



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

June 20, 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

6/15/16 HHS/CMS/CCIIO announced the availability of a grant opportunity called "The Health Insurance Enforcement and Consumer Protections Grant Program: Grants to States for Planning and Implementing the Insurance Market Reforms under Part A of Title XXVII of the Public Health Service Act, Cycle I."

The funding, authorized under ACA §1003, is available to state insurance regulators to use for issuer compliance with Affordable Care Act key consumer protections. The award opportunity enables states to seek funding for activities related to planning and implementing select federal market reforms and consumer protections including: essential health benefits, preventive services, parity in mental health and substance use disorder benefits, appeals processes, and implementing the ACA's medical loss ratio provision.

According to the announcement, the funding is part of the \$250 million in state rate review grants the Affordable Care Act provided to improve the process for how states review proposed health insurance rate increases and hold insurance companies accountable for unjustified hikes. The new funds are unobligated rate review grant funding from prior years.

One application is permitted per state. Additional eligibility information can be found in the announcement.

CMS anticipates that approximately \$22 million will be available for 51 awards.

Mandatory Letters of are due July 6, 2016. Applications are due August 15, 2016.

View the announcement at: www.grants.gov/custom/viewOppDetails.jsp?oppld=284661

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

6/13/16 CMS/HHS issued a proposed rule called "Medicare and Medicaid Programs; Hospital and Critical Access Hospital (CAH) Changes to Promote Innovation, Flexibility, and Improvement in Patient Care."

The proposed rule updates the requirements that hospitals and [critical access hospitals](#) (CAHs) must meet to participate in the Medicare and Medicaid programs. According to CMS, the proposals are intended to conform the requirements to current standards of practice and support improvements in quality of care, reduce barriers to care, and reduce some issues that may exacerbate workforce shortage concerns. The proposals are also designed to reduce readmissions and the incidence of hospital-acquired conditions and improve the use of antibiotics.

Under the proposed rule, hospitals and CAHs would also be required to establish and implement a policy prohibiting discrimination on the basis of race, color, religion, national origin, sex (including gender identity), sexual orientation, age, or disability (ACA §1557).

According to CMS, CAHs represent a separate provider type with their own Medicare Conditions of Participation as well as a separate payment method. The following providers may be eligible to become CAHs: currently-participating Medicare hospitals; hospitals that ceased operations on or after November 29, 1989; or health clinics or centers (as defined by the state) that previously operated as a hospital before being downsized to a health clinic or center.

Comments are due August 15, 2016.

Read the proposed rule (which was published in the Federal Register on June 16, 2016) at: <https://www.gpo.gov/fdsys/pkg/FR-2016-06-16/pdf/2016-13925.pdf>

6/8/16 HHS/DOL/Treasury issued a proposed rule called "Expatriate Health Plans, Expatriate Health Plan Issuers, and Qualified Expatriates; Excepted Benefits; Lifetime and Annual Limits; and Short-Term, Limited-Duration Insurance."

The proposed regulations impact the rules for expatriate health plans, expatriate health plan issuers, and qualified expatriates under the Expatriate Health Coverage Clarification Act of 2014 (EHCCA). The rule also includes proposed conforming amendments to certain regulations to implement the provisions of the EHCCA. Further, the rule proposes standards for travel insurance and supplemental health insurance coverage to be considered excepted benefits and revisions to the definition of short-term, limited duration insurance for purposes of the exclusion from the definition of individual health insurance coverage. The proposed regulations affect expatriates with health coverage under expatriate health plans and sponsors, issuers and administrators of expatriate health plans, individuals with and plan sponsors of travel insurance and supplemental health insurance coverage, and individuals with short-term, limited-duration insurance. In addition, the proposal amends a reference in the [final regulations](#) (published in the Federal Register on November 18, 2015) relating to prohibitions on lifetime and annual dollar limits and proposes to require that a notice be provided in connection with hospital indemnity and other fixed indemnity insurance in the group health insurance market for it to be considered excepted benefits.

The EHCCA exempts health plans directed at and used by expatriates from certain ACA requirements. Expatriate health plans are insured group health plans for individuals who reside outside of their home country for at least six months of the plan year and any covered dependent.

Excepted benefits are certain types of health-related benefits that are generally exempt (on a limited or ancillary basis) from the health reform requirements established by the Health Insurance Portability and Accountability Act of 1996, known as HIPAA. HIPAA imposes non-discrimination/portability, privacy and security requirements on group health plans. Benefits that are excepted under HIPAA are not subject to the market reforms under Title I of the ACA.

