



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

May 1, 2013

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

April 9, 2013 DPH submitted an application to the Office of the Assistant Secretary for Health for a Pregnant and Parenting Teen Initiative grant under ACA §10211-10214. Funding is available to develop and implement programs to improve the educational, health and social outcomes of expectant and parenting teens and their families.

DPH applied for funds to support expectant and parenting teens in high schools and community centers (category 2). Applicants can apply for funding in the four categories: 1) provide support for expectant and parenting teens in Institutes of Higher Education; 2) provide support for expectant and parenting teens in high schools and community service centers; 3) improve resources for all pregnant women who are victims of domestic violence, sexual violence, sexual assault and stalking; or 4) increase public awareness of services and supports available for expectant and parenting teens.

The project narrative can be viewed on our website under the Grants and Demonstrations section at: [Mass.Gov](#)

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: Mass.Gov

Guidance

4/25/13 CMS issued Frequently Asked Questions (FAQs) to address ACA implementation questions. The FAQs address three main topics: availability of the 75% federal match for maintenance and operations, systems issues regarding communication between the Federally-Facilitated Exchange and Medicaid, and further policy guidance regarding the use of section 1115 demonstrations.

In April 2011 CMS issued a [final rule](#) regarding Federal Funding for Medicaid Eligibility Determination and Enrollment Activities. The rule revised Medicaid regulations for Mechanized Claims Processing and Information Retrieval Systems and modified regulations so that the enhanced Federal financial participation (FFP) is available for design, development and installation or enhancement of eligibility determination systems until December 31, 2015. The rule also imposed certain defined standards and conditions in terms of timeliness, accuracy, efficiency, and integrity for mechanized claims processing and information retrieval systems in order to receive enhanced FFP.

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. If states choose not to run either a State-Based Exchange or a State-Federal Partnership Exchange, the Department of Health and Human Services will run a Federally-facilitated Exchange (§1321). Under the Federally-facilitated Exchange, HHS will operate all Exchange functions including engaging stakeholders; certifying, recertifying and decertifying QHPs; determining eligibility for enrollment in a QHP through the Exchange and providing consumer support. QHPs are health plans that have been certified by an Exchange, provide essential health benefits (§1301) and follow established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts).

Section 1115 of the Social Security Act gives the HHS Secretary authority to approve experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and CHIP programs. The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate policy approaches such as: expanding eligibility to individuals who are not otherwise Medicaid or CHIP eligible; providing services not typically covered by Medicaid; and using innovative service delivery systems that improve care, increase efficiency, and reduce costs. Demonstrations must be "budget neutral" to the federal government, which means that during the course of the project federal Medicaid expenditures will not be more than federal spending without the waiver.

Additional Information about Section 1115 Demonstrations and waivers can be found at: Medicaid.Gov

Read the FAQs at: Medicaid.Gov

4/23/13 Department of Labor (DOL) posted the 14th set of FAQs regarding the implementation of various provisions of the ACA. The FAQs have been prepared by the DOL, HHS, and the Treasury. This set of FAQs focuses on implementation of the summary of benefits and coverage (SBC) provisions of the ACA.

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. On February 14, 2012, the

Departments published final regulations regarding the SBC. The FAQs address several issues including how an SBC should provide information about minimum essential coverage.

Read the 14th set of FAQs at:

<http://www.dol.gov/ebsa/faqs/faq-aca14.html>

Alongside the issuance of the final regulations, the Departments distributed corresponding documents which provide a template for an SBC; instructions, sample language, and a guide for coverage examples calculations to be used in completing the template; and a uniform glossary that satisfies the disclosure requirements under the requirements of the ACA to be utilized for coverage beginning January 1, 2014 (year one only).

An updated template authorized for the second year can be found at:

<http://www.dol.gov/ebsa/pdf/correctedsbctemplate2.pdf>

An updated sample completed SBC authorized for the second year can be found at:

<http://www.dol.gov/ebsa/pdf/CorrectedSampleCompletedSBC2.pdf>

4/17/13 CMS posted a set of Frequently Asked Questions (FAQs) regarding the implementation of ACA §2101(f) which requires states to maintain coverage for children who lose Medicaid eligibility because of the elimination of income and expense disregards under the new Modified Adjusted Gross Income (MAGI) methodology. Children that are enrolled in Medicaid on December 31, 2013 but lose coverage must be enrolled in a separate CHIP program. The FAQ also includes several options that states may consider in the implementation of this section. In addition, the FAQ clarifies that states will be able to claim the enhanced match available under Title XXI for children enrolled in separate CHIP programs.

