



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

February 22, 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

National Chronic Disease Self-Management Education (CDSME) Resource Center, \$4002. Announced February 11, 2016.

Funding is available to support a National Chronic Disease Self-Management Education Resource Center (Center). The Center will provide leadership, expert guidance, and resources to increase access to CDSME and self-management support programs that improve the health and quality of life of older adults and adults with disabilities.

Eligible applicants include state and local governments; public or private non-profit entities; Indian tribal governments and organizations (American Indian/Alaskan Native/Native American); faith-based organizations; community-based organizations; hospitals and institutions of higher education. One award is available for \$1,200,000.

Applications are due March 13, 2016.

The announcement may be viewed at: [GRANTS.GOV](#)

Immunization –Improving Immunization Rates and Enhancing Disease Prevention through Partnerships with Providers and National Organizations that focus on Public Health, \$4002. Announced February 9, 2016.

Continued funding is available to develop and implement programs that are designed to increase immunization rates by increasing the number of providers who are able to assess and recommend vaccination for their patients.

Eligible applicants are limited to organizations previously awarded funding under this opportunity. There is one award available.

Applications are due May 30, 2016.

View the announcement at: 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

Guidance

2/18/16 HHS issued a notice under the Privacy Act of 1974 that announces CMS is adding a new routine use to the existing system of records titled "Enrollment Data Base."

The new routine use will authorize CMS to disclose information maintained in the system to the IRS for the purposes of reporting Medicare Part A enrollment information and to provide statements to the individual enrollees with respect to whom information is reported to the IRS. The new routine will also assist with the transmittal of appropriate information from CMS to the IRS.

CMS is required to produce reports and statements of enrollment in Medicare Part A to confirm enrollment in [minimum essential coverage](#) (MEC, §1501) under ACA §6055. The enrollment information must be provided to the IRS for tax administration purposes to enable the IRS to properly assess tax returns filed to ensure that Medicare Part A enrollees are not assessed a tax penalty for not being enrolled in health care coverage.

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

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2016-02-18/pdf/2016-03241.pdf>

2/17/16 HHS issued a notice under the Privacy Act of 1974 that announces the re-establishment of an existing Computer Matching Program Agreement that CMS has plans to conduct with the Internal Revenue Service (IRS) for the Verification of Household Income and Family Size for Insurance Affordability Programs and Exemptions.

ACA §1411 and §1413 require the HHS Secretary 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. ACA §1414 authorizes the disclosure of certain items of return information as part of the eligibility determination process for enrollment in the following state health subsidy programs: advance payments of the premium tax credit (APTC) under ACA §1401, 1411 and 1412; cost-sharing reductions (CSRs) under ACA §1402; Medicaid and the Children's Health Insurance Program (CHIP), under titles XIX and XXI of the Social Security Act, pursuant to ACA §1413; or a state's Basic Health Program (BHP), if applicable, under ACA §1331.

The purpose of the Computer Matching Agreement is to re-establish the terms, conditions, safeguards, and procedures governing the disclosures of return information by the IRS to CMS and by CMS to entities administering Medicaid, CHIP, or BHPs, and State-based Exchanges through the CMS Data Services Hub to support the verification of household income and family size for an applicant receiving an eligibility determination under the ACA. Return information will be matched by CMS in its capacity as the Federally-facilitated Exchange or by an administering entity for the purpose of determining eligibility for state health subsidy programs (APTC, CSR, Medicaid, CHIP or a BHP). Return information will also be matched for determining eligibility for certain certificates of exemption.

Comments are invited on all portions of this notice. The effective date of the Computer Matching Agreement is generally April 2, 2016.

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2016-02-17/pdf/2016-03185.pdf>

2/17/16 HHS issued a notice under the Privacy Act of 1974 that announces the re-establishment of an

existing Computer Matching Program Agreement that CMS has plans to conduct with the Department of Homeland Security (DHS), United States Citizenship and Immigration Services (USCIS) for Eligibility Determinations.

ACA §1411 and §1413 require the HHS Secretary 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.

