



## AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

June 3, 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 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

**5/31/13 CMS published a correction to the [final rule](#) called "Increased Federal Medical Assistance Percentage Changes under the Affordable Care Act of 2010"** which was published in the Federal Register on April 2, 2013. The correction fixes a typographical error in the final rule.

The final rule implements portions of ACA §2001 that establish increased Federal Medical Assistance Percentage (FMAP) rates and the related conditions and requirements that will be available for state medical assistance expenditures relating to "newly eligible" individuals and certain medical assistance expenditures in states that expand their Medicaid programs beginning January 1, 2014.

The ACA authorizes states to expand Medicaid to adult Americans under age 65 with income of up to 133% FPL and provides states with enhanced federal funding to cover the expenditures.

Under the final rule the federal government will pay 100% of the cost of the newly eligible adult Medicaid beneficiaries. The payment rate will be available through 2016, phasing down to a permanent 90% matching rate by 2020. For states that had coverage expansions in effect prior to enactment of the ACA, the rule also provides information about the availability of an increased FMAP for certain adults who are not newly eligible but had been previously eligible for Medicaid coverage through demonstration waivers. The enhanced matching rate for Massachusetts for adults who meet the criteria for "Expansion State FMAP" would be 75%, ramping up to 90% by 2020.

The final rule outlines a threshold methodology for states to claim the appropriate FMAP matching rate for those enrolled in the new adult group. The methodology integrates a modified adjusted gross income (MAGI) income standard that will be effective January 1, 2014. The MAGI standard will apply to both Medicaid and CHIP eligibility for most enrollees, including pregnant women, children, parents and other caretaker relatives, and the newly eligible adult group (as applicable in a state that chooses to cover the new adult group). MAGI will standardize the income calculation nationally.

Read the correction at: <http://www.gpo.gov/fdsys/pkg/FR-2013-04-02/pdf/2013-07599.pdf>

**5/29/13 The Departments of HHS, Labor and Treasury released a final rule called "Incentives for Nondiscriminatory Wellness Programs in Group Health Plans."** The final rule implements and expands employment-based wellness programs to promote health and help control health care spending, while ensuring that individuals are protected from unfair health plan underwriting practices that could otherwise reduce benefits based on health status.

The rule implements nondiscriminatory wellness programs in group health coverage, consistent with ACA §1201 and §1251. Specifically, the regulations would increase the maximum permissible reward under a health-contingent wellness program offered in connection with a group health plan (and any related health insurance coverage) from 20% to 30% of the cost of coverage. The final regulations would further increase the maximum permissible reward to 50% for wellness programs designed to prevent or reduce tobacco use. These regulations also include other proposed clarifications regarding the reasonable design of health-contingent wellness programs and the reasonable alternatives they must offer in order to avoid prohibited discrimination.

HHS also released a study on access to employer wellness programs. The report, authorized under ACA §1201, discusses the effectiveness and impact of wellness programs and whether incentives of such programs have an effect on changing behaviors.

Read the press release at:

<http://www.hhs.gov/news/press/2013pres/05/20130529a.html>

Read the rule (which was published in the Federal Register on June 3, 2013) at:

<http://www.gpo.gov/fdsys/pkg/FR-2013-06-03/pdf/2013-12916.pdf>

Read the report: <http://www.dol.gov/ebsa/pdf/workplacewellnessstudyfinal.pdf>

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

## News

**5/28/13 The U.S. Preventive Services Task Force (USPSTF) issued a draft recommendation statement on screening for gestational diabetes in pregnant women.** The USPSTF recommends screening for diabetes developed during pregnancy, or gestational diabetes, in asymptomatic pregnant women after 24 weeks of gestation. Gestational

diabetes is the persistent inability to process starches or sugars into energy in women who did not have diabetes before pregnancy. The condition usually resolves after birth, but can put pregnant women and their babies at risk for health problems.

