AFFORDABLE CARE ACT
MASSACHUSETTS IMPLEMENTATION UPDATE

May 16, 2016

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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 Announcements

ACA Tribal Personal Responsibility Education Program (PREP) for Teen Pregnancy Prevention, §2953. Announced May 9, 2016.

Funding is available to support the development and implementation of comprehensive, teen pregnancy prevention programs such as PREP. PREP emphasizes a medically accurate approach that focuses on rigorous, scientific research that aims to change behavior. Behavioral changes may include delaying sexual activity, increasing condom or contraceptive use for sexually active youth, or other methods to reduce pregnancy.

Eligible applicants are limited to federally recognized Native American Tribes and tribal organizations. $3,436,600 is available for ten awards.

Applications are due July 8, 2016.

View the announcement at: GRANTS.GOV

Increasing HPV Vaccine Coverage by Strengthening Adolescent Assessment, Feedback, Incentives, and eXchange (AFIX) Activities, §4002. Announced May 2, 2016.

Funding is available to provide support to conduct adolescent AFIX activities. AFIX is a quality improvement program used by awardees to raise immunization coverage levels, reduce missed opportunities to vaccinate, and improve standards of practices at the provider level.

Funded activities should focus on low adolescent coverage rates and may take place at locations which may include large health networks or individual sites with large patient populations to maximize visit impact. Funding should also expand the rollout of existing adolescent AFIX strategies or implement new ones; increase the number of completed adolescent AFIX visits; and provide information as specified to evaluate selected AFIX activities.

Eligible applicants are limited to town, city and state governments that are currently funded by the Immunization and Vaccines for Children Program, which includes the Massachusetts Department of Public Health. $10,000,000 is available for twenty awards.

Applications are due June 4, 2016.

To learn more about AFIX, visit: CDC.GOV

The announcement may be viewed at: www.grants.gov/web/grants/view-opportunity.html?oppId=283615

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

5/11/16 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on the revision of a currently approved information collection activity related to Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges. Under ACA §1311(i), Exchanges operating as of January 1, 2014 were required to establish a Navigator grant program to provide consumers with health insurance plan enrollment assistance.

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. §1311(d) and §1311(i) also direct all Exchanges to award grants to Navigators that provide unbiased information to consumers about health insurance, the Exchange, qualified health plans, and insurance affordability programs including premium tax credits, Medicaid and the Children's Health Insurance Program (CHIP). Navigator programs provide outreach and education efforts and assistance applying for health insurance coverage. In states with a Federally-facilitated Marketplace (FFM) or State Partnership Marketplace, HHS is responsible for awarding Navigator grants. Note that Massachusetts runs a State-Based Exchange.

Comments are due July 11, 2016.

Read the notice at: https://www.gpo.gov/fdsys/pkg/FR-2016-05-11/pdf/2016-11078.pdf (see item #3)

5/6/16 HHS/CMS issued an interim final rule with comment called "Patient Protection and Affordable Care Act; Amendments to Special Enrollment Periods and the Consumer Operated and Oriented Plan Program."

According to HHS, the changes in the interim final rule with comment (IFC) establish provisions that alter the parameters of select special enrollment periods (SEPs) and that revise and simplify certain rules governing the Consumer Operated and Oriented Plans (CO-OPs) program to allow them to more easily raise capital. The agency states that these changes were instituted in order to improve stability in the Health Insurance marketplace and help consumers' access to quality, affordable coverage.

ACA §1311(c)(6) establishes enrollment periods, including SEPs for qualified individuals, for enrollment into qualified health plans (QHPs) through an Exchange. This IFC amends the eligibility requirements of the SEP for individuals who gain access to new QHPs as a result of a permanent move so that this SEP is generally available only to those individuals who had minimum essential coverage (MEC) prior to their permanent move.The IFC tightens the rules for certain SEPs so that SEPs are only available in six defined and limited types of circumstances.

