American Brain Tumor Association®
Providing and pursuing answers™

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Understanding the Affordable Care Act

The Affordable Care Act (officially called the Patient Protection and Affordable Care Act) is the law that mandates that everyone in the United States maintain health insurance coverage. To achieve this, the law establishes "exchanges" for people who cannot access health insurance through their employer; establishes new rules for what insurance plans have to cover and how much they can charge for certain services; and establishes supports for people who cannot afford health insurance coverage.

The following list of questions and answers should help you better understand the Affordable Care Act and its impact on the brain tumor community. If you have additional questions not addressed here, please call our CareLine at 800-886-ABTA (2282) or email aca@abta.org.

ABOUT THE ACA

1. **When does the Affordable Care Act take effect?**
   The Affordable Care Act (ACA) became law on March 23, 2010. The implementation of the law is happening over a number of years as different aspects of it become law. Full implementation will be completed in 2015.

2. **What are some of the things that have happened already?**
   Click here to see the full timeline for implementation of the Affordable Care Act from the United States Department of Health & Human Services.

3. **How do key provisions of the ACA which are already in effect impact brain tumor patients?**
   (NOTE: These provisions are not exclusive to brain tumor patients, but are those which will likely have the most direct impact on that population.)

   The key provisions that are already in effect that impact brain tumor patients are:
   - Establishing the Pre-Existing Condition Insurance Plan (July 1, 2010): This program provides coverage for people who have been uninsured for at least six months because of a pre-existing condition.
   - Prohibiting insurance companies from rescinding coverage after the policy is in place and a person becomes sick (September 23, 2010): This program makes it illegal for insurance companies to rescind coverage for a technical mistake or error on an application and deny paying claims.

- Eliminating lifetime limits on coverage (September 23, 2010): This program prohibits insurance companies from establishing lifetime limits on essential health benefits.

- Phasing out annual limits on coverage (Beginning September 23, 2010 and continuing until January 1, 2014): This program begins a phase out of annual limits on essential health benefits until annual limits are completely restricted in 2014.

- Prohibiting denial of coverage to children with a pre-existing condition (September 23, 2010): This program prevents insurance companies from denying coverage to children under 19 years old because of a pre-existing condition.

- Expanding coverage to early retirees (June 1, 2010): This program provides financial support for people to continue their employer based health insurance coverage if they retire before they are eligible for Medicare.

- Extending coverage for young adults (September 23, 2010): This program allows young adults to stay on their parent's health insurance plan until they turn 26 years old.

- Providing free preventive care (September 23, 2010): This program mandates that certain preventive services such as annual physicals must be provided without co-pay or coinsurance.

- Appealing insurance company decisions (September 23, 2010): This program establishes a specific way for consumers to appeal coverage determinations or denied claims to their insurance company, as well as establishing an external review process.

- Establishing consumer assistance programs in states (October 2010): This program allows states to apply for federal grants to establish or expand independent offices to help consumers with health insurance coverage issues such as claims and coverage denials; enrollment; rights and responsibilities of the consumer and the insurance company; and also collect data on the most common types of problems consumers are experiencing.

- Providing prescription drug discounts for seniors (January 1, 2011): This program provides a 50% discount for Medicare Part D covered brand-name prescription drugs for seniors who reach the coverage gap (donut hole).

4. **What are the key provisions of the ACA that will be implemented in the future that will impact brain tumor patients?**
   (NOTE: These provisions are not exclusive to brain tumor patients, but are those which will likely have the most direct impact on that population.)

   The key provisions that will be implemented in the future that impact brain tumor patients are:

   - Establishing Affordable Insurance Exchanges (January 1, 2014): This program establishes "exchanges" where people who do not receive coverage from their employer will be able to purchase health insurance coverage.

   - Ensuring coverage during clinical trials (January 1, 2014): This program prohibits insurance companies from dropping or limiting coverage to patients who are participating in clinical trials. This applies to all clinical trials including those for cancer.

   - Completely eliminating annual limits on coverage (January 1, 2014): This program completes the phase out begun in 2010 of annual limits on coverage.

