



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

October 20, 2014

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:

www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/national-health-care-reform-plan/grants-and-demonstrations.html

Guidance

10/17/14 HHS/CMS issued an Interim Final Rule called “Medicare Program; Final Waivers in Connection With the Shared Savings Program; Continuation of Effectiveness and Extension of Timeline for Publication of Final Rule”, under ACA Section 3022.

The final rule on the Medicare ACO Shared Savings program was published on November 2, 2011. An interim final rule regarding the Secretary's authority to approve waivers of certain fraud and abuse requirements in order to implement the Shared Savings program was also published on November 2, 2011. The timeframe for publishing a final rule normally cannot exceed three years from the publication of an interim final rule, unless there are exceptional circumstances.

CMS is working on modifications to the Shared Savings program and will soon publish a proposed rule describing the modifications. Today's interim final rule provides an extension for the final rule for the Shared Savings program waivers to ensure that the waivers conform to the modifications to the Shared Savings program.

Read the interim final rule at: www.gpo.gov/fdsys/pkg/FR-2014-10-17/pdf/2014-24663.pdf

10/10/14 DOL/HHS/Treasury issued FAQ Part XXI regarding the implementation of the ACA, specifically the use of reference-based pricing in non-grandfathered large group employer plans and limitations on cost-sharing under ACA §1302. The FAQ address limitations on insurers on cost sharing. As required by §1302, beginning on or after January 1, 2015, annual cost sharing imposed by health plans on members must have an out-of-pocket maximum which limits overall out-of-pocket costs on all essential health benefits (EHB).

The FAQ provides guidance for group health plans' and group health insurance issuers' obligations under section 2707(b) of the Public Health Service (PHS) Act. For non-grandfathered health plans in the individual and small group markets that must provide coverage of the EHB package under ACA §1302(a), additional requirements apply.

ACA § 1301(a)(1)(B) directs all issuers of QHPs to cover the EHB package described in ACA § 1302(a), including coverage of the services described in ACA § 1302(b), adhering to the cost-sharing limits described in ACA § 1302(c), and subject to ACA § 1302(e). Section 2707(a) of the PHS Act extends the coverage of the EHB package to issuers of non-grandfathered individual and small group policies beginning with plan years starting on or after January 1, 2014, irrespective of whether such issuers offer coverage through an Exchange.

EHBs are a package of medical services and treatments which includes ambulatory and emergency care, maternity care, prescription drugs and other comprehensive health care services in ten statutory benefit categories, and are equal in scope to a typical employer health plan. Effective January 1, 2014, all plans sold in the exchanges and through the small group and individual markets were required to be equal in scope to the benefits covered by a typical employer plan and offer an EHB package of medical services and treatments in the ten prescribed categories.

Read the FAQ at: www.dol.gov/ebsa/faqs/faq-aca21.html

Prior guidance can be found at: www.hhs.gov/healthcare/index.html

News

10/15/2014 CMS announced a new initiative for Accountable Care Organizations (ACOs) that are participating in the Medicare Shared Savings Program, under ACA §3021. CMS notes in the announcement that ACOs encourage quality improvement and care coordination through the use of health information technology, helping to move our health care system to one that values quality over quantity and

preventing illness over treating people after they get sick.

The new ACO Investment Model is a model of pre-paid shared savings that builds on the experience with the Advance Payment Model to encourage new ACOs to form in rural and underserved areas and current Medicare Shared Savings Program ACOs to transition to arrangements with greater financial risk.

This initiative will begin by providing up to \$114 million in upfront investments to up to 75 ACOs across the country. This will give Medicare ACOs more flexibility with financial goals, while providing greater accountability for delivering quality care efficiently. This initiative is designed to help increase the number of beneficiaries – regardless of geographic location – that can benefit from lower costs and improved health care through Medicare ACOs.

Eligibility for this new ACO Investment Model is targeted to ACOs who joined the Shared Savings Program in 2012, 2013, 2014, and to new ACOs joining the Shared Savings Program in 2016.

For more information on the ACO Investment Model, please visit CMS.GOV

10/9/14 HHS announced that \$283 million has been invested in the National Health Service Corps (NHSC) through the ACA, \$5207. Funds will help increase access to primary care services in underserved communities by increasing the primary care workforce.

The NHSC expands the primary care workforce, providing financial, professional and educational resources to health care providers that bring their medical skills and resources to medically-underserved urban, rural and Tribal communities. In 2014, more than 5,100 loan repayment and scholarship awards were provided to clinicians and students, while grants were provided to 38 states to support state loan repayment programs. These invested funds will help benefit these programs resulting in increased access to care and supporting providers.

Since 2008, the number of primary care providers in the NHSC has more than doubled through the Recovery Act and the ACA and grants to states through the NHSC State Loan Repayment Program have increased nearly fifty percent.

For more information about this announcement, visit HHS.GOV

For more information about NHSC, visit NHSC.HRSA.GOV

Upcoming Events

Integrating Medicare and Medicaid for Dual Eligible Individuals (also known as One Care) Implementation Council Meeting

Friday, November 21, 2014
1 Ashburton Place, 21st Floor
Boston, MA

A meeting agenda and any meeting material will be distributed prior to the meetings.

Meetings of the Implementation Council are open to stakeholders and members of the public with an interest in One Care. Reasonable accommodations are available upon request. Please contact Donna Kymalainen at Donna.Kymalainen@umassmed.edu to request accommodations.

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.

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