



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

December 29, 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 Announcements

Primary Care Training and Enhancement Awards, \$5301. Announced December 18, 2014. Funding is available to establish and administer the 2015 Primary Care Training and Enhancement (PCTE) program. The overarching purpose of the PCTE program is to strengthen the primary care workforce by supporting enhanced training for future primary care. The program focuses on training that is designed to transform health care systems, with particular emphasis on enhancing the clinical training experience of trainees.

Eligible applicants include accredited public or nonprofit private hospitals, schools of medicine or osteopathic medicine, academically affiliated physician assistant training programs, or public or private nonprofit entities which the U.S. Secretary has determined are capable of carrying out the grant activities. \$9,000,000 is available for thirty awards.

Applications are due February 18, 2015.

This announcement may be viewed at: [GRANTS.GOV](#)

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:

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

Guidance

12/19/14 Treasury/DOL/HHS issued proposed rules called “Amendments to Excepted Benefits.” The rule amends the agencies' regulations regarding excepted benefits to include certain limited wraparound coverage.

Excepted benefits are certain types of health-related benefits that are generally exempt (on a limited or ancillary basis) from the health reform requirements established by the Health Insurance Portability and Accountability Act of 1996, known as HIPAA. HIPAA imposes non-discrimination/portability, privacy and security requirements on group health plans. Benefits that are excepted under HIPAA are not subject to the ACA's market reforms.

These proposed regulations set forth five requirements under which limited benefits provided through a group health plan that wrap around either eligible individual insurance or coverage under a Multi-State Plan (limited wraparound coverage) constitute excepted benefits.

The proposed rules would allow group health plan sponsors, in limited circumstances, to offer wraparound coverage to employees who are purchasing individual health insurance in the private market, including through the Health Insurance Marketplace. The rule proposes two pilot programs for wraparound coverage. One pilot would allow wraparound benefits only for Multi-State Plans in the Health Insurance Marketplace and another would allow wraparound benefits for part-time workers who could otherwise qualify for a flexible savings arrangement who enroll in individual market plan.

The proposed rules would give employees who otherwise may not be able to get generous employer-based benefits access to high level benefits. According to the agencies, the rule responds to suggestions made on a December 2013 proposed rule from a wide range of stakeholders. The proposed rule would give businesses, including small businesses, new flexibility to meet the unique needs of their workforces.

Comments are due January 22, 2015.

Read the proposed rule (which were published in the Federal Register on December 23, 2014) at:

<http://www.gpo.gov/fdsys/pkg/FR-2014-12-23/pdf/2014-30010.pdf>

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

News

12/19/14 The U.S. Government Accountability Office (GAO) announced the appointment of six new members to the Medicaid and CHIP Payment and Access Commission (MACPAC) and the designation of the Commission's new Vice Chair.

The new vice chair of MACPAC will be Marsha Gold, senior fellow emeritus at Mathematica Policy Research. Other new members include: Gustavo Cruz, senior adviser for Health Equity Initiative; Yvette Long, parent of a Medicaid beneficiary and case manager at Philadelphia Welfare Rights Organization; Charles Milligan, senior vice president for

enterprise government programs at Presbyterian Healthcare Services; Sheldon Retchin, CEO of Wexner Medical Center at Ohio State University; and Peter Szilagyi, vice chair for research in the department of pediatrics at the University of California in Los Angeles.

Commissioners whose terms will expire in December 2015 are Diane Rowland, ScD, Executive Vice President, Henry J. Kaiser Family Foundation and Executive Director, Kaiser Commission on Medicaid and the Uninsured; Donna Checkett, MPA, MSW, Vice President of Medicaid Business Development, Aetna; Patricia Gabow, MD (retired), previously Chief Executive Officer, Denver Health and Hospital Authority; Mark Hoyt, FSA, MAAA (retired), previously National Practice Leader of the Government Human Services Consulting Specialty Group, Mercer, LLC; Trish Riley, MS, incoming Executive Director of the National Academy of State Health Policy; and Steven Waldren, MD, MS, Director, Center for Health Information Technology, American Academy of Family Physicians.

Commissioners whose terms will expire in December 2016 are Sharon L. Carte, MS, Executive Director, West Virginia Children's Health Insurance Program; Andrea Cohen, JD, Senior Vice President, United Hospital Fund; Herman Gray, MD, MBA, Chief Executive Officer, Children's Hospital of Michigan and Vice President of Pediatric Health Services, Vanguard Health Systems; Norma Martinez Rogers, PhD, RN, FAAN, Professor, Department of Family Nursing, University of Texas Health Science Center at San Antonio; and Sara Rosenbaum, JD, Chair, Department of Health Policy and Harold and Jane Hirsh Professor of Health Law and Policy, George Washington (GW) University School of Public Health, and Professor of Health Care Sciences, GW's School of Medicine and Health Sciences.

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.

Read more about the announcement at: http://www.gao.gov/press/macpac_appointments_2015.html

Upcoming Events

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

Friday, January 9, 2015
1:00 p.m.-3:00 p.m.
Transportation Building – Conference Rooms 2-3
10 Park Plaza
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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