

## Appendix A – Public Notices

- Abbreviated public notice – version 1
- Abbreviated public notice – version 2
- Longer version of the public notice – final version
- Tear sheets (proof of publications) version 1 (printed on June 15, 2016) from:
  - Boston Globe
  - Worcester Telegram & Gazette
  - Lowell Sun
  - Springfield Republican
- Tear sheets (proof of publications) version 2 (printed on June 23 and 24, 2016) from:
  - Boston Globe
  - Worcester Telegram & Gazette
  - Lowell Sun
  - Springfield Republican
- Email confirmations of Notice to Massachusetts Executive Office for Administration and Finance
- Email confirmation of Notice to Massachusetts State Publication and Regulations Division
- MA-ACA Update
- MassHealth Innovations email
  - distribution version 1
  - distribution version 2
- Screen shots of all 3 web sites
  - <http://www.mass.gov/eohhs/gov/departments/masshealth/masshealth-and-health-care-reform.html>
  - <http://www.mass.gov/eohhs/gov/departments/masshealth/>
  - [www.mass.gov/hhs/masshealth-innovations](http://www.mass.gov/hhs/masshealth-innovations)

## **Notice of Agency Action**

**Subject:** MassHealth: Notice of Submission of a Request to extend the MassHealth Section 1115 Demonstration

**Agency:** Executive Office of Health and Human Services

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. Financing for the current 1115 Demonstration is only authorized 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 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 1115 demonstration web site: <http://www.mass.gov/eohhs/gov/departments/masshealth/masshealth-and-health-care-reform.html>.

### **Public Comment Period:**

EOHHS program staff will host two public listening sessions in order to hear public comments on the Request. Stakeholders are invited to review the Request in advance and share with program staff at the listening sessions any input and feedback, or questions for future clarification. The listening sessions are scheduled as follows:

### **Listening session #1, in conjunction with a meeting of the MassHealth Medical Care Advisory Committee and the MassHealth Payment Policy Advisory Board:**

**Date:** Friday, June 24, 2016

**Time:** 2:30 pm – 4:00 pm

**Location:** 1 Ashburton Place, 21<sup>st</sup> Floor, Boston MA

**Conference Line: 1-866-565-6580, Passcode: 9593452**

**Listening session #2:**

**Date: Monday, June 27, 2016**

**Time: 2:00 – 3:30 pm**

**Location: Auditorium, Fitchburg Public Library, 610 Main Street, Fitchburg, MA**

Communication Access Realtime Translation (CART) services and American Sign Language (ASL) interpretation will be available at both meetings. Please contact Donna Kymalainen at [Donna.Kymalainen@state.ma.us](mailto:Donna.Kymalainen@state.ma.us) or 617-886-8247 to request additional accommodations.

EOHHS will accept comments on the proposed Request through July 15, 2016. Written comments may be delivered by email or mail. By email, please send comments to [MassHealth.Innovations@state.ma.us](mailto: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, 11<sup>th</sup> Floor, Boston, MA 02108. Comments must be received by 5 pm on July 15, 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, 11<sup>th</sup> Floor, Boston, MA 02108. Comments will be posted on the MassHealth 1115 Demonstration website: <http://www.mass.gov/eohhs/gov/departments/masshealth/masshealth-and-health-care-reform.html>.

## **Notice of Agency Action**

**Subject:** MassHealth: Notice of Submission of a Request to extend the MassHealth Section 1115 Demonstration (**Updated date for submitting comments below**)

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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](http://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.

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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](mailto: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, 11<sup>th</sup> 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, 11<sup>th</sup> Floor, Boston, MA 02108. Comments will be posted on the MassHealth 1115 Demonstration website: <http://www.mass.gov/eohhs/gov/departments/masshealth/masshealth-and-health-care-reform.html>.

# 1115 Waiver Proposal Information

## Submission of a Request to Amend and Extend the Massachusetts 1115 Demonstration: Summary and Public Comment Period (Updated date for submitting comments below)

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.

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The Request does not affect eligibility for MassHealth. The Request documents can be found at the MassHealth Innovations web site: [www.mass.gov/hhs/masshealth-innovations](http://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 host two public listening sessions in order to hear public comments on the Request. Stakeholders are invited to review the Request in advance and share with program staff at the listening sessions any input and feedback, or questions for future clarification. The listening sessions are scheduled as follows:

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## Background

MassHealth provides health insurance and access to health care for over 1.8 million residents of Massachusetts, more than one-quarter of the Commonwealth's population. It is an essential safety net for 40 percent of children and more than half of people with disabilities. However, MassHealth's spending has grown unsustainably and, at more than \$15 billion, is now almost 40 percent of Massachusetts' budget. Massachusetts also faces a burgeoning opioid addiction epidemic, and continued fragmentation between primary and behavioral health care for MassHealth members. Over the past year, MassHealth has undertaken an extensive public stakeholder engagement and policy development process to devise strategies to address these challenges and put MassHealth on a path to sustainability.

MassHealth's 1115 demonstration provides an opportunity to restructure MassHealth to emphasize value in care delivery, and better meet members' needs through more integrated and coordinated care, while moderating the cost trend. Massachusetts seeks to amend and extend the MassHealth 1115 demonstration for five years in order to advance these goals. This proposal seeks to amend the current demonstration through June 30, 2017 and begin a new five-year extension effective July 1, 2017.

MassHealth plans to implement 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, including opioid addiction.

## Summary of Requested Changes to the Demonstration

**Advancing Accountable Care.** MassHealth is transitioning from fee-for-service, siloed care and into integrated accountable care, as providers form accountable care organizations (ACOs). ACOs are provider-led organizations that are held contractually responsible for the quality, coordination and total cost of members' care. MassHealth's ACO approach places a significant focus 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 (LTSS) and health-related social services. Therefore, ACOs will be required to maintain formal relationships with community-based behavioral health and LTSS providers certified by MassHealth as Community Partners, furthering the integration of care. This shift from fee-for-service to accountable, total cost of care models at the provider level is central to the demonstration extension request, and to the Commonwealth's goals of a sustainable MassHealth program. Massachusetts seeks new waiver and expenditure authority necessary to authorize ACOs.

**Delivery System Reform Incentive Program (DSRIP).** Massachusetts' goal is to achieve meaningful delivery system reform through provider partnerships across the care continuum and the implementation of broad participation in alternative payment models. Massachusetts is committed to concrete targets for cost, quality and member experience to measure progress toward this vision. To fund the changes to the delivery system, Massachusetts proposes partnering with the federal government in a DSRIP program. This five-year federal investment will catalyze change, after which our reform should be self-sustaining and supported by projected savings. MassHealth proposes a \$1.8 billion DSRIP investment over five years to support the transition toward ACO models, including direct funding for community-based providers of behavioral health LTSS, in addition to ACOs.

**Enhanced Benefits to Treat Substance Use Disorders.** A key feature of the proposed demonstration extension is to address the growing crisis related to opioid addiction. Massachusetts proposes enhanced MassHealth substance use disorder (SUD) services to promote treatment and recovery, specifically by increasing treatment services and expanding access to various services, such as 24-hour community based services, Medication Assisted Treatment, care management and other recovery support. Additionally, Massachusetts will engage in SUD workforce development across the health care system.

**Safety Net Care Pool Redesign.** MassHealth proposes to restructure its payments to providers under the SNCP, as required in the October 2014 waiver extension agreement with CMS. DSRIP will replace existing programs focused on delivery system reform, including Infrastructure and Capacity Building grants and the Delivery System Transformation Initiatives (DSTI) program. MassHealth will continue to provide necessary and ongoing funding support to safety net providers through a new funding stream available to an expanded group of providers. The combination of DSRIP and restructured safety net provider payments through the SNCP will provide a glide path to a more sustainable funding level for current DSTI hospitals over the five-year demonstration term. MassHealth requests to continue currently authorized funding for uncompensated care, including the Health Safety Net, and to continue the current Public Hospital Transformation and Incentive Initiatives. In addition, MassHealth proposes to more fully recognize the Commonwealth's commitment to reimburse providers for otherwise uncompensated care by creating a new Uncompensated Care Pool. Finally, MassHealth proposes to expand federal financial participation for ConnectorCare by including state cost sharing subsidies in addition to state premium subsidies for lower income Health Connector enrollees.



**Additional Changes.** MassHealth proposes additional changes, including the following:

- MassHealth proposes to extend CommonHealth coverage for working adults age 65 and older.
- MassHealth requests authority to provide premium assistance through the Student Health Insurance Program (SHIP), combined with cost sharing assistance and a benefit wrap, for students with access to student individual health plans, to the extent that MassHealth determines that this is cost-effective.
- As part of its continuing ACA implementation work, MassHealth plans to update the out-of-pocket cost sharing schedule, which includes premiums and copayments, in 2018. These updates will encourage members to enroll in integrated and coordinated systems of care.
- In order to encourage eligible MassHealth members to enroll in an MCO or ACO rather than the PCC Plan, MassHealth also proposes to provide selected fewer covered benefits to members who choose the PCC Plan, such as chiropractic services, eye glasses and hearing aids. Members who select the Primary Care Clinician (PCC) Plan as their managed care option can choose to disenroll from the PCC Plan and enroll in an MCO or ACO at any time.

**Impact on MassHealth Enrollment and Expenditures.** In SFY 2015, MassHealth enrollment included 16.6 million waiver member months. This figure is expected to increase by approximately 2.8% per year. Actual waiver expenditures were \$6.6 billion in SFY 2015 and are expected to increase by approximately 5.4% per year. The changes to the demonstration in total are expected to add \$581 million per year, due to the impacts of the Substance Use Disorder request, inclusion of LTSS and expanding the CommonHealth population.

**Hypothesis and Evaluation Parameters.** MassHealth has engaged the University of Massachusetts Medical School's Center for Health Policy and Research (UMass) to evaluate the current Demonstration extension. The evaluation will examine MassHealth initiatives against the Demonstration's goals of coverage, movement away from uncompensated care, delivery system reform, and payment reform.











<b>WITNESS, Not a Court Officer</b> Donnelly, Jr., First Justice of this Court. Date: June 2, 2016 TARA E. DeCRISTOFARO Register of Probate June 15, 2016	<b>WITNESS, Not a Court Officer</b> which time they will be publicly opened and read aloud. Paul E. Cohen Town Manager June 15, 2016	<b>WITNESS, Not a Court Officer</b> appointed under informal procedure. A copy of the Petition and Will, if any, can be obtained from the Petitioners. June 15, 2016
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Public Notice

