



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

July 5, 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

6/24/16 HHS/CMS issued a proposed rule called "Disease Prospective Payment System, Coverage and Payment for Renal Dialysis Services Furnished to Individuals with Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, Durable Medical Equipment, Prosthetics, Orthotics and Supplies Competitive Bidding Program Bid Surety Bonds, State Licensure and Appeals Process for Breach of Contract Actions, Durable Medical Equipment, Prosthetics, Orthotics and Supplies Competitive Bidding Program and Fee Schedule Adjustments, Access to Care Issues for Durable Medical Equipment; and the Comprehensive End-Stage Renal Disease Care Model".

The proposed rule, which implements portions of ACA §6301 and §3021, would update payment policies and rates under the Medicare End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) for renal dialysis services furnished to beneficiaries on or after January 1, 2017. This rule also proposes new quality measures to improve the quality of care by dialysis facilities treating patients with end-stage renal disease.

According to CMS, this proposed rule is one of several rules for calendar year 2017 that reflect a broader Administration-wide strategy to deliver better care at lower cost by finding better ways to deliver care, pay providers, and use information.

This rule also implements the Trade Preferences Extension Act of 2015 provisions regarding the coverage and payment of renal dialysis services furnished by ESRD facilities to individuals with acute kidney injury.

In addition, the ESRD PPS proposed rule proposes changes to the ESRD Quality Incentive Program (QIP), including for payment years (PYs) 2018, 2019, and 2020, under which payment incentives are made to dialysis facilities to improve the quality of care that they provide. Under the ESRD QIP, facilities that do not achieve a minimum Total Performance Score (TPS) with respect to quality measures receive a reduction in their payment rates under the ESRD PPS.

This rule also addresses issues related to the durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) Competitive Bidding Program. CMS is proposing to require bidding entities to obtain and provide proof of a bid surety bond for each competitive bidding area in which the entity submits its bid(s), in accordance with Section 1847(a)(1)(G) of the Social Security Act, as added by section 522(a) of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

The rule also proposes revisions to the existing state licensure requirement at §414.414(b)(3), and proposes to expand suppliers' appeal rights in the event that CMS takes one or more of the breach of contract actions specified in §414.422(g)(2).

Finally, the proposed rule would change the methodologies for adjusting DMEPOS fee schedule amounts using information from the DMEPOS Competitive Bidding and for establishing single payment amounts under the Competitive Bidding Programs for certain groups of similar items (e.g., various types of walkers) with different features (e.g., walkers with wheels versus walkers without wheels). Changes are also proposed to the methodology for establishing bid limits for items under the DMEPOS Competitive Bidding Program.

Comments are due August 23, 2016.

Read the rule (which was published in the Federal Register on June 30, 2016) at: <https://www.gpo.gov/fdsys/pkg/FR-2016-06-30/pdf/2016-15188.pdf>

6/24/16 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on extension of a currently approved information 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 July 25, 2016.

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2016-06-24/pdf/2016-15021.pdf> (see item #1)

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

News

6/28/16 The U.S. Preventive Services Task Force (USPSTF) issued a draft recommendation statement

on screening for gynecologic conditions with pelvic examination. After reviewing the evidence, the Task Force concluded that there is not enough evidence to determine the benefits and harms of performing screening pelvic examinations in asymptomatic, nonpregnant adult women and gave such screening an "I" grade.

Many conditions that can affect women's health are often evaluated through pelvic examination. These conditions include but are not limited to: malignant diseases, such as ovarian, uterine, vaginal, and cervical cancer; infectious diseases, such as bacterial vaginosis, candidiasis, genital warts, genital herpes, trichomoniasis, and pelvic inflammatory disease; and other benign conditions, such as cervical polyps, endometriosis, ovarian cysts, dysfunction of the pelvic wall and floor, and uterine fibroids.

Although pelvic examination is a common part of the physical examination, it is unclear whether performing screening pelvic examinations in asymptomatic women has a significant effect on disease morbidity and mortality. The USPSTF has made separate recommendations on screening for cervical cancer, gonorrhea, and chlamydia using tests that are often performed during a pelvic examination (e.g., Papanicolaou test, human papillomavirus test, and nucleic acid amplification tests); in this recommendation statement, the USPSTF seeks to understand the utility of performing screening pelvic examinations for other gynecologic conditions.

The USPSTF found inadequate evidence on the benefits of screening for a range of gynecologic conditions with pelvic examination and concludes that the current evidence is insufficient to assess the balance of benefits and harms of performing screening pelvic examinations in asymptomatic women for the early detection and treatment of a range of gynecologic conditions.

