



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

May 09, 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

Building Capacity of the Public Health System to Improve Population Health through National, Nonprofit Organizations, \$4002. Announced May 3, 2016.

Funding is available to strengthen the infrastructure and improve the performance of the public health system through capacity-building assistance (CBA). The purpose of this program is to ensure that the CBA optimizes the quality and performance of public health systems, the public health workforce, public health data and information systems, public health practice and services, public health partnerships, and public health resources.

Eligible applicants are limited to national nonprofit organizations who were previously awarded under the "Building Capacity of the Public Health System to Improve Population Health through National, Nonprofit Organizations," which includes the JSI Research and Training Institute located in Boston, Massachusetts. \$100,000 is available for twenty-six awards.

Applications are due July 5, 2016.

The announcement may be viewed at: [GRANTS.GOV](#)

Immunization Information Systems (IIS) Capacity and Operations Support, \$4002. Announced April 28, 2016.

Continued funding is available to develop methodologies, processes, guidelines and other resources that will support activities to enhance or sustain the capacity and operations of IIS in the key areas of data quality, coverage assessments, and technical practices among IIS. Strategies and activities for the program include support for data quality evaluation, methods for immunization coverage assessment using IIS, development of uniform operational and technical processes, IIS and Immunization/Vaccines for Children Program integration, and education and training.

Eligible applicants are limited to states or organizations previously awarded funding under this opportunity. Note that Massachusetts has not previously been awarded funding under this program.

Applications are due May 30, 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

Guidance

5/2/16 HHS issued a notice under the Privacy Act of 1974 that announces the establishment of a new system of records called "CMS Risk Adjustment Data Validation System (RAD-V)."

Under ACA §1343, and its implementing regulations, data collected and maintained in this system will be used to support the audit functions of the [risk adjustment program](#), including validation activities under the risk adjustment data validation program. ACA §1343(b) requires the HHS Secretary to establish criteria and methods to carry out a risk adjustment program. ACA §1321(a)(1)(C) directs the HHS Secretary to issue regulations and set standards to establish the risk adjustment program. Consistent with ACA §1321(c)(1), the ACA's implementing regulations provide that HHS will operate risk adjustment where a state does not elect to administer the risk adjustment program. The primary goals of the risk adjustment program are to assist health plans that provide coverage to individuals with higher health care costs and will help ensure that those who are sick have access to the coverage they need. The ACA's risk adjustment program also serves to level the playing field inside and outside of the individual and small group markets in each state by stabilizing premiums.

The risk adjustment program provides payments to non-grandfathered health insurance issuers in the individual and small group markets that attract higher-risk populations, including a validation program to ensure the reliability of data used as a basis for risk adjustment payments and charges. Non-grandfathered plans are health plans that came into existence after March 23, 2010. Insurers offering these plans were required to modify them to follow the ACA rules as of January 1, 2014.

Issuers of risk adjustment covered plans must maintain documents and records to enable such evaluation, and must make such records available to HHS upon request for purposes of verification, investigation, audit or other review. As part of the risk adjustment data validation program, HHS may audit an issuer of a risk adjustment covered plan to assess its compliance with the risk adjustment requirements.

According to HHS, the RAD-V system will contain personally identifiable information about individuals who are current or former enrollees in non-grandfathered health plans, including information obtained through the risk adjustment data validation process to establish the relative deviation from the average.

Comments are due within 30 days of publication of this notice in the Federal Register.

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2016-05-03/pdf/2016-10253.pdf>

4/27/16 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on the revision of a currently approved information collection related to Consumer Experience Survey Data Collection. In order to support the delivery of quality health care coverage offered in the Exchanges, ACA §1311 directs the HHS Secretary to develop an enrollee satisfaction survey system that assesses consumer experience with qualified health plans (QHPs) offered through an Exchange.

The survey includes topics to assess consumer experience with the health care system such as communication skills of providers and ease of access to health care services. According to the notice, CMS developed the survey using the Consumer Assessment of Health Providers and Systems ([CAHPS](#)) principles. According to CMS, the QHP Enrollee

Survey will 1) help consumers choose among competing health plans, 2) provide actionable information that the QHPs can use to improve performance, 3) provide information that regulatory and accreditation organizations can use to regulate and accredit plans, and 4) provide a longitudinal database for consumer research. With this notice, CMS is requesting approval of adding six disability status items required by ACA §4302 and that were tested during the 2014 psychometric testing of the QHP Enrollee Survey.

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 qualified health plan (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).

Comments are due June 28, 2016.

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2016-04-29/pdf/2016-10083.pdf> (see item #2)

4/27/16 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on two information collection activities.

