



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

July 15, 2013

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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

Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. §2951. Announced July 10, 2013. Funding is available for states to continue with early childhood home visiting programs. States and territories that have previously participated in the MIECHV Program are eligible to apply. The MIECHV grant Program seeks to improve current programs and activities authorized under the Maternal and Child Health Services Block Grant under the Social Security Act. Awardees will identify, provide and improve coordination for services for families that reside in at-risk communities. \$111M in 53 awards is available.

Applications are due August 9, 2013.

The announcement can be viewed at: [HRSA](#)

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: [Mass.Gov](#)

Guidance

7/9/13 IRS/Treasury issued Notice 2013-45, which formalized the transition relief from the Employer Shared Responsibility provisions for 2014 as announced by the agencies last week. According to IRS/Treasury, the notice provides employers transition relief for 2014 from: 1) the annual information reporting requirements applicable to insurers, self-insuring employers and certain other providers of minimum essential coverage under (ACA §1502), 2) the annual information reporting requirements applicable to large employers relating to the health insurance that the employer offers (or does not offer) to its full-time employees (§1514), and 3) the employer shared responsibility provisions (§1513). As a result of the guidance, the employer mandate requiring certain employers to offer their employees a minimum level of health insurance or to pay a penalty will be delayed by one year.

According to the Administration, the additional year will 1) provide federal agencies with time to work with stakeholders to simplify the employer reporting requirements about employee access to and enrollment in health insurance and 2) provide employers with transition time to test reporting systems and make any needed changes to their offered health benefits before payments are collected in 2014 from impacted employers that do not offer a minimal level of health insurance to their employees.

The guidance confirms that employees who do not have access to affordable coverage through their employer next year will be able to shop on the Exchange for health coverage and receive subsidies if they are eligible based on their income. According to the Treasury, the agency will publish regulations on what employers must report on the coverage status of employees later this summer. In preparation for this employer responsibility requirement, once the information reporting rules have been issued employers and other reporting entities that don't currently offer health insurance are encouraged to voluntarily cover employees and report relevant income and health insurance data.

Read Notice 2013-45 at: <http://www.irs.gov/pub/irs-drop/n-13-45.PDF>

7/5/13 CMS issued a final rule called "Medicaid and Children's Health Insurance Programs: Essential Health Benefits in Alternative Benefit Plans, Eligibility Notices, Fair Hearing and Appeal Processes, and Premiums and Cost Sharing; Exchanges: Eligibility and Enrollment." The final rule implements provisions of the ACA related to eligibility, enrollment, and benefits in Medicaid, the Children's Health Insurance Program (CHIP) and the Health Insurance Exchange.

The rule finalizes aspects of the Medicaid eligibility [proposed rule](#) (published in the Federal Register on January 22, 2013). According to CMS, the final rule does not address all of the proposed regulatory changes included in the proposed rule but focuses on those deemed critical to assisting states in the implementation of new coverage beginning January 1, 2014. CMS clarifies that the agency intends to address the remaining provisions of the January 2013 proposed rule in future rulemaking.

The final rule addresses aspects of the Medicaid and CHIP eligibility notices and appeals processes (providing an option for a process coordinated with the Exchange); streamlines Medicaid eligibility rules; revises CHIP rules relating to the substitution of coverage to improve the coordination of CHIP coverage with other coverage; updates and simplifies Medicaid premium and cost-sharing requirements; and finalizes policies related to presumptive eligibility.

The ACA established Affordable Health Insurance Exchanges (§1311(b)) to provide individuals and small business employees with access to health insurance coverage beginning January 1, 2014, where low and moderate income Americans will be eligible for premium tax credits

(§1401, §1411) to make purchasing a health plan more affordable by reducing out-of-pocket premium costs. §1311(b)(1)(B) requires that SHOP assist qualified small employers in facilitating the enrollment of their employees in qualified health programs (QHPs) offered in the small group market. 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).

The final rule also implements specific Exchange provisions including those related to notices and verification of income eligibility and eligibility for qualifying coverage in an eligible employer-sponsored plan for Affordable Insurance Exchanges.

Beginning January 1, 2014, ACA §2001 requires states to expand their Medicaid programs to individuals under 65 years of age with incomes at or below 133% FPL. (However, on June 28, 2012 the Supreme Court ruled that the **Medicaid expansion** was optional for states and that the HHS Secretary could not withdraw federal funding from non-expanding states' pre-existing Medicaid programs). 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, where low and moderate income Americans will be eligible for **premium tax credits** (§1401, §1411) to make purchasing a health plan more affordable by reducing out-of-pocket premium costs. According to CMS, the proposed rule will help develop systems that will make it easy for consumers to determine if they are eligible for Medicaid or premium tax credits.

