



## AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

April 06, 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](http://www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/national-health-care-reform-plan/grants-and-demonstrations.html)

### Guidance

**3/30/15 HHS/DOL/Treasury issued FAQ Part XXIV regarding the implementation of the ACA, specifically the summary of benefits and coverage (SBC) and Uniform Glossary.**

ACA §10101(b) requires that group health plans and health insurance carriers in the group and individual markets provide an SBC that concisely and accurately describes the benefits and coverage available under the applicable plan or coverage. In the FAQ, Part 24, the Departments explain that they intend to finalize changes to previously issued

regulations in the near future, and anticipate the new template and associated documents will be finalized by January 2016 and will apply to coverage that would renew or begin on the first day of the first plan year (or, in the individual market, policy year) that begins on or after January 1, 2017 (including open season periods that occur in the Fall of 2016 for coverage beginning on or after January 1, 2017).

On December 30, 2014, Treasury/DOL/HHS issued a [notice of proposed rulemaking](#) called "Summary of Benefits and Coverage and Uniform Glossary." The proposed regulations refer to the summary of benefits and coverage (SBC) and the uniform glossary for group health plans and health insurance coverage in the group and individual markets under the ACA. The regulations propose changes to the disclosure requirements under section 2715 of the Public Health Service Act to help plans and individuals better understand their health coverage, as well as to gain a better understanding of other coverage options for comparison. The regulations also propose changes to related documents required for compliance with section 2715 of the Public Health Service Act, including a template for the SBC, instructions, sample language, a guide for coverage example calculations, and the uniform glossary.

The [final SBC rule](#) (published in the Federal Register on February 14, 2012) implements the disclosure requirements, as added by §10101(b) of the ACA, which require plans to provide concise and comprehensible coverage information to the millions of Americans with private health coverage so that they can more easily directly compare one plan to another.

Read the FAQ, Part 24 at: [www.dol.gov/ebsa/faqs/faq-aca24.html](http://www.dol.gov/ebsa/faqs/faq-aca24.html)

**3/30/15 IRS/Treasury issued Notice 2015-29, Health Insurance Providers Fee; Procedural and Administrative Guidance.** The notice provides guidance on how the rule for expatriate health plans for the 2014 and 2015 fee years under the Expatriate Health Coverage Clarification Act of 2014 (which exempts health plans directed at and used by expatriates from the ACA requirements) applies to the health insurance provider fee under ACA §9010. Under the notice, a covered entity will receive a reduction in its 2015 fee liability for expatriate health plans, as defined by HHS's Medical Loss Ratio (MLR) [final rule](#) (which was published in the Federal Register on May 16, 2012), that are attributable to the 2014 and 2015 fee years.

Beginning in 2014, the ACA created an annual fee on certain health insurance providers. The Health Insurance Providers Fee [final rule](#) (which was published in the Federal Register on November 29, 2013) provides guidance on the annual fee imposed on covered health insurance plans engaged in the business of providing insurance for United States health risks under ACA §9010. The ACA defines a United States health risk to include the health risk of a U.S. citizen or a resident non-citizen. On August 12, 2014, IRS/Treasury issued [Notice 2014-47](#) clarifying the scope of the term "covered entity" and the fact that reporting is not required in 2014 for an entity that would not qualify as a covered entity, even if it is a member of a controlled group that is a covered entity.

For additional information on the Health Insurance Providers Fee, visit the IRS at: [www.irs.gov/Businesses/Corporations/Affordable-Care-Act-Provision-9010](http://www.irs.gov/Businesses/Corporations/Affordable-Care-Act-Provision-9010)

Read the notice at: [www.irs.gov/pub/irs-drop/n-15-29.pdf](http://www.irs.gov/pub/irs-drop/n-15-29.pdf)

**3/30/15 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on two information collection activities.**

Comments are due on May 29, 2015 on both items.

Read the notice at: [www.gpo.gov/fdsys/pkg/FR-2015-03-30/pdf/2015-07089.pdf](http://www.gpo.gov/fdsys/pkg/FR-2015-03-30/pdf/2015-07089.pdf)

**[In item #1](#), HHS/CMS is seeking comments on a new information collection activity related to Machine Readable Data for Provider Network and Prescription Formulary Content for Federally-facilitated Marketplaces (FFM) qualified health plans (QHPs).**

For plan years beginning on or after January 1, 2016, QHP issuers must make available provider and formulary data in a machine-readable format. As required by the [final rule](#) Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2016 (which was published

in the Federal Register on February 27, 2015), QHP issuers in the FFMs are required to publish information regarding their formulary drug lists and provider directories on their websites in an HHS-specified format, in a format and at a frequency determined by HHS.

QHPs are health plans that have been certified by an Exchange, provide essential health benefits (EHB, §1301), and follow established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts).

