AFFORDABLE CARE ACT
MASSACHUSETTS IMPLEMENTATION UPDATE

April 4, 2016

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MA-ACA Website

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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

3/29/16 morning HHS/CMS issued a final rule called "Medicaid and Children's Health Insurance Programs; Mental Health Parity and Addiction Equity Act of 2008; the Application of Mental Health Parity Requirements to Coverage Offered by Medicaid Managed Care Organizations, the Children's Health Insurance Program (CHIP), and Alternative Benefit Plans."

The final rule addresses the requirements under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) to Medicaid Alternative Benefit Plans (ABPs, as required by ACA §2001), CHIP, and Medicaid managed care organizations (MCOs).

According to CMS, the final rule ensures that all beneficiaries who receive services through Medicaid managed care organizations, ABPs, or CHIP will have access to mental health and substance use disorder benefits regardless of whether services are provided through the managed care organization or another service delivery system. It also prevents inequity between beneficiaries who have mental health or substance use disorder conditions in the commercial market (including the state and federal marketplace) and those in Medicaid and CHIP, and helps promote greater consistency for these beneficiaries.

Currently, states have flexibility to provide services through a managed care delivery mechanism using entities other than Medicaid managed care organizations, such as prepaid inpatient health plans or prepaid ambulatory health plans. The final rule maintains state flexibility in this area while guaranteeing that Medicaid enrollees are able to

access these important mental health and substance use services in the same manner as medical benefits.

Under the final rule, plans must disclose information on mental health and substance use disorder benefits upon request, including the criteria for determinations of medical necessity. The final rule also requires the state to disclose the reason for any denial of reimbursement or payment for services with respect to mental health and substance use disorder benefits.

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) is a federal law that generally prevents group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits.

MHPAEA originally applied to group health plans and group health insurance coverage and was amended by the ACA to also apply to individual health insurance coverage, as well as Medicaid ABPs. MHPAEA does not apply directly to small group health plans, although the ACA builds on MHPAEA and requires coverage of mental health and substance use disorder services as one of ten essential health benefits (EHB) categories.

For more information about MHPAEA visit: www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/mental-health-services.html

Read the rule (which was published in the Federal Register on March 30, 2016) at: https://www.gpo.gov/fdsys/pkg/FR-2016-03-30/pdf/2016-06876.pdf

3/25/16 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on three information collection activities.

Comments are due April 25, 2016.

Read the notice at: https://www.gpo.gov/fdsys/pkg/FR-2016-03-25/pdf/2016-06830.pdf

In items #2 and 3, HHS/CMS is seeking comments on the revision of a currently approved information collection activity related to Data Collection to Support Eligibility Determinations and Enrollment for Employers in the Small Business Health Options Program.

The ACA expanded access to health insurance for individuals and employees of small businesses through the establishment of new Affordable Insurance Exchanges, including the Small Business Health Options Program (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. §1311 also directs HHS to establish criteria for the certification of health plans as QHPs and plans to utilize a uniform enrollment form for qualified employers and HHS to develop a web site that assists employers in determining if they are eligible to participate in SHOP.

In item #4, HHS/CMS is seeking comments on the revision of a currently approved information collection activity related to Data Collection to Support Eligibility Determinations for Insurance Affordability Programs and Enrollment through Health Benefits Exchanges, Medicaid and Children's Health Insurance Program (CHIP) Agencies.

ACA §1413 directs the HHS Secretary to develop and provide to each state a single, streamlined form that may be used to apply for coverage through the Exchange and Insurance Affordability Programs, including Medicaid, CHIP, and the Basic Health Program, if applicable. A state may also develop and use its own single streamlined application if approved by the HHS Secretary in accordance with ACA §1413 and if it meets the standards established by the HHS Secretary.

The final Exchange rule (which was published in the Federal Register on March 27, 2012) provides more detail about the application that must be used by the Exchange to determine eligibility and to collect information necessary for enrollment. According to HHS, the application is being designed to solicit sufficient information from applicants so that in most cases no further inquiry will be needed. Individuals will be able to submit an application electronically, through the mail, over the phone through a call center, or in person. The application may be submitted to an Exchange, Medicaid or CHIP agency. The electronic application

process will vary depending on each applicant's circumstances, their experience with health insurance applications and online capabilities.

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

News

3/24/16 CMS announced that it will test a new payment model for nursing facilities and practitioners to reduce avoidable hospitalizations. This initiative is a collaboration of the CMS Medicare-Medicaid Coordination Office and the CMS Innovation Center, both created by ACA §3021.

The Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents seeks to further reduce avoidable hospitalizations, lower combined Medicare and Medicaid spending, and improve the quality of care received by nursing facility residents. The new payment model that will be tested aims to provide payments to practitioners for engagement in multidisciplinary care planning activities. The participating skilled nursing facilities will also receive payment to provide additional treatment for common medical conditions that often lead to avoidable hospitalizations.

The four-year payment phase of the Initiative, slated to begin fall 2016, will be implemented through cooperative agreements with six Enhanced Care and Coordination Providers (ECCPs). The participating ECCPs are: 1) Alabama Quality Assurance Foundation – Alabama 2) HealthInsight of Nevada – Nevada and Colorado 3) Indiana University – Indiana 4) The Curators of the University of Missouri – Missouri 5) The Greater New York Hospital Foundation, Inc. – New York and 6) UPMC Community Provider Services – Pennsylvania.

These ECCP awardees will implement the payment model with both their existing partner facilities, where they provide training and clinical interventions, and in a comparable number of additional facilities to be recruited over the next several months.

To learn more about this announcement, visit: CMS.GOV

3/23/16 HHS/CMS announced that the expansion of the Diabetes Prevention Program, a model funded by §4002 of the ACA, would reduce net Medicare spending and improve the quality of patient care.

In 2011, the YMCA of the USA Diabetes Prevention Program (Y-USA DPP) was awarded more than $11.8 million to enroll eligible Medicare beneficiaries at high risk for diabetes in a diabetes prevention program that could decrease their risk for developing serious diabetes-related illnesses. The main goal of the program was to improve participants' health through improved nutrition and physical activity, targeting at least a 5% weight loss for each individual.

The results of the Y-USA DPP showed that Medicare beneficiaries enrolled in the program lost up to 5% of their body weight, over 80% of participants attended four weekly sessions and that there was an estimated Medicare savings of $2,650 for each enrollee in the DPP over a 15-month period. This expansion could be a critical step in lowering costs and providing better care for Medicare beneficiaries with pre-diabetes. This is the first time a preventive service model created by the CMS Innovation Center has become eligible for expanded coverage under the Medicare program. New federal regulations to expand coverage of the National DPP for Medicare will be released later this year.

To learn more about the DPP certification, visit: CMS.GOV

To read this announcement, visit: HHS.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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