



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

June 30, 2014

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 Announcements

Tuberculosis (TB) Elimination and Laboratory Cooperative Agreement, §4204. Announced June 20, 2014. Funding is available to assist the current efforts of state, local, and territorial TB programs to prevent, control, and eventually eliminate TB in the United States. These funds will be provided to TB programs to support local TB prevention and control activities; to develop human resources through improved training, education, communications, and information dissemination; and to strengthen laboratory capacity to ensure that timely and reliable TB laboratory services are available to healthcare providers and TB controllers. Eligible applicants include government organizations, states and territories, and political subdivisions of states. \$385,601,610 in total is available for sixty-two awards.

Applications are due August 20, 2014.

The announcement may be viewed at: GRANTS.GOV

Collaborative Improvement and Innovation Network on School-Based Health Services, §4101.

Announced June 17, 2014. Funding is available to provide a mechanism for gathering and analyzing new and critically needed information to improve practice and quality of care among school-based health centers (SBHCs) and comprehensive school mental health programs (CSMHPs). This funding will help identify trends and emerging best practices for the field of school-based health services, support the development of innovative practices, explicate the attributes of successful model programs, and explain how low performing programs can improve. Eligible applicants include public and private entities, faith and community based organizations, Indian Tribes, and Tribal Organizations. \$700,000 in total is available for one award.

Applications are due July 17, 2014.

The announcement may be viewed at: GRANTS.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: www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/national-health-care-reform-plan/grants-and-demonstrations.html

Guidance

6/20/14 DOL, Treasury, and HHS issued a final rule called "Ninety-Day Waiting Period Limitation." The 90-day waiting period limitation provisions of these final regulations apply to group health plans and group health insurance issuers for plan years beginning on or after January 1, 2015. According to the Departments, the final regulations issued on June 20, 2014 update earlier [proposed regulations](#) issued on March 21, 2013 and [final regulations](#) issued on February 24, 2014 without any substantive changes.

The final regulations clarify the 90-day waiting period limitation under section 2708 of the Public Health Service Act, as added by the Affordable Care Act (§1201), as amended, and incorporated into the Employee Retirement Income Security Act of 1974 and the Internal Revenue Code. These regulations also finalize amendments to existing regulations to conform to the ACA. Specifically, these rules amend regulations implementing existing provisions such as some of the portability provisions added by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) because those provisions of the HIPAA regulations have become superseded or require amendment as a result of the market reform protections added by the ACA. The final regulations provide that a group health plan and a health insurance issuer offering group health insurance coverage may not apply a waiting period that exceeds 90 days. Additionally, employers cannot spend more than one month on an "orientation period" to determine whether the new employee is eligible for coverage.

Read the rule (which was published in the Federal Register on June 25, 2014) at: www.gpo.gov/fdsys/pkg/FR-2014-06-25/pdf/2014-14795.pdf

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

News

6/24/14 The U.S. Preventive Services Task Force (USPSTF) issued a draft recommendation statement about Vitamin D deficiency and several final recommendation statements on screening adults for abdominal aortic aneurysm (AAA). 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 began on or after September 23, 2010.

Learn more about preventive services covered under the ACA at: HHS.Gov

Learn more about the USPSTF at: www.uspreventiveservicestaskforce.org/

The USPSTF issued a draft recommendation statement on screening for vitamin D deficiency. The USPSTF does not recommend screening for vitamin D deficiency in asymptomatic adults. The Task Force assigned a "I" rating to the recommendation, indicating that the Task Force concluded that the current evidence is insufficient to determine the effectiveness of screening for Vitamin D deficiency.

The USPSTF's evidence review found that although some studies have demonstrated that low levels of vitamin D are associated with increased risk for fractures, functional limitations, cancer, diabetes, cardiovascular disease, depression, and mortality, there is no consensus about what constitutes a vitamin D deficiency. Furthermore, according to the USPSTF, there are many testing methods available to detect a deficiency but the accuracy of these tests is difficult to determine due to the lack of studies using an internationally recognized reference standard and the lack of consensus on the values used to define vitamin D deficiency.

If the recommendation regarding vitamin D deficiency is finalized with an "I" rating, then the screening will not be required to be covered without cost-sharing under the ACA.

