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
  - 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.


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: 1-866-565-6580, 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 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 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.
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. 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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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)

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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.
Pirate ‘treasure trove’ set to open on Cape Cod

By Steve Annear

A museum featuring what’s said to be the world’s only authenticated pirate coins, pistols, swords and other artifacts, pulled from a ship that sank more than 300 years ago, will open this week on Cape Cod.

The Whydah Pirate Museum, which is being billed as a 12,000-square-foot “treasure trove” that includes a life-size replica of the ship Whydah that sank in 1717, will welcome people aboard June 25.

“There’s nothing like this to compare to it,” said Barry Clifford, who, in 1994, along with his diving team, discovered the Whydah Gally’s remains off Cape Cod. It became the first pirate ship whose identity was verified.

The Whydah was launched by the Royal Africa Company to carry slaves from West Africa, according to a New York Times article published in 1985, a year after the ship’s discovery.

The ship was later commanded by pirate captain Samuel ‘Black Sam’ Bellamy in 1717, in the Caribbean, and was brought to Massachusetts, where Bellamy’s girlfriend, Mary Read, had been accused of witchcraft, Clifford said.

At the time it went down, there was 53 ships’ worth of plundered goods aboard, he said. Only two of the 146 men aboard survived the wreck.

The collection of artifacts from the ship that will be on display in the museum has been training the United States for the last decade as part of an exhibit produced by National Geographic, Clifford said.

The exhibit will be a permanent home in West Yarmouth’s Center of Musical Arts.

By email, please send comments to: EOHHS @mlcorpuz.

B4

Notice is hereby given pursuant to G.L. c. 30A, §3, the Ex-

Department of Youth Services is proposing to amend its regulations governing the administration of funds, programs, and services for switch-}

services for switch-}

people that new and improved programs for our residents.”

The timing of the announce-

ment, which came in a formal

recommend “corrective” measures and assessing our options,” the

Baker, a Republican, ran for governor in 2014 promising to reduce taxes and fees. And a top aide said even with the gap, he is sticking by that pledge.

House Speaker Robert DeLeo said through a spokesman that the budget “is not the time for raising taxes or fees to decrease the overall cost,” the spokesman said, DeLeo is not inclined to use the state’s rainy day fund, meant for fiscal emergency, “as a mechanism to protect the vulnerable and those who are hardest hit.”

A spokesman for Senator Karen E. Spilka, the Senate’s budget-writing committee, said, “it is team’s responsibility to monitor revenue collection. Representative Brian Dempsey, a Haverhill Demo-

As a result of this investigation, the site has been classified Tier IIClassification.

The investigation was performed pursuant to 310 CMR 40.0480.

The BHA reserves the right to reject any proposals and waive any informalities.

The proposal growth that analysts expected for the fiscal year—approximately 7 percent— is now seen as too optimistic.

Even though a $750 million gap remains, which is slightly less than the $1 billion-plus shortfall the state was facing last May, the preliminary report acknowledges a shortfall.

The budget is already locked in. State officials say if the Legislature doesn’t act before July 1, about two-thirds of that shortfall will be in the rainy day fund, which was already spoken for by areas such as debt payments, state pensions, and Massachusetts’ massive Medicaid health program for the poor and disabled.

The projected gap could reignite a tug of war between the more liberal Senate — which is as much open to raising taxes as making cuts — and the more conservative House and governor, seen as more focused on preserving state services than balancing the state budget.

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Doctors’ orders are unclear

By Kathy Mitchell and Manny Sugar

Dear Anne: You’ve seen serv-

ice, then you or your attorney must file a

ment or to patients via email.

Said LOT 19 contains 89,522 square feet of land,

military service of the United States of America,

Defendant’s/Defendants’ Servicemembers status.

501 et. Seq.: Bank of America, N.A. claiming to

Servicemembers Civil Relief Act, 50 U.S.C. App. §

As there are any legal issues

and fully equipped kitchen, outdoor pool, indoor

and in many instances, test

in the top-left corner. The
difficulty of the puzzle increases from Monday to Sunday.

Sudoku is a number placing puzzle based on a 9 x 9

SUDOKU KENKEN

KenKen is a number puzzle that involves a bit of logic

and a bit of simple math.

Each row and each column must contain the num-

bers 1 through 9 without repeating. No numbers within

heavily outlined boxes, called cages, must combine

to produce the target number in the top-left corner.

Each of the puzzle’s nine rows and columns

must include the numbers 1 through 9. Each of the

3x3 boxes contain the same number only once.

You have the right to obtain a copy of the

administration.

PUBLIC NOTICE

For more information, please contact the

 Moscow County (Worcester District) Registry of

Deeds in Plan 64, at which plan reference may be

made. Said LOT 19 is situated insaid

Worcester, MA.

The balance of the purchase price shall be paid in

the order set forth above described. TEN THOUSAND

DOLLARS ($10,000.00) DOWN...
LEGAL NOTICES

Notice of Agency Action

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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

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

This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential, proprietary and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender immediately and destroy or permanently delete all copies of the original message.

From: Carey, Margaret
Sent: Wednesday, June 22, 2016 8:51 AM
To: 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?

