



## AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

June 30, 2011

### 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

**Comprehensive Health Programs to Address Physical Activity, Nutrition, and Tobacco Use in the Workplace**, §4002. Announced June 23, 2011. HHS funds to establish and evaluate comprehensive workplace health promotion programs to improve the health of American workers and their families. The initiative is aimed at improving workplace environments so that they support healthy lifestyles and reduce risk factors for chronic diseases such as heart disease, cancer, stroke, and diabetes. \$10 million in funding will be awarded through a competitive contract to an organization with the expertise and capacity to work nationally with groups of employers to develop and expand workplace health programs in small and large worksites. Participating companies will educate employees about good health practices and establish work environments that promote physical activity and proper nutrition and discourage tobacco use. Applications are due August 8, 2011.

Learn more about submitting a proposal at:

[https://www.fbo.gov/index?s=opportunity&mode=form&id=9d08916a6197cae87513ebe6969d9f6a&tab=core&\\_cview=1](https://www.fbo.gov/index?s=opportunity&mode=form&id=9d08916a6197cae87513ebe6969d9f6a&tab=core&_cview=1).

A separate funding opportunity available for a national evaluation of the initiative can be found at [www.fbo.gov](http://www.fbo.gov).

**6/22/11** CMS announced the availability of \$500 million in **Partnership for Patients funding** to help hospitals, health care provider organizations and others improve care and stop millions of preventable injuries and complications related to health care acquired conditions and unnecessary readmissions. The

ACA funding for this initiative will be awarded by the CMS Innovation Center through a solicitation and other procurements for federal contracts.

The Partnership for Patients is a public-private partnership originally announced in April 2011 that will help improve the quality, safety, and affordability of health care for all Americans. The Partnership's two goals are reducing hospital injuries and complications by 40% and reducing hospital readmissions by 20% over a 3-year period.

To achieve the Partnership's goals, CMS is seeking to contract with large health care systems, associations, state organizations, or other interested parties to support hospitals in redesigning care processes to reduce harm. In addition to Hospital Engagement Contractors, CMS will also work with other contractors to develop and share ideas and practices that improve patient safety. CMS intends to award contracts by September 30, 2011.

Read the HHS press release at: <http://www.hhs.gov/news/press/2011pres/06/20110622a.html>  
Solicitations for proposals are available on the Federal Business Opportunities website at:  
<https://www.fbo.gov/index?s=opportunity&mode=form&id=b89fbfc7fd10c41903c7f6fa083bbfc7&tab=core&cvview=1>

Read more about the Partnership and the more than 3,000 organizations that have committed to the initiative at: <http://www.healthcare.gov/news/factsheets/partnership04122011a.html>

**Maternal, Infant, and Early Childhood Home Visiting Program**, \$2951. Announced June 21, 2011. Competitive supplement to the program formula grant funding that allows states to conduct a needs analysis for home visiting programs. Funds will strengthen and improve comprehensive family services; improve coordination of statewide home visiting services for at-risk communities; and improve outcomes for families who reside in at-risk communities. Eligibility for funding is limited to a single application from the governor-appointed state lead agency from each state, including U.S. territories and islands. HRSA expects to make 56 awards from a total of \$125 million. Applications are due July 21, 2011.  
Read the announcement and application at: [Announcement and Opportunity](#)

## Guidance

**6/29/11** HHS announced **updated draft standards for collecting and reporting data on race, ethnicity, sex, primary language and disability status**, as well as plans to begin collecting health data on lesbian, gay, bisexual and transgender (LGBT) populations as required by §4302 of the ACA. HHS will integrate questions on sexual orientation into national data collection efforts by 2013 and begin a process to collect information on gender identity. The plan also includes the testing of questions on sexual orientation to potentially be incorporated into the National Health Interview Survey. HHS intends to convene a series of research roundtables with national experts to determine the best way to help the department collect data specific to gender identity. The proposed standards for collection and reporting of data on race, ethnicity, sex, primary language and disability status in population health surveys are intended to help federal agencies refine their population health surveys in ways that will help researchers better understand health disparities and focus on more effective strategies for eliminating them. Under §4302 of the Affordable Care Act, the Secretary is required to ensure that any federally conducted or supported health care or public health program, activity or survey collects and reports data, to the extent practicable, on race, ethnicity, sex, primary language and disability status, as well as other demographic data on health disparities as deemed appropriate by the Secretary.

Comments on the draft minority data collection standards are due August 1, 2011.  
Additional information, including the proposed data collection standards are available at:  
<http://www.minorityhealth.hhs.gov/section4302/#information>  
Read the press release at: <http://www.hhs.gov/news/press/2011pres/06/20110629a.html>  
Read §4302 of the ACA at: [ACA 4302](#)

**6/24/11**

CMS issued a State Medicaid Director's letter providing information to States as they work to **reduce tobacco utilization along with guidance on the implementation of §4107 of the ACA which requires Medicaid coverage of counseling and pharmacotherapy for cessation of tobacco use by pregnant women.**

Read the letter at: <http://www.cms.gov/smdl/downloads/SMD11-007.pdf>

**6/24/11**

HHS, Labor and Treasury issued an amended interim final rule regarding (§1001)(§2719) of the ACA "Group Health Plans and Health Insurance Issuers: Rules Relating to Internal Claims and Appeals and External Review Processes" that **extends the period during which noncompliant state external review processes may operate until January 1, 2012 and gives states that have processes that are similar to the required process until 2014 to bring their processes into full compliance.**