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June 15, 2016

Public Notice

**Stonebridge Farm Condominium, Derby Lane, Tyngsborough, Middlesex County, Massachusetts, a Condominium established by Michael F. Rindo, Inc., the "Declarant" in the Master Deed pursuant to Massachusetts General Laws, Chapter 183 A, by Master Deed dated November 1, 1986 recorded with the Middlesex North District Registry of Deeds (Registry) on November 14, 1986 in Book 3786, Page 178 (Master Deed), as amended by First Amendment dated November 6, 1987 and recorded with said Registry of Deeds on November 9, 1987, Book 4307, Page 175, which Unit is built as shown on the floor plans of the building filed with said Registry and on the copy of the portion of said plans attached to the Unit Deed recorded at Book 4851, Page 206 and made part thereof, to which is affixed the verified statement in the form required by Section 9 of said Chapter 183 A. See Plan Book 156, Plan 144 and Plan Book 162, Plan 81. Said Unit is conveyed together with an undivided 3.60% interest in the common areas and facilities of the property described in said Master Deed attributable to the Unit: subject to and with the benefit of an easement in common with the owners of other Units to use any pipes, wires, ducts, flues, cables, conduits, public utility lines and other common areas, all as referred to in said Master Deed.**  
**Said Unit is conveyed subject to the provisions of said Chapter 183A, Master Deed, easements referred to therein and Declaration of Trust recorded simultaneously with the Master Deed, as the same may be amended from time to time by instrument recorded with said Deeds, which provisions, together with any amendments thereto, shall constitute covenants running with the land and shall bind any person having at any time visitors, as though such provisions were recited and stipulated at length herein, and to Rules and Regulations as may be established by the Condominium Trustees.**  
**Said unit is intended only for single family residential purposes. No use may be made of the Unit except as a residence for the Owner thereof, or his permitted Lessees and the members of their immediate families, and no portion, or all thereof, may be used as a professional office whether or not accessory to a residential use, except as permitted by the Condominium Trustees in accordance with said Master Deed and Condominium Trust.**  
**Said Unit is conveyed subject to any and all rights, easements and restrictions as the same may be in force and effect.**  
**For mortgagor's title see deed recorded with the Middlesex County (Northern District) Registry of Deeds in Book 20730, Page 56. See also deed recorded in said Registry of Deeds in Book 27200, Page 159. The premises will be sold subject to any and all unpaid taxes and other municipal assessments and liens, and subject to prior liens or other enforceable encumbrances of record entitled to precedence over this mortgage, and subject to and with the benefit of all easements, restrictions, reservations and conditions of record and subject to all tenancies and/or rights of parties in possession. Terms of the Sale: Cash, cashier's or certified check in the sum of \$5,000.00 as a deposit must be shown at the time and place of the sale in order to qualify as a bidder (the mortgage holder and its designee(s) are exempt from this requirement); high bidder to sign written Memorandum of Sale upon acceptance of bid; balance of purchase price payable in cash or by certified check in thirty (30) days from the date of the sale at the offices of mortgagee's attorney, Korde & Associates, P.C., 321 Billerica Road, Suite 210, Chelmsford, MA 01824-4100 or such other time as may be designated by mortgagee. The description for the premises contained in said mortgage shall control in the event of a typographical error in this publication.**  
**Other terms to be announced at the sale.**  
**Deutsche Bank National Trust Company as Trustee for GSAA Home Equity Trust 2007-5, Asset-Backed Certificates, Series 2007-5**  
**Korde & Associates, P.C.**  
**321 Billerica Road**  
**Suite 210**  
**Chelmsford, MA 01824-4100**  
**(978) 256-1500**  
**Marrone, Laura A., 14-018264**

June 8, 15, 22, 2016

acceptance hereof, agrees to perform and assume, and (d) such real estate taxes attributable to said Unit for the current year as are now due and payable. The Grantee understands that the Condominium is intended to be a phased condominium, and that if and when additional phases are added from time to time, the undivided interest in the Common Areas and Facilities of the Condominium appurtenant to the Subject Unit will decrease as provided in the Master Deed, and the Grantee, by accepting delivery of this deed, assent to said decreases, and assents to the easements and rights reserved to the Grantor in the Master Deed. The Subject Unit is intended to be used for residential purposes only. Being all and the same premises conveyed to me by deed to be recorded herewith. The premises are to be sold subject to and with the benefit of all easements, restrictions, building and zoning laws, liens, attorneys fees and costs pursuant to M.G.L.Ch.183A, unpaid taxes, tax titles, water bills, municipal liens and assessments, rights of tenants and parties in possession.

**TERMS OF SALE:** A deposit of FIVE THOUSAND DOLLARS AND 00 CENTS (\$5,000.00) in the form of a certified check, bank treasurer's check, or money order will be required to be delivered at or before the time the bid is offered. The successful bidder will be required to execute a Foreclosure Sale Agreement immediately after the close of the bidding. The balance of the purchase price shall be paid within thirty (30) days from the sale date in the form of a certified check, bank treasurer's check or other check satisfactory to Mortgagee's attorney. The Mortgagee reserves the right to bid at the sale, to reject any and all bids, to continue the sale and to amend the terms of the sale by written or oral announcement made before or during the foreclosure sale. If the sale is set aside for any reason, the Purchaser at the sale shall be entitled only to a return of the deposit paid. The purchaser shall have no further recourse against the Mortgagor, the Mortgagee or the Mortgagee's attorney. The description of the premises contained in said mortgage shall control in the event of an error in this publication. **TIME WILL BE OF THE ESSENCE.**

Other terms if any, to be announced at the sale.  
U.S. Bank Trust, N.A., as Trustee for LSF9 Master Participation Trust  
Present Holder of said Mortgage,  
By its Attorneys,  
ORLAND MORAN PLLC  
P.O. Box 540540  
Waltham, MA 02454  
Phone: 781-790-7800  
676.0273

June 8, 15, 22, 2016



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Wanted - Instruction

## Jobs

**ADMIN ASSISTANT** - Self Starter, Well Organized, Individual who Possesses Excellent Telephone, Typing, Computer, MS Word & Excel Skills. Must be a Team Player in Small Dynamic Office. Call 413-734-0289 or Email Resume, Cover Letter, References and Salary Requirements to: [info@posnik.com](mailto:info@posnik.com).

**ADMINISTRATIVE Compliance Coordinator** - full time, 12-mos position reporting to Director of Facilities at private school. Assist with scheduling, budgeting, work order management & compliance issues. Must be proficient in Excel, Word, and databases. 5+ years exp & Assoc. Degree. Send resume and salary requirements to: [creed@wma.us](mailto:creed@wma.us).

## Director of Human Resources

Sought for a progressive non-profit organization that serves adults with developmental disabilities. This highly energetic and experienced Human Resource Professional will supervise an admin staff of four and work directly with the President. Must be a hands on manager as well as a strategic partner. Ideal applicant will have the ability to work independently, be organized, flexible and efficient. Must inspire collaboration, work with all members of the organization and deal consistently with employment issues. The ability to exercise discerning judgment, consultative decision-making, creative problem solving, and manage multiple projects is a requirement. Must be able to verbally communicate in English, have excellent writing and computer skills. A Bachelor's Degree or HR Certification is required as well as 5 years of related experience. Experience working with non-profit organizations preferred.

Visit our website at [rsi.org](http://rsi.org). If you like what you see and want to be part of an innovative agency, submit a detailed cover letter along with your resume & salary requirements to:

Charlene Gentes,  
President,  
Riverside Industries, Inc.  
One Cottage Street,  
Easthampton, MA 01027  
Or E-mail [info@rsi.org](mailto:info@rsi.org)

Accepting resumes until position is filled.

Pre-employment CORI, driving record check, fingerprinting, & physical exam are required.

## Jobs

**DRIVER CDL CLASS A**  
Bloomfield Ct. 3 + yrs. Tractor trailer exp. Must have clean driving record, 2 round trip runs, to NC per wk. No touch freight, home for 1 1/2 days a wk call Margaret M-F. 9-3pm. 860-243-5453

**Extension Educator III - Plant Pathologist**  
Center for Agriculture, Food and the Environment

The Center for Agriculture, Food and the Environment at the University of Massachusetts Amherst has an immediate opening for an Extension Educator III - Plant Pathologist. For information on minimum qualifications and application instructions, please visit: <http://umass.interviewexchange.com/jobofferdetail5.jsp?JOBID=72761>

The University of Massachusetts Amherst is an Affirmative Action/Equal Opportunity Employer of women, minorities, protected veterans, and individuals with disabilities and encourages applications from these and other protected group members.

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**LIFEGUARDS WANTED**  
Must be certified in Lifeguarding, First Aid and CPR/AED, schedule and location vary. Apply at the Chicopee Parks Dept, 687 Front St or contact us 594 - 3461.

**Office Manager - Jb in Montague.** Ansr phn, Grt cls & schdl appts. Opn, anlz corr, distr & prpr rpsps. Mng & mntn stff schlding. Ordrr invntry & suppls, mntn rcrd mgmt db sys & prfrm bkupng. Mntn cmp sys. File & rtrv docs, rcrds & rprts. Prep invcs, rprts, mems, ltrs, & fin stmts. Prep agnds & coord mtgs & evnts. Coord & dir svcs incl rcrds, flncs, budgt prep & persnl isus. Procs payrl. Attd mntgs to rcrd mnts & distr. Set up & ovrsr offc admin pocs. Supv & trn crcl stff & arr empl trng. Mt w/ clts on bhvf of ownr. Rvw optng prctcs & procs to det imprvmts to wrkflc, rprng procs & expndtrs. Req. 2 yrs exp in jb offd. Verif refs. Send resume to: Daniel Cohen DMD PC, 4 Dell Street, Montague, MA 01376.

## Jobs

**Police Dispatcher**  
(Swing and overnight shifts)

Springfield College invites applications for a full-time Police Dispatcher for the swing and overnight shift with the Department of Public Safety. This position is responsible for monitoring a variety of alarm equipment, video systems, must be able to operate a Computer Aided Dispatch system (CAD), must be comfortable using a radio system for receiving and transmitting messages regarding routine and emergency police services; exercise initiative and independent judgment in assessing alarm and other emergency or routine situations and notify appropriate personnel or other agencies; dispatch and monitor vehicular and portable units; patrol the College campus and adjacent property to ensure campus security and student safety; must be able to multi-task, and to work under stressful conditions, this position requires a person that is comfortable using different computer software programs. This position requires knowledge equivalent to that gained through completion of a high school diploma and a minimum of four years directly related experience; or the equivalent in combined education and experience. Must be able to read and speak English. Incumbents must be able to pass a background and CORI check. To apply, please forward by email a resume, cover letter, and the email addresses and phone numbers of three professional references all in one document attached and directed to: Office of Human Resources, hroffice@springfieldcollege.edu.

**SCHOOL Psychologist - Grades K - 12 - Full Time**  
Please submit application via [schoolspring.com](http://schoolspring.com) by June 21, 2016. The Agawam school system does not discriminate on the basis of race, color, sex, age, religion, national origin, gender identity, or handicap in compliance with Section 504.

The Hampden-Wilbraham Safe and Healthy Students Coalition is seeking a part-time Coalition Coordinator, approximately 20 hours/week. An advanced degree in Public Health or Human Services and experience in the field of youth substance abuse prevention is preferred. The candidate must have excellent communication and community outreach skills and a flexible schedule. Apply via School Spring (<http://tinyurl.com/pgkxsn>) or email resume and letter of interest to [okahn@hwrssd.org](mailto:okahn@hwrssd.org).

## Jobs

**Town of Wilbraham HEAVY EQUIPMENT OPERATOR**  
DEADLINE EXTENDED

Opportunity for a reliable and motivated individual to perform labor & equipment operation duties for all DPW divisions Operate trucks, snow plows, backhoe, front-end/bucket loader, jet vacuum, specialty mower, sweeper, roller, street paver, manual & power tools, etc. under all weather conditions & for prolonged periods of time. Req. HS or GED, good work history, valid Class B CDL with tanker endorsement & Holding Engineer's License class 2B, 4E & 4G (or 4A) within 6 months of hire; license fees paid by town; clean driving record, up to \$21.19/hr DOQ, good benefits. Must complete application available online at [www.wilbraham-ma.gov](http://www.wilbraham-ma.gov) or in the Selections Office, 240 Springfield St., Wilbraham MA 01095. Deadline extended to Friday, 6/24/2016 at 4:30 pm. EOE

**Town of Wilbraham SEASONAL DPW LABORER**

Looking for two hard workers to perform grass mowing, weed wacking, spreading top soil & grass seed, shoveling/raking asphalt, cleaning equipment etc.... Must have a valid drivers license and be physically able to lift & carry at least 50 lbs & perform strenuous physical labor in all weather conditions for extended periods of time. \$10/hr. 12-16 weeks, no benefits. Please apply at 240 Springfield St., Wilbraham, MA 01095. application available at [www.wilbraham-ma.gov](http://www.wilbraham-ma.gov), deadline 6/24/2016 at 4:30 pm EOE

**WAQY in Springfield MA** is looking for an on-air talent. Extensive experience required. Email [jobs@rock102.com](mailto:jobs@rock102.com) EOE

## Jobs Medical & Dental

**Bookkeeping-A/R**  
Poet's Seat Health Care Center is looking for an A/R bookkeeper. Specializing in Nursing Home billing and collections. Full Time with Benefits. Excellent Salary. To Apply Contact Andrew Goodsell, Administrator. Phone: 413-774-6318 Fax: 413-773-0060 Email: [agoodsell@psccc.com](mailto:agoodsell@psccc.com) Or stop by the facility EOE

## Jobs Medical & Dental

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## Professional Medical

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RN's needed for certified visits, minimum 1 year experience. Call Alyssa at 413-858-4506. EOE.