This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential, proprietary and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender immediately and destroy or permanently delete all copies of the original message.
From: Carey, Margaret  
Sent: Tuesday, June 21, 2016 11:58 AM  
To: regs@sec.state.ma.us; 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, 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

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](http://chle.umassmed.edu)

*Confidentiality Notice:*  
This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential, proprietary and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender immediately and destroy or permanently delete all copies of the original message.
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
Cc: Gershon, Rachel; Tierney, Laxmi (EHS)
Subject: EOHHS upcoming meeting notices - 1115 waiver

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These Updates, published by the Executive Office of Health and Human Services (EOHHS) in consultation with the other state agencies involved in ACA implementation, will bring you news related to the implementation of provisions of the ACA here in Massachusetts.

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:

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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 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: 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 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.
To subscribe to receive the ACA Update, send an email to: 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. 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 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.
These Updates, published by the Executive Office of Health and Human Services (EOHHS) in consultation with the other state agencies involved in ACA implementation, will bring you news related to the implementation of provisions of the ACA here in Massachusetts.

Grants and Demonstrations

The ACA provides funding opportunities to transform how health care is delivered, expand access to care and support healthcare workforce training.

Grant Activity

For information about ACA grants awarded to and grant proposals submitted by the Commonwealth, visit the Grants page of the Massachusetts National Health Care Reform website at: www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/national-health-care-reform-plan/grants-and-demonstrations.html

Guidance

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.


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
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

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/ehhs/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:

**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 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 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: 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.

**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 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.

Follow MassHealth on YouTube! Follow MassHealth on Twitter!

To subscribe to receive the ACA Update, send an email to: 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. 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 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.
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.

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

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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. 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 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 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.
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
- Appendix B, Budget Neutrality Worksheets

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

- 1115 Demonstration Extension Technical Corrections Approval

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

- 1115 Demonstration Extension Approval

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
- Appendix C, Safety Net Care Pool Funding
- Appendix D, Budget Neutrality Worksheets
- Appendix E, Public Notice Materials

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

- 1115 Demonstration Amendment Approval Documents
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.

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. The Request documents can be found at the MassHealth Innovations website: www.mass.gov/ehs/masshealth-innovations. Paper copies of the documents may be obtained in person from 9 am to 5 pm at EOHHS, One Ashburton Place, 11th Floor, Boston, MA 02109.

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: 2:00 pm – 4:00 pm
Location: 1 Ashburton Place, 21st Floor, Boston MA
Conference Line: 1-888-666-6830, Passcode: 660462

Listening session #2

Date: Monday, June 27, 2016
Time: 2:00 – 3:30 pm
Location: Auditorium, Fitchburg Public Library, 810 Main Street, Fitchburg, MA
Conference Line: 1-720-219-0025, Passcode: 976396

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 or 617-965-8247 to request additional accommodations.

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

EOHHS will accept comments on the proposed Request through July 17, 2018. Written comments may be delivered by email or mail. By email, please send comments to MassHealthInnovations@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, 2018 to be considered. Paper copies of submitted comments may be obtained in person by request from 8 am to 5 pm at EOHHS, One Ashburton Place, 11th Floor, Boston, MA 02108. Comments will be posted on the MassHealth and State Health Care Reform webpage.

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 member needs through more integrated and coordinated care, while monitoring 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 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 support and healthcare-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 healthcare-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, case management and aftercare services.
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, case management, and other recovery support. Additionally, MassHealth will engage in SUD workforce development across the healthcare 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. DBHRIP will replace existing programs focused on delivery system reform, including Infrastructure and Capacity Building grants and the Delivery System Transformation Initiative (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 DBHRIP 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 Initiative. In addition, MassHealth proposes to more fully recognize the Commonwealth’s commitment to reimbursing 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 Commonwealth 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 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 Clinic (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 over 6 million waiver member months. This figure is expected to increase by approximately 2.8% per year. Actual waiver expenditures were $914 million 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 $36.1 million per year due to the impacts of the Substance Use Disorder request, inclusion of LTSS and expanding the Commonwealth 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.
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. Further details on the Request can be found on MassHealth's Web pages: 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 send any comments to the MassHealth CMS Project Management Office at: MassHealth.CMS@state.ma.us by July 17, 2016.

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

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: 1-800-555-0560, Password: 8505143

Listening session #2

Date: Monday, June 27, 2016
Time: 2:00 PM - 3:30 PM
Location: Auditorium, Fitchburg Public Library, 810 Main Street, Fitchburg, MA
Conference Line: 1-720-279-0026, Password: 9752896

Communication Access: Realtime Translation (RAT) services and American Sign Language (ASL) interpretation will be available at both meetings. Please contact Donna Kymalainen at Donna.Kymalainen@state.ma.us or 617-660-6247 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.CMS@state.ma.us in and include "Comment on Demonstration Extension Request" in the subject line. By mail, please send comments to: EOHHS Office of Medicaid, Attn: 1115 Demonstration Comments, 1 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, 1 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
- Appendix: Budget Neutrality
- Agenda: Budget Neutrality, Workgroup
- 1115 Waiver Proposal - Notes for Public Listening Sessions

This information is provided by the Executive Office of Health and Human Services.