



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

January 29, 2013

Quick Links

[MA-ACA Website](#)



Join Our
Mailing List

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.

Guidance

1/29/13 CMS/HHS issued a correction to the proposed rule "Medicaid, Children's Health Insurance Programs, and Exchanges: Essential Health Benefits in Alternative Benefit Plans, Eligibility Notices, Fair Hearing and Appeal Processes for Medicaid and Exchange Eligibility Appeals and Other Provisions Related to Eligibility and Enrollment for Exchanges, Medicaid and CHIP, and Medicaid Premiums and Cost Sharing."

The technical correction extends the deadline to submit comments on the proposed rule from February 13, 2013 to **February 21, 2013**.

The [proposed rule](#) (which was published in the Federal Register on January 22, 2013) codifies statutory eligibility provisions and outlines a structure and options for coordinating Medicaid, the Children's Health Insurance Program (CHIP), and Exchange eligibility notices and appeals. The rule also proposes to modify existing benchmark benefits regulations for low-income adults, and codify several of the eligibility-related provisions included in the Children's Health Insurance Program Reauthorization Act (CHIPRA). The proposed rule is intended to complement the Medicaid Eligibility [Final Rule](#) published on March 23, 2012. The proposed rule also includes provisions related to Medicaid Essential Health Benefits (EHB) that will allow states to offer benefit packages to the new adult eligibility group (\$2001) for citizen and qualified alien low-income adults under age 65 that would differ from what is currently allowed for Medicaid patients under the traditional Medicaid program.

You can read the correction to the proposed rule (which was published in the Federal Register on January 30, 2013) at: [Federal Register](#)
Learn more about the proposed rule at: [fact sheet](#)

1/24/13 Department of Labor (DOL) posted the 11th set of FAQ's regarding implementation of various provisions of the ACA. The FAQs have been prepared by the DOL, HHS, and the Treasury. This set of FAQs addresses the employer notice of coverage options (§1512), health reimbursement arrangements, disclosure of information related to firearms, employer group waiver plans supplementing Medicare Part D, fixed indemnity insurance and payment of Patient-Centered Outcomes Research Institute (PCORI) fees (§4376).

Under §1512, employers must provide employees at the time of hiring with written notice of the existence of Health Insurance Exchanges and other provisions, including whether the employee may be eligible to receive a premium tax credit. 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 Americans will be eligible for premium tax credits (§1401, §1411) to make purchasing a health plan more affordable by reducing out-of-pocket premium costs. According to the FAQ's, DOL is extending the notification requirement from March 1, 2013 to a later date (which will be published in the future) which will coordinate with the open enrollment period for the Exchanges.

Read the FAQ's at:

<http://www.dol.gov/ebsa/pdf/faq-aca11.pdf>

1/24/13 CMS issued a solicitation seeking public input in the development of an initial set of business process indicators for all Medicaid and Children's Health Insurance Program (CHIP) programs. In both the Medicaid and CHIP Eligibility [Final Rule](#) and the "90-10" Federal Medicaid Eligibility Funding [Final Rule](#), CMS indicated that the agency would collect this information in association with the development of IT systems to support the Health Insurance Exchanges operating under ACA §1311(b). Exchanges will provide individuals and small business employees with access to health insurance coverage beginning January 1, 2014.

The ACA also expanded Medicaid and CHIP (§2001) and assures coordination between Medicaid, CHIP, and the Health Insurance Exchanges so individuals can enroll in the most affordable and comprehensive health insurance program and retain that coverage over time even as their circumstances change. According to CMS, the agency is looking to ensure that Medicaid and CHIP support modern approaches to business processes and standards of performance management the same way as they are found in the private sector and high-performing public programs.

The solicitation seeks comments in two primary domains: individual (applicant and beneficiary) experience of eligibility and enrollment and provider experience in enrollment and claims processing. The request for information seeks comment on which of the performance measures would be most meaningful, while emphasizing that the intent is to limit the burden for states by using data that is already internally collected or would be easy for states to collect. CMS will begin the process by generating baseline data and work with states to develop benchmarks and targets for performance improvement as progress is made.

Comments are due March 8, 2013.