## Legal Notices

Legal ads can be e-mailed to [classified-legals@repub.com](mailto:classified-legals@repub.com)  
For more information call 413-788-1297

## Legal Notices

**Notice of Agency Action**  
Subject: MassHealth: Notice of Submission of a Request to extend the MassHealth Section 1115 Demonstration  
Agency: Executive Office of Health and Human Services  
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 ("the 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. Financing for the current 1115 Demonstration is only authorized 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

## Legal Notices

for individuals affected by 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/masshealth-and-health-care-reform.html>. Public Comment Period: EOHHS program staff will host two public listening sessions in order to hear public comments on the Request. Stakeholders are invited to review the Request in advance and share with program staff at the listening sessions any input and feedback or questions for future clarification. The listening sessions are scheduled as follows:

Listening session #1, in conjunction with a meeting of the MassHealth Medical Care Advisory Committee and the MassHealth Payment Policy Advisory Board:  
Date: Friday, June 24, 2016  
Time: 2:30 pm - 4:00 pm  
Location: 1 Ashburton Place, 21st Floor, Boston MA  
Conference Line: 1-866-657-6580  
Passcode: 9593452  
Listening session #2:  
Date: Monday, June 27, 2016  
Time: 2:00 - 3:30 pm  
Location: Auditorium, Fitchburg Public Library, 610 Main Street, Fitchburg, MA  
Communication Access: Realtime Translation (CART) services and American Sign Language (ASL) interpretation will be available at both meetings.

At contact: Donna Kymalainen at [Donna.Kymalainen@state.ma.us](mailto:Donna.Kymalainen@state.ma.us) or 617-886-8247 to request additional accommodations. EOHHS will accept comments on the proposed Request through July 15, 2016. Written comments may be delivered by email or mail. By email, please send comments to [masshealth.innovations@state.ma.us](mailto: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 5 pm on July 15, 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: <http://www.mass.gov/eohhs/gov/departments/masshealth-and-health-care-reform.html>. (June 15)

Amherst, Belchertown, Ware & Northeast

**Notice to Contractors**  
Commonwealth of Massachusetts - University of Massachusetts  
Sealed proposals submitted on a form furnished by the University of Massachusetts, and clearly identified as a Bid, endorsed with the name and address of the Bidder, the Project and Contract Number will be received from: General Bidders before 2:00 p.m. on June 30, 2016. Every General Bidder must submit with their Bid a Certificate of Eligibility available from the Division of Capital Asset Management along with an Update Statement before their Bid may be considered.

Contractor: N/A  
Estimate: \$95,000.00  
Contract No.: UMAPP17-001  
Title: CHP - Valve Services  
The work shall be completed on or before July 31, 2017 from the Notice to Proceed and in general the Project includes: Repairs and maintenance of valves in the Central Heating Plant  
Bids will be received on the Bid Express website at: [www.bidexpress.com](http://www.bidexpress.com) no later than the time and date specified and will forthwith be publicly opened and read aloud. Any bid Submitted to the Bid Express website at: [www.bidexpress.com](http://www.bidexpress.com) after the date and time specified will not be considered. No hard copies will be accepted.

Minimum rates of wages to be paid on the project have been determined by the Commissioner of Labor & Workforce Development under the provision of Sections 26 & 27, Chapter 149 of the General Laws. Wage rates are listed in the Contract form portion of specification book.  
Each General Bid proposal must be secured by an accompanying deposit of 5% of the total bid. Deposits shall be in the form of a BOND, CERTIFIED TREASURER'S or CASHIER'S CHECK payable to the University of Massachusetts. Deposits shall be returned in accordance with law.  
All bids for this project are subject to the provisions of either or both Massachusetts General Laws, Chapter 30, Section 39M as amended, and Massachusetts General Laws, Chapter 149, Sections 44A - 44I inclusive.  
The Awarding Authority reserves the right to waive any informalities in or to reject any and all bids if it be in the public interest to do so.

Messenger and other type of pickup and delivery services are the agent of the bidder and the University assumes no responsibility for delivery or receipt of the documents.  
The Bidding Documents may be obtained at the Procurement Department, 407 Goodell Building, 140 Hills Way, Amherst, MA 01003  
Bidding documents also available on Procurement website: <http://www.uma.edu/procurement/constantupdates.htm>  
The documents may also be seen but not removed or taken out of the following locations:  
University of Massachusetts  
Physical Plant Building  
2nd floor Plan Room  
360 Campus Center Way

Amherst, Belchertown, Ware & Northeast

Amherst, MA 01003-9248  
Designer: UNIVERSITY OF MASSACHUSETTS - FACILITIES PLANNING  
John O. Martin  
Director Procurement  
(June 15)

## Chicopee

**MORTGAGEE'S NOTICE OF SALE OF REAL ESTATE**

By virtue and in execution of the Power of Sale contained in a certain Mortgage from Bonnie A. Trombley to Mortgage Electronic Registration Systems, Inc. as nominee for Merrimack Mortgage Company, Inc., a Massachusetts Corporation, its successors and assigns, dated March 19, 2009 and recorded with the Hampden County Registry of Deeds at Book 17704, Page 520. Subsequently assigned to: Wells Fargo Bank, N.A. by Mortgage Electronic Registration Systems, Inc., as nominee for Merrimack Mortgage Company, Inc., by assignment recorded in said Registry of Deeds in Book 19523, Page 186. Subsequently assigned to The Secretary of Housing and Urban Development by Wells Fargo Bank, N.A., by assignment recorded in said Registry of Deeds in Book 20400, Page 348. Subsequently assigned to U.S. Bank National Association, as Trustee for SROF-2013-S3 REMIC Trust II by Secretary of Housing and Urban Development, by assignment recorded in said Registry of Deeds in Book 20376, Page 530. Subsequently assigned to U.S. Bank National Association, as trustee for SROF-2013-S3 REMIC Trust II by Secretary of Housing and Urban Development, by confirmation assignment recorded in said Registry of Deeds in Book 20400, Page 479. Subsequently assigned to U.S. ROF III Legal Title Trust 2015-1, by U.S. Bank National Association, as Legal Title Trustee by U.S. Bank National Association, as Trustee for SROF-2013-S3 REMIC Trust II, by assignment recorded in said Registry of Deeds in Book 20803, Page 541; of which the Mortgagee the undersigned is the present holder, for breach of the conditions of said Mortgage and for the purpose of foreclosing the same will be sold at Public Auction at 09:00 AM on June 22, 2016 at 11 Boutin Street, Chicopee, MA, all and singular the premises described in said Mortgage, to wit:

PARCEL 1: The land in Chicopee, Hampden County, Massachusetts, being known and designated as Lot #5 (five) on a Plan of Lots in Chicopee, Massachusetts, owned by West Side Builders of Springfield, Inc., by Durkee, White, Towne & Chapdelaine, Civil Engineers and Land Surveyors, dated November 8, 1961 and recorded in Hampden County Registry of Deeds in Book of Plans 85, Pages 13 and 14; said lot is further bounded and described as follows: WESTERLY by Boutin Street, as shown on said plan, eighty (80) feet; NORTHELY by Lot #7 (seven) as shown on said plan, one hundred nineteen and 60/100 (119.60) feet; EAST-ERLY by land of Holyoke Water Power Company, eighty (80) feet; and



# Live from everywhere, it's Facebook

► **TECH LAB**  
*Continued from Page C1*

Tumblr friends.

While Periscope can tap into Twitter's \$10 million monthly users and Tumblr claims an audience of half a billion, Facebook is fishing in a much bigger pond — 1.65 billion users every month. Get these Facebookers hooked on live video, and many of them will never leave.

Facebook runs a Web page where you can see hundreds of live videos from around the world. It's a good place to find popular stuff. But it's also full of dreary drivel — people talking to themselves, mostly. That's no way to build up a loyal audience.

But you need never see this stuff. Instead, Facebook Live targets us with videos that matter. You're notified when one of your friends goes live or when one of

your favorite pages hosts a broadcast.

In addition, the company is paying a total of \$50 million to an array of broadcasters who know better than to bore us. New York Times reporters showed interviews of survivors of the Orlando nightclub massacre. Seattle Seahawks quarterback Russell Wilson lets his fans watch him train for the upcoming season. TV chef Gordon Ramsay referees cooking contests. And comedian Kevin Hart serves up jokes while maneuvering through rush-hour traffic.

Facebook has locked down exclusive deals for live videos from 140 major newsmakers and tastemakers. Millions of us have already friended or liked some of them. So when you get an invite to a Facebook Live show, there's a good chance you'll want to watch it.

Facebook has also done a deal with video game maker Blizzard Entertainment, creator of "World of Warcraft" and "Overwatch." People who play Blizzard games on a desktop PC will be able to broadcast the games over Facebook Live. Odd as it seems, watching other people play video games has become immensely popular. Amazon.com's Twitch, a site that specializes in such broadcasts, draws 100 million unique visitors per month.

Events will also conspire to raise the profile of Facebook Live. On Wednesday, for instance, Democrats in Congress held a protest to demand a vote on gun control legislation. The House went into recess, shutting off the live video feed on C-SPAN TV. So members began streaming the event on Facebook Live and Twitter's Periscope, and soon attracted an audience of

There has to be a critical mass of users before you can monetize it.'

ERNA ALFRED LIOUSAS  
*Analyst at Forrester Research*

thousands.

With Facebook Live, any amateur with something to say or to show can draw a crowd — sometimes by accident. A Texas woman, Candace Payne, made a live video of herself wearing a Chewbacca mask. It's been viewed over 157 million times. And Payne wasn't even trying to become famous. Wait till the serious video buffs get busy. They could bring millions of fresh eyeballs to Facebook Live.

How will Facebook make video pay? For now, the company is hardly trying. But it will eventually sell ads against its live video offerings, once the audience is big enough.

"There has to be a critical mass of users before you can monetize it," said Erna Alfred Liouas, an analyst at Forrester Research in Cambridge. And just as there's an ad-free version of Google's

YouTube video service for \$10 a month, Facebook might launch a subscription service to support more ambitious programming.

In all, Facebook has taken its first steps toward the creation of a full-spectrum video network. The company did not say if it would launch a slate of dramas and comedy series, as Netflix, Hulu, and Amazon have, but that's the way to bet. After all, the tech news website The Information reported this week that Facebook engineers are working on ways to stream video through living room TVs. So don't be surprised if the remote for your next TV set comes with a big blue "like" button. For Facebook, it's showtime.

*Hiawatha Bray can be reached at hiawatha.bray@globe.com. Follow him on Twitter @GlobeTechLab.*

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LEGAL NOTICES

LEGAL NOTICES

**NOTICE OF HEARING**

Pursuant to M.G.L. c. 30A and the authority granted to the Commissioner of Insurance ("Commissioner") under M.G.L. c. 175, § 177A, a hearing will be held at 11:00 a.m. on July 18, 2016, at the Division of Insurance ("Division"), Hearing Room 1-E, 1000 Washington Street, Boston, Massachusetts. The purpose of the hearing is to provide oral and written statements regarding four regulations that are the subject of proposed amendments or rescission. The docket number assigned to each regulation and a description of the amendments follow.

**Docket No. G2016-13**

211 CMR 3.00, **Motorcycle Insurance.** The regulation allows insurers to exclude from motor vehicle insurance covering a motorcycle Personal Injury Protection for bodily injury suffered by the operator of the motorcycle or a guest passenger while operating or riding on the motorcycle. The proposed amendments conform the language in 211 CMR 3.00 to definitions of motorcycle used by the Registry of Motor Vehicles, and remove outdated references to the procedure to fix an established motor vehicle insurance rates.

**Docket No. G2016-14**

211 CMR 54.00, **Procedure for Surrender and Non-Renewal of Licenses by Insurers Authorized to Write Motor Vehicle Insurance.** The regulation governs the administrative process by which insurers authorized to write motor vehicle insurance may initiate the surrender or nonrenewal of their licenses to write such coverage. The proposed amendments conform the regulatory language to the current language in the Commonwealth Automobile Reinsurers Rules of Operation and remove obsolete references to organizations that no longer exist.