**In item #2, HHS, CMS is seeking comments on the revision of a currently approved information collection activity related to Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges (or Marketplaces).** Under ACA §1311(i), Exchanges operating as of January 1, 2014 were required to establish a Navigator grant program to provide consumers with health insurance plan enrollment assistance.

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 provide unbiased information to consumers about health insurance, the Exchange, qualified health plans, and insurance affordability programs including premium tax credits, Medicaid and the Children's Health Insurance Program (CHIP). Navigator programs provide outreach and education efforts and assistance applying for health insurance coverage. In states with a Federally-facilitated Marketplace (FFM) or State Partnership Marketplace, HHS is responsible for awarding Navigator grants. Note that Massachusetts runs a State-Based Exchange.

**3/27/15 HHS/CMS issued a notice called "Medicare Program; Updates to the List of Durable Medical Equipment (DME) Specified Covered Items That Require a Face-to-Face Encounter and a Written Order Prior to Delivery."** The notice updates the Healthcare Common Procedure Coding System (HCPCS) codes on the Durable Medical Equipment (DME) List of Specified Covered Items that require a face-to-face encounter and a written order prior to delivery.

Section 1834(a)(11)(B)(i) of the Social Security Act, as redesignated by the ACA, authorizes HHS to require, for specified covered items, that payment may only be made if a physician has communicated to the supplier a written order for the item before delivery of the item.

Read the notice at: [www.gpo.gov/fdsys/pkg/FR-2015-03-27/pdf/2015-07108.pdf](http://www.gpo.gov/fdsys/pkg/FR-2015-03-27/pdf/2015-07108.pdf)

**3/26/15 The Office of Personnel Management (OPM) issued a correction to the final rule called "Patient Protection and Affordable Care Act; Establishment of the Multi-State Plan Program for the Affordable Insurance Exchanges."** The document makes corrections to the [final rule](#) (which was published in the Federal Register on February 24, 2015).

The final rule implements modifications to the Multi-State Plan (MSP) Program based on the experience of the MSP Program to date. OPM established the MSP Program pursuant to ACA §1334. The final rule clarifies the approach used to enforce the applicable standards of the ACA with respect to health insurance issuers that contract with OPM to offer MSP options. The final rule also amends MSP standards related to coverage area, benefits, and certain contracting provisions under §1334 and also makes non-substantive technical changes.

Read the correction (which was published in the Federal Register on March 30, 2015) at: [www.gpo.gov/fdsys/pkg/FR-2015-03-30/pdf/2015-07330.pdf](http://www.gpo.gov/fdsys/pkg/FR-2015-03-30/pdf/2015-07330.pdf)

Prior guidance can be found at: [www.hhs.gov/healthcare/index.html](http://www.hhs.gov/healthcare/index.html)

## News

**4/2/15 The Office of the National Coordinator for Health Information Technology (ONC) has announced the availability of online tools and resources to help states use health information technology (IT) to improve health care quality while lowering costs.** These online tools and resources are designed to help states participating in the State Innovation Models initiative, created by §3021 of the ACA.

The new tools and resources for state Medicaid systems and health care providers will help leverage and improve their existing health IT infrastructures. These new resources will be used to help manage an individual's care for both their primary care and behavioral health needs, ensuring the individual is getting the right care, at the right time, and at the right place. In addition, these resources will help them successfully create and use new health IT infrastructure components.

To learn more about the tools and resources available, visit: [HEALTHIT.GOV](http://HEALTHIT.GOV)

To learn more about the State Innovation Models Initiative, visit: [CMS.GOV](http://CMS.GOV)

**3/31/15 The Patient-Centered Outcomes Research Institute (PCORI) approved \$674,328 in Tier II funding for 27 projects through the Pipeline to Proposal Awards Program.** Created under ACA §6301, PCORI is an independent nonprofit organization, tasked with conducting patient-centered outcomes and studies.

This program provides three tiers of support to help individuals and groups not typically involved in clinical research to develop the means to produce community-led research funding proposals. Awards will provide up to \$25,000 per project and will help recipients strengthen community partnerships and develop research capacity. None of the grant awardees were from Massachusetts.

For more information about these awarded projects, visit [PCORI.ORG](http://PCORI.ORG)

For more information about PCORI, visit [PCORI.ORG](http://PCORI.ORG)

**3/31/15 The U.S. Preventive Services Task Force (USPSTF) issued two draft recommendation statements on screening for iron deficiency anemia (IDA) in pregnant women and children ages 6 to 24 months.**

In the draft recommendation on screening for IDA in asymptomatic pregnant women, the USPSTF found that there is not enough evidence on the benefits and harms of routine screening for IDA or the use of iron supplements during pregnancy to improve maternal health and birth outcomes, and it cannot recommend for or against either service. As a result, the Task Force assigned an "I" rating to the recommendation.

