



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

October 28, 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 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

10/22/13 HHS/CMS published a notice under the Paperwork Reduction Act of 1995 (PRA) that announces an opportunity for public comment on the agency's intent to collect information from health care sharing ministries. The notice states that the agency is aware of four entities that have self-identified as health care sharing ministries.

Members of health care sharing ministries, religiously-oriented organizations that share health care expenses among their members, are exempt from having to be covered by health insurance under the individual shared responsibility provision of the ACA. Sharing ministries must meet specific requirements under the ACA, including a requirement that they have been in operation since December 31, 1999.

Beginning in 2014, the individual shared responsibility provision requires each nonexempt individual to have basic health insurance coverage (known as [minimum essential coverage](#), or MEC, §1501), qualify for an exemption, or make a shared responsibility payment when filing

their federal income tax return. The requirement applies to adults, children (as tax dependents), seniors (most of whom will meet the coverage requirement through Medicare), and lawfully present immigrants.

Comments are due November 21, 2013.

Read the notice at: <http://www.gpo.gov/fdsys/pkg/FR-2013-10-22/pdf/2013-24320.pdf>

10/23/13 HHS/CMS published a notice under the Privacy Act of 1974 that announces proposed alterations to the existing system of health insurance records titled, "Health Insurance Exchanges (HIX) Program." The notice contains a description of the proposed modifications to the system of records.

In February 2013, [a records system](#) was established as a global system of records to cover all data activities in support of the HIX Program at the federal level. The HIX Program (which helps people find health insurance coverage under the ACA) includes Federally-facilitated Exchanges (FHEs) operated by CMS, CMS support and services provided to all Exchanges and state agencies administering Medicaid programs, Children's Health Insurance Programs and Basic Health Programs, as well as CMS administration of advance payments of the premium tax credit (§1401, §1411) and cost-sharing reductions associated with enrollment in Qualified Health Plans (QHP) through an Exchange. 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 records system collects and saves personal, financial, employment and demographic information about individuals who participate in or interact with the HIX Program.

Several components of the records system are affected by the proposal including: the disclosure of information concerning navigators, non-navigator assistance personnel, certified application counselors, and agents and brokers, to the states; the inclusion of a description in a specific section of the system of the exchange "identity proofing" system that is used to verify the identity of applicants for health insurance on the Exchange and of agents and brokers seeking registration; authorization to disclose to employers the identity of employees applying for premium tax credits who claim that they lack employer coverage; and authorization to disclose information to a CMS contractor or grantee when necessary to prevent, detect, and fight waste and fraud in the affected program.

According to CMS, the proposed modifications will be effective immediately, unless comments received within 30 days after publication (by November 23, 2013) of the notice in the Federal Register result in revisions to the notice.

Read the notice at: <http://www.gpo.gov/fdsys/pkg/FR-2013-10-23/pdf/2013-24861.pdf>

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

News

10/7/13 The U.S. Preventive Services Task Force (USPSTF) issued a final recommendation statement on screening children and adolescents for primary hypertension, or high blood pressure. The Task Force concluded that there is a lack of current concrete evidence to recommend screening for primary hypertension in asymptomatic children and adolescents in order to prevent cardiovascular disease in childhood or adulthood. Because the evidence is also unclear as to whether lowering blood pressure in youth leads to improved cardiovascular health in adulthood, the USPSTF issued an "I" recommendation statement. The "I" recommendation statement reflects that there is insufficient evidence for the

USPSTF to make a recommendation.

The USPSTF's evidence review found that high blood pressure in children and teens has increased in recent years, in part due to the rise in childhood obesity. According to the USPSTF, although it is difficult to predict which children and teens will develop hypertension as adults, children and teens can improve their cardiovascular health by eating nutritious meals, being physically active, and maintaining a healthy weight. According to the USPSTF, there has been limited research done on the effectiveness and safety of blood pressure medications when used in children and adolescents. As a result, the USPSTF emphasizes the need for additional research.

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 screening children and adolescents for high blood pressure received an "I" rating, the screenings will not be required to be covered without cost-sharing under the ACA.

Read the final recommendation statement 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/>

Commonwealth of MA News

MassHealth and Health Safety Net Regulation Changes

EOHHS has posted proposed changes to MassHealth and Health Safety Net regulations to implement the Affordable Care Act (ACA). The proposed changes will affect MassHealth and Health Safety Net eligibility, benefits, and operational processes. Specifically, the regulation changes implement the categorical and financial requirements for MassHealth programs authorized by the ACA and changes in Massachusetts state law. In addition, the proposed regulations describe operational changes in the application and redetermination processes.

A public hearing will be held on Monday, November 4, 2013, at 10 am in the Daly Conference Room, Two Boylston Street, Boston, MA. Written comments are due by Tuesday, November 5, 2013 at 5pm. Additional information about the hearing and instructions for submitting comments can be found at: <http://www.mass.gov/eohhs/docs/eohhs/ad-2013-october-13-aca-ph.pdf>.

The proposed regulations are available for review online at: <http://www.mass.gov/eohhs/gov/laws-regs/masshealth/masshealth-proposed-regs.html> or may be requested in writing or in person from MassHealth Publications, 100 Hancock Street, 6th Floor, Quincy, MA 02171.

Upcoming Events

Massachusetts Health Homes Initiative Public Forum

November 1, 2013

1:00 PM - 3:00 PM

21st Floor

1 Ashburton Place

Boston, MA

Please RSVP by 5 pm on Tuesday, October 29, 2013 to Donna Kymalainen at Donna.Kymalainen@state.ma.us. Reasonable accommodations are available upon request. Please contact Donna Kymalainen at Donna.Kymalainen@state.ma.us to request accommodations by 5 pm on Tuesday, October 29, 2013.

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.