



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

January 19, 2016

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

1/14/16 IRS/Treasury published a correcting amendment to the final regulations called "Minimum Value of Eligible Employer-Sponsored Plans and Other Rules Regarding the Health Insurance Premium Tax Credit." The document corrects technical errors in the [final rule](#) that was published in the Federal Register on December 18, 2015.

The final regulations provide guidance on the rules regarding the health insurance premium tax credit (ACA §1401, §1411) and affect individuals who enroll in qualified health plans (QHPs) through Affordable Insurance Exchanges (or Marketplaces) and claim the health insurance premium tax credit, and Exchanges that make QHPs available to individuals and employers. The final regulations also provide guidance on the definition of Modified Adjusted Gross Income (known as [MAGI](#)); rating areas for purposes of determining benchmark plans used in determining applicable credits; the effect of eligibility for COBRA continuation coverage on premium tax credit eligibility; coverage months for newborns and new adoptees; proration of monthly premiums for individuals enrolled for less than a month; and determining the benchmark plan for family members living at different addresses.

The final regulations also provide guidance on determining whether health coverage under an eligible employer-sponsored plan provides [minimum value \(MV\)](#) and affect employers that offer health coverage and their employees. The final regulations withdrew and re-proposed some of the rules relating to minimum value (MV) of eligible employer-sponsored plans and reserved other proposed rules relating to minimum value of eligible employer-sponsored plans. The re-proposed and reserved rules will be finalized separately.

Beginning in 2014, eligible individuals who enrolled in, or whose family member enrolled in, coverage under a QHP through an Exchange may receive a premium tax credit under section 36B of the IRS Code. Under section 36B, an eligible employer-sponsored plan provides MV only if the plan's share of the total allowed costs of benefits provided under the plan is at least 60%. ACA §1302 provides that, in determining the percentage of the total allowed costs of benefits provided under a group health plan, the [regulations](#) promulgated by HHS under section 1302(d)(2), dealing with actuarial value, apply.

Read the correction (which was published in the Federal Register on January 15, 2016) at: <https://www.gpo.gov/fdsys/pkg/FR-2016-01-15/pdf/2016-00701.pdf>

1/8/16 HHS issued a notice of meeting, "HHS-Operated Risk Adjustment Methodology Meeting; March 25, 2016." The notice states that the meeting will focus on the permanent risk adjustment program under ACA §1343 when HHS is operating a risk adjustment program on behalf of a state (referred to as the HHS-operated risk adjustment program).

According to HHS, the purpose of the stakeholder meeting is to solicit feedback on the HHS-operated risk adjustment methodology and to discuss potential improvements to the HHS risk adjustment methodology for the 2018 benefit year and beyond. This meeting, the "HHS operated Risk Adjustment Methodology Conference," will allow issuers, states, and other stakeholders to discuss the contents of a White Paper that the agency will publish in March 2016. The meeting will also provide an opportunity for participants to ask clarifying questions. According to the agency, the comments and information HHS obtains through this meeting may be used in future policy making for the HHS risk adjustment program.

Details and deadlines about registration for both onsite and webinar participation can be found in the notice.

Read the announcement (which was published in the Federal Register on January 11, 2016) at: <https://www.gpo.gov/fdsys/pkg/FR-2016-01-11/pdf/2016-219.pdf>

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

News

1/13/16 The Patient-Centered Outcomes Research Institute (PCORI) announced more than \$1.5 million in four 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 four awards will be used for research projects being conducted at the Global Healthy Living Foundation in New York, a series of clinical trials being conducted at the Aplastic Anemia & MDS International Foundation in Maryland, an annual conference at the Regents of the University of Michigan and a series of educational events hosted by United Cerebral Palsy in Washington, D.C.

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 required Letters of Inquiry for the next round of funding under this opportunity is February 1, 2016.

Learn more about the application process at: PCORI.ORG

11/12/16 The U.S. Preventive Services Task Force (USPSTF) issued a final recommendation statement on screening for breast cancer in asymptomatic women age 40 and older who have not been previously diagnosed with breast cancer and who are not at high-risk for breast cancer (meaning they do

not have a known genetic mutation or a history of chest radiation at a young age). According to the Task Force, women at high-risk of breast cancer should consult their doctors for individualized recommendations regarding screening.

The final recommendation statement is made up of several recommendations, addressing different age groups and screening methods.

For women in their 40s, the Task Force found that mammography screening every two years can be effective and recommends that the decision to start screening should be an individual one, assigning a "C" rating to this recommendation. According to the USPSTF, science shows that some women in their 40s will benefit from mammography, many women will not, and others may be harmed. Of the potential harms, the most serious is unneeded diagnosis and treatment for a type of breast cancer that would not have become a threat to a woman's health during her lifetime. The most common harm is a false-positive test result, which often leads to additional tests and procedures. Among women in their 40s, women who have a mother, sister, or daughter with breast cancer may benefit more than average-risk women by beginning screening before age 50. The Task Force noted that mammography for women in their 40s is effective in reducing deaths from breast cancer, but that the benefits are less than for older women and the harms potentially greater.

Based on the evidence, the Task Force found that the benefit of mammography screening increases with age, with women ages 50 to 74 benefiting most, and assigned a "B" rating to this recommendation.

For women age 75 and older, the USPSTF determined that the current evidence is insufficient to make a recommendation for or against mammography screening. As a result, the Task Force assigned an "I" rating to this recommendation and stated that additional research on screening in this age group is needed.

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. Under the ACA, only screenings for populations that were finalized with an "A" or "B" rating must be provided without cost sharing.

However, the Consolidated Appropriations Act of 2016 signed into law by the President on December 28, 2015 included language that blocks implementation of the USPSTF's recommended grades for breast cancer screenings, stating that any recommendations of the Task Force related to breast cancer screening, mammography and prevention refers to those "issued before 2009." This means that women between 40 and 49 will have access to mammography screenings without paying cost sharing for such screenings, essentially ignoring the "C" grade that the USPSTF assigned to that recommendation. In its final recommendation, the Task Force emphasized that its role is to provide all people with the best available information about the current science of prevention to empower them to make informed decisions about their health and health care, not to make recommendations for or against insurance coverage.

Read the final recommendation statement at: www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening1

Additional information about breast cancer and the USPSTF's final recommendation can be found at: screeningforbreastcancer.org/

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

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

1/11/16 CMS announced 121 new participants in the Medicare Accountable Care Organization (ACO)

initiative authorized under ACA §3021. The program is designed to improve the care patients receive in the health care system and to lower costs.

ACOs are a type of Innovation Model created by the CMS Innovation Center in order to change the incentives for how medical care is paid for in the U.S., moving away from a system that rewards the quantity of services to a system that rewards the quality of health outcomes. 121 new hospitals and health care providers recently joined three ACO initiatives: the Next Generation ACO Model, the Medicare Shared Savings Program and the ACO Investment Model. With this announcement, ACOs are now present in 49 states and the District of Columbia.

In Massachusetts there are 86 organizations participating in the innovation model program, six of which are ACOs.

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 efficiently, it will share in the savings it achieves for the Medicare program.

To learn more about the various ACO Models, visit: CMS.GOV

To learn more about this announcement, visit: CMS.GOV

Upcoming Events

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

Implementation Council LTSS Subcommittee Meeting

January 29, 2016

1:00 PM - 2:30 PM

Transportation Building, 10 Park Plaza, Boston, Conference Room 4
Boston, MA 02116

At all meetings 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

This information was provided by the One Care Implementation Council. Any information or opinions contained therein are the express views of the Implementation Council and are not endorsed by or binding on EOHHS or MassHealth.

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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