The purpose of the Computer Matching Agreement is to re-establish the terms, conditions, safeguards, and procedures under which DHS/ USCIS will provide records, information, or data to CMS under the ACA. CMS will access USCIS data needed to make eligibility determinations in its capacity as a Federally-facilitated Exchange, and state agencies that administer Medicaid, a BHP, or CHIP, and State-based Exchanges will receive the results of verifications using USCIS data accessed through CMS Data Services Hub to make eligibility determinations.

According to CMS, data will be matched by the agency for the purpose for determining eligibility for enrollment in state health subsidy programs and eligibility determinations for exemptions. Specifically, USCIS will provide CMS with electronic access to immigrant, nonimmigrant, and naturalized or derived citizen status information contained within or accessed by the USCIS Verification Information System. Access to this information will assist CMS in determining whether an applicant is lawfully present, a qualified non-citizen, a naturalized or derived citizen, and whether the 5 year bar applies and has been met in order to determine eligibility for the aforementioned programs.

Comments are invited on all portions of this notice. The effective date of the Computer Matching Agreement is generally April 2, 2016.

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2016-02-17/pdf/2016-03203.pdf>

2/12/16 HHS/CMS issued a final ruled called "Medicare Program; Reporting and Returning of Overpayments."

The final rulerequires providers and suppliers receiving funds under the Medicare program to report and return overpayments by the later of the date that is 60 days after the date on which the overpayment was identified or the date any corresponding cost report is due. According to CMS, the rule was instituted to ensure compliance with applicable statutes, promote the furnishing of high quality care, and to protect the Medicare Trust Funds against fraud and improper payments.

ACA §64029(a) requires a person who has received an overpayment to report and return the overpayment to the HHS Secretary, the state, an intermediary, a carrier, or a contractor, as appropriate, at the correct address, and to notify the HHS Secretary, state, intermediary, carrier or contractor to whom the overpayment was returned in writing of the reason for the overpayment.

Read the final rule at: <https://www.gpo.gov/fdsys/pkg/FR-2016-02-12/pdf/2016-02789.pdf>

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

News

2/16/16 The U.S. Preventive Services Task Force (USPSTF) issued a final recommendation statement on screening for autism spectrum disorder (ASD) in asymptomatic young children. The USPSTF reviewed published studies on screening for autism in children under 3 years old who do not have symptoms of autism or developmental delay, and whose parents or health care providers have not raised concerns about autism.

The Task Force concluded that the current evidence is insufficient to assess the balance of benefits and harms of screening for ASD in children for whom no concerns of ASD have been raised by their parents or clinical provider. As a result, the USPSTF issued an "I" recommendation statement, which reflects that there is insufficient evidence for the USPSTF to make a recommendation. The Task Force is not making a recommendation for or against autism screening, but it is calling for more research.

According to the Task Force, ASD affects thousands of children and families across the nation. The prevalence of

ASD in the United States in 2010 (the most recent data available) was estimated by the Centers for Disease Control and Prevention to be that 1 in 68 children are diagnosed with ASD.

The USPTSF's review found that currently there are no studies on whether earlier identification of autism through screening leads to improvements in language or skill development, behavior, or quality of life. The Task Force indicated that there is a need for more research to better understand the benefits and harms of screening for autism spectrum disorder in young children without symptoms. Specifically, more research is needed about the best tools to use, the best time to screen, and the best treatment to use for children who are identified through screening.

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. Although this screening recommendation for young children was finalized without an "A" or "B" rating, the Task Force's "I" statement will not affect insurance coverage for autism screening. This is because autism screening for young children is currently covered as outlined in the guidelines set by the [Bright Futures Guidelines of the American Academy of Pediatrics](#), as required by ACA §2713.

Read the final recommendation statement at: www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/autism-spectrum-disorder-in-young-children-screening

Additional information and resources about this recommendation can be found at: www.uspreventiveservicestaskforce.org/Page/Document/more-information-on-the-final-recommendation/autism-spectrum-disorder-in-young-children-screening

A list of covered preventive services for children can be found at: <http://healthfinder.gov/HealthCareReform/Children.aspx>

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

Learn more about the USPSTF at: 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 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.



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