Regulations issued in July 2010 listed 16 minimum consumer protections that states would have to include in any state external review process, with the protections based on a model act written by the National Association of Insurance Commissioners (NAIC) and set a compliance date of July 2011. Unlike most aspects of federal preemption of state law, federal preemption of a state's external review process is an "all-or-nothing" approach - if a state process does not include all of the required elements, it can no longer operate after the compliance deadline. In addition to extending the deadline until January 1, 2012, the departments also wrote in guidance that they are establishing a set of temporary minimum consumer protection standards for NAIC-similar processes that will apply until January 1, 2014, several of which are relaxed from the ones issued in July 2010. The departments adopted that approach to permit states that operate external review processes that meet the temporary standards to avoid unnecessary disruption while they work to adopt the consumer protections outlined in the July 2010 regulations. If a given state has not passed a law establishing the original 16 external appeals procedures, and does not currently have a process that meets the 13 temporary standards, after January 1, 2012 insurers in that state must either use an external appeals board established by HHS and the Office of Personnel Management or comply with a Department of Labor process under which an insurer must contract with an accredited external review board. HHS will still require state processes to comply with the original 16 minimum consumer protections but is giving states that have the 13 temporary standards until January 1, 2014 to come into full compliance. The 13 temporary standards provide similar consumer protections to the original 16. For example, external reviews may take up to 60 days rather than 45 days, and insurance company enrollees may have to file a request for external review within 60 days of a health plan's final denial rather than having up to four months to file. Additionally, the amendments change some of the requirements regarding the internal appeal process that health plans must follow. <http://www.gpo.gov/fdsys/pkg/FR-2011-06-24/pdf/2011-15890.pdf>

Comments are due July 25, 2011.

Read the Treasury Notice of proposed rulemaking by cross-reference to temporary regulations at:

<http://www.gpo.gov/fdsys/pkg/FR-2011-06-24/pdf/2011-15891.pdf>

Comments are due July 25, 2011.

Read the CCIIO fact sheet on the updates at: [CCIIO Fact Sheet](#)

Read Department of Labor Technical Release No. 2011-02 at:

<http://www.dol.gov/ebsa/newsroom/tr11-02.html>

Prior guidance can be viewed at [www.healthcare.gov](http://www.healthcare.gov).

## News

**6/28/11** CMS announced that as a result of the ACA, nearly 500,000 people with **Medicare Part D who reached the gap in coverage know as the "donut hole"** have received an automatic 50% discount on their covered brand name prescription drugs. CMS data shows 478,272 Medicare beneficiaries have benefitted from the 50% discount in the first five months of 2011. In Massachusetts, as of May 31 2011, 8,494 seniors had received an average discount amount per beneficiary of \$537.87.

For more information, visit: <http://www.healthcare.gov/news/blog/Seniors06282011a.html>

**6/27/11** Karen Pollitz, who currently serves as the head of the Office of Consumer Support at CCIO (the Center for Consumer Information and Insurance Oversight at the Centers for Medicare and Medicaid Services) is **leaving CCIO July 31 to join the Kaiser Family Foundation as a senior fellow**. She will be replaced by Eliza Bangit, who will fill in as acting director pending the selection of a new director. In her time at CCIO, Pollitz also overseen the consumer assistance grant program at the state level, the creation of a new federal program that gives certain insurance plan enrollees an external entity to which they can appeal coverage denials, and the development of new standards for a uniform summary of insurance coverage to help consumers compare coverage options and understand how their health benefits work. In her new role at Kaiser, Pollitz will direct Kaiser's research on consumer protections in private health insurance.

**6/17/11** After **completing consumer testing of draft coverage fact forms (known as "coverage facts labels")** with the Consumer's Union and America's Health Insurance Plans (AHIP), the National Association of Insurance Commissioners (NAIC) Consumer Information Subgroup approved revised forms for submission to HHS. §2715 of the ACA requires that health insurers and employers distribute "coverage facts labels" to beneficiaries and prospective applicants starting in March 2012 and a new summary of benefits form to explain covered services and costs. HHS is expected to issue regulations on the use and distribution of the forms based on the NAIC's recommendations. In May consumers tested two drafts of the labels that follow the benefits summary on the last two pages.

Read version 1 at: [Version 1](#)

Read version 2 at: [Version 2](#)

Read Consumers Union's comments on the coverage label at: [Consumer's Union Comments](#)

Read AHIP's comments on the coverage label at: [AHIP Comments](#)

**6/16/11** The United States Office of Personnel Management (OPM) issued a **Request for Information related to Multi-State Plan Nationwide Insurance Plans Offered through Exchanges**. §1334 of the ACA directs OPM to contract with health insurance issuers to offer Multi-State qualified health plans (Multi-State Plans) through health exchanges. OPM will contract with at least two Multi-State plans that will offer health insurance coverage for purchase to individuals and small employers through exchanges beginning in 2014.

The OPM is issuing this RFI to gather information related to §1334 of the ACA and to better understand potential offerors' interests and capabilities. The RFI also provides background information on the statutory requirements for Multi-State Plans. The RFI poses specific questions to aid OPM in the development of procurement documents. The questions specifically address: (1) Background and Interest, (2) Network and Quality Measures, (3) Enrollment, (4) Operations, and (5) Pricing and Reserving.

Responses to the RFI are due August 2, 2011.

The OPM RFI can be read at:

[https://www.fbo.gov/download/ac0/ac018eadf161e96341b7a994d07e9133/Multi-State\\_Plan\\_RFI--06-16-2011.pdf](https://www.fbo.gov/download/ac0/ac018eadf161e96341b7a994d07e9133/Multi-State_Plan_RFI--06-16-2011.pdf)

Remember to visit the **Massachusetts National Health Care Reform website** at: [www.mass.gov/nationalhealthreform](http://www.mass.gov/nationalhealthreform) for periodic updates.

Don't forget to check <http://mass.gov/masshealth/duals> for updates on the new **"Integrating Medicare and Medicaid for Dual Eligible Individuals"** initiative.