The 2015 [final regulations](#) apply to group health plans and health insurance issuers beginning on the first day of the first plan year (or, in the individual market, the first day of the first policy year) beginning on or after January 1, 2017. The final regulations implement the following sections: preservation of right to maintain existing coverage (ACA §1251), preexisting condition exclusions (PHS Act §2404), lifetime and annual dollar limits on benefits PHS Act, prohibition against rescissions of coverage (PHS Act §2712), coverage of dependent children to age 26 requirements (PHS Act §2714), internal claims and appeal and external review processes (PHS Act §2719), and other patient protections under the ACA (PHS Act §2719A). The rules largely finalize without major changes proposed and interim final rules issued in 2010 and incorporate subregulatory guidance issued by the Departments since publication of the proposed and interim final rules.

Comments are due August 9, 2016.

Read the proposed rule (which was published in the Federal Register on June 10, 2016) at: <https://www.gpo.gov/fdsys/pkg/FR-2016-06-10/pdf/2016-13583.pdf>

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

News

6/15/16 The U.S. Preventative Task Force (USPSTF) issued a final recommendation statement on screening for colorectal cancer. The final recommendation statement includes two recommendations that address two different age groups. The final recommendation statement reaffirms the Task Force's 2008 recommendation to screen all adults ages 50 to 75 and selectively screen some adults ages 76 to 85 based on a patient's prior screening history and overall health status.

According to the USPSTF, colorectal cancer is the second leading cause of death from cancer in the United States and the majority of cases of colorectal cancer occur in individuals older than 50 years of age. Furthermore, the Task Force's review concluded that there is clear evidence that colorectal cancer screening works to reduce the risk of dying from the disease.

The Task Force found that screening is most beneficial for adults ages 50 to 75, and, as a result, screening this age group for colorectal cancer continues to be recommended. The USPSTF assigned an "A" grade to this recommendation.

For adults ages 76 to 85, the Task Force recommends that screening be an individual decision depending on a patient's overall health and prior screening history. A "C" grade was assigned to this recommendation.

The recommendations apply to asymptomatic adults 50 years of age and older at average risk for colorectal cancer, who do not have a family history of known genetic disorders linked to a high risk of colorectal cancer or a personal history of inflammatory bowel disease, previous noncancer growths that may lead to colorectal cancer, or previous colorectal cancer.

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 of the 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. Because the recommendation for screening for colorectal cancer in adults ages 50 to 75 was finalized with an "A" grade and the screening for adults ages 76 to 85 was finalized with a "C" grade, only screening for adults ages 50 to 75 will be required to be provided by health plans without cost sharing.

Read the final recommendation statement at: www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/colorectal-cancer-screening2

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

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

6/14/16 The U.S. Preventative Task Force (USPSTF) issued a draft recommendation statement on screening for obstructive sleep apnea (OSA) in asymptomatic adults in primary care settings. After reviewing the evidence, the Task Force concluded that there is not enough evidence to determine whether screening for OSA in adults without recognized symptoms leads to improved health outcomes. As a result, the USPSTF issued an "I" recommendation statement, which reflects that there is insufficient evidence for the USPSTF to make a recommendation. The Task Force draft recommendation does not apply to adults who have symptoms of or concerns about OSA, or who have an acute condition that could trigger the onset of OSA, such as a stroke. It also does not apply to children, adolescents, or pregnant women.

According to the Task Force, OSA occurs when a person stops breathing many times when sleeping. This happens because an individual's airway collapses and airflow becomes blocked. Symptoms of OSA include daytime sleepiness, fatigue, insomnia, and problems from a lack of sleep such as issues with memory, concentration, and mood changes. OSA has been linked to cardiovascular disease and an increased risk of death.

The USPSTF stated that more research is needed on whether screening in adults without known symptoms leads to improvements in health outcomes such as heart attacks, strokes, quality of life, and mortality. Furthermore, the Task Force advises clinicians to continue to use their best clinical judgment when deciding whether or not to screen their patients for OSA.

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 OSA in asymptomatic adults is finalized with an "I" rating, then it will not be required to be provided without cost sharing.

Comments are due July 11, 2016 and can be submitted at: www.uspreventiveservicestaskforce.org/Comment/Collect/Index/draft-recommendation-statement166/obstructive-sleep-apnea-in-adults-screening

Read the draft recommendation statement at: www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement166/obstructive-sleep-apnea-in-adults-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

July 22, 2016
1:00 PM -3:00 PM
1 Ashburton Place, 21st Floor
Boston, MA

We welcome attendance from all stakeholders and members of the public with an interest in One Care. Reasonable accommodations will be made for participants who need assistance. Please send your request for accommodations to Donna Kymalainen at Donna.Kymalainen@state.ma.us.

Money Follows the Person (MFP) Semi-Annual Informational Meeting

June 29, 2016
2:00 PM - 3:30 PM
John W. McCormack Building
One Ashburton Place - 21st floor Conference Rooms
Boston, MA 02108

Please contact MFP@state.ma.us for more information.

Click [link](#) for directions and parking information.

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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