

The Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, Room 1109 Boston, Massachusetts 02108



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Senator Karen Spilka Chair, Senate Committee on Ways and Means State House, Room 212 Boston, MA 02133

Representative Brian S. Dempsey Chairman, House Committee on Ways and Means State House, Room 243 Boston, MA 02133 Senate Chair James Welch Joint Committee on Health Care Financing State House, Room 416A Boston, MA 02133

House Chair Jeffrey Sanchez Joint Committee on Health Care Financing State House, Room 236 Boston, MA 02133

## Re: MassHealth Report on Reimbursement of Affordable Care Act (ACA) Health Insurer Provider Fee for MassHealth Managed Care Entities

Dear Chairwoman Spilka, Chairman Dempsey, Chairman Welch, and Chairman Sanchez,

Chapter 165 of the Acts of 2014 (the FY15 budget) requires, in line item 4000-0300, that MassHealth report to you on the amount of reimbursement of the Affordable Care Act's insurer fee and the related tax liability and the methodology for calculating said reimbursement to managed care organizations and senior care organizations. The purpose of this report is to provide you with such information.

The federal Affordable Care Act ("ACA") imposed a new fee on health insurers beginning January 1, 2014, commonly known as the Section 9010 fee or Health Insurer Provider Fee ("HIPF"). The Executive Office of Health and Human Services ("EOHHS") determined that this fee may apply to managed care entities that contract with MassHealth (also referred to as "Contractors" below). MassHealth determined that it will recognize the costs of this fee attributable to MassHealth enrollees for its managed care contracts, including its Managed Care Organization Contracts ("MCO Contract") and Senior Care Organization Contracts ("SCO Contract").

EOHHS requested specific information from its Contractors detailing the amount and basis for their Section 9010 liability. Based on that documentation, MassHealth determined the capitation payments that were made by EOHHS to the Contractors under its managed care contracts that were subject to

the HIPF and reported to the Internal Revenue Service ("IRS"), and subsequently calculated the amount of the HIPF allocable to the Contractors' MassHealth lines of business ("the MassHealth portion of the HIPF"). In addition to the amount of the HIPF allocable to the Contractors' MassHealth lines of business, the MassHealth portion of the HIPF also includes any corresponding amounts for tax-related federal and state corporate income tax liability.

In accordance with informal guidance from the Centers for Medicare and Medicaid Services (CMS), MassHealth retroactively adjusted the Contractors' capitation rates in effect during Calendar Year 2013 to reflect the MassHealth portion of the HIPF. For Calendar Year 2013, such adjustment was a retroactive one-time adjustment made as a single payment to the Contractors.

The equation below illustrates the methodology MassHealth used to calculate the MassHealth portion of the HIPF, or the share of the HIPF that may be allocated to a Contractor's MassHealth line of business under the MCO Contract, SCO Contract, PACE Contract, and BH Contract. The calculation was performed separately for each managed care entity by applicable managed care contract. MassHealth first calculated the capitation payments made by EOHHS to the Contractor under the applicable managed care contract as a percentage of total net premiums received by the Contractor as reported in the final IRS 5067C HIPF assessment letter. MassHealth then applied that percentage to the total HIPF assessed to the Contractor by the IRS to calculate the MassHealth portion of the HIPF.

(A)	(B)	(C) = (B)/(A)	(D)	(E) = (C)*(D)
Sum of total	Capitation	Capitation	Total HIPF	MassHealth portion of
net premiums	payments	payments	assessed to the	the HIPF for the
received by the	made by	described in	Contractor by	applicable managed care
Contractor as	EOHHS to the	(B) as % of	the IRS (owed	contract (i.e. MassHealth
reported in the	Contractor	premiums	for all lines of	portion of the HIPF
final IRS 5067C	under the	described in	business) (in \$)	attributed to the
HIPF	applicable	(A)		capitation payments
assessment	managed care			described in (B)) (in \$)
letter (in \$)	contract (in \$)			

The table below shows the amount of the MassHealth portion of the HIPF by managed care contract for Calendar Year 2013:

Summary Table Health Insurer Provider Fee Calendar Year 2013			
MCE Contract	Payment Amount		
MCO Contracts	\$12,627,178		
BH Contract	\$11,858,682		
SCO Contracts	\$2,376,506		
PACE Contracts	\$45,343.12		
Total All MCE's	\$26,907,708.81		

Please note that the contract amendments reflecting these payments are subject to approval by the federal Center for Medicare and Medicaid Services (CMS).

We hope you find this information useful and informative. Please contact John May at 617-573-1763 if you have any questions about this report. Thank you for your continued support of the MassHealth program.

Sincerely,

Daniel Tsai Assistant Secretary, MassHealth

cc: Marylou Sudders, Secretary, Executive Office of Health & Human Services