EXCHANGES

5. **What is an "exchange"?**
   An exchange is an online marketplace and a way for both individuals who do not receive health care insurance coverage through their employer and small businesses who cannot purchase, or afford, health care insurance to purchase health insurance. Within the exchange, consumers and small businesses will be able to compare plans, get answers about coverage options, access, if eligible, tax credits and financial supports to make insurance affordable, and enroll in a health insurance plan.

   The exchanges will offer plans that cover essential health benefits and offer both public and private health insurance plans to meet the needs of consumers and small businesses.

   Starting in October, 2013, consumers and small businesses can begin to enroll in exchange offered plans for coverage beginning January 1, 2014.

6. **How will the exchanges work?**
   The exchanges will be online marketplaces where individuals, families, and small businesses will be able to compare plans, determine if they are eligible for subsidies (individuals or families) or tax credits (small small businesses) to make health insurance coverage affordable, and purchase health insurance coverage.

   Small businesses will be able to use the exchange to find the most cost-effective coverage for them and their employees. If the small business determines that coverage offered through the exchange is more cost-effective than through traditional means, the small business will be able to purchase health insurance coverage through the exchange.

Consumers and small businesses will be able to enroll in the plan of their choice and payment processes will be explained at the same time.

Each state will be able to design its exchange, but the process for obtaining coverage through an exchange will be similar in each state.

Beginning in October of 2013, people will be able to access the plans that will be available through the exchange in their state.

Through each state's website, people will be able to compare the coverage offered by each plan in the exchange, the monthly cost of each plan, and the deductibles and co-pays required of each plan. People will be able to compare plans side by side and make an informed decision as to which plan meets their healthcare and financial needs.

There will be three tiers of plans: Bronze, Silver, and Gold. Each tier will have different premiums based upon the deductibles and co-pays required.

If an individual consumer or small business needs financial assistance or tax credits to make plans affordable, the exchange website will be able to calculate what benefits are applicable to each individual situation. This will allow the individual consumer or small business to be able to make a decision on a plan with the "real" financial cost of the plan; or the cost minus any financial support.

7. **Are the exchanges only for individuals?**
   No. The exchange, or online marketplace, will allow individuals, families, and small businesses to purchase insurance. The exchanges will provide an online marketplace for individuals and families who do not receive health care insurance coverage from their employers to compare plans and purchase insurance.

   Additionally, the exchange, or online marketplace, will allow small businesses to shop for plans for their employees. Small businesses can use the exchange to compare costs to plans offered through other ways to find the most cost-effective insurance for the small business and their employees.

8. **If the exchanges don't begin until 2014, how can I get insurance now?**
   If you have been without insurance for at least 6 months, you may qualify for the Pre-Existing Condition Insurance Plan. If you have coverage through your employer or your partner's employer, your coverage will remain the same. If you have coverage through a public program such as Medicaid, Medicare, or a State Children's Health Insurance Plan, your coverage will remain the same.

9. **My state has said it won't establish an exchange. What happens to me?**
   You will still have access to an exchange. If a state has determined that it will not establish an exchange, the federal government will establish, operate, and maintain the exchange in that state.

10. **Will my state be offered its own exchange? Or will it be part of the federal government exchange?**
    There are 18 states (and the District of Columbia) that are establishing their own exchanges. These 18 states are California, Colorado, Connecticut, Hawaii, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, Mississippi, Nevada, New Mexico, New York, Oregon, Rhode Island, Utah, Vermont and Washington.

    There are 23 states that are not establishing their own exchange and will have their exchanges provided by the federal government. These 23 states are Alabama, Alaska, Arizona, Georgia, Indiana, Kansas, Louisiana, Maine, Missouri, Montana, Nebraska, New Hampshire, New Jersey, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Virginia, Wisconsin and Wyoming.

    There are 6 states that are pursuing a "partnership exchange." A partnership exchange will have the state undertaking some functions and the federal government undertaking others. The partnerships will have the states responsible for plan management and assistance with enrollment. The federal government will be responsible for maintaining the exchange website and call center, accepting applications, and determining eligibility for premium subsidies.

