



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

June 08, 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

6/5/15 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on a new information collection activity related to Essential Community Provider (ECP) Data Collection to Support Qualified Health Plan (QHP) Certification for Plan Year 2017. For plan years beginning on or after January 1, 2016, HHS intends to discontinue the ECP write-in process for QHP issuers entering their contracted ECPs on their ECP template as part of the QHP application. For plan years beginning on or after January 1, 2016, HHS intends to calculate an issuer's satisfaction of the 30% ECP threshold based exclusively on the ECPs that it lists on its ECP template that are included on the HHS ECP list. HHS will collect data on qualified and available ECPs from providers and providers will submit an ECP petition to be added to the HHS ECP list or provide required missing data fields to remain on the list. As required by In the [final HHS Notice of Benefit and Payment Parameters for 2016](#) (which was published in the Federal Register on February 27, 2015), QHP issuers in the Federally-facilitated Marketplaces are required to publish information regarding their formulary drug lists and provider directories on their website in an HHS-specified format, in a format and at times determined by HHS.

Comments are due August 4, 2015.

Read the notice at: www.gpo.gov/fdsys/pkg/FR-2015-06-05/pdf/2015-13759.pdf

6/5/15 CMS/HHS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on two information collection activities.

Comments are due July 6, 2015.

Read the notice at: www.gpo.gov/fdsys/pkg/FR-2015-06-05/pdf/2015-13755.pdf

In item #2, HHS/CMS is seeking comments on a new information collection activity related to the Hospital National Provider Survey. ACA §3104 requires HHS to conduct an assessment of the quality and efficiency impact of the use of endorsed measures in specific Medicare quality reporting and incentive programs. According to CMS, the survey will help identify characteristics associated with high performance and could be used to leverage improvements in care among lower performing hospitals. The survey will focus on assessing the impact of the measures that are used in the context of public reporting (pay-for-reporting) and value-based purchasing programs.

In item #3, HHS/CMS is seeking comments on a new information collection activity related to the Nursing Home National Provider Survey. ACA §3104 requires that the HHS Secretary conduct an assessment of the quality and efficiency impact of the use of endorsed measures in specific Medicare quality reporting and incentive programs. According to CMS, the survey will also help identify characteristics associated with high performance, which if understood, could be used to leverage improvements in care among lower performing nursing homes. The survey will focus on assessing the impact of the measures that are used in the context of public reporting (pay-for-reporting) and quality improvement.

5/28/15 HHS issued a Request for Information regarding the requirements for the health plan identifier (HPID) including the requirements regarding health plan enumeration and the requirement to use the HPID in electronic health care transactions.

Section 262 of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) required the HHS Secretary to adopt standards providing for a standard unique health identifier for each health plan. ACA §1104 renewed that requirement, requiring the HHS Secretary to promulgate a final rule to establish a unique HPID based on the input of the National Committee on Vital and Health Statistics (NCVHS).

On September 5, 2012 HHS issued the "Administrative Simplification: Adoption of a Standard for a Unique Health Plan Identifier; Addition to the National Provider Identifier Requirements; and a Change to the Compliance Date for the International Classification of Diseases, 10th Edition (ICD-CM and ICD-10-PCS) Medical Data Code Sets [final rule](#), adopting a standard for a unique health plan identifier (HPID) and established requirements for its implementation.

In early 2014, the NCVHS held hearings regarding the HPID, resulting in testimony from various sectors of the industry expressing concerns about the HPID and the need for clarification. This led the NCVHS to recommend that the HHS Secretary specify that the HPID not be used in HIPAA transactions and clarify the HPID's use. In the fall of 2014, HHS exercised enforcement discretion and advised the public of a delay in the enforcement of the regulations pertaining to HPID enumeration and use so that HHS could review the NCVHS's recommendations and consider next steps. HHS is now seeking public comment.

Comments are due July 28, 2015.

Read the notice (which was published in the Federal Register on May 29, 2015) at:
www.gpo.gov/fdsys/pkg/FR-2015-05-29/pdf/2015-13047.pdf

5/26/15 HHS/CMS issued a proposed rule called "Medicaid and Children's Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, Medicaid and CHIP Comprehensive Quality Strategies, and Revisions Related to Third Party Liability."

According to HHS, the proposed rule would modernize Medicaid and Children's Health Insurance Program (CHIP) managed care regulations to reflect changes in the usage of managed care delivery systems. The proposed rule would ensure appropriate beneficiary protections and improve beneficiary communications and access, provide new program integrity tools for states, support state efforts to deliver higher quality care in a cost-effective way, and better align Medicaid and CHIP managed care rules and practices with other major sources of health insurance coverage, including coverage through qualified health plans and Medicare Advantage plans. The proposed rule strengthens actuarial soundness payment provisions to promote the accountability of Medicaid managed care program rates and also requires states to establish comprehensive quality strategies for their Medicaid and CHIP programs regardless of how services are provided to beneficiaries. According to HHS, the proposed rule also implements best practices identified in existing managed long term services and supports programs.

The proposed rule implements portions of several ACA sections, including the following: 1) The ACA includes standards for a minimum medical loss ratio ([MLR](#), ACA §10101) in the private health insurance and Medicare Advantage markets, but it didn't apply to Medicaid. The proposed rule extends the ACA's MLR rules to Medicaid managed care plans. 2) ACA §1557, which prohibits discrimination in health programs that receive federal financial assistance.

Comments are due July 27, 2015.

Read the proposed rule (which was published in the Federal Register on June 1, 2015) at: www.gpo.gov/fdsys/pkg/FR-2015-06-01/pdf/2015-12965.pdf

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

Upcoming Events

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

June 24, 2015
2:00 PM -3:30 PM
Massachusetts Department of Public Health
Public Health Council Room
250 Washington Street
Boston, MA 02108

Click link for [directions](#)

Please contact MFP@state.ma.us to RSVP and to request reasonable accommodations.

Although RSVPs are greatly appreciated, they are not required.

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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