



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

May 2, 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

4/28/16 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on the revision of a currently approved information collection activity related to Annual Eligibility Redetermination, Product Discontinuation and Renewal Notices.

ACA §1411 directs the U.S. HHS Secretary to establish procedures to redetermine the eligibility of individuals for health insurance on a periodic basis in appropriate circumstances. §1321(a) provides authority for the Secretary to establish standards and regulations to implement the statutory requirements related to Exchanges, QHPs and other components of Title I of the ACA.

The [final rule](#) called "Patient Protection and Affordable Care Act; Annual Eligibility Redeterminations for Exchange Participation and Insurance Affordability Programs; Health Insurance Issuer Standards Under the Affordable Care Act, Including Standards Related to Exchanges" (published in the Federal Register on September 2, 2014), specifies options for annual eligibility redeterminations and renewal and re-enrollment notice requirements for qualified health plans (QHPs) offered through the Exchange.

The final rule also amends the requirements for product renewal and re-enrollment (or nonrenewal) notices to be sent by QHP issuers in the Exchanges and specifies content for these notices. According to CMS, states that are enforcing the ACA may develop their own standard notices, for product discontinuances, renewals, or both, provided the State-developed notices are at least as protective as the federal standard notices.

Comments are due June 27, 2016.

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2016-04-28/pdf/2016-09953.pdf>

4/22/16 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on the extension of a currently approved collection activity related to Consumer Research Supporting Outreach for Health Insurance Marketplace.

As stated by the notice, CMS is requesting reapproval for two surveys that aid in the agency's understanding and awareness of customer service needs associated with the Health Insurance Marketplace (Exchange) established by the ACA.

CMS has developed one survey to be administered to individual consumers most likely to use the Exchange and another to be administered to small employers most likely to use the

Small Business Health Options (SHOP) portion of the Exchange. According to CMS, the brief surveys, designed to be conducted quarterly, give the agency the ability to obtain an indication of the types of outreach and marketing that will be needed to enhance awareness of and knowledge about the Exchange for individual and business customers. Furthermore, the surveys are designed to provide information on media use, concept awareness, and conceptual or content areas where education for customer service delivery can be improved.

The ACA expanded access to health insurance for individuals and employees of small businesses through the establishment of new Affordable Insurance Exchanges, including the SHOP. ACA §1311(b)(1)(B) requires that the SHOP assist qualified small employers in facilitating the enrollment of their employees in qualified health plans (QHPs) offered in the small group market.

Comments are due June 21, 2016.

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2016-04-22/pdf/2016-09425.pdf> (see item #2)

4/21/16 HHS/CMS issued a proposed rule called "Medicare Program; FY 2017 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements." The proposed rule implements portions of the following ACA sections: 3004, 3132 and 3401.

The proposed rule updates fiscal year (FY) 2017 Medicare payment rates, the wage index for hospices serving Medicare beneficiaries and cap amount for FY 2017. In addition, this rule would propose changes to the hospice quality reporting program, including proposing new quality measures. The proposed rule also solicits feedback on an enhanced data collection instrument and describes CMS plans to publicly display quality measures and other hospice data beginning in the middle of 2017. Finally, the rule updates hospice monitoring data analysis and provides discussion about ongoing monitoring efforts.

Comments are due June 20, 2016.

Read the rule (which was published in the Federal Register on April 28, 2016) at: <https://www.gpo.gov/fdsys/pkg/FR-2016-04-28/pdf/2016-09631.pdf>

4/21/16 HHS/CMS issued a proposed rule called "Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2017." The proposed rule implements portions of the following ACA sections: 3004, 3401 and 10319.

The proposed rule updates the prospective payment rates for inpatient rehabilitation facilities (IRFs) for federal fiscal year (FY) 2017. The proposed rule includes the classification and weighting factors for the IRF prospective payment system's (IRF PPS's) case-mix groups and a description of the methodologies and data used in computing the prospective payment rates for FY 2017. In the rule, CMS also proposes revisions to update quality measures and reporting requirements under the IRF quality reporting program.

Comments are due June 20, 2016.

Read the rule (which was published in the Federal Register on April 25, 2016) at: <https://www.gpo.gov/fdsys/pkg/FR->

[2016-04-25/pdf/2016-09397.pdf](https://www.gpo.gov/fdsys/pkg/FR-2016-04-25/pdf/2016-09397.pdf)

4/21/16 HHS/CMS issued a proposed rule called “Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities Proposed Rule for FY 2017, SNF Value-Based Purchasing Program, SNF Quality Reporting Program, and SNF Payment Models Research.” The proposed rule implements portions ACA §3401.

The proposed rule outlines proposed fiscal year (FY) 2017 Medicare payment rates and quality programs for skilled nursing facilities (SNFs). According to CMS, the policies in the proposed rule continue to shift Medicare payments from volume to value, paying providers based on the quality, rather than the quantity of care they provide to their patients. The agency states that the proposed rule includes plans that support building a health care system that delivers better care, spends health care dollars more wisely, and results in healthier people.

