



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

May 7, 2013

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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

Nurse Education, Practice, Quality and Retention Veteran's Bachelor of Science Degree in Nursing (VBSN) Program, \$5309. Announced April 29, 2013. Funding is available to develop and implement programs to increase the enrollment of veterans in BSN programs. An accredited school of nursing, a health care facility, or a partnership of such a school and facility are eligible to apply. Awardees will prepare veterans entering the nursing field by building upon skills, knowledge and training acquired during their military service. Programs will provide mentorship and supportive services to address the unique challenges that veterans face while transitioning to civilian life. In addition, the program will provide academic credit for prior military medical training. VBSN programs will also prepare veterans to pass the National Council Licensing Examination for Registered Nurses (NCLEX-RN). \$3M in 9 awards is available. Applications are due June 7, 2013.

The announcement can be viewed at: HRSA.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: Mass.Gov

Guidance

5/1/13 The U.S. Office of Personnel Management (OPM) published a correction to the [final regulations](#) "Patient Protection and Affordable Care Act: Establishment of the Multi-State Plan Program for the Affordable Insurance Exchanges" that were published in the Federal Register on March 11, 2013. The corrections make clarifying and technical changes to the final regulations.

The final rule implements the Multi-State Plan Program (MSPP) under ACA §1334 which requires the OPM, which administers the Federal Employees Health Benefits Program (FEHBP), to contract with at least two Multi-State Plans (MSPs) on each of the Affordable Insurance Exchanges. The MSPP is intended to promote competition in the insurance marketplace and help ensure individuals and small employers have higher quality, affordable health insurance plans from which to choose beginning in 2014. An MSPP issuer may phase in the States in which it offers coverage over four years, but it must offer MSPs on Exchanges in all States and the District of Columbia by the fourth year in which the MSPP issuer participates in the MSPP. Health insurance issuers who wish to offer MSPs will complete an application. Although the MSPP is a federal program it will offer products through the state-level exchanges. In addition to compliance with the ACA's requirements that apply to all qualified health plans (QHPs), MSP's must also comply with applicable FEHBP requirements and be licensed by the states in which they do business. Under the ACA, OPM will negotiate a contract with each multi-state QHP in order for that plan to be certified for participation in that state's Exchange. QHPs are health plans that have been certified by an Exchange, provide essential health benefits (§1301) and follow established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts).

Read the correction to the final rule (which was published in the Federal Register on May 2, 2013) at: <http://www.gpo.gov/fdsys/pkg/FR-2013-05-02/pdf/2013-10425.pdf>

5/1/13 CCIIO issued guidance regarding the Role of Agents, Brokers, and Web-brokers in Health Insurance Exchanges (Marketplaces). The document, which includes a Question and Answer section, clarifies the role that agents and brokers may play in enrolling people in State-Based and Federally-facilitated Exchanges and helping qualified employers and employees enroll in coverage through the Small Business Health Options Programs (SHOPs). **CCIIO also issued a fact sheet which is designed to help consumers navigate, apply and enroll in health insurance through the Exchange.** The fact sheet explains different types of in-person consumer assistance that is available including: navigators, in-person assistance personnel, certified application counselors, agents and brokers.

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. If states choose not to run either a State-Based Exchange or a State-Federal Partnership Exchange, the Department of Health and Human Services will run a Federally-facilitated Exchange (§1321). Under the Federally-facilitated Exchange, HHS will operate all Exchange functions including engaging stakeholders; certifying, recertifying and decertifying QHPs; determining eligibility for enrollment in a QHP through the Exchange and providing consumer support. QHPs are health plans that have been certified by an Exchange, provide essential health benefits (§1301) and follow established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts).

Read the guidance at: <http://cciio.cms.gov/resources/regulations/Files/agent-broker-5-1-2013.pdf>

Read the fact sheet at: <http://cciio.cms.gov/programs/exchanges/assistance.html>

4/30/13 IRS/Treasury issued a proposed rule called "Minimum Value of Eligible Employer-Sponsored Plans and Other Rules Regarding the Health Insurance Premium Tax Credit." The proposed regulations build on the "Health Insurance Premium Tax Credit" [final regulations](#) published on May 23, 2012 and provide further guidance on the health insurance **premium tax credit** (§1401, §1411) and affect individuals who enroll in qualified health plans through Affordable Insurance Exchanges and claim the premium tax credit, as well as Exchanges that make qualified health plans available to individuals and employers. These proposed regulations also provide guidance on determining whether health coverage under an eligible employer-sponsored plan provides **minimum value (MV)** and affect employers that offer health coverage and their employees.

