



## AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

November 9, 2011

### 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.

### News

**11/8/11** CMS announced that **Medicare will now cover certain preventive services aimed at reducing cardiovascular disease**. These new services are being added to the existing group of free preventive services that are available to Medicare beneficiaries as a result of §4103 and §4104 of the ACA. Among the new preventive services, Medicare will now cover a yearly face-to-face consultation between beneficiaries and their care providers to determine the best way to reduce cardiovascular disease.

For more information, read the CMS Decision Memo at: <http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=248>

**11/8/11** HHS/The Center for Consumer Information and Insurance Oversight (CCIIO) **approved Georgia's request for a waiver which will allow insurers in the state to phase in the ACA's medical loss ratio (MLR) requirements**.

The ACA allows the Secretary to adjust the medical loss ratio (MLR) standard for a state if it is determined that meeting the 80% MLR standard may destabilize the individual insurance market. In order to qualify for this adjustment, a state must demonstrate that requiring insurers in its individual market to meet the 80% MLR has a likelihood of destabilizing the individual market and result in fewer choices for consumers. As part of the ACA, if insurers fall short of the standards in 2011, they'll have to issue rebates for that amount in 2012.

The Georgia Department of Insurance requested an adjustment of the MLR standard to 65%, 70%, and 75% for 2011, 2012, and 2013, respectively. HHS determined it will phase in the spending requirements in Georgia, though not at the same levels the state requested, adjusting the rates in 2011 and 2012 but requiring the 80% statutory standard beginning in 2013.

Georgia is the 6th state to be granted such a waiver. HHS has approved waivers for five other states including Iowa, Kentucky, Maine, Nevada, and New Hampshire. In July HHS denied North Dakota's request for a waiver. In September HHS denied Delaware's request. The other states that have applied and are awaiting determinations include: Kansas, Indiana, Louisiana, Florida, Michigan, Texas, Oklahoma, North Carolina and Wisconsin.

For more information on states and the MLR requirements visit the Center for Consumer Information and Insurance Oversight (CCIIO) website at:

<http://cciio.cms.gov/programs/marketreforms/mlr/index.html>

**11/7/2011** In a report released by the Treasury Inspector General for Tax Administration, as of mid-May 2011, **only 228,000 of an estimated 4.4 million eligible taxpayers claimed the Small Business Health Care Tax Credit.** The credit, created under §1421 of the ACA, is available to small businesses that pay at least one-half of the cost of health insurance coverage for their employees. The IRS has stated that it plans to hold focus groups to understand why the claiming rate was so low. In Massachusetts, 74.1% of all small businesses were eligible for the tax credit in 2010. This represents approximately 81,300 small businesses. The Treasury Report does not include state specific numbers of businesses that have claimed the tax credit.

For the Treasury report, click here:

<http://www.treasury.gov/tigta/auditreports/2011reports/201140103fr.pdf>

**11/21/11** Created under §4001 of the ACA, **the Advisory Group on Prevention, Health Promotion, and Public Health will hold an open web-based meeting** on November 21, 2011 from 3-5 PM. The Advisory Group was created to provide policy and program recommendations and advise the National Prevention, Health Promotion and Public Health Council (National Prevention Council) on chronic disease prevention and management, integrative health care practices and health promotion. For more information, including how to register for the web-based meeting and submit written comments, visit:

<http://www.healthcare.gov/prevention/nphpphc/advisorygrp/index.html>.

The agenda for the October meeting of the Advisory Group is available at:

<http://www.healthcare.gov/prevention/nphpphc/advisorygrp/a-g-meeting-agenda-oct-2011.pdf>.

The National Prevention Council reviewed its progress and submitted a 2011 Annual Status report in July 2011.

The report is available at: <http://www.healthcare.gov/prevention/nphpphc/2011-annual-status-report-nphpphc.pdf>

For more information about the National Prevention Council, visit:

<http://www.healthcare.gov/prevention/nphpphc/about/index.html>

**11/4/11** CMS announced that as a result of the ACA, over 2.2 million people with **Medicare Part D who reached the gap in coverage known as the "donut hole"** have received an automatic 50% discount on their covered brand name prescription drugs. CMS data shows 2,212,968 Medicare beneficiaries have benefitted from the 50% discount in the first nine months of 2011. In Massachusetts, as of September 30 2011, 38,536 seniors had received an average discount amount per beneficiary of \$540.06.

For more information, visit:

<http://www.cms.gov/apps/media/press/release.asp?Counter=4158&intNumPerPage>

## EOHHS News

**11/8/11 The Health and Human Services web portal was launched with a new appearance and redesign to improve a user's online experience.** Pages are built to be clean and streamlined and new navigation tools are organized to help readers locate information more quickly and easily. The EOHHS launch is part of a broader statewide improvement of all mass.gov websites scheduled to be completed by December 2011. During this time you may find some broken links. When you encounter a broken link, you will be redirected to a page customized to help you get to the information you desire. As a result of the launch, please keep in mind that although the national health reform web address will be the same (<http://www.mass.gov/nationalhealthreform>), we encourage you to create new bookmarks as the old ones may not work.

Similarly, for the Integrating Medicare and Medicaid for Dual Eligible Individuals website, the friendly web address will remain the same (<http://www.mass.gov/masshealth/duals>) but we do advise that you create new bookmarks.

## Upcoming Events

### **Money Follows the Person (MFP) Working Group**

Wednesday, November 9, 2011 from 10:30 AM - 12 PM  
Saxe Conference Room  
Worcester Public Library  
3 Salem Square  
Worcester, MA

Please contact [Kate.Russell@state.ma.us](mailto:Kate.Russell@state.ma.us) if you would like to attend the meeting. Requests for reasonable accommodations should be sent to [MFP@state.ma.us](mailto:MFP@state.ma.us). Although an RSVP is not required, it is appreciated.

### **MFP Waiver Topical Discussion Group**

Friday, November 18th from 10:30 AM - 12 PM  
Conference Room 4  
Transportation Building, 10 Park Plaza  
Boston, MA

The meeting topic will be to discuss residential services through the MFP waiver. Although an RSVP is not required, it is appreciated. RSVPs can be sent to [MFP@state.ma.us](mailto:MFP@state.ma.us).

More information on MFP can be found at: [MFP](#)

### **Money Follows the Person Working Group**

Thursday, February 2, 2012 from 2 PM - 3:30 PM  
Saxe Conference Room  
Worcester Public Library  
3 Salem Square  
Worcester, MA

The meeting date and time of the next **Quarterly Patient Protection and Affordable Care Act Stakeholder Implementation Meeting** will be posted on the website at: [http://mass.gov/national\\_health\\_reform](http://mass.gov/national_health_reform) under Quarterly Stakeholder Meetings as soon as it is scheduled.

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

Remember to check <http://mass.gov/masshealth/duals> for information on the **"Integrating Medicare and Medicaid for Dual Eligible Individuals"** initiative.