



## AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

March 14, 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 Announcements

#### **Immunization Grants - Enhanced Standards Support for the Immunization Information Systems (IIS) Community, \$4002.** Announced March 7, 2016.

Continued funding is available to help provide facilitation, consultative, and technical support for the development and enhancement of IIS standards, practices, and operations. An IIS is a confidential, population-based, computerized database that records all immunization doses administered by participating providers to individuals residing within a given geopolitical area.

Eligible applicants are limited to organizations previously awarded funding under this opportunity, which includes the Massachusetts Department of Public Health. There are fifty awards available.

Applications are due May 30, 2016.

For more information regarding this program please visit: [CDC.GOV](http://CDC.GOV)

View the announcement at: [GRANTS.GOV](http://GRANTS.GOV)

#### **Asian Language Tobacco Quitline, \$4002.** Announced March 8, 2016.

Continued funding is available to state and territorial health departments to operate and promote a fully linguistically and culturally appropriate nationwide Quitline service for tobacco users who predominantly speak Chinese, Korean, or Vietnamese languages. The project will also include, as appropriate, the distribution of FDA-approved cessation medications to Quitline callers.

Eligible applicants are limited to states and territories that currently operate a proactive tobacco cessation telephone Quitline that provides counseling in Chinese (Mandarin and Cantonese), Korean or Vietnamese languages, which includes the Massachusetts Department of Public Health.

Created through the CDC's first national tobacco education campaign (Tips From Smokers), the Quitline is a free telephone helpline (1-800-QUIT-NOW) which routes callers to their state Quitlines, offering assistance and treatment for tobacco-related addiction and behavior issues.

Applications are due April 11, 2016.

For more information regarding this program please visit: [CDC.GOV](http://CDC.GOV)

View the announcement at: [GRANTS.GOV](http://GRANTS.GOV)

**Racial and Ethnic Approaches to Community Health (REACH), \$4002.** Announced March 8, 2016.

Continued funding is available for an initiative that is aimed to create healthier communities by strengthening existing capacity to implement locally tailored evidence- and practice-based policy, systems, and environmental improvements in priority populations experiencing disparities in chronic diseases.

Eligible applicants are limited to grantees previously awarded under this opportunity, which includes three organizations in Massachusetts.

Applications are due April 8, 2016.

For more information regarding this program please visit: [CDC.GOV](http://CDC.GOV)

View the announcement at: [GRANTS.GOV](http://GRANTS.GOV)

**Office of Smoking and Health - Consortium for Tobacco Use Cessation Technical Assistance, \$4002.** Announced March 8, 2016.

Continued funding is available to support the development of a consortium that provides technical assistance to state tobacco control programs and national and state partners in order to translate the science of tobacco control cessation into public health action.

Eligible applicants are limited to grantees previously awarded under this opportunity, which does not include any organizations in Massachusetts.

Applications are due April 22, 2016.

For more information regarding this program please visit: [CDC.GOV](http://CDC.GOV)

View the announcement at: [GRANTS.GOV](http://GRANTS.GOV)

**Diabetes Prevention - A Comprehensive Approach to Good Health and Wellness in Indian Country, \$4002.** Announced March 8, 2016.

Continued funding is available to maintain, strengthen and broaden the reach and impact of effective chronic disease prevention programs that improve the health of tribal members and their communities. Funded programs will be provided through a holistic approach to prevent heart disease and help manage type 2 diabetes found in American Indian and Alaskan Native tribes.

Eligible applicants are limited to grantees previously awarded under this opportunity, which does not include any tribes or organizations in Massachusetts.

Applications are due April 22, 2016.

For more information regarding this program please visit: [CDC.GOV](http://CDC.GOV)

View the announcement at: [GRANTS.GOV](http://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](http://www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/national-health-care-reform-plan/grants-and-demonstrations.html)

## Guidance

**3/8/16 HHS/CMS issued a correction to a final rule called "Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2016."** The document makes technical corrections to the [final rule](#) which was published in the Federal Register on November 16, 2015.

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.

Read the correction at: <https://www.gpo.gov/fdsys/pkg/FR-2016-03-08/pdf/2016-05054.pdf>

**3/4/16 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on two information collection activities.**

Comments are due April 4, 2016.

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2016-03-04/pdf/2016-04841.pdf>

**In item #3, HHS/CMS is seeking comments on the revision of a currently approved information collection activity related to the Establishment of Exchanges and Qualified Health Plans.**

**In item #4, HHS/CMS is seeking comments on a new information collection activity related the Establishment of an Exchange by a State and Qualified Health Plans.**

The ACA expanded access to health insurance for individuals and employees of small businesses through the establishment of new Affordable Insurance Exchanges, including the Small Business Health Options Program (SHOP).

