



## AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

February 16, 2016

### 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

**Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Programs, \$4002.** Announced February 4, 2016.

Funding is available to support evidence-based self-management education programs that empower older adults and adults living with disabilities from underserved areas and populations to better manage their chronic conditions. Awards are intended to help increase the number of community-based chronic disease self-management education program participants, while increasing the sustainability of proven programs in the aging and disability networks through innovative funding arrangements and by embedding the programs into the nation's health and long-term services and supports systems.

Eligible applicants include town, city, county, state and special district governments (specially designated subdivisions of state government as described in the grant announcement); independent school districts; public and private institutions of higher education; nonprofit and for profit organizations; small businesses; public housing authorities; Indian housing authorities; Native American tribal organizations and Native American tribal governments. \$6,071,649 is available for a total of eight awards.

Voluntary Letters of Intent are due February 22, 2016.

Applications are due April 6, 2016.

View the announcement at: [GRANTS.GOV](#)

**Evidence-Based Falls Prevention Programs, \$4002.** Announced February 4, 2016.

Funding is available to increase the number of older adults and older adults with disabilities at risk for falls participating in evidence-based community programs designed to reduce falls and fall risks, while increasing the

sustainability of these proven programs.

Eligible applicants include town, city, county, state and special district governments (specially designated subdivisions of state government as described in the grant announcement); independent school districts; public and private institutions of higher education; nonprofit and for profit organizations; small businesses; public housing authorities; Indian housing authorities; Native American tribal organizations and Native American tribal governments. \$3,762,139 is available for eight awards.

Voluntary Letters of Intent are due February 22, 2016.

Applications are due April 6, 2016.

View the announcement at: [GRANTS.GOV](http://GRANTS.GOV)

## 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](http://www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/national-health-care-reform-plan/grants-and-demonstrations.html)

## Guidance

**2/9/16 HHS/CMS issued a notice under the Privacy Act of 1974 that announces the re-establishment of an existing Computer Matching Program Agreement (CMP) that CMS has with the Social Security Administration (SSA) for purposes of determining enrollment or eligibility for insurance affordability programs under the ACA.**

ACA §1411 and §1413 require the Secretary of HHS to establish a program for determining eligibility for certain Insurance Affordability Programs, providing certifications of exemption, and authorizing the use of secure, electronic interfaces and an on-line system for the verification of eligibility.

Eligibility determinations include initial determinations made upon application, renewals, annual or periodic redeterminations, and appeals. Data is matched by CMS for the purpose of eligibility determinations and enrollment in Insurance Affordability Programs (such as advance payments of the premium tax credit (§1401, §1411 and §1412); cost sharing reductions (§1402); Medicaid and the CHIP (pursuant to §1413); or a State's Basic Health Program (BHP), if applicable, (under §1331) and eligibility determinations for exemptions.

The original purpose of the CMP was to establish the terms, conditions, safeguards, and procedures under which SSA will disclose information to CMS in connection with the administration of ACA Insurance Affordability Programs and its implementing regulations. Under the CMP, SSA provides data to CMS and CMS will use SSA data needed to make initial eligibility determinations, eligibility redeterminations and renewal decisions, including appeal determinations, for Insurance Affordability Programs under the ACA.

As set forth in the CMP, SSA will also provide CMS the following information when relevant: 1) Social Security number verifications, 2) a death indicator, 3) an indicator of a finding of disability by SSA under title II of the Social Security Act, 4) prisoner data, 5) monthly and annual Social Security benefit information under title II of the Social Security Act, 6) quarters of coverage, and 7) confirmation that an allegation of citizenship is consistent with SSA records.

Comments are due 30 days after publication of the notice in the Federal Register.

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2016-02-09/pdf/2016-02527.pdf>

**2/5/16 DOL/EBSA issued Technical Release No. 2016-01, "Application of the Market Reforms and Other Provisions of the Affordable Care Act to Student Health Coverage."** The document provides guidance on the application of certain provisions of the Affordable Care Act to premium reduction arrangements offered in connection with student health plans and provides temporary transition relief from enforcement by the Departments

of the Treasury, Labor, and Health and Human Services (collectively, the Departments) in certain circumstances.

According to the guidance, the Departments will not assert that a premium reduction arrangement fails to satisfy certain group market reform provisions of the ACA if the arrangement is offered in connection with other student health coverage (insured or self-insured) for a plan year or policy year beginning before January 1, 2017. The guidance provides a transition period for the application of certain market reforms to certain arrangements offered by an institution of higher education to its students that are designed to reduce the cost of student health coverage (whether insured or self-insured) through a credit, offset, reimbursement, stipend, or similar arrangement (a premium reduction arrangement).

[Student health insurance plans](#) are regulated under the ACA individual market reforms (ACA §1302 and §1201, incorporating PHS Act §2701) and ACA §1560.

The guidance in the EBSA Technical Release was issued in substantially identical form by Treasury and HHS in separate guidance.

