

The Affordable Care Act A Brief Overview

The Affordable Care Act (ACA) offers individuals, including families who have children with disabilities and special health care needs, opportunities for improved access to health care coverage and enhanced benefits. It is also an extremely complex and involved law. This fact sheet will provide a brief overview of the ACA and provides Internet links where you can find more information.

WHAT IS THE AFFORDABLE CARE ACT? The Patient Protection and Affordable Care Act (ACA), also known as Health Care Reform, was enacted in March 2010. The purpose of this law is to make health insurance affordable and available to increased numbers of individuals. The law offers states an opportunity to improve their health care delivery system and promote health and wellness overall. The ACA has many provisions that will impact children with special health care needs and their families. Some of these provisions have already gone into effect, while others will go into effect in January 2014.

WHAT KIND OF HEALTH INSURANCE PROVISIONS ARE THERE? The ACA includes several insurance market reforms, some of which have already been enacted, including:

- Prohibiting insurance plans from denying or canceling insurance coverage due to a child's pre-existing condition; this protection will be extended to adults in 2014.
- Young adults can remain on their parent's health insurance plan up to age 26.
- Insurance plans can no longer impose life-time limits on coverage, and annual dollar limits will be phased out until 2014, when they will be prohibited.
- Insurance plans are prohibited from cancelling a policy except in cases of fraud or an intentional misrepresentation of facts.
- Preventative health services (such as immunizations and well-child visits) must be covered at no out of pocket cost to a family.
- Requirement that all private health insurance plans provide an easy to understand "Summary of Benefits and Coverage (SBC)."
- Beginning in 2014, the ACA mandates that mental health services be covered on par with physical health benefits, as one of the "Essential Health Benefits."

WHAT ARE ESSENTIAL HEALTH BENEFITS (EHB)? They are a listing of ten categories of service that must be covered by Medicaid/BadgerCare, as well as individual and small group plans offered through the Health Care Exchange (see below). The EHBs include:

1) ambulatory patient services; 2) emergency services; 3) hospitalization; 4) maternity and newborn care; 5) mental health and substance abuse services, including behavioral health treatment; 6) prescription drugs; 7) rehabilitative and habilitative services and devices; 8) laboratory services; 9) preventative and wellness services, and chronic disease management; and 10) pediatric services, including oral and vision care.

WHAT ARE THE HEALTH INSURANCE EXCHANGES? Available in January 2014, a health insurance exchange (also called a health insurance marketplace), is a virtual on-line place to buy health insurance. It will allow individuals and small businesses to compare health plans, find out if they are eligible for tax credits to make the coverage more affordable, and to enroll in a health plan. Wisconsin will join other states in participating in a federally managed exchange.

WHERE CAN I FIND MORE INFORMATION ABOUT THE ACA? There are many state and national organizations that are closely following the rollout of the ACA. The following lists suggested websites where you can find reliable and timely information:

In Wisconsin:

- Office of the Commissioner of Insurance
<http://oci.wi.gov/>
- Wisconsin Council on Children and Families
http://wccf.org/proj_health.php

National Sources:

- Federal Marketplace - www.healthcare.gov/
- Center for Consumer Information and Insurance Oversight
<http://cciio.cms.gov/>
- Catalyst Center hdwg.org/catalyst/
- Families USA www.familiesusa.org/health-reform-central/
- Kaiser Family Foundation healthreform.kff.org/the-basics.aspx