



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

October 31, 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: <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/national-health-care-reform-plan/grants-and-demonstrations.html>

Guidance

10/26/16 HHS/CMS issued a notice called "Medicaid Program; Final FY 2014 and Preliminary FY 2016 Disproportionate Share Hospital Allotments, and Final FY 2014 and Preliminary FY 2016 Institutions for Mental Diseases Disproportionate Share Hospital Limits."

The notice announces each state's final federal share disproportionate share hospital (DSH) allotments for federal fiscal year (FY) 2014 and the preliminary federal share DSH allotments for FY 2016. The notice also announces the final FY 2014 and the preliminary FY 2016 limitations on aggregate DSH payments that states may make to institutions for mental disease (IMD) and other mental health facilities. In addition, this notice includes background information describing the methodology for determining these DSH allotments.

Currently, states make Medicaid DSH payments to hospitals that serve a disproportionate share of low income patients and have high levels of uncompensated care costs. At the same time as the ACA expands coverage that reduces levels of uncompensated care, it also reforms Medicaid DSH allotments to reflect anticipated changes in coverage. This notice describes that the DSH allotments and IMD DSH limits were calculated without ACA reductions due to a Congressional delay of those reductions.

Please note that Massachusetts has a longstanding federal waiver of DSH requirements, and instead, makes uncompensated care payments pursuant to its 1115 waiver. Massachusetts' DSH allotments finance the uncompensated care payments made under its 1115 waiver.

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2016-10-26/pdf/2016-25813.pdf>

10/25/16 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on the revision of a previously approved information collection activity related to the Patient Protection and Affordable Care Act; Exchange Functions: Eligibility for Exemptions.

The data collection and reporting requirements in the [final rule](#): "Exchange Functions: Eligibility for Exemptions; Miscellaneous Minimum Essential Coverage Provisions" (which was published in the Federal Register on July 1, 2013) address federal requirements that states must meet with regard to the Exchange minimum function of performing eligibility determinations and issuing certificates of exemption from the ACA's [shared responsibility requirement](#).

In the final regulation, CMS addresses standards related to eligibility, including the verification and eligibility determination process, eligibility redeterminations, options for states to rely on HHS to make eligibility determinations for certificates of exemption, and reporting. According to HHS, the data collection and reporting requirements included in this information collection request are critical to the ability of Exchanges to determine eligibility for and issue certificates of exemption, and will also assist Exchanges, HHS, and IRS in ensuring program integrity and quality improvement.

Comments are due December 27, 2016.

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2016-10-25/pdf/2016-25678.pdf>

11/21/16 DOL/HHS/Treasury issued an additional Frequently Asked Question (FAQ Part 33) regarding implementation of the market reform provisions of the ACA, primarily focused on student health insurance coverage.

On March 21, 2012, HHS published a [final rule](#) establishing requirements for student health insurance coverage under the PHS Act and the ACA. This final rule defines student health insurance coverage as a type of individual market health insurance coverage that is offered to students and their dependents under a written agreement between an institution of higher education and an issuer.

According to the FAQ, many colleges and universities have premium reduction arrangements for graduate student health coverage that can be intertwined with their admissions process. The administration determined via rulemaking in 2013 that certain health reimbursement arrangements that help workers purchase individual coverage were not acceptable under the ACA, and said employers would be penalized for such arrangements. In February 2016, however, the administration offered a safe harbor from that rule for any student plan beginning prior to Jan. 1, 2017.

In the FAQ, the aforementioned agencies extended the safe harbor until further guidance is issued for student health plans that allows university employers to continue to offer students reimbursement to offset the cost of their health coverage.

Read FAQ Part 33 at: <https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/ACA-FAQ-Set-33-Final.pdf>

News

10/26/16 The U.S. Preventative Task Force (USPSTF) issued a final 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. Since the recommendation on primary care interventions to support breastfeeding was finalized with a "B" rating, then such interventions will be required to be provided without cost sharing.

Read the final recommendation statement at: <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/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

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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