According to HHS, the IFC also makes several changes to the regulations governing the CO-OP program that are intended to enhance the ability of CO-OPs to attract investors and develop new relationships that HHS anticipates will support their short and long-term financial viability. These changes enhance the ability of CO-OPs to enter into new affiliations or capital transactions with other entities in a manner common in the private sector, while preserving

the fundamental member-governed nature of the CO-OPs. Established under ACA §1322, the goal of CO-OP program is to create a new CO-OP in every state in order to expand the number of exchange health plans with a focus on integrated care and plan accountability.

Comments are due July 5, 2016.

Read the rule now (which will be published in the Federal Register on May 11, 2016) at: https://www.gpo.gov/fdsys/pkg/FR-2016-05-11/pdf/2016-11017.pdf

5/6/16 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on a new information collection activity related to CMS Innovation Partners Program Applications and Surveys.

According to HHS, the CMS Innovation Center (CMMI, ACA §3021) has a significant role in supporting the goals set by the HHS Secretary to move 30% of Medicare fee-for-service payments to alternate payment models by the end of 2016 and ultimately 50% by the end of 2018.

The notice states that CMS is creating the Innovation Partners Program (IPP) in order to engage individuals from the front lines of health care, who are actively supporting delivery system transformation at local and regional levels, in order to support and accelerate adoption of alternate payment models developed through the CMMI. The IPP will provide an opportunity for 100 selected individuals from around the country who are already leading and participating in delivery reform initiatives with local and regional networks to engage in a deeper way with CMS to enhance these efforts.

Furthermore, the agency states that an application process is necessary to select the individuals who will participate in IPP and is the first component of this data collection. Applicants shall likely include physicians, nurses and other clinical staff in leadership roles from various health care delivery, public health and community health organizations. The second data collection component is a set of surveys and the respondents shall be only those who are participating in the program. Data from these surveys will be used to design program activities and to identify opportunities for improvement to both activities and the IPP overall.

Comments are due June 6, 2016.

Read the notice at: https://www.gpo.gov/fdsys/pkg/FR-2016-05-06/pdf/2016-10704.pdf (see item #3)

5/6/16 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on the revision of a currently approved information collection activity related to Medicare Self-Referral Disclosure Protocol (SRDP).

ACA §6409 requires the HHS Secretary, in cooperation with the Office of Inspector General of the Department of Health and Human Services, to establish a SRDP. The SRDP enables providers of services and suppliers to self-disclose actual or potential violations of the physician self-referral statute in the Social Security Act. ACA §6409(b) gives the HHS Secretary the authority to reduce the amount due and owing for all such violations. In accordance with the ACA, CMS established the SRDP on September 23, 2010, and information concerning how to disclose an actual or potential under the Social Security Act was posted on the CMS website.

In the notice HHS states that the agency is seeking approval to revise the currently approved information collection related to SRDP in order to comply with the"Medicare Program; Reporting and Returning of Overpayments" final rule (which was published in the Federal Register on February 12, 2016). The final rule establishes a 6-year lookback period for reporting and returning overpayments. The 6-year lookback period applies only to submissions to the SRDP received on or after March 14, 2016, the effective date of the final overpayment rule; parties submitting self-disclosures to the SRDP prior to March 14, 2016 need only provide a financial analysis of potential overpayments based on a 4-year lookback period.

According to HHS, the SRDP will be streamlined and simplified by issuing a required form for SRDP submissions which reduces the amount of information that is required for submissions to the SRDP and providing a streamlined and standardized format for the presentation of the required information.

Comments are due July 5, 2016.

Read the notice at:https://www.gpo.gov/fdsys/pkg/FR-2016-05-06/pdf/2016-10705.pdf

5/5/16 HHS/FDA issued a notice announcing the availability of a guidance for industry entitled "A Labeling Guide for Restaurants and Retail Establishments Selling Away-From-Home Foods--Part II (Menu Labeling Requirements in Accordance with FDA's Food Labeling regulations)."

The guidance will help certain restaurants and similar retail food establishments comply with the menu labeling requirements, including the requirements to provide calorie and other nutrition information for standard menu items, including food on display and self-service food. In response to public comments, this guidance modified earlier guidance (published in the Federal Register on September 16, 2015) that the FDA issued entitled "A Labeling Guide for Restaurants and Retail Establishments Selling Away-From-Home Foods--Part II (Menu Labeling Requirements in Accordance with 21 CFR 101.11)."