Comments are due June 20, 2016.

Read the rule (which was published in the Federal Register on April 25, 2016) at: <https://www.gpo.gov/fdsys/pkg/FR-2016-04-25/pdf/2016-09399.pdf>

4/18/16 HHS/CMS issued a proposed rule called “Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2017 Rates; Quality Reporting Requirements for Specific Providers; Graduate Medical Education; Hospital Notification Procedures Applicable to Beneficiaries Receiving Observation Services; and Technical Changes Relating to Costs to Organizations and Medicare Cost Reports.” The proposed rule implements portions of the following ACA Sections: 1105, 1557, 3001, 3004, 3005, 3008, 3021, 3025, 3123, 3124, 3125, 3126, 3133, 3141, 3401, 5503, 5506, 10309, 10313, 10314, 10319, 10322 and 10324.

The proposed rule updates fiscal year (FY) 2017 Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS). The proposed rule, which would apply to approximately 3,330 acute care hospitals and approximately 430 LTCHs, would affect discharges occurring on or after October 1, 2016.

The IPPS pays hospitals for services provided to Medicare beneficiaries using a national base payment rate, adjusted for a number of factors that affect hospitals' costs, including the patient's condition and the cost of hospital labor in the hospital's geographic area.

According to HHS, the proposed rule contains policies that continue the agency's commitment to increasingly shift Medicare payments from volume to value. The proposed rule includes policies that advance HHS' goals and as well as a timeline to move the Medicare program, and the health care system at large, toward paying providers based on the quality, rather than the quantity of care they give patients.

Comments are due June 16, 2016

Read the proposed rule (which was published in the Federal Register on April 27, 2016) at: <https://www.gpo.gov/fdsys/pkg/FR-2016-04-27/pdf/2016-09120.pdf>

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

News

4/26/16 The Patient Centered Outcomes Research Institute (PCORI) awarded \$44.4 million in funding to support twenty one patient-centered comparative clinical effectiveness research (CER) studies.

Funding will help support CER studies on a range of conditions and problems that impose high burdens on patients, caregivers, and the health care system. This round of funding will focus on postpartum depression, misuse of antibiotics, post-traumatic stress disorder among veterans, and joint replacement among others.

Of the awards announced, four Massachusetts organizations received funding for CER studies. The Massachusetts

General Hospital received \$2,080,284 to study evidence based health care for underserved patients living with Down Syndrome; the University of Massachusetts School of Medicine received \$6,378,861 to study treatment options for osteoarthritis; the Presidents and Fellows of Harvard College received \$1,049,980 to study the impact of electronic health records; and the Cambridge Health Alliance received \$1,059,782 to study racial minority patient treatment preferences.

PCORI, created under ACA §6301, is an independent nonprofit organization, tasked with conducting patient-centered outcomes research and studies. With this announcement, PCORI has currently approved or awarded more than \$1.2 billion in research funding through its awards program.

To learn more about these awards, visit: PCORI.ORG

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4/26/16 The U.S. Preventative Task Force (USPSTF) issued a draft recommendation statement on primary care interventions to support breastfeeding. The Task Force recommends interventions during pregnancy and after birth to support breastfeeding, and as a result, assigned a "B" grade to this recommendation.

According to the USPSTF, breastfeeding has a number of health benefits for both the mother and the infant. Babies who are breastfed are less likely to get infections such as ear infections, or to develop chronic conditions such as asthma, obesity, and diabetes. For mothers, breastfeeding is associated with a lower risk of breast and ovarian cancer and type 2 diabetes.

Effective primary care interventions include education about breastfeeding for pregnant women and their families, and breastfeeding assistance and support for new mothers by professionals or other mothers.

In addition, the Task Force stated that it recognizes that breastfeeding is not the right choice for every mother and suggests that clinicians should be mindful of this when implementing interventions to support breastfeeding.

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 primary care interventions to support breastfeeding is finalized with a "B" rating, then such interventions will be required to be provided without cost sharing.

Comments are due May 23, 2016 and can be submitted at: <http://www.uspreventiveservicestaskforce.org/Comment/Collect/Index/draft-recommendation-statement158/breastfeeding-primary-care-interventions>

Read the draft recommendation statement at: <http://www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement158/breastfeeding-primary-care-interventions>

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

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

4/21/16 CMS has extended the Letter of Intent (LOI) deadline for the Next Generation Accountable Care Organization (ACO) Model application process, authorized by ACA §3021. According to CMS, these ACOs will encourage quality improvement and care coordination, helping to move the health care system towards a system that achieves the agency's goals of better care, smarter spending, and healthier people.

The next Generation ACO Model LOI submission date is now May 20, 2016. All organizations interested in applying must submit an LOI in order to apply to the model. The application deadline remains May 25, 2016 for the narrative

portion and June 3, 2016 for the 2017 participant list.

To apply to become a Next Generation ACO, visit: CMS.GOV

For more information about the New Generation ACO, 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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