



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

April 25, 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

New Access Points (NAPs), \$4206. Announced April 18, 2016.

Funding is available to provide operational support for NAPs that deliver comprehensive primary health care services to underserved and vulnerable populations. Awarded NAPs should improve the health status and decrease health disparities of medically underserved and vulnerable populations. NAPs should also address barriers to affordable and accessible primary health care services for these specific populations or communities.

Eligible applicants include public, private and nonprofit entities; and tribal, faith based and community based organizations. \$50,000,000 is available for seventy-five awards.

Applications are due June 16, 2016.

The announcement may be viewed at: HRSA.GOV

4/13/16 The Patient-Centered Outcomes Research Institute (PCORI) approved nearly \$750,000 for three 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 three awards will be used for 1) a capacity building project for Patient-Centered Outcomes Research (PCOR) within community behavioral health organizations serving Latinos being conducted at El Futuro, Inc. in North Carolina, 2) a project to create an online social network to engage women living with diabetes around PCOR and to define a patient-centered research agenda at the Johns Hopkins University in Maryland, and 3) an effort to engage

patients, community, and health-system stakeholders to improve health and reduce disparities by collaboratively establishing a five-year roadmap for PCOR at Duke University in North Carolina.

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

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

4/20/16 HHS/DOL/Treasury (“the Departments”) issued FAQ Part 31 regarding the implementation of the ACA, specifically regarding implementation of the market reform provisions of the Affordable Care Act, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), and the Women's Health and Cancer Rights Act of 1998 (WHCRA).

The FAQ answers questions related to the coverage of preventive services, health plan rescissions, out-of-network emergency services, coverage for individuals participating in approved clinical trials, limitations on cost-sharing under the ACA, MHPAEA and WHCRA.

Public Health Service Act (PHS Act) section 2713 and its implementing regulations relating to coverage of preventive services require non-grandfathered group health plans and health insurance coverage offered in the individual or group market to cover without the imposition of any cost-sharing requirements, the following items or services: 1) Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF) with respect to the individual involved, except for the recommendations of the USPSTF regarding breast cancer screening, mammography, and prevention issued in or around November 2009, which are not considered in effect for this purpose; 2) Immunizations for routine use in children, adolescents, and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices of the CDC with respect to the individual involved; 3) With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and 4) With respect to women, evidence-informed preventive care and screening provided for in comprehensive guidelines supported by HRSA, to the extent not included in certain recommendations of the USPSTF. If a recommendation or guideline does not specify the frequency, method, treatment, or setting for the provision of a recommended preventive service, then the plan or issuer may use reasonable medical management techniques to determine any such coverage limitations

PHS Act section 2712 and its implementing regulations generally provide that group health plans and health insurance issuers offering group or individual health insurance coverage must not rescind coverage unless the individual (or a person seeking coverage on behalf of the individual) commits fraud or makes an intentional misrepresentation of material fact as prohibited by the terms of the plan or coverage.

PHS Act section 2707(b) provides that a non-grandfathered group health plan shall ensure that any annual cost-sharing imposed under the plan does not exceed the limitations provided for under ACA section 1302(c)(1). Under section 1302(c)(1), an enrollee's cost sharing (as defined in section 1302(c)(3)) for Essential Health Benefits (EHB) is limited. EHB are a set of core health care service categories that must be covered by health plans offered in the individual and small group markets, both inside and outside of an Exchange.

Generally, MHPAEA requires that the financial requirements and treatment limitations imposed on mental health and

substance use disorder benefits cannot be more restrictive than the predominant financial requirements and treatment limitations that apply to substantially all medical and surgical benefits.

[WHCRA](#) provides protections for individuals who elect breast reconstruction in connection with a mastectomy. Under WHCRA, if a group health plan or health insurance issuer offering group or individual health insurance coverage covers mastectomies, the plan or issuer must provide coverage for certain services, in a manner determined in consultation with the attending physician and the patient.

Read FAQ Part 31 at: www.dol.gov/ebsa/faqs/faq-aca31.html

4/19/16 HHS/HRSA (The Health Resources and Services Administration) issued a notice announcing the reopening of the public comment period for a [proposed rule](#) (which was published in the Federal Register on June 17, 2015) called “340B Drug Pricing Program Ceiling Price and Manufacturer Civil Monetary Penalties Regulation.” The new deadline for the submission of comments is May 19, 2016 (the comment period had originally closed on August 17, 2015).

ACA §7102 requires the HHS Secretary to implement 340B program integrity improvements to ensure manufacturer compliance and covered entity compliance with 340B requirements, including the imposition of sanctions in the form of civil monetary penalties.

HRSA administers section 340B of the Public Health Service Act, which is referred to as the “340B Drug Pricing Program.” The proposed rule will apply to all drug manufacturers that are required to make their drugs available to covered entities under the 340B Program. The proposed rule sets forth the calculation of the ceiling price and application of civil monetary penalties.

The 340B Drug Pricing Program requires drug manufacturers to provide outpatient drugs to eligible health care organizations and covered entities at significantly reduced prices. The 340B drug discount program allows certain hospitals, and federally qualified health centers and other specified federal grantee clinics to purchase covered outpatient drugs at discounts.

More information on the 340B Drug Pricing Program is available at: www.hrsa.gov/opa/

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2016-04-19/pdf/2016-09017.pdf>

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

News

4/18/16 CMS has extended participation for the Bundled Payments for Care Improvement Initiative (BPCI) in Models 2, 3, and 4 through September 30, 2018. This initiative is authorized under the CMS Innovation Center, ACA §3021.

The BPCI is comprised of four broadly defined models of care, which link payments for the multiple services beneficiaries receive during treatment or care. Under the initiative, organizations enter into payment arrangements that include financial and performance accountability for episodes of care. According to CMS, these models may lead to higher quality and more coordinated care at a lower cost to Medicare.

This initiative began payments in October of 2013 and was scheduled to end on September 30, 2016. This extension means that participating organizations have the opportunity to continue their participation in the Bundled Payments for Care Improvement initiative up until September 30, 2018. In addition, by extending their participation, CMS states that the agency will be able to provide a more robust and rigorous evaluation of the initiative and determine whether the efforts of bundling payments are successful in providing better care.

The extension of the BPCI initiative applies to all BPCI Model 2, 3, and 4 Awardees that choose to sign an amendment extending their period of performance for all clinical episodes for up to 2 years.

For more information about the Bundled Payments for Care Improvement initiative, visit: CMS.GOV

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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