According to HHS, the updated guidance will help certain restaurants and similar retail food establishments comply with the menu labeling requirements, including the requirements to provide calorie and other nutrition information for standard menu items, including food on display and self-service food. The guidance is intended to help covered restaurants and similar retail food establishments comply with the nutrition labeling requirements of the final rule (which was published in the Federal Register on December 1, 2014).

In addition, the agency noted that the Consolidated Appropriations Act of 2016 includes language barring the FDA from implementing menu labeling rules until one year after the agency finalizes guidance, which is still under consideration. The proposed guidance would update the Nutrition Facts label for conventional foods and dietary supplements to address new scientific information and design changes in labeling. As a result, enforcement of the final rule will commence May 5, 2017.

ACA §4205 requires that calorie information be listed on menus and menu boards in restaurants and similar retail food establishments that are part of a chain and in vending machines with 20 or more locations. According to the FDA, the requirements will help combat obesity by assisting consumers in maintaining healthy dietary practices. New information will provide consumers with more nutritional information about the foods they eat outside of the home. These establishments will be required to clearly and conspicuously display calorie information for standard items on menus and menu boards, next to the name or price of the item.

Comments can be submitted at any time.

Read the notice at: https://www.gpo.gov/fdsys/pkg/FR-2016-05-05/pdf/2016-10462.pdf

4/27/16 HHS/CMS issued a proposed rule called "Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models." The proposed rule implements portions of ACA §3021 and §10331.

According to HHS, the proposal aligns and modernizes how Medicare payments are tied to the cost and quality of patient care for doctors and other clinicians. The agency states that the proposed rule is a first step in implementing certain provisions of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

Currently, Medicare measures the value and quality of care provided by doctors and other clinicians through a patchwork of programs. Some clinicians are part of Alternative Payment Models such as the Accountable Care Organizations, the Comprehensive Primary Care Initiative, and the Medicare Shared Savings Program, and most participate in programs such as the Physician Quality Reporting System, the Value Modifier Program, and the Medicare Electronic Health Record Incentive Program.

With MACRA, Congress streamlined these various programs into a single framework to help clinicians transition from payments based on volume to payments based on value. The proposed rule implements these changes through the unified framework called the Quality Payment Program, which includes two paths: 1) The Merit-based Incentive Payment System and 2) Advanced Alternative Payment Models.

Comments are due June 27, 2016.

Read the proposed rule (was published in the Federal Register on May 9, 2016) at: https://www.gpo.gov/fdsys

/pkg/FR-2016-05-09/pdf/2016-10032.pdf

4/25/16 HHS/CMS issued the final rule called "Medicaid and Children's Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions Related to Third Party Liability."

According to HHS, the final rule modernizes the Medicaid and CHIP managed care regulations to reflect changes in the usage of managed care delivery systems. The final rule would ensure appropriate beneficiary protections and improve beneficiary communications and access, provide new program integrity tools for states, support state efforts to deliver higher quality care in a cost-effective way, and better align Medicaid and CHIP managed care rules and practices with other major sources of health insurance coverage, including coverage through qualified health plans and Medicare Advantage plans. The final rule strengthens actuarial soundness payment provisions to promote the accountability of Medicaid managed care program rates and also requires states to establish comprehensive quality strategies for their Medicaid and CHIP programs regardless of how services are provided to beneficiaries. According to HHS, the proposed rule also implements best practices identified in existing managed long term services and supports programs. In addition, the final rule implements provisions of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) and addresses third party liability for trauma codes.

The final rule implements portions of several ACA sections, including the following: 1) The ACA includes standards for a minimum medical loss ratio (MLR, ACA §10101) in the private health insurance and Medicare Advantage markets, but it didn't apply to Medicaid. The final rule extends the ACA's MLR rules to Medicaid managed care plans; and 2) ACA §1557, which prohibits discrimination in health programs that receive federal financial assistance. The provisions of the rule will be implemented in phases over the next three years, starting on July 1, 2017.