The final rule also establishes the requirements for certain Medicaid benefit packages to ensure that the benefit packages meet certain minimum standards. The rule includes provisions related to Medicaid Essential Health Benefits (EHB) that will allow states to offer benefit packages to the new adult eligibility group (§2001) for citizen and qualified alien low-income adults under age 65 that would differ from what is currently allowed for Medicaid patients under the traditional Medicaid program. Effective January 1, 2014, all non-grandfathered health insurance coverage in the individual and small group markets, Medicaid benchmark and benchmark-equivalent plans (also known as **Alternative Benefit Plans or ABPs**), and Basic Health Programs (§1331) will cover essential health benefits (EHBs). As required under ACA §1302(b), EHBs are a package of medical services and treatments which includes ambulatory and emergency care, maternity care, prescription drugs and other comprehensive health care services in 10 statutory benefit categories, and are equal in scope to a typical employer health plan. The rule modifies existing "benchmark" regulations applicable to Medicaid programs to implement the benefit options available to the new eligibility group. The rule provides guidance on the use of ABPs for the new eligibility group and on the relationship between ABPs and EHBs. States that implement the new eligibility group under ACA §2001 are required to provide medical assistance for that group through an ABP subject to the requirements of section 1937 of the Social Security Act.

Learn more about Essential Health Benefits in the Medicaid Program at:

<http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD-12-003.pdf>

Read the CMS fact sheet at: [CMS.Gov](http://www.cms.gov)

Read the proposed rule (which was published in the Federal Register on July 15, 2013) at:

<http://www.gpo.gov/fdsys/pkg/FR-2013-07-15/pdf/2013-16271.pdf>

7/3/13 HHS/CMS issued a correction to the [proposed rule](#) called "Medicare and Medicaid Programs; Home Health Prospective Payment System Rate Update for CY 2014, Home Health Quality Reporting Requirements, and Cost Allocation of Home Health Survey Expenses." The rule implements portions of ACA §3131 and §3401. The

document makes technical corrections to the proposed rule.

The proposed rule (which was published in the Federal Register on July 3, 2013) updates the Home Health Prospective Payment System (HH PPS) rates, including the national, standardized 60-day episode payment rates, the national per-visit rates, the low-utilization payment adjustment (LUPA) add-on, the non-routine medical supplies (NRS) conversion factor, and outlier payments under the Medicare prospective payment system for home health agencies (HHAs), effective January 1, 2014. As required by the ACA, the rule also proposes rebasing adjustments, with a 4-year phase-in, to the national, standardized 60-day episode payment rates; the national per-visit rates; and the NRS conversion factor.

Finally, the proposed rule would also establish home health quality reporting requirements for CY 2014 payment and subsequent years and would clarify that a state Medicaid program must provide that, in certifying home health agencies, the state's designated survey agency must carry out certain other responsibilities that already apply to surveys of nursing facilities and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID).

Comments are due August 26, 2013.

Read the correction (which was published in the Federal Register on July 9, 2013) at:
<http://www.gpo.gov/fdsys/pkg/FR-2013-07-09/pdf/2013-16392.pdf>

7/1/13 HHS/CMS issued a proposed rule called "Medicare Program; End-Stage Renal Disease Prospective Payment System, Quality Incentive Program, and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies." The rule implements portions of ACA §3014 and §3401.

The proposed rule updates and revises the End-Stage Renal Disease (ESRD) prospective payment system (PPS) for calendar year (CY) 2014. The rule also proposes requirements for the ESRD quality incentive program (QIP) for payment year (PY) 2016 and beyond. In addition, the rule clarifies the grandfathering provision related to the 3-year minimum lifetime requirement (MLR) for Durable Medical Equipment (DME). Additionally, the rule provides clarification of the definition of routinely purchased DME. The rule also proposes the implementation of budget-neutral fee schedules for splints and casts, and intraocular lenses (IOLs) inserted in a physician's office.

Comments are due August 30, 2013.

Read the proposed rule (which was published in the Federal Register on July 8, 2013) at:
<http://www.gpo.gov/fdsys/pkg/FR-2013-07-08/pdf/2013-16107.pdf>

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

News

7/10/13 HHS announced approximately \$150 million in HRSA (Health Resources and Services and Administration) Outreach and Enrollment funding to health centers to enroll Americans in the new health insurance coverage options made available through the ACA. The awards, authorized under ACA §10503, will support 1,159 centers and the hiring of an additional 2,900 outreach and eligibility assistance workers.

Thirty-five Massachusetts health centers were awarded a total of \$3,448,106. According to HRSA, the funding is expected to allow health centers to hire an additional 61 outreach and eligibility workers who will assist 110,754 people in the Commonwealth.

