



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

September 26, 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 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: <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/national-health-care-reform-plan/grants-and-demonstrations.html>

Guidance

9/20/16 HHS issued a notice under the Privacy Act of 1974 that announces a correction to 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.

The matching program described in the matching notice published on February 17, 2016 became effective on April 2, 2016, based on that notice; this notice, correcting the expiration date of the matching program and republishing the full text of the matching notice, is effective upon publication.

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 this notice.

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2016-09-20/pdf/2016-22568.pdf>

9/20/16 HHS/CMS issued a notice under the Privacy Act of 1974 that announces a correction to 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.

The matching program described in the matching notice published on February 17, 2016 became effective on April 2, 2016, based on that notice; this notice, correcting the expiration date of the matching program and republishing the full text of the matching notice, is effective upon publication.

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.

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2016-09-20/pdf/2016-22567.pdf>

9/16/16 HHS/CMS issued a notice issued a notice under the Paperwork Reduction Act of 1995 (PRA) seeking comments on the revision of a currently approved information collection activity related to Annual Eligibility Redetermination, Product Discontinuation and Renewal Notices.

ACA §1411 directs the U.S. HHS Secretary to establish procedures to redetermine the eligibility of individuals for health insurance on a periodic basis in appropriate circumstances. §1321(a) provides authority for the Secretary to establish standards and regulations to implement the statutory requirements related to Exchanges, QHPs and other components of Title I of the ACA.

The [final rule](#) called "Patient Protection and Affordable Care Act; Annual Eligibility Redeterminations for Exchange Participation and Insurance Affordability Programs; Health Insurance Issuer Standards Under the Affordable Care Act, Including Standards Related to Exchanges" (published in the Federal Register on September 2, 2014), specifies options for annual eligibility redeterminations and renewal and re-enrollment notice requirements for qualified health plans (QHPs) offered through the Exchange.

The final rule also amends the requirements for product renewal and re-enrollment (or nonrenewal) notices to be sent by QHP issuers in the Exchanges and specifies content for these notices. According to CMS, states that are enforcing the ACA may develop their own standard notices, for product discontinuances, renewals, or both, provided the State-developed notices are at least as protective as the federal standard notices.

Comments are due October 17, 2016.

Read the notice at: <https://www.gpo.gov/fdsys/pkg/FR-2016-09-16/pdf/2016-22342.pdf>

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

News

9/15/16 The Medicaid and CHIP Payment and Access Commission (MACPAC) held a public meeting in Washington, D.C.

The initial sessions of the meeting focused on hospital payment policy, first discussing MACPAC's new work to develop an index of Medicaid inpatient payments across states and relative to Medicare, and later looking at how ACA coverage expansions have affected hospitals serving a disproportionate share of low-income patients, including those with Medicaid coverage. The Commission then reviewed state policies for covering and paying for services in residential care settings, part of the drive to rebalance long-term services and supports from institutions to the community.

The afternoon sessions kicked off with a briefing on MACPAC's recent roundtable on improving service delivery to Medicaid beneficiaries with serious mental illness, followed by a discussion of Medicaid financing and its relationship to provider payment policies.

At the final session of the day, the Commission reviewed the possible elements of a package of recommendations on children's coverage and the future of CHIP. At MACPAC's previous meeting in May 2016, Commissioners discussed the key components of a package of recommendations for the future of CHIP and children's coverage. At Commissioners' direction, staff presented a strawman proposal at the September 2016 Commission meeting, to spark discussion on possible design elements for a recommendation. MACPAC discussed the various elements on the strawman proposal and the Commission's next steps, which include a vote on a formal package of children's coverage recommendations in December 2016. CHIP is authorized through 2019 but funding runs out at the end of 2017.

MACPAC was established by the Children's Health Insurance Program Reauthorization Act and later expanded and funded through ACA §2801 and §10607. The commission consists of experts, government officials, executives and medical professionals. MACPAC is tasked with reviewing state and federal Medicaid and CHIP access and payment policies and making recommendations to Congress, the HHS Secretary, and the states on a wide range of issues affecting Medicaid and CHIP populations, including the implementation of health care reform.

View the meeting agenda at: <https://www.macpac.gov/wp-content/uploads/2015/05/MACPAC-September-2016-meeting-agenda.pdf>

View meeting materials at: https://www.macpac.gov/public_meeting/september-2016-macpac-public-meeting/

9/15/16 HHS awarded over \$87 million in funding for community health centers' health information technology (HIT) enhancements in every state, including \$2,522,598 to support 39 health centers in Massachusetts. The awards will support HIT enhancements in order to accelerate health centers' transition to value-based models of care, improve efforts to share and use information to support better decisions, and increase engagement in delivery system transformation. The awards were funded by the ACA's Community Health Center Fund (ACA §4206), which was extended in the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015.

According to HHS, the increased use of HIT is part of the agency's efforts to build a health care system that delivers better care, smarter spending and healthier people. This is the first significant investment in HIT since 2009 when HHS directly awarded health centers with grants to support the purchase of HIT.

Nearly 1,400 health centers operate over 9,800 service delivery sites in every U.S. state, the District of Columbia, Puerto Rico, the Virgin Islands and the Pacific Basin. These health centers employ more than 190,000 staff who provide care for more than 24 million patients.

To view a list of the award recipients, visit: <http://bphc.hrsa.gov/programopportunities/fundingopportunities/dshii/fy2016awards/index.html>

To view a list of grantees in Massachusetts, visit: <http://bphc.hrsa.gov/programopportunities/fundingopportunities>

</DSHII/fy2016awards/ma.html>

To learn more about HRSA's Health Center Program, visit: <http://bphc.hrsa.gov/about/index.html>

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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