**Docket No. G2016-15**

211 CMR 92.00, **The Safe Driver Insurance Plan (for 1924).** The regulation was one of many periodically promulgated to implement the Safe Driver Insurance Plan ("SDIP") that was approved as part of the process to fix an in-state motor vehicle insurance rates under M.G.L. c. 175, § 113B. In 1996, the Commissioner promulgated 211 CMR 92.00, which replaced all prior regulations relating to the SDIP. The intent was to rescind 211 CMR 92.00, but no formal rescission occurred. Rescission at this time removes an obsolete regulation that has not been used for many years.

**Docket No. G2016-16**

211 CMR 97.00, **Procedures for Cancellation and Non-Renewal of Motor Vehicle Insurance Policies.** The regulation establishes the procedures that insurance companies, insurance producers and consumers must follow in order to cancel or non-renew motor vehicle insurance policies. The proposed amendments provide additional protections for motor vehicle insurance policyholders, such as prohibiting non-renewal for any reason prohibited by law.

The proposed regulations may be inspected in the Division's offices during normal business hours or viewed on the Division's website, [www.mass.gov/doi](http://www.mass.gov/doi). Persons who wish to present unwritten oral or written statements at the July 18, 2016 hearing are asked to submit a notice of intent to comment no later than July 14, 2016. Other persons who wish to speak will be heard after those who notify the Division in advance. The hearing record will remain open for a week after conclusion of the July 18, 2016 hearing to receive any additional written statements.

All notices and submissions must refer to the Docket Number(s) for the particular regulation(s) that the person intends to address. Notices and submissions in hard copy may be sent by mail to the Docket Clerk, Hearings and Appeals, Division of Insurance, at the address above or by electronic mail to [doidecket@mailbox.state.ma.us](mailto:doidecket@mailbox.state.ma.us).

June 14, 2016

Daniel R. Judson  
Commissioner of Insurance

LEGAL NOTICES

LEGAL NOTICES

**NOTICE OF PUBLIC HEARING**

Notice is hereby given that a public hearing will be conducted by the Massachusetts Development Finance Agency ("MassDevelopment") at 10:00 a.m. on Thursday, July 21, 2016, at 99 High Street, Boston, Massachusetts, on the proposal of Boston Medical Center Corporation (together with any parent, subsidiary or other affiliate, the "Borrower") that MassDevelopment:

(1) approve the following projects (collectively, the "Project"): owned and operated by the Borrower for healthcare purposes and located, except as otherwise described below, on the Borrower's campus in Boston, Massachusetts, generally located within the boundaries of Harrison Avenue (North), East Newton Street (East), Albany Street (South) and Massachusetts Avenue (West) (the "Campus");

Existing Part of the Project: completed projects originally financed with proceeds of the Massachusetts Health and Educational Facilities Authority Revenue Bonds, Boston Medical Center Issue, Series B (2008), including: (a) the Boston Medical Center, consisting of a 2,200 square foot, 2,245,000 square foot, 9-story new ambulatory care building at 725 Albany Street to house clinical services for outpatient services; (b) a 22,000 square foot, 22-story addition to the Menino Pavilion ("Menino") at 840 Harrison Avenue for the expansion of radiology and emergency department services; (c) improvements to the Yawkey Ambulatory Care Center ("Yawkey") at 850 Harrison Avenue and the Dowling Building at 771 Albany Street, including interior renovations, equipment acquisition and HVAC and elevator repairs and replacement; (d) installation of a new IT software system throughout the Borrower's Campus; (e) acquisition and installation of furniture and equipment at each of the above-described locations; and (f) other routine capital expenditures of the Borrower included in the Borrower's capital budget for fiscal year 2009, 2010 and 2011; and

New Part of the Project: site development, construction or alteration of buildings or the acquisition or installation of furnishings and equipment, or any combination of the foregoing, in connection with the following: (a) renovation of approximately 200,000 square feet of Menino, including the emergency department, radiology diagnostic imaging, interventional procedure platform, cardiac catheterization labs, interventional radiology rooms, electrophysiology labs, intensive care unit, adult medical surgical unit, pediatric medical/surgical unit, dialysis, respiratory therapy, kitchen, disaster preparedness storage and morgue; (b) the acquisition and installation of equipment throughout the Borrower's Campus, including cogeneration, radiology and CT equipment; and (c) other routine capital expenditures of the Borrower included in the Borrower's capital budget for fiscal year 2016, 2017 and/or 2018 to be located on the Campus.

(2) authorize the financing and refinancing of such Project costs by the issuance by MassDevelopment, acting under authority pursuant to Massachusetts General Laws, Chapters 236G and 40B, of the revenue bonds in the aggregate principal amount not to exceed \$210,000,000, which bonds will not constitute a debt or pledge of the faith or credit of MassDevelopment or of the Commonwealth of Massachusetts.

Interested persons wishing to express their views on the Project and the proposed use of proceeds of tax-exempt obligations to finance the Project will be given the opportunity to do so at the public hearing or may, prior to the time of the public hearing, submit their views in writing to the Division of Insurance at 99 High Street, Boston, Massachusetts 02110.

MASSACHUSETTS DEVELOPMENT FINANCE AGENCY

LEGAL NOTICES

LEGAL NOTICES

**NOTICE OF HEARING**

Pursuant to M.G.L. c. 30A and the authority granted to the Commissioner of Insurance ("Commissioner") under M.G.L. c. 175, § 177A, a hearing will be held at 11:00 a.m. on July 19, 2016, at the Division of Insurance ("Division"), Hearing Room 1-E, 1000 Washington Street, Boston, Massachusetts. The purpose of the hearing is to provide oral and written statements regarding six regulations that are the subject of proposed amendments or rescission. The docket number assigned to each regulation and a description of the proposed actions to be taken follow.

**Docket No. G2016-12**

211 CMR 38.00, **Coordination of Benefits.** The regulation establishes a uniform order for payment of health insurance claims when a person is covered by more than one plan that includes health benefits. Any plan that includes a provision for coordination of benefits must comply with the regulation. The Division's proposed amendments, which are primarily based on a Model Regulation on Coordination of Benefits developed by the National Association of Insurance Commissioners, update, reorganize and clarify the regulation.

**Docket No. G2016-18**

211 CMR 43.00, **Health Maintenance Organizations.** The regulation addresses the administration and operations of health maintenance organizations authorized by M.G.L. c. 176G. The Division proposes to amend the regulation to simplify administration by reducing regulatory duplication and enabling the Division, when possible, to obtain HMO reporting information from sources other than the particular regulated party.

**Docket No. G2016-19**

211 CMR 51.00, **Preferred Provider Health Plans and Workers' Compensation Preferred Provider Arrangements.** The regulation addresses the administration and operation of preferred provider arrangements authorized by M.G.L. c. 176F. The Division proposes to amend the regulation to reduce the administrative burdens on such plans by providing greater flexibility with respect to their statutorily required reporting requirements.

**Docket No. G2016-20**

211 CMR 52.00, **Managed Care Consumer Protections and Accreditation.** The regulation provides managed care standards for health insurance through accreditation and procedures applicable to managed care health insurance carriers. The Division proposes to amend 211 CMR 52.00 to implement requirements mandated by the Federal Affordable Care Act and Massachusetts legislative changes to the managed care statutes.

**Docket No. G2016-21**

211 CMR 63.00, **Individual Health Benefit Plans.** The regulation defines health insurance coverage provided by young adult health benefit plans authorized by M.G.L. c. 176A. The Affordable Care Act ("ACA") has now preempted Massachusetts programs providing coverage to an age-defined risk pool. The Division therefore proposes to rescind 211 CMR 63.00.

**Docket No. G2016-22**

211 CMR 66.00, **Small Group Health Insurance.** The regulation sets forth the rules and procedural requirements for health plans offered by carriers in the Massachusetts small group/individual merged health insurance market pursuant to the transition period for RBP's and other things, to place all RBP's on an annual certification schedule and to enable the Division to monitor risk associated with Medicare products except for Medicare Advantage products.

The proposed regulations may be inspected in the Division's offices during normal business hours or viewed on the Division's website, [www.mass.gov/doi](http://www.mass.gov/doi). Persons who wish to present unwritten oral or written statements at the July 26, 2016 hearing are asked to submit a notice of intent to comment no later than July 22, 2016. Other persons who wish to speak will be heard after those who notify the Division in advance. The hearing record will remain open for a week after conclusion of the July 26, 2016 hearing to receive any additional written statements.

All notices and submissions must refer to the Docket Number(s) for the particular regulation(s) that the person intends to address. Notices and submissions in hard copy may be sent by mail to the Docket Clerk, Hearings and Appeals, Division of Insurance, at the address above or by electronic mail to [doidecket@mailbox.state.ma.us](mailto:doidecket@mailbox.state.ma.us).

June 14, 2016

Daniel R. Judson  
Commissioner of Insurance

LEGAL NOTICES

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**NOTICE OF HEARING**

Pursuant to M.G.L. c. 30A and the authority granted to the Commissioner of Insurance ("Commissioner") under M.G.L. c. 175, § 177A, a hearing will be held at 10:00 a.m. on July 18, 2016, at the Division of Insurance ("Division"), Hearing Room 1-E, 1000 Washington Street, Boston, Massachusetts. The purpose of the hearing is to provide oral and written statements regarding three regulations that are the subject of proposed amendments or rescission. The docket number assigned to each regulation and a description of the proposed actions to be taken follow.

**Docket No. G2016-11**

211 CMR 67.00, **Workers' Compensation Self-Insurance Groups.** The regulation improves the provisions of M.G.L. c. 152, §25E through 25U, that governs the formation, operation and oversight of all workers' compensation insurance groups in Massachusetts. The regulation proposes to amend 211 CMR 67.00 to revise definitions, to further define the types of investments in which the group may invest and acceptable forms of security to revise the requirement for experience rating for certain groups, to remove the authority to acquire actuarial services from the group administrator, and to authorize the Commissioner in certain circumstances to waive some requirements for the purchase of reinsurance. Other amendments delete outdated provisions and make changes necessary to conform 211 CMR 67.00 to current Massachusetts insurance laws.

**Docket No. G2016-12**

211 CMR 113.00, **Requirements Regarding Workers' Compensation Insurance Deductibles.**

211 CMR 115.00, **Requirements Applicable to Workers' Compensation Deductible Policies.**

211 CMR 115.00, promulgated in 1992, established conditions for offering reasonable claim deductibles and premium credits on all workers' compensation insurance policies. 211 CMR 115.00, promulgated in 2003, established conditions for offering reasonable claim deductibles and premium credits on all workers' compensation insurance policies. The Division proposes to integrate the provisions of 211 CMR 113.00 into 211 CMR 115.00, creating a single comprehensive regulation governing all workers' compensation insurance policy deductible plans and premium credits on small and medium deductible plans. The Division proposes to rescind 211 CMR 113.00 because it is no longer necessary.

The proposed regulations may be inspected in the Division's offices during normal business hours or viewed on the Division's website, [www.mass.gov/doi](http://www.mass.gov/doi). Persons who wish to present unwritten oral or written statements at the July 18, 2016 hearing are asked to submit a notice of intent to comment no later than July 14, 2016. Other persons who wish to speak will be heard after those who notify the Division in advance. The hearing record will remain open for a week after conclusion of the July 18, 2016 hearing to receive any additional written statements.

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**Docket No. G2016-09**

211 CMR 15.00, **Statistical Plans.** The regulation now identifies specific statistical plans, applicable to separate lines of insurance that insurers must use to report data to the Division. Many of those plans have been superseded over time. The proposed amendments continue references to specific plans and replace it with language adopted from a Model Regulation to Require Reporting of Statistical Data by Property and Casualty Insurance Companies developed by the NAIC to provide guidance to insurers and their statistical agents.