Individuals generally may not receive a premium tax credit if they are eligible for affordable coverage under an eligible employer-sponsored plan that provides MV.

The premium tax credit is designed to make purchasing a health plan on the Exchange affordable for low and moderate income Americans by reducing a taxpayer's out-of-pocket premium cost. ACA §1401 amended the tax code to allow an advance, refundable premium tax credit to help individuals and families afford health insurance coverage. To be eligible to receive the premium tax credit, individuals and families must have incomes between 100%- 400 % FPL (or between 0% - 400% FPL if lawfully present and ineligible for Medicaid) and be enrolled in a qualified health plan (QHP) through an exchange. The individual must also be ineligible for government sponsored insurance and not have access to employer sponsored insurance that meets definitions of affordability and minimum essential coverage as established by ACA §1401. The amount of the premium tax credit is tied to the amount of the premium. Advance payments are made monthly under ACA §1412 to the issuer of the QHP in which the individual enrolls. ACA §1402 provides for the reduction of cost sharing for certain individuals enrolled in QHPs offered through the Exchanges and §1412 provides for the advance payment of these reductions to issuers.

Comments are due July 2, 2013.

Read the proposed rule (which was published in the Federal Register on May 3, 2013) at: <http://www.gpo.gov/fdsys/pkg/FR-2013-05-03/pdf/2013-10463.pdf>

4/29/13 Department of Labor (DOL) posted the 15th set of Frequently Asked Questions (FAQs) regarding the implementation of various provisions of the ACA. The FAQs have been prepared by the DOL, HHS, and the Treasury. This set of FAQs addresses mini-med plan waivers, discrimination against providers based on licensure, clinical trial participation and insurer reporting requirements.

In 2012 CCIIO granted temporary waivers from the ACA's restrictions on annual benefit caps to companies that demonstrated that compliance with the minimum annual limits requirements would significantly increase premiums or decrease access to benefits (§10101). The waiver expires in 2014, when all annual limits will become prohibited by the ACA. These "mini-med" (or limited benefit) plans were required to inform their enrollees that their plan does not meet the coverage requirements of the ACA.

Read the FAQ at: <http://www.dol.gov/ebsa/faqs/faq-aca15.html>

4/26/13 CCIIO released a set of Frequently Asked Questions (FAQ) relating to the Final Rule on health insurance market reforms. The FAQ's address guaranteed renewability requirements, high-risk pools, geographic rating factors, and the definition of association coverage.

On February 22, 2013 HHS/CMS issued a final rule called "Patient Protection and Affordable Care Act; Health Insurance Market Rules; Rate Review." The final rule implements key portions

of the ACA designed to prevent insurance companies from discriminating against people with pre-existing conditions and to prevent insurers from charging discriminatory rates to individuals and small employers based on factors such as health status or gender (§1201). The final rule also extends additional affordable coverage options to young adults under catastrophic health plans (§1302). The final rule implements five provisions that, effective for health plan years beginning in January 2014, are applicable to non-grandfathered health plans. Provisions of the final rule implement ACA policies related to: fair health insurance premiums (§1201), guaranteed availability of coverage (§1201), guaranteed renewability of coverage (§1201), requirements that plans create a single risk pool in the individual and small group market (§1312), and enrollment in catastrophic plans (§1302).

Read the final rule (which was published in the Federal Register on February 27, 2013) at: <http://www.gpo.gov/fdsys/pkg/FR-2013-02-27/pdf/2013-04335.pdf>

Read the FAQ at: http://cciio.cms.gov/resources/factsheets/qa_himr.html

5/1/13 CMS issued a proposed rule called "Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2014." The rule implements portions of the following sections of the ACA: 3108, 3401(a) and 3401(b).

The proposed rule updates the payment rates used under the prospective payment system (PPS) for skilled nursing facilities (SNFs) for fiscal year (FY) 2014, revises and rebases the SNF market basket, and makes certain technical revisions. The proposed rule also includes a proposed policy for reporting the SNF market basket forecast error correction in certain limited circumstances.

Comments are due July 1, 2013.

Read the CMS fact sheet at: [CMS.Gov](http://www.cms.gov)

Read the proposed rule (which was published in the Federal Register on May 6, 2013) at: <http://www.gpo.gov/fdsys/pkg/FR-2013-05-06/pdf/2013-10558.pdf>

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

News

4/30/13 The U.S. Preventive Services Task Force (USPSTF) issued its final recommendation statement on screening for HIV. USPSTF recommends that clinicians screen all people aged 15 to 65, as well as younger adolescents and older adults who are at an increased risk for HIV infection. The recommendation states that the net benefit of screening for HIV infection in adolescents, adults, and pregnant women is substantial. According to the USPSTF, approximately 1.2 million people are currently living with HIV infection in the United States. Approximately 20% to 25% of individuals living with HIV infection are unaware of their positive status.