Read the solicitation at: [Medicaid.Gov](http://www.Medicaid.Gov)

Prior guidance can be viewed at: www.healthcare.gov

News

1/22/13 The U.S. Preventive Services Task Force (USPSTF) issued a final recommendation statement on screening women of childbearing age for intimate partner violence (IPV) and screening elderly or vulnerable adults to prevent abuse or neglect. The proposal recommends that clinicians screen all women of childbearing age for domestic abuse and provide or refer women who screen positive to intervention services.

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 begin on or after September 23, 2010.

The USPSTF has recommended a "B" rating for screening women of childbearing age for IPV and providing or referring women who screen positive for such symptoms to intervention services. The Task Force's final recommendation on screening women of childbearing age for intimate partner violence will be published online in the *Annals of Internal Medicine*, as well as on the Task Force Web site at: [USPSTF](#).

However, the USPSTF concluded that, although the consequences can have equally devastating consequences as IPV among younger women, there is not enough evidence about how primary care clinicians can effectively screen all elderly or vulnerable adults to make the same recommendation. (This is an "I" recommendation which means that the USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service and that the balance of benefits and harms cannot be determined).

USPSTF also issued a **draft recommendation statement on interventions to prevent the maltreatment of children**, including child abuse or neglect, from birth to 18 years old. The USPSTF concluded that there is not enough evidence about how primary care clinicians can intervene to prevent abuse among children who show no signs or symptoms of maltreatment. The panel noted that child abuse is a serious health problem and that research in related areas (such as harsh punishment and possible connections between domestic violence and child abuse) should be a public health priority. This is also an "I" recommendation. USPSTF is accepting comments on the child maltreatment draft recommendation until February 18, 2013. The USPSTF will review all comments as it develops its final recommendation on the prevention of child maltreatment.

Read the final recommendation on screening for IPV and abuse of elderly and vulnerable adults at: <http://www.uspreventiveservicestaskforce.org/uspstf/uspsipv.htm>

Read the prevention of child maltreatment draft recommendation at: <http://www.uspreventiveservicestaskforce.org/draftrec.htm>

To comment on the child maltreatment draft recommendation, visit: [http://uspreventiveservicestaskforcecomments.org/?dno=eEVRUk3cXBsTIKIM2Q\\$](http://uspreventiveservicestaskforcecomments.org/?dno=eEVRUk3cXBsTIKIM2Q$)

Learn more about the USPSTF and the ACA at: <http://www.healthcare.gov/law/resources/regulations/prevention/taskforce.html>

1/15/13- 1/16/13 The Medicaid and CHIP Payment and Access Commission (MACPAC) met to discuss key issues in the Medicaid and CHIP programs, the interactions between Medicaid, CHIP and the Health Insurance Exchanges under ACA §1311(b), changes in Medicaid benefit design and cost sharing issues and to plan for upcoming reports.

MACPAC Commissioners also reviewed draft sections of their March 2013 report to Congress including the chapters on eligibility issues in Medicaid and CHIP and their interactions with the ACA as well as the roles of Medicaid and Medicare for the dual-eligible population. Commissioners reviewed policy proposals which would mitigate the impact of gaps in health care coverage when enrollees shift between Medicaid, CHIP and the Exchange.

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 health care reform.

Read the agenda at:

<http://www.macpac.gov/home/meetings/agenda-january-2013-meeting>

Read the meeting materials at:

<http://www.macpac.gov/home/meetings/2013-01>

Upcoming Events

Integrating Medicare and Medicaid for Dual Eligible Individuals Open Meeting

February 22, 2013

1 PM - 3 PM

State Transportation Building, Conference Rooms 1, 2, and 3

10 Park Plaza

Boston, MA

The purpose of this meeting is to continue discussion of key implementation topics for the Duals Demonstration. We welcome attendance from all stakeholders and members of the public with interest in the Demonstration. Reasonable accommodations will be made for participants who need assistance. Please send your request for accommodations to Donna Kymalainen at: Donna.Kymalainen@state.ma.us.

Bookmark the **Massachusetts National Health Care Reform website**

at: http://mass.gov/national_health_reform to read updates on ACA implementation in Massachusetts.

Remember to check <http://mass.gov/masshealth/duals> for information on the

"Integrating Medicare and Medicaid for Dual Eligible Individuals" initiative.