Comments on the draft are due July 21, 2014 and can be submitted at: [www.uspreventiveservicestaskforcecomments.org/comments.aspx?dno=Tm5EbkRmRW04UDgIM2Q\\$](http://www.uspreventiveservicestaskforcecomments.org/comments.aspx?dno=Tm5EbkRmRW04UDgIM2Q$)

Read the draft recommendation statement at: www.uspreventiveservicestaskforce.org/draftrec.htm

The USPSTF issued a final recommendation statement on screening adults for abdominal aortic aneurysm (AAA). The USPSTF issued four findings with respect to whether screening for AAA with ultrasonography can reduce the risk of dying from the condition. An AAA is a weakening in the wall of the abdominal section of the aorta. Once a section of the aortic wall is weakened, pressure from the blood flowing through the vessel causes the aorta to bulge or balloon, resulting in the formation of an aneurysm. According to the USPSTF, a large proportion of AAAs are asymptomatic until rupture. If untreated, AAA rupture can be life-threatening or cause death. The draft recommendations apply to asymptomatic adults age 50 years and older.

According to the USPSTF's research, AAA is estimated to affect between 3.9% and 7.2% of men and 1.0% and 1.3% of women age 50 years and older. An estimated 59% to 83% of patients with a rupture die before hospitalization; operative mortality is approximately 40%. Consequently, 10% to 25% of individuals with a ruptured AAA survive to hospital discharge. Almost all deaths from ruptured AAA occur after age 65 years; and in women, the majority of deaths occur after age 80 years.

The USPSTF recommends one-time screening for AAA by ultrasonography in men ages 65 to 75 years who have ever smoked. Because the Task Force concluded that there is a high certainty that screening in older male smokers can reduce AAA-related mortality, the USPSTF assigned a "B" rating to the recommendation.

Secondly, the USPSTF determined with moderate certainty that AAA-screening in men ages 65 to 75 years who have never smoked has a small net benefit. As a result, the Task Force assigned a "C" rating to the recommendation that clinicians selectively (rather than routinely) offer AAA screening in men of this age group. In determining the appropriateness of screening, patients and clinicians should consider factors such as medical history, family history and other risk factors.

The USPSTF also concluded that the evidence is insufficient to make a recommendation about the effectiveness of AAA screening in women ages 65 to 75 years who have ever smoked. As a result, the Task Force issued an "I" statement for this recommendation.

Lastly, the Task Force decided against routine screening for AAA in women who have never smoked. Because the USPSTF believes with moderate certainty that the harms of screening outweigh any potential benefits, the Task Force assigned a "D" rating to the recommendation.

Under ACA §1001, the recommendation that was assigned a "B" rating (one-time screening for AAA with ultrasonography for men ages 65 to 75 who have ever smoked) will be required to be covered without cost-sharing under the ACA.

Read the final recommendation statement at:

www.uspreventiveservicestaskforce.org/uspstf/uspsaneu.htm

HHS announced a funding opportunity, Promoting Preventive Health Services for Women. Funding was authorized through the Public Health Service Act, Title III, Part D, § 330H to improve women's health by increasing access to and the quality of clinical prevention services for women.

This opportunity is designed to help increase the number of women enrolled in health insurance, raise consumer awareness of the importance of clinical prevention services and support providers in the delivery of quality preventive services. Eligible applicants include public and private entities; community and faith based organizations; and Indian Tribes and Tribal Organizations. \$500,000 in total is available for one award. Applications are due July 21, 2014.

The ACA (§2713) made preventive health services more accessible for many individuals enrolled in public and private health insurance plans by requiring that recommended preventive services be covered and by eliminating cost sharing for those services. Women's preventive health care, such as screening for cervical cancer, mammograms, and other services, generally must be covered by health plans with no cost-sharing under the ACA. As a result of the ACA, 47 million women gained expanded access to preventive services.

For more information regarding benefits for women through the ACA please visit: HHS.GOV

The grant opportunity may be viewed at: GRANTS.GOV

Upcoming Events

Integrating Medicare and Medicaid for Dual Eligible Individuals (also known as One Care) Implementation Council Meeting

Friday, July 25, 2014
1:00 PM -3:00 PM
1 Ashburton Place, 21st Floor
Boston, MA

A meeting agenda and any meeting material will be distributed prior to the meetings.

Meetings of the Implementation Council are open to stakeholders and members of the public with an interest in One Care. Reasonable accommodations are available upon request. Please contact Donna Kymalainen at Donna.Kymalainen@umassmed.edu to request accommodations.

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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