**Docket No. G2016-10**

211 CMR 50.00, **Continuing Education for Insurance Producers.** The regulation sets out requirements for compliance with the statutorily mandated continuing education for Massachusetts resident insurance producers. The proposed amendments conform the regulation to legislative changes to the enabling statute.

The proposed regulations may be inspected in the Division's offices during normal business hours or viewed on the Division's website, [www.mass.gov/doi](http://www.mass.gov/doi). Persons who wish to present unwritten oral or written statements at the July 19, 2016 hearing are asked to submit a notice of intent to comment no later than July 15, 2016. Other persons who wish to speak will be heard after those who notify the Division in advance. The hearing record will remain open for a week after conclusion of the July 19, 2016 hearing to receive any additional written statements.

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**Docket No. G2016-02**

211 CMR 8.00, **Investment of Officers, Directors, and Principal Stockholders of Domestic Stock Insurance Companies.** The regulation provides forms that individuals use to report investments, if required to do so pursuant to M.G.L. c. 175, §193L. The information is now submitted in filings required by M.G.L. c. 175, §262C-265D. The Division proposes to rescind 211 CMR 8.00 because it is no longer necessary.

**Docket No. G2016-03**

211 CMR 20.00, **Risk-Based Capital (RBC) for Insurers.** The regulation governs the formulation and filing of Risk-Based Capital ("RBC") reports by insurers for domestic life, health, and fraternal insurers. The Division proposes to amend 211 CMR 20.00 to incorporate recent changes to the Model Regulation on RBC developed by the NAIC, the amendments include clarification of the RBC calculation factor, and language clarifying its application to fraternal benefit societies. The proposed amendments also delete Phase-in provisions that are now outdated.

**Docket No. G2016-04**

211 CMR 23.00, **Audits of Insurers by Independent Certified Public Accountants for Years Ending 1991 and thereafter.** The regulation requires insurers to submit audited financial statements with the Division. In 2010, the Division promulgated 211 CMR 26.00, a regulation addressing comprehensive financial reporting requirements for insurers doing business in the Commonwealth that is based on the Model Regulation on Annual Financial Reporting developed by the NAIC. Insurers are now required to comply with 211 CMR 26.00, **Annual Financial Reporting for Years Ending 2010 and thereafter**, that incorporates the requirement to audit financial statements. The Division proposes to rescind 211 CMR 23.00 because it is no longer necessary.

**Docket No. G2016-05**

211 CMR 25.00, **Risk-Based Capital (RBC) for Health Organizations.** The regulation requires health organizations to file Risk-Based Capital ("RBC") reports by Massachusetts domestic health insurance organizations. The Division proposes to amend 211 CMR 25.00 to incorporate recent changes to the Model Regulation on Risk-Based Capital for Health Organizations developed by the NAIC. The amendments include clarification of the RBC calculation factor, and language relating to a trend test for health organizations' financial data.

**Docket No. G2016-06**

211 CMR 39.00, **Annuity Mortality Tables for Use in Determining Reserve Liabilities for Annuities.** The regulation specifies the Annuity Mortality tables for use in determining Reserve Liabilities for Annuities that are approved for use in Massachusetts. The Division proposes to amend 211 CMR 39.00 by adding to that list the 2012 Individual Annuity Table and amending definitions and other provisions to conform to the new rule. The Division proposes to add a New Annuity Mortality Table for Use in Determining Reserve Liabilities for Annuities developed by the NAIC.

**Docket No. G2016-07**

211 CMR 30.00, **Credit for Reinsurance.** The regulation prescribes the rules and procedural requirements for the filing of Risk-Based Capital ("RBC") reports by Massachusetts domestic health insurance organizations. The Division proposes to amend 211 CMR 30.00 to incorporate recent changes to the Model Regulation on Credit for Reinsurance developed by the NAIC.

The proposed regulations may be inspected in the Division's offices during normal business hours or viewed on the Division's website, [www.mass.gov/doi](http://www.mass.gov/doi). Persons who wish to present unwritten oral or written statements at the July 19, 2016 hearing are asked to submit a notice of intent to comment no later than July 15, 2016. Other persons who wish to speak will be heard after those who notify the Division in advance. The hearing record will remain open for a week after conclusion of the July 19, 2016 hearing to receive any additional written statements.

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**Docket No. G2016-08**

211 CMR 11.00, **Insurance on Outboard Motors and Motor Boats**

The existing 211 CMR 10.00 incorporates by reference the definition of inland marine insurance adopted by the National Association of Insurance Commissioners ("NAIC") in 1977 and now widely used nationwide. 211 CMR 11.00 relates only to inland marine coverage applicable to particular types of property. The Division proposes to amend 211 CMR 10.00 to incorporate the NAIC definition in its entirety, and to integrate the provisions of 211 CMR 11.00 into the amended 211 CMR 10.00, thereby creating a single comprehensive regulation governing definitions of inland marine insurance. Concurrently with amending 211 CMR 10.00, the Division proposes to rescind 211 CMR 11.00 because it is no longer necessary.

**Docket No. G2016-09**

211 CMR 15.00, **Statistical Plans.** The regulation now identifies specific statistical plans, applicable to separate lines of insurance that insurers must use to report data to the Division. Many of those plans have been superseded over time. The proposed amendments continue references to specific plans and replace it with language adopted from a Model Regulation to Require Reporting of Statistical Data by Property And Casualty Insurance Companies developed by the NAIC to provide guidance to insurers and their statistical agents.

**Docket No. G2016-10**

211 CMR 50.00, **Continuing Education for Insurance Producers.** The regulation sets out requirements for compliance with the statutorily mandated continuing education for Massachusetts resident insurance producers. The proposed amendments conform the regulation to legislative changes to the enabling statute.

The proposed regulations may be inspected in the Division's offices during normal business hours or viewed on the Division's website, [www.mass.gov/doi](http://www.mass.gov/doi). Persons who wish to present unwritten oral or written statements at the July 19, 2016 hearing are asked to submit a notice of intent to comment no later than July 15, 2016. Other persons who wish to speak will be heard after those who notify the Division in advance. The hearing record will remain open for a week after conclusion of the July 19, 2016 hearing to receive any additional written statements.

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**Docket No. G2016-02**

211 CMR 8.00, **Investment of Officers, Directors, and Principal Stockholders of Domestic Stock Insurance Companies.** The regulation provides forms that individuals use to report investments, if required to do so pursuant to M.G.L. c. 175, §193L. The information is now submitted in filings required by M.G.L. c. 175, §262C-265D. The Division proposes to rescind 211 CMR 8.00 because it is no longer necessary.

**Docket No. G2016-03**

211 CMR 20.00, **Risk-Based Capital (RBC) for Insurers.** The regulation governs the formulation and filing of Risk-Based Capital ("RBC") reports by insurers for domestic life, health, and fraternal insurers. The Division proposes to amend 211 CMR 20.00 to incorporate recent changes to the Model Regulation on RBC developed by the NAIC, the amendments include clarification of the RBC calculation factor, and language clarifying its application to fraternal benefit societies. The proposed amendments also delete Phase-in provisions that are now outdated.

**Docket No. G2016-04**

211 CMR 23.00, **Audits of Insurers by Independent Certified Public Accountants for Years Ending 1991 and thereafter.** The regulation requires insurers to submit audited financial statements with the Division. In 2010, the Division promulgated 211 CMR 26.00, a regulation addressing comprehensive financial reporting requirements for insurers doing business in the Commonwealth that is based on the Model Regulation on Annual Financial Reporting developed by the NAIC. Insurers are now required to comply with 211 CMR 26.00, **Annual Financial Reporting for Years Ending 2010 and thereafter**, that incorporates the requirement to audit financial statements. The Division proposes to rescind 211 CMR 23.00 because it is no longer necessary.

**Docket No. G2016-05**

211 CMR 25.00, **Risk-Based Capital (RBC) for Health Organizations.** The regulation requires health organizations to file Risk-Based Capital ("RBC") reports by Massachusetts domestic health insurance organizations. The Division proposes to amend 211 CMR 25.00 to incorporate recent changes to the Model Regulation on Risk-Based Capital for Health Organizations developed by the NAIC. The amendments include clarification of the RBC calculation factor, and language relating to a trend test for health organizations' financial data.

**Docket No. G2016-06**

211 CMR 39.00, **Annuity Mortality Tables for Use in Determining Reserve Liabilities for Annuities.** The regulation specifies the Annuity Mortality tables for use in determining Reserve Liabilities for Annuities that are approved for use in Massachusetts. The Division proposes to amend 211 CMR 39.00 by adding to that list the 2012 Individual Annuity Table and amending definitions and other provisions to conform to the new rule. The Division proposes to add a New Annuity Mortality Table for Use in Determining Reserve Liabilities for Annuities developed by the NAIC.

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The existing 211 CMR 10.00 incorporates by reference the definition of inland marine insurance adopted by the National Association of Insurance Commissioners ("NAIC") in 1977 and now widely used nationwide. 211 CMR 11.00 relates only to inland marine coverage applicable to particular types of property. The Division proposes to amend 211 CMR 10.00 to incorporate the NAIC definition in its entirety, and to integrate the provisions of 211 CMR 11.00 into the amended 211 CMR 10.00, thereby creating a single comprehensive regulation governing definitions of inland marine insurance. Concurrently with amending 211 CMR 10.00, the Division proposes to rescind 211 CMR 11.00 because it is no longer necessary.

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211 CMR 25.00, **Risk-Based Capital (RBC) for Health Organizations.** The regulation requires health organizations to file Risk-Based Capital ("RBC") reports by Massachusetts domestic health insurance organizations. The Division proposes to amend 211 CMR 25.00 to incorporate recent changes to the Model Regulation on Risk-Based Capital for Health Organizations developed by the NAIC. The amendments include clarification of the RBC calculation factor, and language relating to a trend test for health organizations' financial data.

**Docket No. G2016-06**

211 CMR 39.00, **Annuity Mortality Tables for Use in Determining Reserve Liabilities for Annuities.** The regulation specifies the Annuity Mortality tables for use in determining Reserve Liabilities for Annuities that are approved for use in Massachusetts. The Division proposes to amend 211 CMR 39.00 by adding to that list the 2012 Individual Annuity Table and amending definitions and other provisions to conform to the new rule. The Division proposes to add a New Annuity Mortality Table for Use in Determining Reserve Liabilities for Annuities developed by the NAIC.

**Docket No. G2016-07**

211 CMR 30.00, **Credit for Reinsurance.** The regulation prescribes the rules and procedural requirements for the filing of Risk-Based Capital ("RBC") reports by Massachusetts domestic health insurance organizations. The Division proposes to amend 211 CMR 30.00 to incorporate recent changes to the Model Regulation on Credit for Reinsurance developed by



## LEGAL NOTICES

### Notice of Agency Action

**Subject:** MassHealth: Notice of Submission of a Request to extend the MassHealth Section 1115 Demonstration (**Updated date for submitting comments below**)

**Agency:** Executive Office of Health and Human Services

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](http://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 host two public listening sessions in order to hear public comments on the Request. Stakeholders are invited to review the Request in advance and share with program staff at the listening sessions any input and feedback, or questions for future clarification. The listening sessions are scheduled as follows:

#### Listening session #1, in conjunction with a meeting of the MassHealth Medical Care Advisory Committee and the MassHealth Payment Policy Advisory Board:

**Date:** Friday, June 24, 2016

**Time:** 2:30 pm - 4:00 pm

**Location:** 1 Ashburton Place,

21st Floor, Boston MA

**Conference Line:** 1-866-565-6580,

**Passcode:** 9593452

#### Listening session #2:

**Date:** Monday, June 27, 2016

**Time:** 2:00 - 3:30 pm

**Location:** Auditorium, Fitchburg Public

Library, 610 Main Street, Fitchburg, MA

Communication Access Realtime Translation (CART) services and American Sign Language (ASL) interpretation will be available at both meetings. Please contact Donna Kymalainen at [Donna.Kymalainen@state.ma.us](mailto:Donna.Kymalainen@state.ma.us) or 617-886-8247 to request additional accommodations.