To offer insurance through an Exchange, a health insurance issuer must have its health plans certified as QHPs by the Exchange. Each Exchange is responsible for collecting data and validating that QHPs meet minimum requirements as described in the [Establishment of Exchanges and Qualified Health Plans; Exchange Standards for Employers Final Rule](#). In addition to data collection for the certification of QHPs, Exchanges must ensure that a QHP meets certain other requirements such as network adequacy, inclusion of Essential Community Providers, and nondiscrimination.

According to HHS/CMS, the information collection and related reporting requirements and data collection in the Exchange rule address Federal requirements that various entities must meet with respect to the establishment and operation of an Exchange; minimum requirements that health insurance issuers must meet with respect to participation in a State based or Federally-facilitated Exchange; and requirements that employers must meet with respect to participation in the SHOP and compliance with other provisions of the ACA.

Beginning October 1, 2013, qualified individuals and qualified employees could purchase private health insurance coverage through Exchanges (Marketplaces) for January 1, 2014 effective dates. The ACA established Affordable Insurance Exchanges (§1311(b)) to provide individuals and small business employees with access to health insurance coverage beginning January 1, 2014. Furthermore, an Exchange makes an advance determination of tax credit eligibility for individuals who enroll in a QHP through the Exchange and pursue financial assistance (§1401, 1411, and 1412). QHPs are health plans that have been certified by an Exchange, provide essential health benefits (EHB, §1301) and follow established limits on cost-sharing (such as reduced deductibles, copayments, and out-of-pocket maximum amounts).

§1311(b)(1)(B) also requires that the SHOP assist qualified small employers in facilitating the enrollment of their employees in QHPs offered in the small group market. QHPs are health plans that have been certified by an Exchange, provide EHB, and follow established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts).

## **2/29/16 HHS/CMS issued a final rule called "Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2017."**

The final rule sets forth payment parameters and provisions related to the risk adjustment, reinsurance, and risk corridors programs; cost-sharing parameters and cost-sharing reductions; and user fees for Federally-facilitated Exchanges. The rule also provides additional amendments regarding the annual open enrollment period (§1311(c)(6)(B)) for the individual market for the 2017 and 2018 benefit years; essential health benefits (EHB, §1301); cost sharing; qualified health plans (QHPs); Exchange consumer assistance programs; network adequacy; patient safety; the Small Business Health Options Program (SHOP, §1311(b)(1)(B)); stand-alone dental plans; third-party payments to qualified health plans; the definitions of large employer and small employer; fair health insurance premiums; student health insurance coverage; the [rate review program](#) (§1003); the [medical loss ratio program](#) (MLR, §10101); eligibility and enrollment; exemptions and appeals; and other related topics.

Specifically, CMS finalized the open enrollment period for future years. For coverage in 2017 and 2018, open enrollment will begin on November 1 of the previous year and run through January 31 of the coverage year. For coverage in 2019 and beyond, open enrollment will begin on November 1 and end on December 15 of the preceding year (for example, November 1, 2018 through December 15, 2018 for 2019 coverage).

Starting October 1, 2013, qualified individuals and qualified employees could purchase private health insurance coverage through competitive marketplaces called Affordable Insurance Exchanges, or "Exchanges" (also called Health Insurance Marketplaces). The ACA established Affordable Insurance Exchanges (§1311(b)) to provide individuals and small business employees with access to health insurance coverage beginning January 1, 2014, where low and moderate income Americans will be eligible for premium tax credits (§1401, §1411) to make purchasing a health plan more affordable by reducing out-of-pocket premium costs.

QHPs are health plans that have been certified by an Exchange, provide essential health benefits (§1301) and follow established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts). A QHP must have a certification by each Exchange in which it is sold. ACA §1311 and subsequent regulations provide that, in order to be certified as a QHP and operate in the Exchanges that will be operational in 2014, a health plan must be accredited on the basis of local performance by an accrediting entity recognized by HHS.

The premium tax credit is designed to make purchasing a health plan on the Exchange affordable for low and moderate income Americans by reducing a taxpayer's out-of-pocket premium cost. To be eligible to receive the premium tax credit, individuals and families must have incomes between 100%- 400 % FPL (or between 0% - 400% FPL if lawfully present and ineligible for Medicaid) and be enrolled in a QHP through an exchange. The individual must also be ineligible for government sponsored insurance and not have access to employer sponsored insurance that meets definitions of affordability and minimum essential coverage as established by ACA §1401. Advance payments are made monthly under ACA §1412 to the issuer of the QHP in which the individual enrolls. ACA §1402 provides for the reduction of cost sharing for certain individuals enrolled in QHPs offered through the Exchanges and §1412 provides for the advance payment of these reductions to issuers.