Effective January 1, 2014, a methodology for determining income based on MAGI will apply to both Medicaid and CHIP eligibility for most enrollees, including pregnant women, children, parents and other caretaker relatives, and the newly eligible adult group (as applicable in a state that chooses to cover this group). This will standardize the income calculation nationally. In addition to a 5% FPL across-the-board income disregard for all MAGI populations, there will no longer be any additional disregards applied, unless an individual falls into one of the populations exempted from MAGI rules (such as the elderly or the disabled). This new methodology is aligned with the one that will be used to determine eligibility for the premium tax credits (§1401, §1411) and cost sharing reductions (§1402, §1411) available to certain individuals purchasing coverage on the Exchange.

The FAQs can be found [here](#).

Prior guidance can be viewed at: www.healthcare.gov

News

4/23/13 The Patient-Centered Outcomes Research Institute (PCORI) has announced two funding opportunities for up to \$56 million to develop a National Patient-Centered Clinical Research Network. The development of the research network addresses, "Accelerating Patient-Centered Outcomes Research and Methodological Research," one of the five priorities on PCORI's National Priorities for Research and Research Agenda. Created under ACA §6301, PCORI is an independent nonprofit organization, tasked with conducting patient-centered outcomes research, that has already begun to award millions of dollars in federal funds for studies.

The announced opportunities will fund new or existing Clinical Data Research Networks

(CDRNs) and Patient-Powered Research Networks (PPRNs). Approximately 18 new or existing PPRNs will be awarded \$12 million to build networks of patients and/or caregivers who are interested in participating in research. PCORI will fund up to \$56 million to support 8 new or existing CDRNs, which will build the capacity to run large comparative effectiveness studies. Letters of Intent are due June 19 and applications are due September 27.

For the CDRN funding announcement, visit: <http://www.pcori.org/assets/PCORI-CDRN-Funding-Announcement-042313.pdf>

For the PPRN funding announcement, visit: <http://www.pcori.org/assets/PCORI-PPRN-Funding-Announcement-042313.pdf>

For more information about PCORI funding opportunities, visit: www.pcori.org/funding-opportunities.

For more information about PCORI, visit www.pcori.org

EOHHS News

MassHealth Section 1115 Demonstration Amendment

EOHHS plans to submit a request to amend the MassHealth Section 1115 Demonstration to the Centers for Medicare and Medicaid Services (CMS) on May 31, 2013. The MassHealth Section 1115 Demonstration provides federal authority for Massachusetts to expand eligibility to individuals who are not otherwise Medicaid or CHIP eligible, offer services that are not typically covered by Medicaid, and use innovative service delivery systems that improve care, increase efficiency, and reduce costs.

The Demonstration amendment request outlines the specific authorities being requested from CMS to implement changes consistent with the Affordable Care Act (ACA), affecting eligibility, benefits, programs and delivery systems, as well as changes to expenditure authorities under the Demonstration. An attachment to the Amendment is a Transition Plan that explains in additional detail how the State plans to coordinate the transition of individuals enrolled in the Demonstration to a new coverage option available under the ACA without interruption in coverage to the maximum extent possible.

The proposed Amendment will be discussed at the Quarterly Affordable Care Act Implementation Stakeholder Meeting on May 17, 2013 (meeting details below).

The proposed Amendment and Transition Plan and additional relevant information are available at: Mass.Gov

Written comments must be received by EOHHS by 5 pm, May 30, 2013.

Comments may be sent to: anna.dunbar-hester@state.ma.us, or mailed to:
EOHHS, Office of Medicaid
Attn: Anna Dunbar-Hester
One Ashburton Place, 11th Floor
Boston, MA 02108

Upcoming Events

Integrating Medicare and Medicaid for Dual Eligible Individuals Implementation Council Meeting

May 10, 2013
1:00 PM - 3:00 PM

State Transportation Building, Conference Rooms 1, 2 and 3
10 Park Plaza
Boston, MA

The Implementation Council welcomes attendance at its meetings from all stakeholders and members of the public with interest in the Demonstration. 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
Open Meeting**

May 17, 2013
10:00 AM - 12:00 PM
State Transportation Building
10 Park Plaza
Boston, MA

The purpose of this meeting is to continue discussion of key implementation topics for the Duals Demonstration. We welcome attendance from all stakeholders and members of the public with interest in the Demonstration. 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.

Quarterly Affordable Care Act Implementation Stakeholder Meeting

May 17, 2013
3:00 PM - 4:00 PM
Public Health Council Conference Room
250 Washington Street, 2nd Floor
Boston, MA

*The MassHealth Section 1115 Demonstration Amendment will be a topic at this meeting.

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.