



## AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

April 8, 2013

### 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: [Mass.Gov](#)

### Guidance

**4/5/13 CMS issued a Model QHP Addendum which will facilitate the inclusion of Indian Health Service (IHS), tribe and tribal organization, and urban Indian organization providers** in qualified health plan (QHP) provider networks. The ACA established Affordable Insurance Exchanges (§1311(b)) to provide individuals and small business employees with access to health insurance coverage beginning January 1, 2014. QHPs are health plans that have been certified by an Exchange, provide essential health benefits (§1301) and follow established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts). A QHP will have a certification by each Exchange in which it is sold.

On March 1, 2013 HHS released a [letter](#) to indicate that [resources](#) are available to support states and potential QHP issuers to help with the preparation and submission of a QHP application for the Health Insurance Marketplace. Instructions for states and Issuers completing

QHP applications are located at <http://cciio.cms.gov/programs/exchanges/qhp.html>.

The addendum is the latest resource posted to the resource list. View the full addendum at: [CCIIO](#)

**4/3/13 Treasury/IRS issued a proposed rule called "Community Health Needs Assessments for Charitable Hospitals."** The proposed regulations provide guidance to charitable hospital organizations on the community health needs assessment (CHNA) requirements, and related excise tax and reporting obligations, enacted as part of the ACA. Under the rule, charitable hospitals are required to conduct CHNAs and adopt implementation strategies at least once every three years. The proposed regulations also clarify the consequences for failing to meet the requirements for charitable hospital organizations. The proposed regulations implement portions of §4959.

On June 22, 2012, the IRS issued [proposed regulations](#) under ACA §9007 and §10903 which provide information on the requirements for charitable hospitals relating to financial assistance and emergency medical care policies, charges for emergency or medically necessary care provided to individuals eligible for financial assistance, and billing and collections.

Comments and requests for a hearing are due July 5, 2013.

For more information on the ACA and Charitable 501(c)(3) Hospitals visit: [IRS.Gov](#)

Read the rule (which was published in the Federal Register on April 5, 2013) at: <http://www.gpo.gov/fdsys/pkg/FR-2013-04-05/pdf/2013-07959.pdf>

**4/3/13 HHS/CMS issued a proposed rule called "Patient Protection and Affordable Care Act; Exchange Functions: Standards for Navigators and Non-Navigator Assistance Personnel."** The proposed rule outlines standards for Navigators and non-Navigators in Federally-facilitated and State Partnership Marketplaces and defines who can serve as a Navigator in all Exchanges.

The ACA established Affordable Insurance Exchanges (§1311(b)) to provide individuals and small business employees with access to health insurance coverage beginning January 1, 2014. §1311(d) and §1311(i) also direct all Exchanges to award grants to Navigators that will provide unbiased information to consumers about health insurance, the Exchange, QHPs, and insurance affordability programs including premium tax credits, Medicaid and the Children's Health Insurance Program (CHIP). The Navigator program will provide outreach and education efforts and assistance applying for health insurance coverage. If states choose not to run either a State-Based Exchange or a State-Federal Partnership Exchange, HHS will operate a Federally-facilitated Exchange (§1321).

The proposed regulations would create conflict-of-interest, training and certification, and meaningful access standards applicable to Navigators and non-Navigator assistance personnel in Federally-facilitated Exchanges, including State Partnership Exchanges, and to non-Navigator assistance personnel in State-based Exchanges that are funded through federal Exchange Establishment grants. The proposed regulations would also make amendments to the [existing regulation](#) for Navigators that would apply to all Navigators in all Exchanges, including State-based Exchanges. The proposed rule expands the list of entities ineligible to become Navigators to include those entities with relationships to issuers of stop loss insurance, including those who are compensated directly or indirectly by issuers of stop loss insurance in connection with enrollment in health plans.

Comments are due May 6, 2013.