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](mailto: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: <http://www.mass.gov/eohhs/gov/departments/masshealth/masshealth-and-health-care-reform.html>.

June 24, 2016



call Ayer Housing Authority  
at 978-772-2771.

June 23, 2016

**978-459.1300**  
**1.800.359.1300**

**Notice of Agency Action**

**Subject:** MassHealth: Notice of Submission of a Request to extend the MassHealth Section 1115 Demonstration

(Updated data for submitting comments below)  
**Agency:** Executive Office of Health and Human Services. 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

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 host two public listening sessions in order to hear public comments on the Request. Stakeholders are invited to review the Request in advance and share with program staff at the listening sessions any input and feedback, or questions for future clarification. The listening sessions are scheduled as follows:

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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](mailto: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:

<http://www.mass.gov/eohhs/gov/departments/masshealth/masshealth-and-health-care-reform.html>.

June 23, 2016

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**59 Pond St., Billerica, MA**  
Saturday 6/25 9am-1pm  
Huge fundraiser yard sale to benefit animal rescue. Something for everyone. Priced to sell.

**6 Morningside Drive, Billerica Saturday June 25th 9 am - 2 pm**  
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**Multi-family Yard Sale**  
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the specifications, if attention is directed to the instructions for Bids for Equal Opportunity procurements under Executive Order NO. 12566, which is part of the specifications and proposals may be obtained at the office of the Purchasing Agent, Military Business Enterprises

Contractors are strongly encouraged to submit proposals to the Purchasing Agent as soon as possible to receive the right to be considered for any or all bids. Bids must be submitted in duplicate, original and one copy, to the attention of Mr. Sherman, Department of Public Works, City Hall, Chicopee, MA 01013 (June 24)

## 61



Hi Margaret,

Thank you for your call and email. We have copied, date stamped and filed the attached notice. Please accept this as confirmation of receiving such notice.

Thank you,

Diane Martinos

**Executive Assistant to Secretary Lepore  
Executive Office for Administration and Finance**

State House, Room 373

Boston, MA 02133

Phone: (617) 727-2040 X 35467

[diane.martinos@massmail.state.ma.us](mailto:diane.martinos@massmail.state.ma.us)

**From:** Carey, Margaret [<mailto:Margaret.Carey@umassmed.edu>]

**Sent:** Wednesday, June 22, 2016 11:57 AM

**To:** Martinos, Diane (ANF)

**Subject:** FW: EOHHS upcoming meeting notices - 1115 waiver

**Importance:** High

The first email I had sent bounced back to me so hopefully you will get this.

Like I said on the phone, the MA Open Meeting Law requires that we notify you 48 hours before the first meeting and I need an email confirmation that you received this notification.

My office is 617-886-8246 but please leave me a message if I am not there. Many thanks for your help with this.

Margaret Carey  
UMASS Medical School

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**From:** Carey, Margaret

**Sent:** Wednesday, June 22, 2016 8:51 AM

**To:** [melissa.andrade@state.ma.us](mailto:melissa.andrade@state.ma.us)

**Subject:** FW: EOHHS upcoming meeting notices - 1115 waiver

**Importance:** High

Hi Melissa

I wanted to make you received this email. Can you please confirm?

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**From:** Carey, Margaret  
**Sent:** Tuesday, June 21, 2016 11:58 AM  
**To:** [regs@sec.state.ma.us](mailto:regs@sec.state.ma.us); [melissa.andrade@state.ma.us](mailto:melissa.andrade@state.ma.us)  
**Cc:** Gershon, Rachel; Tierney, Laxmi (EHS)  
**Subject:** EOHHS upcoming meeting notices - 1115 waiver

In support of the Massachusetts Executive Office of Health and Human Services (EOHHS), I have attached the abbreviated notice and longer notice regarding EOHHS' intent to submit a request to amend and extend the MassHealth Section 1115 Demonstration ("Request") to the Centers for Medicare and Medicaid Services.

There will be two public meetings:

Listening session #1 (in conjunction with a meeting of the MassHealth Medical Care Advisory Committee and the MassHealth Payment Policy Advisory Board)  
Date: Friday, June 24, 2016  
Time: 2:30 pm – 4:00 pm  
Location: 1 Ashburton Place, 21<sup>st</sup> Floor, Boston MA  
Conference Line: 1-866-565-6580, Passcode: 9593452

Listening session #2  
Date: Monday, June 27, 2016  
Time: 2:00 – 3:30 pm  
Location: Auditorium, Fitchburg Public Library, 610 Main Street, Fitchburg, MA

Can each of you please confirm that this information was received by your office?

Please let me know if you have any questions. My direct line is 617-886-8246.

Thank you,

***Margaret Carey***  
Senior Associate  
Center for Health Law and Economics  
Commonwealth Medicine  
University of Massachusetts Medical School  
Schrafft's Center, 529 Main Street, Suite 605  
Charlestown, MA 02129  
(617) 886-8246  
<http://chle.umassmed.edu>

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Good afternoon.

The notice was received by the State Publications and Regulations Division.

Courtney Murray  
State Publications and Regulations Division

**From:** Carey, Margaret [<mailto:Margaret.Carey@umassmed.edu>]  
**Sent:** Tuesday, June 21, 2016 11:58 AM  
**To:** Regulations Inquires @ SEC; [melissa.andrade@state.ma.us](mailto:melissa.andrade@state.ma.us)  
**Cc:** Gershon, Rachel; Tierney, Laxmi (EHS)  
**Subject:** EOHHS upcoming meeting notices - 1115 waiver

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Thank you,

*Margaret Carey*  
Senior Associate  
Center for Health Law and Economics  
Commonwealth Medicine  
University of Massachusetts Medical School  
Schrafft's Center, 529 Main Street, Suite 605  
Charlestown, MA 02129  
(617) 886-8246  
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## **AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE**

**June 22, 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.

### **Commonwealth of MA News**

#### **MassHealth Section 1115 Demonstration Extension (UPDATED DATE TO RECEIVE PUBLIC COMMENTS)**

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: [www.mass.gov/eohhs/gov/departments/masshealth/](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](http://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 host two public listening sessions in order to hear public comments on the Request. Stakeholders are invited to review the Request in advance and share with program staff at the listening sessions any input and

feedback, or questions for future clarification. The listening sessions are scheduled as follows:

**Listening session #1, in conjunction with a meeting of the MassHealth Medical Care Advisory Committee and the MassHealth Payment Policy Advisory Board:**

Date: Friday, June 24, 2016

Time: 2:30 pm - 4:00 pm

Location: 1 Ashburton Place, 21<sup>st</sup> Floor, Boston MA

Conference Line: 1-866-565-6580, Passcode: 9593452

**Listening session #2:**

Date: Monday, June 27, 2016

Time: 2:00 - 3:30 pm

Location: Auditorium, Fitchburg Public Library, 610 Main Street, Fitchburg, MA

Communication Access Realtime Translation (CART) services and American Sign Language (ASL) interpretation will be available at both meetings. Please contact Donna Kymalainen at [Donna.Kymalainen@state.ma.us](mailto:Donna.Kymalainen@state.ma.us) or 617-886-8247 to request additional accommodations.

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[www.mass.gov/eohhs/gov/departments/masshealth/masshealth-and-health-care-reform.html](http://www.mass.gov/eohhs/gov/departments/masshealth/masshealth-and-health-care-reform.html).



Bookmark the **Massachusetts National Health Care Reform website** at: [National Health Care Reform](http://NationalHealthCareReform.com) to read updates on ACA implementation in Massachusetts.

Remember to check the Mass.Gov website at: [Dual Eligibles](http://DualEligibles.com) for information on the **"Integrating Medicare and Medicaid for Dual Eligible Individuals"** initiative.



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# **AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE**

**June 27, 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](http://www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/national-health-care-reform-plan/grants-and-demonstrations.html)

## **Guidance**

**6/21/16 HHS/DOL/Treasury ("the Departments") issued FAQ Part 32 regarding the implementation of the ACA and the Consolidated Omnibus Budget Reconciliation Act of 1985 ([COBRA](#)).**

The Health Insurance Exchanges (ACA §1311, also known as Marketplaces) are designed to ensure that individuals and small businesses have access to affordable coverage through a competitive private health insurance market. The Exchanges offer "one-stop shopping" to assist individuals in finding, comparing and enrolling in private health insurance options.

In general, COBRA requires most group health plans to provide a temporary continuation of group health coverage that otherwise might be terminated. COBRA requires continuation coverage to be offered to covered employees, their spouses, their former spouses, and their dependent children when group health coverage would otherwise be lost due to certain specific events. Those events include the death of a covered employee, termination or reduction in the hours of a covered employee's employment for reasons other than gross misconduct, divorce or legal separation from a covered employee, a covered employee's becoming entitled to Medicare, and a child's loss of dependent status

(and therefore coverage) under the plan.

A group health plan must provide qualified COBRA beneficiaries with a COBRA election notice that describes their rights to COBRA continuation coverage and how to make a COBRA coverage election. In general, the COBRA election notice must be written in a manner "calculated to be understood by the average plan participant."

In the FAQ, the Departments state that qualified beneficiaries may want to consider health coverage alternatives that are available through the Exchanges and compare them to COBRA continuation coverage. Also, some qualified beneficiaries may be eligible for financial assistance, including premium tax credits premium tax credits (§1401, §1411) and cost-sharing reductions (ACA §1402 and §1412). DOL has a model election notice that plans may use to satisfy the requirement to provide the election notice under COBRA. On May 8, 2013, DOL published [Technical Release 2013-02](#) that revised the model COBRA notice to include more detailed information to help make qualified beneficiaries aware of other coverage options available in the Exchanges. As described in that Technical Release and subsequent guidance, use of the model election notice will be considered by DOL to be good faith compliance with the election notice content requirements of COBRA until further rulemaking is issued and effective.

Read FAQ Part 32 at: [https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQS-32\\_Final-6-21-16.pdf](https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQS-32_Final-6-21-16.pdf)

**6/20/16 HHS/CMS issued a proposed rule called "Medicaid/CHIP Program; Medicaid Program and Children's Health Insurance Program (CHIP); Changes to the Medicaid Eligibility Quality Control and Payment Error Rate Measurement Programs in Response to the Affordable Care Act."**

This proposed rule updates the Medicaid Eligibility Quality Control (MEQC) and Payment Error Rate Measurement (PERM) programs based on the changes to Medicaid and the Children's Health Insurance Program (CHIP) eligibility under the ACA. The proposed rule would also implement various other improvements to the PERM program.

The ACA (including §1004, §1401, §1411 and §2001) mandated changes to the Medicaid and CHIP eligibility processes and policies to simplify enrollment and increase the share of the eligible population that is enrolled and covered.

The PERM program measures improper payments in the Medicaid program and CHIP. The improper payment rates are based on reviews of the fee-for-service, managed care, and eligibility components of Medicaid and CHIP.

The MEQC program is a separate eligibility review program set forth in section 1903(u) of the Social Security Act and requires states to report to the HHS Secretary the ratio of states' erroneous excess payments for medical assistance under the state plan to total expenditures for medical assistance.

Comments are due August 22, 2016.

Read the proposed rule (which was published in the Federal Register on June 22, 2016) at: <https://www.gpo.gov/fdsys/pkg/FR-2016-06-22/pdf/2016-14536.pdf>

**6/17/16 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA)**

**seeking comments on four information collection activities.**

Comments are due July 18, 2016.

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2016-06-17/pdf/2016-14405.pdf>

**In item #1, HHS/CMS is seeking comments on the revision of a currently approved information collection activity related to Student Health Insurance Coverage.**

The notice includes a reminder to issuers that provides student health insurance coverage that such insurance issuers are subject to the prohibition on annual dollar limits under PHS Act section 2711 and §147.126 for policy years beginning on or after January 1, 2014, per the [final rule](#) (which was published on December 2, 2015) called "The Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2017."