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 issued an "A" rating for the recommendation to routinely screen adolescents and adults for HIV. According to the USPSTF, despite recent medical advances, approximately 50,000 people in the United States contract HIV each year. Although there is no cure for HIV infection, the USPSTF found that treating people with HIV earlier can not only reduce their risk of developing AIDS and delay its onset, but it also reduces the probability that they will transfer the infection to someone else. Treating pregnant women also decreases the chances that the virus will be transmitted to their babies. As a result, the USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown. This recommendation also received an "A" rating so that screening will now be a covered benefit under the ACA without cost-sharing.

Read the USPSTF's recommendations at:

<http://www.uspreventiveservicestaskforce.org/uspstf13/hiv/hivfinalrs.htm>

Learn more about the USPSTF and the ACA at:

<http://www.healthcare.gov/law/resources/regulations/prevention/taskforce.html>

4/30/13 CMS released the new single streamlined application for health insurance under ACA §1413 that will be used for eligibility determinations for Affordable Insurance Exchanges (also known as Marketplaces), Medicaid and the Children's Health Insurance Program beginning in the fall of 2013. States may also submit a request to the HHS Secretary for approval to use an alternative application.

The individual application is a single point of entry to purchase private insurance on the Exchange and assess eligibility for assistance including, Medicaid, CHIP, and premium tax credits. 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.

Consumers can apply online, by phone or paper when open enrollment begins October 1, 2013. According to CMS, clear information about how to complete the application and how to access help applying and enrolling in coverage will be provided. The paper application for individuals is three pages long, while the paper application for families is seven pages long.

Learn more about the application at: [CMS.Gov](http://www.cms.gov)

View the individual short form paper application at:

http://cciio.cms.gov/resources/other/Files/AttachmentB_042913.pdf

View the family paper application at:

http://cciio.cms.gov/resources/other/Files/AttachmentC_042913.pdf

View the individual without financial assistance paper application at:

http://cciio.cms.gov/resources/other/Files/AttachmentD_042913.pdf

EOHHS News

MassHealth Section 1115 Demonstration Amendment

EOHHS plans to submit a request to amend the MassHealth Section 1115 Demonstration to the Centers for Medicare and Medicaid Services (CMS) on May 31, 2013. The MassHealth Section 1115 Demonstration provides federal authority for Massachusetts to expand eligibility to individuals who are not otherwise Medicaid or CHIP eligible, offer services that are not typically covered by Medicaid, and use innovative service delivery systems that improve care, increase efficiency, and reduce costs.

The Demonstration amendment request outlines the specific authorities being requested from CMS to implement changes consistent with the Affordable Care Act (ACA), affecting eligibility, benefits, programs and delivery systems, as well as changes to expenditure authorities under the Demonstration. An attachment to the Amendment is a Transition Plan that explains in additional detail how the State plans to coordinate the transition of individuals enrolled in the Demonstration to a new coverage option available under the ACA without interruption in coverage to the maximum extent possible.

The proposed Amendment will be discussed at the Quarterly Affordable Care Act Implementation Stakeholder Meeting on May 17, 2013 (meeting details below).

The proposed Amendment and Transition Plan and additional relevant information are available at: Mass.Gov

Written comments must be received by EOHHS by 5 pm, May 30, 2013.

Comments may be sent to: anna.dunbar-hester@state.ma.us, or mailed to:
EOHHS, Office of Medicaid
Attn: Anna Dunbar-Hester
One Ashburton Place, 11th Floor
Boston, MA 02108

Upcoming Events

Integrating Medicare and Medicaid for Dual Eligible Individuals Implementation Council Meeting

May 10, 2013
1:00 PM - 3:00 PM
State Transportation Building, Conference Rooms 1, 2 and 3
10 Park Plaza
Boston, MA

The Implementation Council welcomes attendance at its meetings 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.

Integrating Medicare and Medicaid for Dual Eligible Individuals Open Meeting

May 17, 2013
1:00 PM - 3:00 PM
State Transportation Building

10 Park Plaza
Boston, MA

*Note the meeting time has been changed.

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.

Quarterly Affordable Care Act Implementation Stakeholder Meeting

May 17, 2013

3:00 PM - 4:00 PM

Public Health Council Conference Room

250 Washington Street, 2nd Floor

Boston, MA

* The Massachusetts Section 1115 Demonstration Amendment will be a topic at this meeting.

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.