    The 6 states pursing a partnership exchange are Arkansas, Delaware, Iowa, Illinois, North Carolina and West Virginia.

    Florida, Michigan and North Dakota did not make an official declaration as to their plans for the exchange in their state.

11. **I live in Florida, Michigan or North Dakota. What happens to me if I need to purchase insurance through an exchange?**
    Absent official declaration from the state as to the type of exchange they want to implement, the federal government will implement and establish a federal exchange.

12. **My state is not establishing its own exchange. Can I still enroll in the Pre-Existing Condition Insurance plan?**
    Yes. The Pre-Existing Condition Insurance Plan is currently operating in all 50 states. If you have been without insurance for at least 6 months, you could qualify for coverage under this plan. Visit: http://www.pcip.gov to check your eligibility and enroll.

13. **What plans will be offered through the exchanges?**
    The exchange will offer private health insurance. These plans will be similar to plans offered by traditional employer-based health insurance plans, and offered by the same health insurance companies.

    For people who cannot afford the cost of health insurance coverage, the exchange will offer subsidized plans. These plans will be similar to the other plans offered through the exchange, but will have their costs subsidized to make their more affordable.

14. **Will I only be able to enroll in an exchange plan once or at one time?**
    No, there will be open enrollment periods which will provide access to the exchange plans at different time periods. Enrollment periods, eligibility requirements, and waiting periods may be different in each state, so it is important for people to check the requirements of their exchange in advance of any need for coverage.

15. **Will long-term care be part of the exchanges?**
    No, long-term care will not be part of the exchanges.

16. **If I cannot afford even the most basic coverage, what can I do?**
    Each state that maintains its own exchange will establish guidelines for qualifying for subsidize plans offered through the exchange. For federal exchanges, the federal government will determine qualifying for subsidies. You will need to check with the exchange offered in your state to determine your eligibility for subsidies.

17. **Will there be someone to help me choose a plan? Will this process be difficult and confusing?**
    Each exchange will be an online marketplace where consumers and small businesses can compare plans side by side. Factors such as premiums, deductibles, and co-pays will be shown side by side so consumers and small businesses can make an informed decision.

    The Affordable Care Act established consumer assistance programs that allow states to apply for federal grants to establish or expand independent offices to assist consumers and small businesses with health insurance coverage issues. These assistance programs will work with the staffs of the exchanges to be available to consumers and small businesses to assist with obtaining health insurance coverage.

    You can contact the exchange in your state for assistance.

18. **Can I change my plan midyear?**
    Each plan will have its own rules for obtaining and changing coverage. You will need to be aware of any open enrollment requirements and the reason you want to change your plan.

    You will need to check with the exchange offered in your state.

19. **Will hospice be offered through plans offered in the exchange?**
    The Affordable Care Act establishes palliative care as an essential health benefit that must be covered by all insurance plans offered in the United States. But each state can decide how to meet this requirement and how, or if, hospice services will be a covered service.

    You will need to check with the exchange offered in your state, or with your insurance provider to determine coverage levels for hospice services.

20. How do I find out more information about the exchange offered in my state?

For the 23 states who are offering a federal exchange, you can go to:

http://www.healthcare.gov/law/features/choices/exchanges/

For states offering their own, or a partnership, exchange:

Arkansas: http://www.hbe.arkansas.gov/
California: http://www.healthexchange.ca.gov/
Colorado: http://www.colorado.gov/healthreform
Connecticut: http://www.ct.gov/hix
Delaware: http://dhss.delaware.gov/dhss/dhcc/
District of Columbia: http://healthreform.dc.gov
Hawaii: http://hawaiihealthconnector.com/
Idaho: http://www.doi.idaho.gov/HealthExchange/SBEBlueprint.aspx
Illinois: http://www.insurance.illinois.gov/hiric/hie.asp
Iowa: http://www.idph.state.ia.us/hcr_committees/health_benefit_exchange.asp
Kentucky: http://healthbenefitexchange.ky.gov/
Maryland: http://www.marylandhealthconnection.gov/
Massachusetts: https://www.mahealthconnector.org/
Minnesota: http://mn.gov/commerce/insurance/topics/medical/exchange/
Mississippi: http://www.mid.state.ms.us/pages/health_care_reform.aspx
Nevada: http://exchange.nv.gov/
New Mexico: http://www.hsd.state.nm.us/nhcr/nhcrlao.htm
New York: http://healthbenefitexchange.ny.gov/
North Carolina: http://www.ncdoi.com/lh/LH_Health_Care_Reform_ACA.aspx
Oregon: http://www.coveroregon.com
Rhode Island: http://www.healthcare.ri.gov/
Utah: http://www.avenueh.com/
Vermont: http://dvha.vermont.gov/administration/health-benefits-exchange
Washington: http://www.hca.wa.gov/hcr/exchange.html
West Virginia: http://healthbenefitexchangewv.com