The notice also reminds insurance issuers that the [final rule](#) further provides that, for policy years beginning on or after July 1, 2016, student health insurance coverage is exempt from the actuarial value (AV) requirements under ACA §1302(d), but must provide coverage with an AV of at least 60%. This provision also requires issuers of student health insurance coverage to specify in any plan materials summarizing the terms of the coverage the AV of the coverage and the metal level (or the next lowest metal level) the coverage would otherwise satisfy under §156.140. According to CMS, this disclosure will provide students with information that allows them to compare the student health coverage with other available coverage options.

**In item #2, HHS/CMS is seeking comments on the revision of a currently approved information collection activity related to the Affordable Care Act Internal Claims and Appeals and External Review Procedures for Non-grandfathered Group Health Plans and Issuers and Individual Market Issuers.**

Under the ACA §1001(§2719), consumers have the right to appeal decisions made by health plans created after March 23, 2010. The law governs how insurance companies handle initial appeals and how consumers can request a reconsideration of a decision to deny payment. If an insurance company upholds its decision to deny payment, the law provides consumers with the right to appeal the decisions to an outside, independent decision-maker, regardless of the type of insurance or state an individual lives in.

Regulations issued by HHS, DOL and, and the Treasury standardize both an internal process and an external process that patients can use to appeal decisions made by their health plan. These rules more closely align the appeals process across all types of plans. Under the ACA, plans and issuers must comply with the state's external review process or the federal external review process.

According to the notice, information collection requirements are part of the reasonable procedures that an employee benefit plan must establish regarding the handling of a benefit claim.

Additional information on the regulatory requirements for the internal claims and appeals and external review processes is available at:

[www.dol.gov/ebsa/healthreform/regulations/internalclaimsandappeals.html](http://www.dol.gov/ebsa/healthreform/regulations/internalclaimsandappeals.html)

**In item #3, HHS/CMS is seeking comments on the revision of a currently approved information collection activity related to Minimum Essential Coverage.**

ACA §6055 designates certain types of health coverage as [minimum essential coverage](#) (MEC). Other types of coverage, not statutorily designated and not designated as MEC in regulation, may be recognized by the HHS Secretary as MEC if certain substantive and procedural requirements are met.

To be recognized as MEC, coverage must offer substantially the same consumer protections as those enumerated in the Title I of ACA relating to non-grandfathered, individual health insurance coverage to ensure consumers are receiving adequate coverage. The [final rule](#); "Exchange Functions: Eligibility for Exemptions; Miscellaneous Minimum Essential Coverage Provisions" (which was published in the Federal Register on July 1, 2013) requires sponsors of other coverage that seek to have such coverage recognized a MEC to adhere to certain procedures. Sponsoring organizations must submit to HHS certain information about their coverage and an attestation that the plan substantially complies with the provisions of Title I of the ACA applicable to non-grandfathered individual health insurance coverage. Sponsors must also provide notice to enrollees informing them that the plan has been recognized as MEC for the purposes of the ACA's [shared responsibility requirement](#).

**In item #5, HHS/CMS is seeking comments on the revision of a currently approved information collection activity related to Rate Increase Disclosure and Review Reporting Requirements.**

The [rate review program](#) under §1003 requires that insurers seeking rate increases of 10% or more for non-grandfathered plans in the individual and small group markets publicly and clearly disclose the proposed increases and the justification for them. Such increases are reviewed by either state experts (or by federal experts in states that do not have a rate review program deemed effective by HHS) to determine whether they are unreasonable. The statute provides that health insurance issuers must submit to the HHS Secretary and the applicable state justifications for unreasonable premium increases prior to the implementation of the increases. Beginning with plan years beginning in 2014, the HHS Secretary, in conjunction with the states, shall monitor premium increases of health insurance coverage offered through an Exchange and outside of an Exchange.

In order to obtain the information necessary to monitor premium increases of health insurance coverage offered through an Exchange and outside of an Exchange, health insurance issuers are required to submit specific documentation based on increases at the plan level that would justify any rate increases. The required documentation is outlined in the notice.

**6/17/16 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on two information collection activities.**

Comments are due August 16, 2016.

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2016-06-17/pdf/2016-14409.pdf>

**In item #1, HHS/CMS is seeking comments on a new information collection activity related to Clearance for Evaluation of Stakeholder Training- Health Insurance**

## **Marketplace and Market Stabilization Programs.**

According to CMS, the agency is committed to providing appropriate education and technical outreach to states, insurance issuers, self-insured group health plans and third-party administrators (TPA) participating in the Exchange (Marketplace) and/or market stabilization programs mandated by the ACA. CMS continues to engage with stakeholders in the Marketplace to obtain input through Satisfaction Surveys following Stakeholder Training events. The notice states that the survey results will help to determine stakeholders' level of satisfaction with trainings, identify any issues with training and technical assistance delivery, clarify stakeholders' needs and preferences, and define best practices for training and technical assistance. CMS will continue to modify, enhance and develop Stakeholder Event forms for future years based on feedback from stakeholders.

In 2014, HHS implemented the [premium stabilization programs](#), which are designed to stabilize premiums in the individual and small group markets and minimize the effects of adverse selection that may occur as insurance reforms and the Exchanges launch. These programs include transitional reinsurance (§1341), temporary risk corridors programs (§1342), and a permanent risk adjustment program (§1343) to provide payments to health insurance issuers that cover higher-risk populations and to more evenly spread the financial risk borne by issuers.

## **In item #2, HHS/CMS is seeking comments on a new information collection activity related to The Health Insurance Enforcement and Consumer Protections Grant Program.**

ACA §1003 adds a new section 2794 to the Public Health Service Act (PHS Act) entitled, "Ensuring That Consumers Get Value for Their Dollars." Specifically, §1003 requires the HHS Secretary, in conjunction with the states, to establish a process for the annual review of health insurance premiums ([rate review program](#)) to protect consumers from unreasonable rate increases. Under that authorization, the HHS Secretary will award grants to states for planning and implementing the insurance market reforms and consumer protections under Part A of title XXVII of the PHS Act.

States that are awarded funds under this funding opportunity are required to provide CMS with four quarterly reports, one annual report per year (except for the last year of the grant) and a final report detailing the state's progression towards planning and/or implementing the market reforms under Part A of Title XXVII of the PHS Act.

Prior guidance can be found at: [www.hhs.gov/healthcare/index.html](http://www.hhs.gov/healthcare/index.html)

## **News**

**6/16/16 HHS awarded nearly \$156 million in funding to support 420 health centers in 47 states, the District of Columbia and Puerto Rico to increase access to integrated oral health care services and improve oral health outcomes for Health Center Program patients.** Funding is authorized under ACA §4206.

The funding enables health centers to expand integrated oral health care services and increase the number of patients served. With these awards, health centers nationwide will increase their oral health service capacity by hiring approximately 1,600 new dentists, dental hygienists, assistants, aides, and

technicians to treat nearly 785,000 new patients.

Today, nearly 1,400 health centers operate approximately 9,800 service delivery sites in every U.S. state, D.C., Puerto Rico, the Virgin Islands and the Pacific Basin; these health centers employ more than 170,000 staff who provide care for nearly 23 million patients. In 2014, health centers employed over 3,700 dentists, more than 1,600 dental hygienists, and over 7,400 dental assistants, technicians and aides. They served about 4.7 million dental patients and provided nearly 12 million oral health visits.

There were 15 grants awarded to organizations in Massachusetts.

View a list of the Massachusetts grant awardees at:

<http://bphc.hrsa.gov/programopportunities/fundingopportunities/oralhealth/fy16awards/ma.html>

To learn more about HRSA's Health Center Program, visit <http://bphc.hrsa.gov/about/index.html>

## **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: [www.mass.gov/eohhs/gov/departments/masshealth/](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](http://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 host two public listening sessions in order to hear public comments on the Request. Stakeholders are invited to review the Request in advance and share with program staff at the listening sessions any input and feedback, or questions for future clarification. The listening sessions

are scheduled as follows:

**Listening session #2** (*note that the first session was June 24, 2016*)

Date: Monday, June 27, 2016

Time: 2:00 – 3:30 pm

Location: Auditorium, Fitchburg Public Library, 610 Main Street, Fitchburg, MA

Communication Access Realtime Translation (CART) services and American Sign Language (ASL) interpretation will be available at both meetings. Please contact Donna Kymalainen at [Donna.Kymalainen@state.ma.us](mailto:Donna.Kymalainen@state.ma.us) or 617-886-8247 to request additional accommodations.

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](mailto: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, 11<sup>th</sup> 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, 11<sup>th</sup> 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](http://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](mailto: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](mailto: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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To subscribe to receive the ACA Update, send an email to: [join-ehs-ma-aca-update@listserv.state.ma.us](mailto:join-ehs-ma-aca-update@listserv.state.ma.us). To unsubscribe from the ACA Update, send an email to: [leave-ehs-ma-aca-update@listserv.state.ma.us](mailto:leave-ehs-ma-aca-update@listserv.state.ma.us). Note: When you click on the sign up link, a blank e-mail should appear. If your settings prevent this, you may also copy and paste [join-ehs-ma-aca-update@listserv.state.ma.us](mailto:join-ehs-ma-aca-update@listserv.state.ma.us) into the address line of a blank e-mail. Just send the blank e-mail as it's addressed. No text in the body or subject line is needed.



**From:** [MassHealth.Innovations \(EHS\)](#)  
**To:** [MassHealth.Innovations \(EHS\)](#)  
**Subject:** Notice of Submission of a Request to extend the MassHealth Section 1115 Demonstration  
**Date:** Wednesday, June 15, 2016 7:11:10 PM

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Dear Colleagues,

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](http://www.mass.gov/hhs/masshealth-innovations).

**Public Comment Period:**

EOHHS will host two public listening sessions in order to hear public comments on the Request. Stakeholders are invited to review the Request in advance and share with program staff at the listening sessions any input and feedback, or questions for future clarification. The listening sessions are scheduled as follows:

Listening session #1, in conjunction with a meeting of the MassHealth Medical Care Advisory Committee and the MassHealth Payment Policy Advisory Board:

Date: Friday, June 24, 2016

Time: 2:30 pm – 4:00 pm

Location: 1 Ashburton Place, 21st Floor, Boston MA

Conference Line: 1-866-565-6580, Passcode: 9593452

Listening session #2:

Date: Monday, June 27, 2016

Time: 2:00 – 3:30 pm

Location: Auditorium, Fitchburg Public Library, 610 Main Street, Fitchburg, MA

Communication Access Realtime Translation (CART) services and American Sign Language (ASL) interpretation will be available at both meetings. Please contact Donna Kymalainen at [Donna.Kymalainen@state.ma.us](mailto:Donna.Kymalainen@state.ma.us) or 617-886-8247 to request additional accommodations.

EOHHS will accept comments on the proposed Request through July 15, 2016. Written comments may be delivered by email or mail. By email, please send comments to [MassHealth.Innovations@state.ma.us](mailto: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 5 pm on July 15, 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: <http://www.mass.gov/eohhs/gov/departments/masshealth/masshealth-and-health-care-reform.html>.

**From:** [MassHealth.Innovations \(EHS\)](#)  
**Subject:** MassHealth 1115 Demonstration - Updated date to receive public comments  
**Date:** Tuesday, June 21, 2016 12:53:07 PM

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## **MassHealth 1115 Demonstration Extension (UPDATED DATE TO RECEIVE PUBLIC COMMENTS)**

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. [aabrams@bidmc.harvard.edu](mailto:aabrams@bidmc.harvard.edu)

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.

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### **Public Comment Period:**

EOHHS will host two public listening sessions in order to hear public comments on the Request.

Stakeholders are invited to review the Request in advance and share with program staff at the listening sessions any input and feedback, or questions for future clarification. The listening sessions are scheduled as follows:

### **Listening session #1, in conjunction with a meeting of the MassHealth Medical Care Advisory Committee and the MassHealth Payment Policy Advisory Board:**

Date: Friday, June 24, 2016

Time: 2:30 pm – 4:00 pm

Location: 1 Ashburton Place, 21<sup>st</sup> Floor, Boston MA

Conference Line: 1-866-565-6580, Passcode: 9593452

### **Listening session #2:**

Date: Monday, June 27, 2016

Time: 2:00 – 3:30 pm

Location: Auditorium, Fitchburg Public Library, 610 Main Street, Fitchburg, MA

Communication Access Realtime Translation (CART) services and American Sign Language (ASL) interpretation will be available at both meetings. Please contact Donna Kymalainen at [Donna.Kymalainen@state.ma.us](mailto:Donna.Kymalainen@state.ma.us) or 617-886-8247 to request additional accommodations.