Maternal and fetal health issues include: labor and birth complications, preeclampsia (a condition in pregnant women characterized by high blood pressure that, if left untreated, may result in life-threatening seizures), and increased likelihood of developing diabetes later in life. Infants and children may suffer overly large birth weight, birth injuries, glucose intolerance, and obesity in childhood. According to the Task Force's research, the prevalence of gestational diabetes in the United States is 1% to 25%, depending on patient demographics and diagnostic thresholds. This is the first time the USPSTF has recommended any routine screening for gestational diabetes in pregnant women. In 2008, the panel found that the evidence was insufficient to suggest such tests either before or after 24 weeks.

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 a "B" rating for the recommendation to screen all asymptomatic women for gestational diabetes after 24 weeks of pregnancy. According to the USPSTF, almost 240,000 of the approximately 4 million women who give birth each year (approximately 7%) develop gestational diabetes. The condition is on the rise, as obesity, older age during pregnancy, and other risk factors become more common among pregnant women. The USPSTF also stated that the current evidence is insufficient to recommend that clinicians screen for gestational diabetes earlier than 24 weeks of pregnancy. This recommendation received an "I" rating so it will not be a covered benefit under the ACA without cost-sharing.

Comments on the draft are due June 24, 2013 and can be submitted at:

[http://www.uspreventiveservicestaskforcecomments.org/?dno=MWppTIVnUzZJdWcIM2Q\\$](http://www.uspreventiveservicestaskforcecomments.org/?dno=MWppTIVnUzZJdWcIM2Q$)

Read the USPSTF's recommendations at:

<http://www.uspreventiveservicestaskforce.org/draftrec2.htm>

Learn more about the USPSTF and the ACA at: [Healthcare.Gov](http://Healthcare.Gov)

## **EOHHS News**

### **Integrating Medicare and Medicaid for Dual Eligible Individuals**

The Massachusetts Duals Demonstration is now called One Care: MassHealth plus Medicare. One Care is a new health care option for people with disabilities. One Care offers a better, simpler way for people to get the care they need. To join One Care, a person must be eligible for both MassHealth and Medicare and be 21 to 64 years old. For more information about One Care, please visit:

<http://www.mass.gov/masshealth/duals>

A revised timeline for the implementation of One Care is provided below. These changes have been agreed to by MassHealth and CMS following careful consideration of the time needed to achieve key milestones before enrollment of members into One Care plans begins.

Key dates in the revised timeline include:

<b>Work Stream</b>	<b>Expected Date</b>	<b>Entity</b>	<b>Action</b>
Readiness Review	Mid-June	Plans	One Care plans resubmit provider networks
Outreach	July	MA	Public awareness campaign begins
Contract	Mid- July	CMS, MA and Plans	Three-way contracts signed
Implementation	August	MA and Plans	MassHealth and plan implementation readiness activities
Outreach	Sept. 1	MA	Self-selection letters sent to individuals in target population. Outreach to potential enrollees begins.
Marketing	Sept. 1	Plans	Plan marketing begins
Implementation	October 1	All	One Care start date, self-selection enrollments only
Implementation	November 1	MA	60 day notice sent to first auto-assignment group (individuals in C1 and F1 rating categories)
Implementation	January 1, 2014	Plans	Effective date for first wave of auto-assignment <ul style="list-style-type: none"> <li>• 2nd wave of auto-assignment effective tentatively April 1, 2014</li> <li>• Possible 3rd wave of auto-assignment tentatively July 1, 2014</li> </ul>

MassHealth thanks all stakeholders for continuing to work with us on this important initiative.

## Upcoming Events

### Money Follows the Person (MFP) Stakeholder Meeting

June 25, 2013  
 2:00 PM -3:30 PM  
 McCormack Building- 21st floor  
 1 Ashburton Place  
 Boston, MA

Please contact [MFP@state.ma.us](mailto:MFP@state.ma.us) if you would like to attend the meetings.  
 Requests for reasonable accommodations should be sent to [MFP@state.ma.us](mailto:MFP@state.ma.us).

Although an RSVP is not required, it is appreciated.

**Integrating Medicare and Medicaid for Dual Eligible Individuals  
Implementation Council Meeting**

June 7, 2013

1:00 PM - 4:00 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](mailto:Donna.Kymalainen@state.ma.us)

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.