Read the CMS fact sheet at: [CMS.Gov](http://www.cms.gov)

Read the rule (which was published in the Federal Register on April 5, 2013) at:  
<http://www.gpo.gov/fdsys/pkg/FR-2013-04-05/pdf/2013-07951.pdf>

**4/1/13 CMS issued the 2014 rate announcement and final call letter for the Medicare Advantage (MA) and Medicare Part D prescription drug advantage programs.** According to CMS, these policies will lower out-of-pocket drug spending and increase care coordination for beneficiaries. CMS will also use its ACA-granted authority under §1102 to limit increases in costs to enrollees in MA plans to \$34 per member per month in 2014 (a decrease from \$36 per member per month in previous years). CMS also stated that deductibles and cost-sharing for Part D Medicare prescription drug plans will decrease next year (the first time since the Part D drug benefit began in 2006). The standard Part D deductible will be \$310, a decrease from \$325 in 2013. In addition, CMS will increase the Medicare Advantage growth percentage and the fee-for-service growth percentage to plans by 3.3%, a reversal of the proposed 2.3% cut that CMS announced back in February.

Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by private companies approved by Medicare and provide both Part A (Hospital Insurance) and Part B (Medical Insurance) coverage. Medicare Advantage Plans may offer extra coverage, such as vision or dental and most include Medicare prescription drug coverage (Part D). Medicare pays a fixed amount for a member's care every month to the companies offering Medicare Advantage Plans and, per §1102 of the ACA, plans can no longer charge higher cost sharing than what a member in traditional Medicare pays.

Read the press release: [CMS.Gov](http://www.cms.gov)

The Draft Call Letter is available at: [CMS.Gov](http://www.cms.gov)

The 2014 Rate Announcement and Final Call Letter are available at: [CMS.Gov](http://www.cms.gov)

**3/29/13 HHS sent letters to South Dakota, Maine and Virginia to acknowledge the intent of the states to perform plan management activities that HHS would have otherwise performed under the Federally-facilitated Exchange Model.** The letters acknowledge that these states have attested that they have the authority and the capacity to undertake implementation activities related to the certification of Qualified Health Plans (QHPs). These states join Kansas, Montana, Nebraska and Ohio that also received these letters in early March. Previously, HHS released [guidance](#) that indicated that states can enter into a State-Partnership Model within the Federally-facilitated Exchange which would preserve the traditional role of state insurance departments. States can assume primary responsibility in plan management activities, consumer assistance activities, or both.

The ACA established Affordable Insurance Exchanges (§1311(b)) to provide individuals and small business employees with access to health insurance coverage beginning January 1, 2014. If states choose not to run either a State-Based Exchange or a State-Federal Partnership Exchange, the Department of Health and Human Services will run a Federally-facilitated Exchange (§1321). Under the Federally-facilitated Exchange, HHS will operate all Exchange functions including engaging stakeholders; certifying, recertifying and decertifying QHPs; determining eligibility for enrollment in a QHP through the Exchange and providing consumer support. QHPs are health plans that have been certified by an Exchange, provide essential health benefits (§1301) and follow established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts). On March 1, 2013 HHS released a [letter](#) to indicate that [resources](#) are available to states and potential QHP issuers to help with the preparation and submission of a QHP application.

To date, 17 states, including Massachusetts, and the District of Columbia have been conditionally approved to run State-Based Exchanges, where states will create and operate their own marketplaces. Seven states have been conditionally approved to run State Partnership Exchanges. Seven states that will have Federally-facilitated Exchanges have been sent letters that acknowledge performance plan management arrangements. Conditional approval reflects the progress that states have made and the expectation that enrollment in the Exchange will begin in October 2013 and that coverage through the Exchange for consumers and small businesses will begin in 2014.

