



## AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

February 19, 2013

### 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.

### News

**2/15/13 HHS announced 27 recipients of the Strong Start for Mothers and Newborns initiative under ACA §3021.** The Strong Start for Mothers and Newborns initiative is an effort by HHS to reduce preterm births and improve outcomes for newborns and pregnant women. This initiative will test different approaches to providing enhanced prenatal care delivery and to help reduce the increasing number of preterm births. The first strategy is a public-private partnership and awareness effort to reduce the rate of early elective deliveries prior to 39 weeks for all populations. The second strategy is testing the effectiveness of three enhanced prenatal care approaches to reduce the frequency of premature births among pregnant beneficiaries at high risk for preterm births.

Up to \$41.4 million is available for this initiative to be used by states, prenatal care providers, and others to find new ways to prevent significant, long-term health problems for high-risk pregnant women and newborns enrolled in Medicaid or the Children's Health Insurance Program (CHIP). The 27 awardees will support enhanced prenatal care through group visits, at birth centers, and at maternity care homes. The CMS Innovation Center intends to fund the cost of care for 30,000 women in each of the two options over three years.

There were no organizations from Massachusetts awarded Strong Start funding. Learn more about Strong Start for Mothers and Newborns initiative and view the 27 awardees at: <http://innovation.cms.gov/initiatives/strong-start/>

**2/13/13 HHS issued its third conditional approval of a State Partnership Health Insurance Exchange to Illinois.** Conditional approval reflects the progress that states have made and the expectation that enrollment in the Exchange will begin in October 2013 and that coverage through the Exchange for consumers and small businesses will begin in 2014.

To date, 21 states including the District of Columbia have been conditionally approved to partially or fully run their Exchanges. Delaware and Arkansas have also received conditional approvals to operate a **State Partnership Exchange**. This announcement follows conditional approvals which have previously been granted to California, Hawaii, Idaho, Nevada, New Mexico, Vermont, Utah, Colorado, Connecticut, the District of Columbia, Kentucky, Massachusetts, Maryland, Minnesota, New York, Oregon, Rhode Island and Washington to operate **State-based Exchanges**. Applications for State-Based Exchanges were due on December 14, 2012, and all but one state that have submitted applications (Mississippi) have been approved.

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. State costs associated with running State-Based Exchange and testing Exchange operations may be funded by grants under §1311(a). States have the option of running either a State-Based Exchange or a State-Federal Partnership Exchange. If a state does not choose either option, a Federally-Facilitated Exchange will operate in that state (§1321).

According to [guidance](#) issued on March 16, 2012, HHS required states to submit an [Exchange Blueprint](#) for Approval for states choosing to do either a **State-Based or State Partnership Insurance Exchange**. The deadline for a Blueprint Application for the operation of a State-Based Exchange was December 14, 2012, an extension from the original deadline of November 16, 2012 in response to letters from Governors who requested more time. The remaining states had until February 15, 2013 to apply for a State Partnership Exchange. States that want to pursue an Exchange in partnership with the federal government needed to submit both a Declaration Letter and Blueprint Application by February 15, 2013.

The State Partnership Exchange model is an option provided to states that want to manage part of the Exchange in 2014. A Partnership Exchange allows states to make key decisions and tailor the marketplace to local needs and market conditions.

Learn more about this announcement at:

<http://www.hhs.gov/news/press/2013pres/02/20130213a.html>

To learn more about Exchange conditional approvals, visit:

<http://cciio.cms.gov/resources/factsheets/state-marketplaces.html>

To view Exchange letters from states, visit:

<http://www.healthcare.gov/law/resources/letters/index.html>

For more information on Exchanges, visit:

<http://www.healthcare.gov/exchanges>

**2/11/13 HHS/Department of Justice (DOJ) released a report showing that the government's Health Care Fraud and Abuse (HCFAC) Program's** health care fraud prevention and enforcement efforts recovered \$4.2 billion in taxpayer dollars in Fiscal Year 2012 from individuals and companies who attempted to defraud federal health programs serving seniors and taxpayers or who sought payments to which they were not entitled. As a result of enforcement efforts, more than \$14.9 billion dollars has been returned to taxpayers between 2009 and 2012. Since 1997, the HCFAC Program has returned more than \$23 billion to the Medicare Trust Funds. The HCFAC Program is a joint DOJ/ HHS effort to coordinate federal, state and local law enforcement activities to fight health care fraud and abuse.

Currently, the Obama administration is also fighting health care fraud by implementing enhanced provider screening and enrollment requirements, increased data sharing across government agencies, expanded overpayment recovery efforts and greater oversight of private insurance abuses as authorized by Title VI, Transparency and Program Integrity, of the ACA. In

October 2012 DOJ/HHS announced that the Medicare Fraud Strike Force joint agencies' national health care fraud and prevention enforcement operations in seven cities has resulted in charges against 91 individuals, including doctors, nurses and other licensed medical professionals, for their alleged participation in Medicare fraud schemes involving approximately \$429 million in false billing. Dozens of the charged individuals were arrested or surrendered. The defendants charged are accused of various health care fraud-related crimes, including conspiracy to commit health care fraud, violations of the anti-kickback statutes and money laundering. The charges are based on alleged fraud schemes involving various medical treatments and services such as home health care, mental health services, psychotherapy, physical and occupational therapy, durable medical equipment and ambulance services. In addition to the charges against the 91 individuals, the administration used new authority from the ACA to suspend all future payments to 30 health care providers suspected of fraud until an investigation is complete.

The joint DOJ and HHS Medicare Fraud Strike Force is a multi-agency team of federal, state and local investigators and prosecutors designed to combat Medicare fraud through the use of Medicare data analysis techniques. The Medicare Fraud Strike Force operations are part of the Health Care Fraud Prevention & Enforcement Action Team (HEAT), a joint initiative announced in May 2009 between DOJ and HHS to prevent and deter health care-related fraud.

The HCFAC annual report is available at <https://oig.hhs.gov/reports-and-publications/hcfac/index.asp>.

To learn more about the joint HHS/DOJ efforts to prevent and deter Medicare fraud, visit:

[www.stopmedicarefraud.gov](http://www.stopmedicarefraud.gov)

For more information on the fraud prevention accomplishments under the ACA visit:

[www.healthcare.gov/news/factsheets/2012/02/medicare-fraud02142012a.html](http://www.healthcare.gov/news/factsheets/2012/02/medicare-fraud02142012a.html)

## 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](mailto:Donna.Kymalainen@hhs.gov)

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

[National Health Care Reform](http://www.mass.gov/nhcr) to read updates on ACA implementation in Massachusetts.

Remember to check the Mass.Gov website at: [Dual Eligibles](http://www.mass.gov/dual) for information on the **"Integrating Medicare and Medicaid for Dual Eligible Individuals"** initiative.