



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

November 21, 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

11/21/14 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on the revision of a currently approved information collection activity related to the ACA Consumer Operated and Oriented (CO-OP) Program.

The Consumer Operated and Oriented Plan (CO-OP) program was established by Section 1322 of the Affordable Care Act. This program provides for loans to establish at least one consumer-operated, qualified nonprofit health insurance issuer in each State. Issuers supported by the CO-OP program will offer at least one qualified health plan at the silver level of benefits and one at the gold level of benefits in the individual market State Health Benefit Exchanges (Exchanges). At least two-thirds of policies or contracts offered by a CO-OP will be open to individuals and small employers. Profits generated by the nonprofit CO-OPs will be used to lower premiums, improve benefits, improve the quality of health care delivered to their members, expand enrollment, or otherwise contribute to the stability of coverage offered by the CO-OP. According to the notice, by increasing competition in the health insurance market and operating with a strong consumer focus, the CO-OP program will provide consumers more choices, greater plan accountability, increased competition to lower prices, and better models of care, benefiting all consumers, not just CO-OP members.

The CO-OP program will provide nonprofits with loans to fund start-up costs and State reserve requirements, in the form of Start-up Loans and Solvency Loans. An applicant may apply for (1) Joint Start-up and Solvency Loans; or (3) only a Solvency Loan. Planning Loans are intended to help loan recipients determine the feasibility of operating a CO-OP in a target market. Start-up Loans are intended to assist loan recipients with the many start-up costs associated with establishing a new health insurance issuer. Solvency Loans are intended to assist loan recipients with meeting the solvency requirements of States in which the applicant seeks to be licensed to issue qualified health plans.

Comments are due December 22, 2014.

Read the notice at: www.gpo.gov/fdsys/pkg/FR-2014-11-21/pdf/2014-27640.pdf (see item #3)

11/17/14 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on the revision of a currently approved collection activity related to Payments for Services Furnished by Certain Primary Care Providers and Supporting Regulations.

§ACA 1202, requires state Medicaid agencies, with federal support, to pay certain primary care physicians at rates equal to at least Medicare levels for specified primary care services). The [final rule](#) published in the November 6, 2012 Federal Register implements §1202 of the Health Care and Education Reconciliation Act (HCERA), passed alongside the ACA, which requires Medicaid agencies to increase primary care payment rates to at least Medicare levels in calendar years 2013 and 2014 for eligible services delivered by qualified physicians. The increase applies to a specific set of services and procedures that CMS designates as "primary care services."

According to HHS, the information collected will be used to document expenditures for the specified primary care services in the baseline period for the purpose of then calculating the expenditures eligible for 100% federal matching funds in calendar years 2015 and 2016, should Congress extend the availability of such funding and make no additional changes in statutory language necessitating programmatic alterations.

Comments are due December 17, 2014.

Read the notice at: www.gpo.gov/fdsys/pkg/FR-2014-11-17/pdf/2014-27135.pdf

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

News

11/18/14 The U.S. Preventive Services Task Force (USPSTF) issued a draft recommendation statement about screening for speech and language delay and disorders in young children. The USPSTF concluded that the current evidence is insufficient to determine the effectiveness of screening for speech and language delay and disorders and assigned an "I" rating to the recommendation. The "I" rating indicates that the Task Force does not recommend the service.

The USPSTF's evidence review found that information about the incidence of speech and language delays and disorders in young children in the United States is limited. In 2007, about 2.6% of children ages 3 to 5 years received services for speech and language disabilities under federal guidelines (specifically, the Individuals With Disabilities Education Act). Screening is an imperfect tool because screening instruments often have difficulty distinguishing between delays and disorders. Additionally, while the majority of school-age children with language disorders present with language delays as toddlers, some children outgrow their language delay.

According to the USPSTF, children with speech and language delays develop speech or language in the correct sequence but at a slower rate than expected, while children with speech and language disorders develop speech or language that is qualitatively different from typical development. The Task Force looked at evidence on whether routinely screening all children under age 5 for speech and language delays and disorders leads to improvements in speech, language, or other outcomes, such as academic achievement. The USPSTF determined that more evidence is needed on whether formal screening in primary care settings accurately identifies children who need interventions and whether identification ultimately results in important benefits.

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 began on or after September 23, 2010. If the screening recommendation is finalized with a "I" rating, then this service does not have to be provided without cost sharing.

Comments are due on December 14, 2014 and can be submitted at:

www.uspreventiveservicestaskforce.org/Page/Document/EvidenceReportDraft/speech-and-language-delay-and-disorders-in-children-age-5-and-younger-screening

Read the draft recommendation statement at:

www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementDraft/speech-and-language-delay-and-disorders-in-children-age-5-and-younger-screening

Learn more about preventive services covered under the ACA at: HHS.Gov

Learn more about the USPSTF at: www.uspreventiveservicestaskforce.org/

11/13/14 The Medicaid and CHIP Payment and Access Commission (MACPAC) is seeking comments from stakeholders on policies to help ensure affordable and adequate health care coverage for children.

Read the MACPAC memorandum with background and specifications for comments at:

<https://drive.google.com/viewerng/viewer?a=v&pid=sites&srcid=bWFjcGFjLmdvdnxtYWNwYWN8Z3g6M2FhNGJkM2FhNmE0OWJI&u=0>

Comments are due on or before 12 noon, December 19, 2014 and can be sent to Joanne Jee at joanne.jee@macpac.gov.

MACPAC was established by the Children's Health Insurance Program Reauthorization Act and later expanded and funded through ACA §2801 and §10607. The commission consists of experts, government officials, executives and medical professionals. MACPAC is tasked with reviewing state and federal Medicaid and CHIP access and payment policies and making recommendations to Congress, the HHS Secretary, and the states on a wide range of issues affecting Medicaid and CHIP populations, including the implementation of health care reform.

Upcoming Events

Money Follows the Person (MFP) Semi-Annual Informational Meeting

Wednesday, December 17, 2014
2:00 PM– 3:30 PM
Worcester Public Library
3 Salem Street
Worcester, MA 01608

Directions can be found at:

<https://maps.google.com/maps?ll=42.260213,-71.801487&z=15&t=m&hl=en-US&gl=US&mapclient=embed&q=3+Salem+St+Worcester,+MA+01608&output=classic&dg=brw>

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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