The ACA established three risk-mitigation programs to stabilize premiums in the individual insurance market and minimize the effects of adverse selection that may occur as insurance reforms and the Exchanges launch in 2014. These programs include transitional reinsurance (§1341), temporary risk corridors programs (§1342), and a permanent risk adjustment program (§1343) to provide payments to health insurance issuers that cover higher-risk populations and to more evenly spread the financial risk borne by issuers. The transitional reinsurance program and the temporary risk corridors program, which begin in 2014, are designed to provide issuers with greater payment stability as insurance market reforms are implemented. The reinsurance program will reduce the uncertainty of insurance risk in the individual market by partially offsetting risk of high-cost enrollees. The risk corridors program, which is a federally administered program, will protect against uncertainty in rates for qualified health plans by limiting the extent of issuer losses and gains.

Read the final rule (which was published in the Federal Register on March 8, 2016) at: <https://www.gpo.gov/fdsys/pkg/FR-2016-03-08/pdf/2016-04439.pdf>

Prior guidance can be found at: [www.hhs.gov/healthcare/index.html](http://www.hhs.gov/healthcare/index.html)

## News

### **3/8/16 The U.S. Preventative Task Force (USPSTF) issued a draft recommendation statement on screening for latent tuberculosis infection (LTBI) in adults who are at increased risk for tuberculosis (TB).**

The USPSTF's review concluded that there are adequate and accurate screening tests available to detect LBTI in adults who are at increased risk of TB. The USPSTF also found that treatment of LTBI with regimens recommended by the CDC decreases progression to active TB. As a result, the Task Force assigned a "B" grade to the recommendation, indicating that the Task Force recommends such screening.

According to the USPSTF, TB continues to be a preventable disease in the United States. TB is spread through respiratory transmission and approximately 30% of individuals exposed to bacteria forms of TB will develop LTBI. An important strategy to reduce the transmission, morbidity, and mortality of active TB is the identification and treatment of LTBI to prevent its progression to active disease. Traditionally, public health systems have been tasked with TB prevention efforts; however, more recently, screening for LTBI has become a relevant primary care issue.

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 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 LTBI is finalized with a "B" rating, then such screening will be required to be provided without cost sharing.

Comments are due April 4, 2016 and can be submitted at: <http://www.uspreventiveservicestaskforce.org/Comment/Collect/Index/draft-recommendation-statement144/latent-tuberculosis-infection-screening>

Read the draft recommendation statement at: <http://www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement144/latent-tuberculosis-infection-screening#rationale>

Learn more about preventive services covered under the ACA at: [HHS.Gov](http://HHS.Gov)

Learn more about the USPSTF at: [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org)

**3/4/16 HHS/CMS announced the second and final round of applications for the Next Generation Accountable Care Organization (ACO) Model, authorized by ACA §3021.** According to HHS/CCS, the goal of the Model is to test whether strong financial incentives for ACOs, coupled with tools to support better patient engagement and care management, can improve health outcomes and lower expenditures for Original Medicare fee-for-service (FFS) beneficiaries.

This program will set predictable financial targets, enable providers and beneficiaries to have greater opportunities to coordinate care, and will aim to attain the highest quality standards of care. In doing so, the next Generation ACO will assume greater performance risk than ACOs in current models, while also potentially sharing in a greater portion of savings.

ACOs interested in applying for this second and final round must submit a required Letter of Intent by April 1, 2016. The narrative portion of the application is due May 25, 2016 and a list of providers and geographic services areas for the project are due June 3, 2016. The second round of selected ACOs will have an initial agreement term of two one-year performance periods, with the potential of two additional one-year extensions. The first performance period for round two will begin January 1, 2017.

For more information about the Next Generation Accountable Care Organization (ACO) Model, visit: [CMS.GOV](http://CMS.GOV)

## Commonwealth of MA News

**Beginning March 14, 2016, MassHealth is updating its website with an improved look and feel. The changes are designed to make it easier for stakeholders to locate the information they need.** The changes will allow for easier navigation to forms, resources, and information about MassHealth member plans. The enhancements will also include a new home page. The new website will include an updated list of providers - which will be available under both the Member and Applicants tab and the Providers tab.

It is important to note that while the address of the MassHealth home page (<http://www.mass.gov/masshealth>) will not change, some links to web pages within the MassHealth website will change. MassHealth suggests that if you have bookmarked web pages that you use often, you may want to reset them after the website goes live.

Questions about how to use the updated MassHealth website can be addressed to the MassHealth Customer Service Center at: 1-800-841-2900.

Please see our short video about these changes at: <https://youtu.be/M19k8Z-ZYkc>

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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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