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 pelvic examination is finalized with an "I" rating, then it will not be required to be provided without cost sharing.

Comments are due July 25, 2016 and can be submitted at: www.uspreventiveservicestaskforce.org/Comment/Collect/Index/draft-recommendation-statement157/gynecological-conditions-screening-with-the-pelvic-examination

Read the draft recommendation statement at: <http://www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement157/gynecological-conditions-screening-with-the-pelvic-examination>

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

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

6/22/16 The Patient-Centered Outcomes Research Institute (PCORI) Board of Governors authorized \$13 million in new awards as part of PCORI's National Patient-Centered Clinical Research Network (PCORnet) initiative. PCORnet aims to harness the power of health data and patient partnerships to allow the nation to conduct patient-centered comparative clinical effectiveness (CER) projects more efficiently and at lower cost than previously possible.

PCORI approved more than \$4 million in funding for four new PCORnet Demonstration Projects. These funds will support projects that focus on testing the capacity of PCORnet's Clinical Data Research Networks (CDRNs) to conduct collaborative research with health systems leaders across PCORnet.

The Board also approved approximately \$9 million to fund two PCORnet Initiative on Health Plan/System Data Projects that will allow health plans to partner with PCORnet CDRNs to capture health plan data, especially from claims and membership data. The goals of these awards are to make data more complete and accessible across the networks and ultimately to inform research that will aid future healthcare decision-making.

None of the grant awardees announced are located in Massachusetts.

Created under ACA §6301, PCORI is an independent nonprofit organization, tasked with conducting patient-centered outcomes research and studies. With these latest awards, PCORI's Board has approved nearly \$1.4 billion since 2012 to fund 514 patient-centered CER studies and other projects to enhance the methods and infrastructure to support CER.

To learn more about the PCORnet Demonstration Project awards, visit: [PCORI](#)

To learn more about the PCORnet Initiative on Health Plan/System Data Projects, visit: [PCORI](#)

For more information about PCORI, visit: [PCORI](#)

Commonwealth of MA News

MassHealth Section 1115 Demonstration Extension

The Massachusetts Executive Office of Health and Human Services (EOHHS) announces its intent to submit a request to amend and extend the MassHealth Section 1115 Demonstration ("Request") to the Centers for Medicare and Medicaid Services.

The MassHealth 1115 Demonstration provides federal authority for Massachusetts to expand eligibility to individuals who are not otherwise Medicaid or CHIP eligible, offer services that are not typically covered by Medicaid, and use innovative service delivery systems that improve care, increase efficiency, and reduce costs as a part of MassHealth restructuring. Federal authorization and funding for key aspects of the current 1115 Demonstration are only approved through June 30, 2017.

MassHealth plans to advance alternative payment methodologies and delivery system reform through accountable care organizations and community partners for behavioral health and long term services and supports. A significant focus will be placed on improving integration and delivery of care for members with behavioral health needs and those with dual diagnoses of substance abuse disorder; as well as integration of long term services and supports and health-related social services. In addition, MassHealth plans to expand treatment for individuals affected by substance use disorder and opioid addiction.

The Request does not affect eligibility for MassHealth. A more detailed public notice can be found at MassHealth's home page: <http://www.mass.gov/eohhs/gov/departments/masshealth/>, and the Request documents can be found at the MassHealth Innovations web site: www.mass.gov/hhs/masshealth-innovations. Paper copies of the documents may be obtained in person from 9 am-5 pm at EOHHS, One Ashburton Place, 11th Floor, Boston, MA 02108.

Public Comment Period:

EOHHS will accept comments on the proposed Request through July 17, 2016. Written comments may be delivered by email or mail. By email, please send comments to MassHealth.Innovations@state.ma.us and include "Comments on Demonstration Extension Request" in the subject line. By mail, please send comments to: EOHHS Office of Medicaid, Attn: 1115 Demonstration Comments, One Ashburton Place, 11th Floor, Boston, MA 02108. Comments must be received by July 17, 2016 in order to be considered. Paper copies of submitted comments may be obtained in person by request from 9 am-5 pm at EOHHS, One Ashburton Place, 11th Floor, Boston, MA 02108. Comments will be posted on the MassHealth 1115 Demonstration website: www.mass.gov/eohhs/gov/departments/masshealth/masshealth-and-health-care-reform.html.

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.

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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