Read the final rule (which was published in the Federal Register on May 6, 2016) at:

https://www.gpo.gov/fdsys/pkg/FR-2016-05-06/pdf/2016-09581.pdf

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

News

5/10/16 The Patient-Centered Outcomes Research Institute (PCORI) approved over $1.9 million in funding in support of a wide range of patient centered clinical effectiveness research projects. Created under ACA §6301, PCORI is an independent nonprofit organization, tasked with conducting patient-centered outcomes and studies.

Through the Tier II Pipeline to Proposal Program, $1.1 million was awarded for 44 projects. This program provides three tiers of support to help individuals and groups not typically involved in clinical research to develop the means to produce community-led research funding proposals. Awards will provide up to $25,000 per project and will help recipients strengthen community partnerships and develop research capacity.

Of the awards announced, three Massachusetts organizations received Tier II funding: 1) Northeastern University received $25,000 to tailor patient options for medication adherence action plans in community pharmacies; 2) Tufts University received $24,915 to improve oral health for vulnerable populations, specifically individuals with intellectual and developmental disabilities; and 3) Brigham and Women's Hospital, Pulmonary and Critical Care Department received $24,461 to fund a study called, "After The ICU: A Collaborative to Improve Critical Illness Survivorship."

PCORI also approved nearly $825,000 in funding for three awards through their Eugene Washington PCORI Engagement program. This program encourages the active integration of patients, caregivers, clinicians, and other healthcare stakeholders who are part of the medical research process.

The three awards will be used for 1) an effort by the Public Health Institute in California to engage and train adolescents to become active partners in the Patient-Centered Outcomes Research Program, 2) a research project being conducted by the University of California San Francisco (UCSF) to enable families and community-based organizations to partner with pediatric researchers at UCSF to advance research to reduce health disparities in children and, 3) an initiative by the Coalition to Transform Advanced Care in Washington, D.C. to develop a network of African- American churches and strengthen community partnerships with experts, researchers, and hospital

networks to address health disparities among African Americans with advanced illness.

For more information about these awarded projects, visit PCORI.ORG

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5/10/16 The U.S. Preventative Task Force (USPSTF) issued a draft recommendation statement on folic acid supplementation for the prevention of neural tube defects in developing babies. The Task Force recommends that all women planning to or who could become pregnant take a daily supplement containing 400 to 800 micrograms of folic acid. The USPSTF assigned a grade “A” to this recommendation.

According to the USPSTF, neural tube defects, in which the brain or spinal cord does not develop properly in a baby, can occur early in a pregnancy, even before a woman knows she is pregnant. The Task Force concluded that taking folic acid before and during pregnancy can help protect against neural tube defects.

Folic acid is found naturally in many fruits and vegetables, such as leafy greens, broccoli, and orange juice. Additionally, many foods such as flour, cereals, and breads are fortified with folic acid. However, even with food fortification, the Task Force states that most women do not get the recommended dose of 400 micrograms of folic acid per day. The USPSTF found that there is evidence that by taking a daily folic acid supplement, women who are planning to or who may become pregnant can reduce the risk of neural tube defects.

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 folic acid supplementation for the prevention of neural tube defects is finalized with an "A" rating, then it will be required to be provided without cost sharing.

Comments are due June 6, 2016 and can be submitted at: www.uspreventiveservicestaskforce.org/Comment/Collect/Index/draft-evidence-review151/folic-acid-for-the-prevention-of-neural-tube-defects-preventive-medication

Read the draft recommendation statement at: www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement160/folic-acid-for-the-prevention-of-neural-tube-defects-preventive-medication

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

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

5/4/16 HHS awarded over $260 million in funding to health centers nationwide to build and renovate facilities to serve more patients. Funding is authorized through the ACA Community Health Center Fund, ACA §4206.

Over $260 million in awards will be distributed to 290 health centers in 45 states, the District of Columbia, and Puerto Rico for facility renovation, expansion, or construction. Awardees will use this funding to increase their patient capacity and to provide additional comprehensive primary and preventive health services to medically underserved populations.

Of the 290 Health Centers that were awarded, eight organizations in Massachusetts will receive a combined total of $6,994,891 in funding. These awards will help serve a projected 17,794 additional patients in the Commonwealth.

For a complete list of award winners, visit: HRSA.GOV

To learn more about 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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