In the draft recommendation on screening for IDA in young children, the Task Force found that there is not enough evidence to make a recommendation for or against screening for IDA in children ages 6 to 24 months who have no signs or symptoms of the condition. As a result, the Task Force assigned an "I" rating to the recommendation.

According to the USPSTF, although iron deficiency is a well-known cause of anemia in the United States, since most people get enough iron by eating a well-balanced diet, it's unclear whether iron supplementation or screening for IDA can improve health. The Task Force stated that additional research is needed to evaluate whether screening for IDA can improve the health outcomes for mothers and young children.

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 IDA screening recommendations are finalized with "1" ratings, then the services will not be required to be provided without cost sharing.

Comments on screening for iron deficiency anemia in pregnant women can be submitted at:

[www.uspreventiveservicestaskforce.org/Comment/Collect/Index/RecommendationStatementDraft/iron-deficiency-anemia-in-pregnant-women-screening-and-supplementation](http://www.uspreventiveservicestaskforce.org/Comment/Collect/Index/RecommendationStatementDraft/iron-deficiency-anemia-in-pregnant-women-screening-and-supplementation)

Comments on screening for iron deficiency anemia in young children can be submitted at:

[www.uspreventiveservicestaskforce.org/Comment/Collect/Index/RecommendationStatementDraft/iron-deficiency-anemia-in-young-children-screening-and-supplementation](http://www.uspreventiveservicestaskforce.org/Comment/Collect/Index/RecommendationStatementDraft/iron-deficiency-anemia-in-young-children-screening-and-supplementation)

Comments on both recommendation statements are due on April 27, 2015.

Read the draft recommendation statement on screening for iron deficiency anemia in pregnant women at:

[www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementDraft/iron-deficiency-anemia-in-pregnant-women-screening-and-supplementation](http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementDraft/iron-deficiency-anemia-in-pregnant-women-screening-and-supplementation)

Read the draft recommendation statement on screening for iron deficiency anemia in young children at:

<http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementDraft/iron-deficiency-anemia-in-young-children-screening-and-supplementation>

Learn more about preventive services covered under the ACA at: [HHS.Gov](http://HHS.Gov)

Learn more about the USPSTF at: [www.uspreventiveservicestaskforce.org/](http://www.uspreventiveservicestaskforce.org/)

**3/30/15 The Agency for Healthcare Research and Quality (AHRQ) is seeking nominations for new members to the U.S. Preventive Services Task Force (USPSTF).** Annually, the Director of AHRQ appoints new members to serve 4-year terms and replace those who are completing their service. Nominations must be received by May 15, 2015 to be considered for appointment with an anticipated start date of January 2016.

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.

To learn more about the nomination process, how to nominate an individual for consideration, or how to self-nominate, visit: [www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/uspstf/nominate.html](http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/uspstf/nominate.html).

Learn more about preventive services covered under the ACA at: [HHS.Gov](http://HHS.Gov)

Learn more about the USPSTF at: [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org)

## Upcoming Events

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

Friday, April 24, 2015  
2:00 PM - 4:00 PM  
1 Ashburton Place, 21st Floor  
Boston, MA

Friday, May 29, 2015  
1:00 PM - 3:00 PM  
1 Ashburton Place, 21st Floor  
Boston, MA

MBTA and driving directions to the Transportation Building are available here:  
[www.mhd.state.ma.us/default.asp?pgid=dist/HQ\\_directions&sid=about](http://www.mhd.state.ma.us/default.asp?pgid=dist/HQ_directions&sid=about).

MBTA and driving directions to 1 Ashburton Place are located here: [www.sec.state.ma.us/secdir.htm](http://www.sec.state.ma.us/secdir.htm).

A meeting agenda and any meeting material will be distributed prior to the meeting. Reasonable accommodations are available upon request. Please contact Donna Kymalainen at [Donna.Kymalainen@umassmed.edu](mailto: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.



Follow **MassHealth** on YouTube!

---

To subscribe to receive the ACA Update, send an email to: [join-ehs-ma-aca-update@listserv.state.ma.us](mailto:join-ehs-ma-aca-update@listserv.state.ma.us). To unsubscribe from the ACA Update, send an email to: [leave-ehs-ma-aca-update@listserv.state.ma.us](mailto:leave-ehs-ma-aca-update@listserv.state.ma.us). Note: When you click on the sign up link, a blank e-mail should appear. If your settings prevent this, you may also copy and paste [join-ehs-ma-aca-update@listserv.state.ma.us](mailto:join-ehs-ma-aca-update@listserv.state.ma.us) into the address line of a blank e-mail. Just send the blank e-mail as it's addressed. No text in the body or subject line is needed.