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](mailto: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, 11<sup>th</sup> 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, 11<sup>th</sup> Floor, Boston, MA 02108. Comments will be posted on the MassHealth 1115 Demonstration website:

<http://www.mass.gov/eohhs/gov/departments/masshealth/masshealth-and-health-care-reform.html>.



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### MassHealth and State Health Care Reform

#### 1115 Demonstration ("Waiver") Extension Request (as posted for public comment June 15, 2016)

The public comment period is now open and will close on Sunday, July 17, 2016.

- [Public Notice for 1115 Demonstration Extension Request](#)
- [Section 1115 Demonstration Extension Request](#) 1MB
- [Appendix B: Budget Neutrality Worksheets](#) 1MB

#### 1115 Demonstration ("Waiver") Extension Technical Corrections Approval (January 20, 2015)

- [1115 Demonstration Extension Technical Corrections Approval](#) 1MB 1MB

#### 1115 Demonstration ("Waiver") Extension Approval (October 30, 2014)

- [1115 Demonstration Extension Approval](#) 1MB 1MB

#### 1115 Demonstration ("Waiver") Extension Request (September 30, 2013)

- [Cover Letter](#)
- [Section 1115 Demonstration Extension Request Submitted to CMS](#)
- [Appendix A: List of Frequently Used Abbreviations](#)
- [Appendix B: Interim Evaluation of the Demonstration](#) 14MB 7MB
- [Appendix C: Safety Net Care Pool Funding](#)
- [Appendix D: Budget Neutrality Worksheets](#)
- [Appendix E: Public Notice Materials](#) 2MB 1MB

#### 1115 Demonstration ("Waiver") Amendment Approved (October 1, 2013)

- [1115 Demonstration Amendment Approval Documents](#) 2MB 5MB





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[Home](#) > [Government Agencies](#) > [Departments & Divisions](#) > [MassHealth](#) > [1115 Waiver Proposal Information](#)**1115 Waiver Proposal Information****Submission of a Request to Amend and Extend the Massachusetts 1115 Demonstration: Summary and Public Comment Period (Updated date for submitting comments below)**MassHealth and Health Care  
Reform

MassHealth Innovations

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.

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The Request does not affect eligibility for MassHealth. The Request documents can be found at the MassHealth Innovations web site: [www.mass.gov/hhs/masshealth-innovations](http://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 host two public listening sessions in order to hear public comments on the Request. Stakeholders are invited to review the Request in advance and share with program staff at the listening sessions any input and feedback, or questions for future clarification. The listening sessions are scheduled as follows:

**Listening session #1, in conjunction with a meeting of the MassHealth Medical Care Advisory Committee and the MassHealth Payment Policy Advisory Board**

Date: Friday, June 24, 2016

Time: 2:30 pm – 4:00 pm

Location: 1 Ashburton Place, 21<sup>st</sup> Floor, Boston MA

Conference Line: 1-866-565-6580, Passcode: 9593452

**Listening session #2**

Date: Monday, June 27, 2016

Time: 2:00 – 3:30 pm

Location: Auditorium, Fitchburg Public Library, 610 Main Street, Fitchburg, MA

Conference Line: 1-720-279-0026, Passcode: 975296

Communication Access Realtime Translation (CART) services and American Sign Language (ASL) interpretation will be available at both meetings. Please contact Donna Kymalainen at [Donna.Kymalainen@state.ma.us](mailto:Donna.Kymalainen@state.ma.us) or 617-886-8247 to request additional accommodations.

EOHHS will accept comments on the proposed Request through July 17, 2016. Written comments may be delivered by



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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](mailto: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, 11<sup>th</sup> 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 to 5 pm at EOHHS, One Ashburton Place, 11<sup>th</sup> Floor, Boston, MA 02108. Comments will be posted on the [MassHealth and State Health Care Reform](#) web page.

## Background

MassHealth provides health insurance and access to health care for over 1.8 million residents of Massachusetts, more than one-quarter of the Commonwealth's population. It is an essential safety net for 40 percent of children and more than half of people with disabilities. However, MassHealth's spending has grown unsustainably and, at more than \$15 billion, is now almost 40 percent of Massachusetts' budget. Massachusetts also faces a burgeoning opioid addiction epidemic, and continued fragmentation between primary and behavioral health care for MassHealth members. Over the past year, MassHealth has undertaken an extensive public stakeholder engagement and policy development process to devise strategies to address these challenges and put MassHealth on a path to sustainability.

MassHealth's 1115 demonstration provides an opportunity to restructure MassHealth to emphasize value in care delivery, and better meet members' needs through more integrated and coordinated care, while moderating the cost trend. Massachusetts seeks to amend and extend the MassHealth 1115 demonstration for five years in order to advance these goals. This proposal seeks to amend the current demonstration through June 30, 2017 and begin a new five-year extension effective July 1, 2017.

MassHealth plans to implement 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, including opioid addiction.

## Summary of Requested Changes to the Demonstration

**Advancing Accountable Care.** MassHealth is transitioning from fee-for-service, siloed care and into integrated accountable care, as providers form accountable care organizations (ACOs). ACOs are provider-led organizations that are held contractually responsible for the quality, coordination and total cost of members' care. MassHealth's ACO approach places a significant focus 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 (LTSS) and health-related social services. Therefore, ACOs will be required to maintain formal relationships with community-based behavioral health and LTSS providers certified by MassHealth as Community Partners, furthering the integration of care. This shift from fee-for-service to accountable, total cost of care models at the provider level is central to the demonstration extension request, and to the Commonwealth's goals of a sustainable MassHealth program. Massachusetts seeks new waiver and expenditure authority necessary to authorize ACOs.

**Delivery System Reform Incentive Program (DSRIP).** Massachusetts' goal is to achieve meaningful delivery system reform through provider partnerships across the care continuum and the implementation of broad participation in alternative payment models. Massachusetts is committed to concrete targets for cost, quality and member experience to measure progress toward this vision. To fund the changes to the delivery system, Massachusetts proposes partnering with the federal government in a DSRIP program. This five-year federal investment will catalyze change, after which our reform should be self-sustaining and supported by projected savings. MassHealth proposes a \$1.8 billion DSRIP investment over five years to support the transition toward ACO models, including direct funding for community-based providers of behavioral health LTSS, in addition to ACOs.

**Enhanced Benefits to Treat Substance Use Disorders.** A key feature of the proposed demonstration extension is to address the growing crisis related to opioid addiction. Massachusetts proposes enhanced MassHealth substance use disorder (SUD) services to promote treatment and recovery, specifically by increasing treatment services and expanding access to various services, such as 24-hour community based services, Medication Assisted Treatment, care management



**Enhanced Benefits to Treat Substance Use Disorders.** A key feature of the proposed demonstration extension is to address the growing crisis related to opioid addiction. Massachusetts proposes enhanced MassHealth substance use disorder (SUD) services to promote treatment and recovery, specifically by increasing treatment services and expanding access to various services, such as 24-hour community based services, Medication Assisted Treatment, care management and other recovery support. Additionally, Massachusetts will engage in SUD workforce development across the health care system.

**Safety Net Care Pool Redesign.** MassHealth proposes to restructure its payments to providers under the SNCP, as required in the October 2014 waiver extension agreement with CMS. DSRIP will replace existing programs focused on delivery system reform, including Infrastructure and Capacity Building grants and the Delivery System Transformation Initiatives (DSTI) program. MassHealth will continue to provide necessary and ongoing funding support to safety net providers through a new funding stream available to an expanded group of providers. The combination of DSRIP and restructured safety net provider payments through the SNCP will provide a glide path to a more sustainable funding level for current DSTI hospitals over the five-year demonstration term. MassHealth requests to continue currently authorized funding for uncompensated care, including the Health Safety Net, and to continue the current Public Hospital Transformation and Incentive Initiatives. In addition, MassHealth proposes to more fully recognize the Commonwealth's commitment to reimburse providers for otherwise uncompensated care by creating a new Uncompensated Care Pool. Finally, MassHealth proposes to expand federal financial participation for ConnectorCare by including state cost sharing subsidies in addition to state premium subsidies for lower income Health Connector enrollees.

**Additional Changes.** MassHealth proposes additional changes, including the following:

- MassHealth proposes to extend CommonHealth coverage for working adults age 65 and older.
- MassHealth requests authority to provide premium assistance through the Student Health Insurance Program (SHIP), combined with cost sharing assistance and a benefit wrap, for students with access to student individual health plans, to the extent that MassHealth determines that this is cost-effective.
- As part of its continuing ACA implementation work, MassHealth plans to update the out-of-pocket cost sharing schedule, which includes premiums and copayments, in 2018. These updates will encourage members to enroll in integrated and coordinated systems of care.
- In order to encourage eligible MassHealth members to enroll in an MCO or ACO rather than the PCC Plan, MassHealth also proposes to provide selected fewer covered benefits to members who choose the PCC Plan, such as chiropractic services, eye glasses and hearing aids. Members who select the Primary Care Clinician (PCC) Plan as their managed care option can choose to disenroll from the PCC Plan and enroll in an MCO or ACO at any time.

**Impact on MassHealth Enrollment and Expenditures.** In SFY 2015, MassHealth enrollment included 16.6 million waiver member months. This figure is expected to increase by approximately 2.8% per year. Actual waiver expenditures were \$6.6 billion in SFY 2015 and are expected to increase by approximately 5.4% per year. The changes to the demonstration in total are expected to add \$581 million per year, due to the impacts of the Substance Use Disorder request, inclusion of LTSS and expanding the CommonHealth population.

**Hypothesis and Evaluation Parameters.** MassHealth has engaged the University of Massachusetts Medical School's Center for Health Policy and Research (UMass) to evaluate the current Demonstration extension. The evaluation will examine MassHealth initiatives against the Demonstration's goals of coverage, movement away from uncompensated care, delivery system reform, and payment reform.

This information is provided by [MassHealth](#).

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## 1115 Waiver Proposal Information

(Updated date for submitting comments below)

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: [MassHealth](#), and the Request documents can be found below.

### Public Comment Period

EOHHS will host two public listening sessions in order to hear public comments on the Request. Stakeholders are invited to review the Request in advance and share with program staff at the listening sessions any input and feedback, or questions for future clarification. The listening sessions are scheduled as follows:

#### Listening session #1, in conjunction with a meeting of the MassHealth Medical Care Advisory Committee and the MassHealth Payment Policy Advisory Board

Date: Friday, June 24, 2016

Time: 2:30 PM – 4:00 PM

Location: 1 Ashburton Place, 21st Floor, Boston MA

Conference Line: 1-866-585-6580, Passcode: 9593452

#### Listening session #2

Date: Monday, June 27, 2016

Time: 2:00 PM – 3:30 PM

Location: Auditorium, Fitchburg Public Library, 610 Main Street, Fitchburg, MA

Conference Line: 1-720-279-0026, Passcode: 975296

Communication Access Realtime Translation (CART) services and American Sign Language (ASL) interpretation will be available at both meetings. Please contact Donna Kymalainen at [Donna.Kymalainen@state.ma.us](mailto:Donna.Kymalainen@state.ma.us) or 617-886-8247 to request additional accommodations.

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](mailto: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 to 5 PM at EOHHS, One Ashburton Place, 11th Floor, Boston, MA 02108.

Comments will be posted on the MassHealth 1115 Demonstration website: [MassHealth and State Health Care Reform](#)

UPDATE: The public comment period is now open and will close on Sunday, July 17, 2016.

• [1115 Waiver Summary](#)  

• [Full 1115 Waiver Proposal](#)  1MB 

• [Appendix: Budget Neutrality Worksheets](#) 

• [1115 Waiver Proposal – Slides for Public Listening Sessions](#)  