



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

March 21, 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

Epidemiology and Laboratory Capacity Program for Infectious Diseases – Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity in State and Local Health Departments, \$4002. Announced March 14, 2016.

Continued funding is available to enhance the capacity of public health agencies to effectively detect, respond to, prevent and control known and emerging (or re-emerging) infectious diseases. Funding should be used for costs associated with planning, organizing, and implementing program elements to build public health epidemiology, laboratory, and health information systems capacity.

Eligible applicants are limited to organizations previously awarded funding under this opportunity, including the Massachusetts Department of Public Health.

To learn more about this program, visit: CDC.GOV

Applications are due May 17, 2016.

View the announcement 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](http://www.hhs.gov/and-initiatives/healthcare-reform/national-health-care-reform-plan/grants-and-demonstrations.html)

Guidance

3/11/16 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on three information collection activities.

Comments are due May 9, 2016.

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2016-03-11/pdf/2016-05471.pdf>

In item #2, HHS/CMS is seeking comments on the revision of a currently approved information collection activity related to Student Health Insurance Coverage.

ACA §10101 and §15060(c) requires that student health insurance issuers that provide insurance that does not meet the annual dollar limits requirements under the ACA must provide notice in the insurance policy or certificate and in any other written materials informing students that the policy being issued does not meet the annual limits requirements.

The HHS Notice of Benefit and Payment Parameters for 2017 [final rule](#) (which was published on December 2, 2015) removed provisions allowing student health insurance issuers to impose restricted annual dollar limits on policies started before January 1, 2014, with an accompanying requirement that student health issuers must provide notice to students. Those provisions no longer apply and student health insurance issuers are subject to the prohibition on annual dollar limits for policy years beginning on or after January 1, 2014. Therefore, the annual limit notification requirement is being discontinued by CMS.

In addition, the ACA and the aforementioned final rule further explains that, for policy years beginning on or after July 1, 2016, student health insurance coverage is exempt from the actuarial value (AV) requirements under ACA §1302(d), but must provide coverage with an AV of at least 60%. This provision also requires issuers of student health insurance coverage to specify in any plan materials summarizing the terms of the coverage the AV of the coverage and the metal level (or the next lowest metal level) the coverage. This disclosure will provide students with information that allows them to compare the student health coverage with other available coverage options.

In item #3, HHS/CMS is seeking comments on an extension of a currently approved collection activity related to Minimum Essential Coverage.

ACA §6055 designates certain types of health coverage as [minimum essential coverage](#) (MEC). Other types of coverage, not statutorily designated and not designated as MEC in regulation, may be recognized by the HHS Secretary as MEC if certain substantive and procedural requirements are met.

To be recognized as MEC, coverage must offer substantially the same consumer protections as those enumerated in the Title I of ACA relating to non-grandfathered, individual health insurance coverage to ensure consumers are receiving adequate coverage. The [final rule](#); "Exchange Functions: Eligibility for Exemptions; Miscellaneous Minimum Essential Coverage Provisions" (which was published in the Federal Register on July 1, 2013) requires sponsors of other coverage that seek to have such coverage recognized as MEC to adhere to certain procedures. Sponsoring organizations must submit to HHS certain information about their coverage and an attestation that the plan substantially complies with the provisions of Title I of the ACA applicable to non-grandfathered individual health insurance coverage. Sponsors must also provide notice to enrollees informing them that the plan has been recognized as MEC for the purposes of the ACA's [shared responsibility requirement](#).

In item #4 HHS/CMS is seeking comments on an extension of currently approved collection activity related to the Long Term Care Hospital (LCTH) Continuity Assessment Record and

Evaluation (CARE) Data Set.

ACA §3004 authorized the establishment of quality reporting program for LTCHs. Beginning in FY 2014, LTCHs that failed to submit quality measure data may have been subject to a 2% point reduction in their annual update to the standard federal rate for discharges occurring during a rate year.

According to CMS, the LTCH CARE Data Set was developed specifically for use in LTCHs for data collection of pressure ulcer measures beginning October 1, 2012, with the understanding that the data set would expand in future rulemaking years with the adoption of additional quality measures.

3/11/16 CMS/HHS issued a proposed rule called "Medicare Program; Part B Drug Payment Model."

The proposed rule implements a new Medicare payment model under section 1115A of the Social Security Act. CMS proposes a two-phase model that would test whether alternative drug payment designs will lead to a reduction in Medicare expenditures, while preserving or enhancing the quality of care provided to Medicare beneficiaries.

The first phase of the model would involve changing the 6% add-on to Average Sales Price that CMS uses to make drug payments under Part B to 2.5% plus a flat fee (in a budget neutral manner). The second phase would implement value-based purchasing tools similar to those employed by commercial health plans, pharmacy benefit managers, hospitals, and other entities that manage health benefits and drug utilization.

The proposal is authorized under the CMS Innovation Center, ACA Section 3021.

Comments are due May 9, 2016.

Learn more at: <https://innovation.cms.gov/initiatives/part-b-drugs>

Read the rule at: <https://www.gpo.gov/fdsys/pkg/FR-2016-03-11/pdf/2016-05459.pdf>

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

News

3/11/16 HHS awarded \$94 million in funding under ACA §5601 to 271 health centers in 45 states, the District of Columbia and Puerto Rico to help treat the prescription opioid abuse and heroin epidemic in America.

According to HHS, these awards will be used to improve and expand the delivery of substance use disorder services in health centers, with a specific focus on treatment of opioid use disorders in underserved populations. The awards will also increase efforts to help control opioid abuse, supporting approximately 124,000 new patients with substance use disorder treatment in their recovery.

The Substance Abuse Service Expansion Awards program builds upon previous investments by providing support to health centers to increase the delivery of medication-assisted treatment services. The program awardees include twenty health centers in Massachusetts, receiving a total of \$6,807,060.

For a complete list of Massachusetts awardees, visit: HRSA.GOV

For more information on the key areas of focus to address the opioid crisis, visit: HHS.GOV

To read this announcement, visit: HHS.GOV

3/10/16 The Patient-Centered Outcomes Research Institute (PCORI) approved nearly \$2 million for 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 1) researching hematopoietic cell transplants at the National Marrow Donor Program in Minnesota; 2) a research project aimed to improve the care for critically ill patients and families at the Society of Critical Care Medicine in Illinois, 3) a patient training program for people with traumatic spinal cord injuries being conducted at the Health and 4) a Disability Advocates program in Illinois and a study on cancer patients living in rural areas that is being conducted at the University of Rochester in New York.

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 next deadline for submitting a required letter of intent for these awards is June 1, 2016.

To learn more about the application process, visit: PCORI.ORG

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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