



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

April 28, 2014

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 Announcements

Newborn Screening Clearinghouse, §4002. Announced April 16, 2014. Funding is available to establish and maintain a central online database of current information, educational materials, resources, and research on infant newborn screening in order to increase awareness, knowledge and understanding of the newborn screening process. Newborn screening is designed to screen infants shortly after birth for a list of conditions that are treatable, but not clinically evident in the newborn period. The Clearinghouse will include information on family support services, follow-up services, national and state policies and best practices to help parents, family members, and expectant individuals keep newborns healthy. Eligible applicants include public or private entities, Indian tribes or tribal organizations, as well as faith based or community organizations. \$725,000 in total is available for one award. Applications are due June 2, 2014.

The announcement may be viewed at:

<https://grants.hrsa.gov/webExternal/SFO.asp?ID=881be5bd-0eb1-4fdc-b08b-d2704745f2dd>

Affordable Care Act - Maternal, Infant and Early Childhood Home Visiting (MIECHV) Formula Grant Program Limited Competition, §2951. Announced April 16, 2014. Funding is available to continue the delivery of voluntary early childhood home visiting program services in response to a statewide needs assessment. Eligible applicants include states and non-profit organizations that are currently funded under the MIECHV program. \$106,704,151 in total is available for fifty two awards. Applications are due May 23, 2014.

The MIECHV program facilitates collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs.

To learn more about the MIECHV program please visit:
<http://mchb.hrsa.gov/programs/homevisiting/index.html>

This funding announcement may be viewed at: [HRSA](#)

Assisting Directly Funded AIDS Directors in Urban Jurisdictions and Other HIV Prevention Partners in Meeting the Changes in the Public Healthcare Systems and HIV Prevention Landscape, §4002. Announced April 15, 2014. Funding is available to support CDC HIV prevention programs that are adapting to recent policy changes in the health care system. This opportunity will benefit these programs by promoting active communication, consultation, and peer-to-peer technical assistance that addresses the growing needs of urban health departments that are working on HIV prevention, care, and treatment. Eligible applicants include national non-profit organizations with experience working with AIDS Directors in urban jurisdictions and with federal, state and local entities. \$3,500,000 is available for one award.

Applications are due May 14, 2014.

This announcement may be viewed at:
<http://www.grants.gov/web/grants/view-opportunity.html?oppId=253923>

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

4/18/14 CMS/HHS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on information collection activities related to the prospective evaluation of evidence-based community wellness and prevention programs. ACA §4202(b) requires that CMS/HHS conduct an evidence review and independent evaluation of wellness programs focusing on six intervention areas. The subject matters include such interventions as chronic disease self- management, increased physical activity, improved diet and nutrition, and mental health management.

HHS/CMS implemented a three-phase approach to evaluate the impact of wellness programs on Medicare beneficiary health, utilization, and costs to determine whether broader Medicare beneficiary participation in wellness programs could lower future growth in Medicare spending. Phase 1 and Phase 2 have been completed. The outcomes of Phase 3 will demonstrate how wellness programs impact Medicare beneficiaries and if cost-saving opportunities exist for the Medicare program. HHS/CMS will conduct a national survey of Medicare beneficiaries in order to evaluate their willingness to participate in community-based wellness programs. Based on feedback received on the survey, the agency is altering and clarifying several components of the survey in order to achieve a higher response rate.

Comments are due May 19, 2014.

Read the notice at: <http://www.gpo.gov/fdsys/pkg/FR-2014-04-18/pdf/2014-08897.pdf>

4/18/14 CMS/HHS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on the extension of information collection activities related to the "Basic Health Program (BHP) Report for Health Insurance Exchange Premiums."

The BHP program, as authorized by §1331 and subsequent guidance, provides states the option to establish a health benefits coverage program for low-income individuals who would otherwise be eligible to purchase coverage through the Health Insurance Exchange. Under the BHP rules, citizens or lawfully present non-citizens who do not qualify for Medicaid, the Children's Health Insurance Program (CHIP) or other minimum essential coverage and have incomes between 133% FPL and 200% FPL are eligible for the BHP.

The BHP is federally funded by determining the amount of payments that the federal government would have made through the premium tax credit and cost sharing reductions (CSR) for individuals enrolled in BHP had they instead been enrolled in an Exchange. To calculate the amounts for each state, HHS/CMS is asking states for "reference premiums" for the second lowest cost silver plans in each geographic area in a state, as those amounts are a basic unit in the calculation of tax credits and CSRs under the Exchanges. Furthermore, reference premiums are critical components of the BHP payment methodology. According to HHS/CMS, the agency has the required data to establish reference premiums for states whose Exchanges are operated by the Federally Facilitated Exchange (FFE) or are operated in partnership with the FFE, although the agency is seeking such information from the 17 states that are operating State Based Exchanges.

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 individuals would be eligible for premium tax credits (§1401, §1411) to make purchasing a qualified health plan (QHP) more affordable by reducing out-of-pocket premium costs. 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).

Beginning January 1, 2015, states will have an option to establish a BHP for certain individuals who meet the income criteria and would otherwise be eligible to obtain coverage through the Exchange. BHP benefits are required to include at least the ten essential health benefits specified in §1301. BHP monthly premiums and cost sharing cannot exceed what an eligible individual would have paid if the eligible individual were to receive coverage from a QHP through the Exchange. A state that operates a BHP will receive federal funding equal to 95% of the amount of the premium tax credits and the cost sharing reductions that would have otherwise been provided to (or on behalf of) eligible individuals if these individuals enrolled in QHPs through the Exchange.

Comments are due June 17, 2014.

Read the notice at: <http://www.gpo.gov/fdsys/pkg/FR-2014-04-18/pdf/2014-08898.pdf> (see item #1)

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

Upcoming Events

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

Friday, May 30, 2014

1:00 PM - 3:00 PM

Transportation Building

10 Park Plaza, Conference Rooms 1-3

Boston, MA

A meeting agenda and any meeting material will be distributed prior to the meeting.

Meetings of the Implementation Council are open to stakeholders and members of the public with an interest in One Care. Reasonable accommodations are available upon request. Please contact Donna Kymalainen at 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.