Comments are due May 31, 2016.

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2016-04-29/pdf/2016-10084.pdf>

In item #2, HHS/CMS is seeking comments on a new information collection activity related to Transparency in Coverage Reporting by Qualified Health Plan Issuers.

ACA §1311(e)(3) requires issuers of QHPs to make available and submit data regarding transparency in coverage. This data collection would collect certain information from QHP issuers in Federally-facilitated Exchanges and State-based Exchanges that rely on the federal IT platform (HealthCare.gov). Although this proposed data collection is limited to certain QHP issuers, the agency intends to phase in implementation for other entities over time. As stated in the [Establishment of Exchanges and Qualified Health Plans: Exchange Standards for Employers Final Rule](#) (which was published in the Federal Register on March 27, 2012), broader implementation will continue to be addressed in separate rulemaking issued by HHS, DOL the Treasury.

According to HHS, the aforementioned Departments intend to propose other transparency reporting requirements at a future date, through a separate rulemaking conducted by the Departments, for non-QHP issuers and non-grandfathered group health plans. Those proposed reporting requirements may differ from those prescribed in the HHS proposal under ACA §1311(e)(3), and will take into account differences in markets and reporting requirements already in existence for non-QHPs (including group health plans). Furthermore, HHS states that the Departments intend to streamline reporting under multiple reporting provisions and reduce unnecessary duplication. The Departments also intend to implement any transparency reporting requirements applicable to non-QHP issuers and non-grandfathered group health plans only after giving those issuers and plans sufficient time to come into compliance with those requirements.

In item # 3, HHS/CMS is seeking comments on the revision of a currently approved collection activity related to Medicare Current Beneficiary Survey (MCBS).

The MCBS is an in-person, nationally-representative, longitudinal survey of Medicare beneficiaries that is directed by the Office of Enterprise Data and Analytics in partnership with the Center for Medicare and Medicaid Innovation (CMMI, established by ACA §3021). The survey captures information about beneficiaries whether they are aged or disabled, living in the community or a facility, or serviced by managed care or fee-for-service. The MCBS has been continuously fielded for more than 20 years, and consists of three annual interviews per survey participant. According to CMS, the MCBS provides insight into the Medicare program and helps the agency and external stakeholders better understand and evaluate the impact of existing programs and significant new policy initiatives.

The survey is being revised in order to streamline some questionnaire sections, add a few new measures, and update the wording of questions and response categories. According to the agency, most of the revised questions reflect an effort to make the MCBS questionnaire consistent with other national surveys that have more current wording of questions and response categories with well-established measures.

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

News

5/4/16 The U.S. Preventative Task Force (USPSTF) issued a draft recommendation statement onscreening for celiac disease. The Task Force concluded that the current evidence is insufficient to determine the effectiveness of screening for celiac disease and assigned an "I" grade to the recommendation. The recommendation statement applies to people who do not have any symptoms of celiac disease.

According to the USPSTF, in people with celiac disease, eating foods containing gluten, a protein found in wheat, rye, and barley, causes damage to the inner lining of their small intestine and prevents absorption of necessary nutrients. People who have a family history of celiac disease or have Type 1 diabetes are at increased risk for the disease. Symptoms of celiac disease include diarrhea, abdominal pain, and unexplained weight loss.

This is the first time that the Task Force has reviewed the evidence and made a statement on screening for celiac disease. Furthermore, the Task Force stated there is a need for more research to better understand the benefits and harms of screening for celiac disease in people without symptoms. The USPSTF recommends research that examines: targeted screening in people at increased risk for celiac disease; the accuracy of screening in people without symptoms, particularly those with risk factors; the effect of treatment of celiac disease in people who have no symptoms, but who have positive blood tests for celiac disease; and clinical outcomes such as changes in health and quality of life in people who are screened vs. people who are not screened.

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 celiac disease is finalized with an "I" rating, then such screenings will not be required to be provided without cost sharing.

Comments are due May 30, 2016 and can be submitted at: <http://www.uspreventiveservicestaskforce.org/Comment/Collect/Index/draft-recommendation-statement150/celiac-disease-screening>

Read the draft recommendation statement at: <http://www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement150/celiac-disease-screening>

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

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

Upcoming Events

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

May 13, 2016
1:00 PM - 3:00 PM
1 Ashburton Place, 21st Floor
Boston, MA

A meeting agenda and any meeting material will be distributed prior to the meeting.

Reasonable accommodations are available upon request. Please contact Donna Kymalainen at: Donna.Kymalainen@umassmed.edu to request accommodations.

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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