

**Notice of Submission of a Request to Amend the MassHealth Section 1115
Demonstration:
Summary and Public Comment Period**

The Massachusetts Executive Office of Health and Human Services (EOHHS) announces its intent to submit a Request to Amend the MassHealth Section 1115 Demonstration to the Centers for Medicare and Medicaid Services (CMS).

Public Comment Period:

EOHHS will accept comments on the proposed Amendment through 5pm on August 21, 2017. Written comments may be delivered by email or mail. By email, please send comments to kaela.konefal@state.ma.us and write "Comments for Demonstration Amendment" in the subject line. By mail, please send comments to: Kaela Konefal EOHHS Office of Medicaid, One Ashburton Place, 11th Floor, Boston, MA 02108. Comments must be received by August 21, 2017 in order to be considered.

The amendment documents may be obtained on the MassHealth Innovations website: www.mass.gov/hhs/masshealth-innovations/1115waiver. Additional updates and final submissions to CMS will also be posted on this website. Paper copies of the amendment documents may be obtained in person by request from 9am-5pm at the MassHealth Publications Unit, 100 Hancock Street, 6th Floor, Quincy, Massachusetts 02171.

EOHHS will hold two public meetings to hear comments from the public on the proposed Amendment:

Listening session #1:

Date: Friday, August 4, 2017

Time: 9 a.m. – 11 a.m.

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

Conference Line: 1-888-822-7517 Participant Code: 163 4530#

Listening session #2:

Date: August 16, 2017

Time: 10 a.m. – 12 p.m.

Location: Castle of Knights, 1599 Memorial Drive, Chicopee, MA

Conference Line: 1-888-822-7517 Participant Code: 163 4530#

Communication Access Realtime Translation (CART) services and American Sign Language (ASL) interpretation will be available at both meetings. Please contact Kaela Konefal at Kaela.Konefal@state.ma.us or 617-573-1807 to request additional accommodations.

Background:

The MassHealth Section 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. The 1115 Demonstration is authorized through June 30, 2022

Summary of proposed changes:

The Executive Office of Health and Human Services is requesting an amendment to the Demonstration to make the changes summarized below to ensure the sustainability of the MassHealth program while retaining access for vulnerable populations.

Aligning coverage for non-disabled adults with commercial plans

1. Enrolling non-disabled adults with incomes over 100% FPL in subsidized commercial plans through the state's exchange (the Health Connector)
2. Aligning MassHealth benefits for all non-disabled adults in a single plan that mirrors commercial coverage, by enrolling non-disabled parents and caregivers with incomes up to 100% FPL in MassHealth's CarePlus Alternative Benefit Plan
3. Modifying the premium assistance program for non-disabled adults with access to commercial insurance to reduce Medicaid "wraps" on top of the commercial plan while ensuring continued affordability for members
4. Implementing an eligibility "gate" that would not allow non-disabled adults with access to affordable employer-sponsored insurance (ESI) to enroll in Medicaid
5. Eliminating redundant MassHealth Limited coverage for adults who are also eligible for comprehensive, affordable coverage through the Health Connector

Adopting widely-used commercial tools to obtain lower drug prices and enhanced rebates

6. Selecting preferred and covered drugs through a closed formulary that assures robust access to medically necessary drugs
7. Procuring a selective and more cost effective specialty pharmacy network

Improving care, reducing costs and achieving administrative efficiencies

8. Implementing narrower networks in MassHealth's Primary Care Clinician (PCC) Plan to encourage enrollment in ACOs and Managed Care Organizations (MCOs)
9. Removing barriers to effective behavioral health care by waiving federal payments restrictions on care provided in Institutions for Mental Disease (IMDs)

10. Waive requirements for multiple managed care options in certain area(s) of the state in which a majority of primary care providers are participating in a single MassHealth ACO
11. Implementing the cost sharing limit of five percent of income on an annual basis rather than a quarterly or monthly basis
12. Implement cost sharing greater than five percent of income for members over 300% FPL eligible exclusively through the demonstration

In parallel with this request, Massachusetts will submit an additional set of flexibility requests to enable the Commonwealth to take a state-specific approach to employers' shared responsibility for maintaining near universal coverage and to stabilize our commercial health insurance market. These proposals will also be discussed at the two public meetings noted above.

Massachusetts will also continue discussions with CMS to pursue flexibility to enable MassHealth to better manage care and costs for dually eligible members using 1115A waiver authority.