To view Exchange letters from states, visit:

<http://www.healthcare.gov/law/resources/letters/index.html>

For more information on Exchanges, visit:

<http://www.healthcare.gov/exchanges>

## News

**4/2/13 The U.S. Preventive Services Task Force (USPSTF) issued a draft evidence report and draft recommendation statement on screening for risk assessment, genetic counseling, and genetic testing for BRCA-related cancer.** The proposal recommends that primary care providers screen women who have family members with breast or ovarian cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (known as BRCA1 or BRCA2). Women with a positive screen should receive genetic counseling and, if indicated after counseling, BRCA testing. BRCA1 and BRCA2 are human genes that belong to a class of genes known as tumor suppressors. Mutation of these genes has been linked to hereditary breast and ovarian cancer. BRCA1 and BRCA2 are acronyms for breast cancer susceptibility gene 1 and breast cancer susceptibility gene 2, respectively.

The USPSTF is an independent panel of non-federal government experts that conduct reviews of scientific evidence of preventive health care services. The USPSTF then develops and publishes recommendations for primary care clinicians and health systems in the form of recommendation statements. As part of their recommendations process, the USPSTF will assign definitions to the services they review based on the certainty that a patient will receive a substantial benefit from receiving the benefit. Services that are graded "A" and "B" are highly recommended and the USPSTF believes there is a high certainty that patient will receive a substantial or moderate benefit. Under ACA §1001, all of the recommended services receiving grades of "A" or "B" must be provided without cost-sharing when delivered by an in-network health insurance provider in the plan years (or, in the individual market, policy years) that begin on or after September 23, 2010.

The USPSTF has recommended a "B" rating for screening women with a family history of breast or ovarian cancer for genetic breast cancer susceptibility and providing or referring women who screen positive for such symptoms for genetic counseling. According to the Task Force, women with BRCA gene mutations have a 70% chance of developing breast cancer (five times greater than the general population) and an increased lifetime risk for ovarian cancer (from 2% to as high as 46%). However, The USPSTF recommends against routine genetic counseling or routine BRCA testing for women whose family history is not associated with an increased risk for potentially harmful mutations in the BRCA1 or BRCA2 genes. (This is a "D" recommendation which means that the USPSTF recommends against the service because there is moderate or high certainty that the service has no net benefit). The draft recommendation statement applies to women who have not been diagnosed with breast or ovarian cancer and who have

family members with breast or ovarian cancer.

USPSPTF is accepting comments on the draft recommendation until April 29, 2013. The USPSTF will review all comments as it develops its final recommendation.

Read the draft recommendation at:

<http://www.uspreventiveservicestaskforce.org/draftrec.htm>

To comment on the draft recommendation, visit:

[http://uspreventiveservicestaskforcecomments.org/?dno=VUVxUIV3NVRXNHcIM2Q\\$](http://uspreventiveservicestaskforcecomments.org/?dno=VUVxUIV3NVRXNHcIM2Q$)

Learn more about the USPSTF and the ACA at:

<http://www.healthcare.gov/law/resources/regulations/prevention/taskforce.html>

## Upcoming Events

### **Integrating Medicare and Medicaid for Dual Eligible Individuals Implementation Council Meeting**

April 12, 2013

1:00 PM - 3:00 PM

State Transportation Building, Conference Rooms 1, 2 and 3

10 Park Plaza

Boston, MA

### **Integrating Medicare and Medicaid for Dual Eligible Individuals Implementation Council Meeting** Open Meeting

April 19, 2013

1:30 PM - 3:30 PM

Hoaglund-Pincus Conference Center

222 Maple Avenue

Shrewsbury, MA 01545

The purpose of this meeting is to continue discussion of key implementation topics for the Duals Demonstration. We welcome attendance from all stakeholders and members of the public with interest in the Demonstration. 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). Directions and maps to the Hoaglund-Pincus Conference Center, including information on public transportation, are available at <http://www.umassmed.edu/conferencecenter/Directions.aspx>.

### **Integrating Medicare and Medicaid for Dual Eligible Individuals Implementation Council Meeting**

May 10, 2013

1:00 PM - 3:00 PM

State Transportation Building, Conference Rooms 1, 2 and 3

10 Park Plaza

Boston, MA

The Implementation Council welcomes attendance at its meetings from all stakeholders and members of the public with interest in the Demonstration. 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).

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.