Read the DOL/EBSA guidance (Technical Release No. 2016-01) at: [www.dol.gov/ebsa/newsroom/tr16-01.html](http://www.dol.gov/ebsa/newsroom/tr16-01.html)

Read the Treasury/IRS guidance (Notice 2016-17) at: <https://www.irs.gov/pub/irs-drop/n-16-17.pdf>

Read the HHS/CCIIO guidance at: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/student-health-bulletin.pdf>

**2/5/16 HHS/CMS issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on a new information collection activity related to the Reapplication Submission Requirement for Qualified Entities under ACA Section 10332.**

ACA §10332 requires the HHS Secretary to make standardized extracts of Medicare claims data under Parts A, B, and D available to "qualified entities" (QEs) for the evaluation of the performance of providers of services and suppliers. The statute provides the HHS Secretary with discretion to establish criteria to determine whether an entity is qualified to use claims data to evaluate the performance of providers of services and suppliers. According to CMS, the agency issued the [final rule](#) (which was published in the Federal Register on December 7, 2011) called "Medicare Program; Availability of Medicare Data for Performance Measurement" after consideration of comments from a wide variety of stakeholders. CMS established the Qualified Entity Certification Program (QECF) to implement the Final Rule. One of the requirements in the Final Rule is that QEs must reapply for certification six months prior to the end of their 3-year certification period to remain in good standing. The information collection is related to the official reapplication that QEs must complete to reapply to the QECF.

Comments are due April 5, 2016.

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2016-02-05/pdf/2016-02278.pdf> (see item #1)

Prior guidance can be found at: [www.hhs.gov/healthcare/index.html](http://www.hhs.gov/healthcare/index.html)

## News

**2/9/16 The Patient-Centered Outcomes Research Institute (PCORI) announced the availability of approximately \$1 million in four grant awards through the Eugene Washington PCORI Engagement Program.**

The Eugene Washington PCORI Engagement Awards encourage the active integration of patients, caregivers, clinicians, and other healthcare stakeholders who are part of the medical research process. The program provides a platform to expand the role of these stakeholders in research and to support PCORI engagement strategies that include developing a skilled community of patients and other stakeholders.

The four awards will be used to research a project that works with patient-family advisory councils to develop their awareness and use of Patient-Centered Outcomes Research being conducted at the Planetree Organization in Connecticut, a series of studies on defining unmet patient-centered health care needs in the last trimester of

pregnancy at the UNC Center for Maternal and Infant Health in North Carolina, a series of educational meetings at the Alstrom Syndrome International Organization in Maine and a project related to the healthcare decision making of adults living in rural communities with acquired neurologic conditions at the University of Kentucky Research Foundation in Kentucky.

Created under ACA §6301, PCORI is an independent nonprofit organization, tasked with conducting patient-centered outcomes and studies.

To learn more about these awards, visit: [PCORI.ORG](http://PCORI.ORG)

The next deadline for submitting a required letter of intent for these awards is June 1, 2016.

To learn more about the application process, visit: [PCORI.ORG](http://PCORI.ORG)

### **2/9/16 The U.S. Preventive Services Task Force (USPSTF) issued a final recommendation statement on screening for major depressive disorder (MDD) in children and adolescents.**

The Task Force recommends screening for MDD in adolescents ages 12 to 18 years when adequate systems are in place for diagnosis, treatment, and monitoring. The Task Force recommends such screening and assigned a "B" grade to the recommendation. For children age 11 years and younger, the Task Force concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for MDD in this age group and assigned an "I" grade to the recommendation.

According to the USPSTF, Depression is a leading cause of disability in the United States. Children and adolescents with MDD typically have functional impairments in their performance at school or work, as well as in their interactions with their families and peers. Depression can also negatively affect the developmental trajectories of affected youth. MDD in children and adolescents is strongly associated with recurrent depression in adulthood; other mental disorders; and increased risk for suicidal ideation, suicide attempts, and suicide completion.

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 began on or after September 23, 2010. Under the ACA, only screenings for populations that were finalized with an "A" or "B" rating must be provided without cost sharing. Since the screening recommendation for adolescents was finalized with a "B" rating, then this service must be provided without cost sharing.

Read the final recommendation statement at: [www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-children-and-adolescents-screening1](http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-children-and-adolescents-screening1)

Learn more about preventive services covered under the ACA at: [HHS.Gov](http://HHS.Gov)

Learn more about the USPSTF at: [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org)

## **Upcoming Events**

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

March 18, 2016

1:00 PM - 3:00 PM

Health Policy Commission, 50 Milk Street, 8th Floor Public Meeting Room

Boston, MA

MBTA and driving directions to 50 Milk Street are available here: <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/directions-to-50-milk-st.pdf>

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

Reasonable accommodations are available upon request. Please contact Donna Kymalainen at: [Donna.Kymalainen@umassmed.edu](mailto: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.



Follow **MassHealth** on YouTube!



Follow **MassHealth** on Twitter!

---

To subscribe to receive the ACA Update, send an email to: [join-ehs-ma-aca-update@listserv.state.ma.us](mailto:join-ehs-ma-aca-update@listserv.state.ma.us). To unsubscribe from the ACA Update, send an email to: [leave-ehs-ma-aca-update@listserv.state.ma.us](mailto:leave-ehs-ma-aca-update@listserv.state.ma.us). Note: When you click on the sign up link, a blank e-mail should appear. If your settings prevent this, you may also copy and paste [join-ehs-ma-aca-update@listserv.state.ma.us](mailto:join-ehs-ma-aca-update@listserv.state.ma.us) into the address line of a blank e-mail. Just send the blank e-mail as it's addressed. No text in the body or subject line is needed.