Read the press release at: <http://www.hhs.gov/news/press/2013pres/07/20130710a.html>

For a list of health centers awarded Outreach and Enrollment funds in Massachusetts, visit: <http://www.hrsa.gov/about/news/2013tables/outreachandenrollment/ma.html>

7/9/13 The U.S. Preventive Services Task Force (USPSTF) issued a final recommendation statement on screening for glaucoma. The USPSTF concluded that the current evidence is insufficient to assess the balance of benefits and harms of screening for primary open-angle glaucoma (POAG) in adults. Because the accuracy and effectiveness of glaucoma screening in primary care settings for adults who do not have vision problems could not be determined, the USPSTF issued an "I" recommendation statement. The "I" recommendation statement indicates that the evidence is insufficient for the USPSTF to make a recommendation.

The USPSTF's evidence review focused on POAG, which is the most common form of glaucoma. It affects about 2.5 million Americans, with older adults and African Americans at a higher risk of developing glaucoma. This form of glaucoma progresses slowly, and people may not detect symptoms of gradual vision loss until the disease is advanced. The USPSTF noted that patients with vision problems should continue to see their primary care clinician or eye care specialist to determine which tests and treatments they need and encouraged the health care community to fund research on effective screening tests and treatments for glaucoma.

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 begin on or after September 23, 2010. Because the final recommendation on glaucoma screening received an "I" rating, the screenings will not be required to be covered without cost-sharing under the ACA.

Read the final recommendation at: uspreventiveservicestaskforce.org

Learn more about preventive services covered under the ACA at: HHS.Gov

Learn more about the USPSTF at: <http://www.uspreventiveservicestaskforce.org/>

EOHHS News

Integrating Medicare and Medicaid for Dual Eligible Individuals Update

On June 27, the Executive Office of Health and Human Services (EOHHS) issued a Request for Responses (RFR) from qualified entities to provide Ombudsman services for One Care: MassHealth plus Medicare. EOHHS recognizes the importance of potential enrollees, their families, caregivers, and advocates having accessible avenues of support and assistance, and the need for strong oversight of One Care throughout its implementation. To serve this function EOHHS will select a qualified contractor to provide Ombudsman services for One Care.

Details about the qualifications, responsibilities, and requirements for potential bidders are provided in the RFR, along with information on how to submit responses. Responses to the RFR are due to MassHealth **by 4:00 PM (EDT), July 29, 2013.**

The RFR is available on the state procurement website Comm-PASS (www.comm-pass.com). To access the document:

1. In your browser, enter the URL: www.comm-pass.com.
2. Near the bottom of the page, click on the hyperlink "Search for Solicitations."
3. When the Search page comes up, scroll down to the section that says "Search by Specific Criteria." In the Document Number box, enter the following: **13CBEHSOMBUDSMANSVCSRFR**. Then click on the box "Search."
4. Click on the hyperlink, "There is 1 solicitation(s) found that match your search criteria." and it will take you to the Comm-PASS listing for this solicitation.
5. Click on "the eyeglasses on the right, under "View," and you will get the summary page.
6. Click on the blue tab called "Specifications" and you will see the RFR document and an attachment listed. To view the document, click on the eyeglasses to the right, under "View."

Any questions about the Ombudsman procurement should be directed to Lisa D. Wong, Procurement Coordinator, at Lisa.D.Wong@state.ma.us, or:

EOHHS
Attn: Lisa D. Wong
Office of the General Counsel
Executive Office of Health and Human Services
One Ashburton Place, 11th Floor
Boston, MA 02108
(617) 573-1683

Learn more about One Care at: <http://www.mass.gov/masshealth/duals>

Request for Information: Massachusetts Health Homes Initiative

On June 7, 2013, The Commonwealth of Massachusetts Executive Office of Health and Human Services (EOHHS) issued a Request for Information (RFI) to elicit information from interested parties on the design and implementation of the Health Homes initiative under ACA §2703. Interested parties include behavioral health and primary care providers, professional organizations, managed care organizations, academicians, and advocates. EOHHS is particularly interested in hearing from behavioral health and primary care providers regarding any programmatic and operational features that EOHHS should consider incorporating into the program's design.

The RFI is posted on the state procurement website Comm-PASS (www.comm-pass.com) under the Document Number 13MEEHSMHEALTHHOMESRFI. **Responses to the RFI will be due to EOHHS by 3:00 PM (EDT), July 19, 2013.**

* Note that the deadline has been extended.

Upcoming Events

Quarterly Affordable Care Act Implementation Stakeholder Meeting

September 16, 2013

1:30 PM - 2:30 PM

1 Ashburton Place, 21st Floor
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.