The Panel"). The Panel advises and makes recommendations to the HHS Secretary and the CMS Administrator on opportunities to enhance the effectiveness of Health Insurance Exchange (Marketplace), Medicare, Medicaid, and Children's Health Insurance Program (CHIP) consumer education strategies.

Under the current charter, the APOE will advise the Secretary and the Administrator on issues such as: the

development and implementation of education and outreach programs for individuals either enrolled in or eligible for Medicare, Medicaid, and CHIP, or coverage available through an Exchange; expanding such outreach to vulnerable and underserved communities, including racial and ethnic minorities; and promoting consumer understanding of health care coverage choices, facilitating consumer selection/enrollment, and helping to support the ACA's goal of improved access to quality care, including prevention services.

The deadline to submit comments and presentations, as well as to register for the meeting, is December 30, 2015.

For more information about the APOE, visit: <https://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/APOE.html>

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2015-12-18/pdf/2015-31861.pdf>

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

News

12/22/15 The U.S. Preventive Services Task Force (USPSTF) issued two separate draft recommendation statements.

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 USPSTF's following "B" recommendation on statin use is finalized, then such screening for high-risk adults will be required to be provided by health plans without cost sharing.

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

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

In the first draft recommendation statement on screening for lipid disorders, the USPSTF reviewed whether screening for cholesterol in children and adolescents up to age 20 leads to a lower risk of cardiovascular events in adulthood. The Task Force found that there is insufficient evidence to assess the effectiveness of such screenings and, as a result, assigned an "I" rating to the recommendation. The "I" rating is not a recommendation for or against screening.

According to the USPSTF, there is not enough research to conclude whether screening all asymptomatic children and adolescents leads to better cardiovascular health. In addition, the Task Force wants to better understand any potential harms of long-term use of cholesterol-lowering medication. The USPSTF recommends that all children and adolescents should eat a healthy diet, maintain a normal weight, and

engage in physical activity.

Comments on screening for lipid disorders are due January 25, 2016 and can be submitted at: <http://www.uspreventiveservicestaskforce.org/Comment/Collect/Index/draft-recommendation-statement170/lipid-disorders-in-children-screening1>

Read the draft recommendation statement about screening for lipid disorders at:

<http://www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement170/lipid-disorders-in-children-screening1>

In the second draft recommendation statement on statin use for the primary prevention of cardiovascular disease (CVD) in adults, the USPSTF found that statins can help prevent heart attacks and strokes in certain populations who are 40 to 75 years old and who have a risk factor for CVD. The Task Force made three specific recommendations on statin use based on age and risk level. Statins are popular cholesterol-lowering medications. According to the USPSTF, high risk factors for CVD include high cholesterol, high blood pressure, diabetes, or smoking.

For people who are 40 to 75 years old, have a risk factor for cardiovascular disease, and have at least a 10% risk of having a cardiovascular event in the next 10 years, the Task Force recommends the use of statins for the prevention of CVD events and assigned a “B” rating to the recommendation.

Adults 40-75 years old with between a 7.5% and 10% calculated 10-year risk of a cardiovascular event can also benefit from statin use, but because they have a lower baseline risk, the Task Force concluded that fewer in this group will avoid a heart attack or stroke. As a result, the USPSTF advises that patients in this group should make an individual decision with their doctor about whether or not to take statins. This is a “C” recommendation.

The Task Force found that the current evidence is insufficient to assess the balance of the benefits and harms of statin use for the prevention of CVD in adults 76 years and older and assigned an “I” rating to that recommendation.

Comments on statin use are due January 25, 2016 and can be submitted at: <http://www.uspreventiveservicestaskforce.org/Comment/Collect/Index/draft-recommendation-statement175/statin-use-in-adults-preventive-medication1>

Read the draft recommendation statement about statin use at: <http://www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement175/statin-use-in-adults-preventive-medication1>

12/28/15 The President signed into law a bill passed by Congress, the Consolidated Appropriations Act of 2016, the fiscal year 2016 omnibus appropriations bill that totals \$1.1 trillion in discretionary spending in compliance with the Bipartisan Budget Act of 2015. The bill funds the government through September 30, 2016 and includes language impacting the implementation of certain sections of the ACA.

The bill delays the implementation of the tax known as the “Cadillac Tax” (ACA §9001) from 2018 until 2020. The tax is a 40% non-deductible excise tax on high cost employer-sponsored health coverage.

There will be a two-year delay on the implementation of a 2.3% medical device excise tax (ACA §9009) from January 1, 2016 to December 31, 2017. The requirement imposes an excise tax on the sale of certain medical devices by the manufacturer or importer of the device.

In addition, the bill implements a one-year moratorium starting in 2017 on a tax levied on all private health insurance providers (ACA §9010). This tax will resume in 2018. The ACA created the annual fee on certain health insurance providers which began in 2014. The health insurance providers' fee is imposed on covered health insurance plans engaged in the business of providing insurance for United States health risks. The ACA defines a United States health risk to include the health risk of a U.S. citizen or a resident non-citizen.

The bill also includes language barring the FDA from implementing menu labeling rules (§4205) until one year after the agency finalizes guidance, which is still under consideration. The proposed guidance would update the Nutrition Facts label for conventional foods and dietary supplements to address new scientific information and design changes in labeling.

The bill extends the 2014 requirement that CMS implement the "risk corridor" provisions (ACA §1342) for plans in ACA exchanges on a budget-neutral basis, which, under the provision, will limit the ability of CMS to make full payments to health plans. The risk corridor provision was created to stabilize premiums in the individual insurance market and minimize the effects of adverse selection that could occur as insurance reforms and the exchanges launched in 2014.

In addition, the spending bill included language that blocks implementation of U.S. Preventive Services Task Force's (USPSTF) recommended grades for breast cancer screenings. The USPSTF recommendation would have changed the grade assigned to mammography screenings for women under 50, changing the way that health plans paid for those screenings. The previous USPSTF recommendation did not require insurers to provide such screenings for that population without cost-sharing. If the overridden USPSTF language was effectuated, women between ages 50 and 74 would only have access to screening without cost-sharing every two years, rather than annually.

Read the bill at: <https://www.congress.gov/bill/114th-congress/house-bill/2029>

Upcoming Events

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

Friday January 15, 2016
1:00 PM - 3:00 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.

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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