



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

February 23, 2015

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

2/18/15 IRS/Treasury issued Notice 2015-17, Guidance on the Application of Code § 4980D to Certain Types of Health Coverage Reimbursement Arrangements. Notice 2015-17 provides transition relief from the assessment of excise tax under section 4980D for small employers who reimburse or pay a premium for an individual health insurance policy for an employee. Employers that had 50 or fewer full-time employees in 2014 (and thus would not have been subject to the employer mandate were it in effect) will not be penalized for premium payment arrangements for 2014, while employers that fit this description for 2015 will not be subject to penalties for January 1 through June 30 of 2015. The notice also addresses the treatment, for federal tax and for market reform purposes, of arrangements for reimbursing premiums of employees of certain corporations, as well as the application of the ACA market reforms to certain employer arrangements to fund Medicare premium payments or to provide a TRICARE-related health reimbursement arrangement.

The Employer Shared Responsibility provisions under Section 4980H (which was added to the IRS Code by ACA §1513) state that "applicable large employers" must offer health coverage to their full-time employees or a shared responsibility payment may apply. For 2015 and after, "applicable large employers," those employers employing at least a certain number of employees (employers with 50 or more full-time employees*) must offer affordable health coverage that provides a minimum level of coverage (\$1501) to their full-time employees (and their dependents), or the employer may be subject to an employer shared responsibility payment if at least one of its full-time employees receives a premium tax credit (§1401, §1411) for purchasing individual coverage on one of the Affordable Insurance Exchanges (Marketplaces).

*Under the ACA, 50 full-time employees or a combination of full-time and part-time employees is equivalent to 50 full-time employees. A full-time employee is an individual employed on average at least 30 hours of service per week. An employer that meets the 50 full-time employee threshold is referred to as an applicable large employer.

Read Notice 2015-17 at: www.irs.gov/pub/irs-drop/n-15-17.pdf

2/17/15 HHS/CMS filed a notice called "Medicare Program; Reporting and Returning of Overpayments; Extension of Timeline for Publication of the Final Rule."

According to the agency, the document announces the extension of the timeline for publication of the final rule concerning policies and procedures for reporting and returning overpayments to the Medicare program for providers and suppliers of services under Parts A and B of title XVIII as outlined in the [proposed rule](#) published February 16, 2012. The notice was issued in accordance with the Social Security Act which requires notice to be provided in the Federal Register if there are exceptional circumstances that cause an agency to publish a final rule more than 3 years after the publication date of the proposed rule. In this case, according to HHS/CMS, the complexity of the rule and scope of comments warrants the extension of the timeline for publication.

ACA §6402(a) requires that a person who has received an overpayment to report and return the overpayment to the HHS Secretary, the state, an intermediary, a carrier, or a contractor, as appropriate, at the correct address, and to notify the HHS Secretary, state, intermediary, carrier or contractor to whom the overpayment was returned in writing of the reason for the overpayment.

Read the notice at: www.gpo.gov/fdsys/pkg/FR-2015-02-17/pdf/2015-03072.pdf

2/13/2015 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on a new collection activity related the Emergency Department Patient Experience of Care (EDPEC) Survey Mode Experiment.

This survey supports the six national priorities for improving care from the National Quality Strategy developed by the Department of Health and Human Services that was called for under the ACA to create national aims and priorities to guide local, state, and national efforts to improve the quality of health care.

This survey will provide patient experience with care data that enables comparisons of emergency departments and support for improving the quality of patient experience in the emergency department.

You can learn more about the EDPEC Survey, here: [EDPEC](#)

Comments are due on March 16, 2015.

Read the notice at: [GPO.GOV](#) (see item #2)

2/13/15 DOL/HHS/Treasury Issued FAQ Part XXIII regarding implementation of the ACA, specifically the topic of excepted benefits.

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.

Read the FAQ at: www.dol.gov/ebsa/faqs/faq-aca23.html

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

News

2/12/2015 HHS announced a new ACA initiative to encourage better oncology care. The Oncology Care Model is a new multi-payer payment and delivery model that will support better care coordination for cancer treatments in order to improve the quality of care patients receive, while spending health care dollars more wisely.

The Oncology Care Model is one of the many innovative payment and health care delivery models developed by the CMS Innovation Center. This model will invest in physician-led practices in order to innovate and deliver higher-quality care to patients. Practices included in this model are focused around providing 24-hour access to practitioners for patients who are undergoing treatment and will have an emphasis on coordinated, person-centered care, aimed at increasing the value of care, rather than volume.

This model encourages participating practices to improve care and lower costs through episode-based, performance-based payments that financially incentivize high-quality, coordinated care. Participating practices will also receive monthly care management payments for each Medicare fee-for-service beneficiary during an episode to support oncology practice transformation, including the provision of comprehensive, coordinated patient care.

The CMS Innovation Center, authorized under ACA §3021, is tasked with testing new health care payment and service delivery models that enhance the quality of Medicaid, Medicare and the Children's Health Insurance Program while also lowering program costs.

For more information on the Oncology Care Model, please visit: [Oncology Care Model](#)

Upcoming Events

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

Friday, February 27, 2015
1:00 PM – 3:00 PM
1 Ashburton Place, 21st Floor
Boston, MA

The purpose of this meeting is to continue discussion of key implementation topics for the Duals Demonstration. Please visit the [Materials from Previous Meetings](#) page for information from previous Open Meetings.

We welcome attendance from all stakeholders and members of the public with an interest in One Care. 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.

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

Friday, March 13, 2015, 1:00 pm-3:00 pm
State Transportation Building
10 Park Plaza, Conference Rooms 2 & 3
Boston, MA

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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