ESSENTIAL HEALTH BENEFITS

21. What are "essential health benefits"?

Essential health benefits are healthcare service categories that must be covered by certain plans by 2014. These essential health benefits will be part of health insurance plans both inside and outside of the exchanges.

Essential health benefits are the comprehensive set of items and services that each health insurance plan must offer to consumers.

The ten categories are:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care

- Mental health & substance use disorder services (this includes behavioral health treatment)
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Prevention, wellness, and chronic disease management services
- Pediatric services including vision and dental care

Health insurance plans, both inside and outside of the exchanges, must cover, by 2014, the services established by the United States Department of Health & Human Services in each of these ten categories.

For 2014 and 2015, states will be able to determine what services will be offered within each category. Starting in 2016, all plans must offer the same minimum services in each category.

22. What are the services in the essential health benefits that will impact brain tumor patients?

Brain tumor patients need a full continuum of services and access to myriad medical procedures. It is vital for brain tumor patients to have access to imaging services, treatments and prescription drugs; physical and occupational therapy; rehabilitative, habilitative and palliative care; pain and chronic care management; and mental health services.

23. Will the services within the essential health benefits be the same for all plans?

No. The United States Department of Health & Human Services has established the minimum services that each plan must offer. Plans will be able to offer additional services above and beyond the minimum established.

If you have certain healthcare needs, you can compare your current coverage to plans offered in the exchange to see which plan best fits your healthcare and financial needs.

OTHER QUESTIONS

24. I have insurance through my job. How does the Affordable Care Act impact me?

You will be able to keep your current insurance. However, the parts of the Affordable Care Act that impact all insurance plans will impact your plan. Provisions such as the ban on denying coverage to children because of a pre-existing condition, allowing young adults to stay on their parent's insurance until age 26, and elimination of annual and lifetime caps on coverage, among others, will be part of all insurance plans in the United States. Also, all plans in the United States will have to offer the minimum services established as part of the essential health benefits package. Plans will be able to offer additional services, but will have to offer the minimum. If you have healthcare and financial needs, it will be wise to compare plans to find one that meets your needs.

25. I lost my coverage at work and the ban on denying coverage for a pre-existing condition doesn't begin until 2014. What do I do now?

You can check with your employer as to your eligibility to continue your coverage under the COBRA provision. COBRA allows workers to continue their group coverage under certain circumstances. Check with your employer to determine your eligibility.

If you are not eligible for COBRA coverage, you can check your eligibility for public health insurance programs such as Medicaid or Medicare. Eligibility requirements for Medicaid are different in each state, so check with your state's Medicaid office to determine your eligibility.

If you have been without insurance for at least 6 months, you may be eligible for the Pre-Existing Condition Insurance Plan. This plan is currently operating in all 50 states and provides coverage to people who cannot otherwise obtain coverage because of a pre-existing condition.

Visit http://www.pcip.gov to see if you are eligible.

26. I cannot afford the COBRA coverage offered by my employer and I do not qualify for Medicaid. What can I do for coverage before I am eligible for Medicare?

Each state that maintains its own exchange will establish guidelines for qualifying for subsidize plans offered through the exchange. For federal exchanges, the federal government will determine qualifying for subsidies. You will need to check with the exchange offered in your state to determine your eligibility for subsidies.

27. My child has a brain tumor which is a pre-existing condition. What can I do about coverage for my child?

As of September 23, 2010, it is illegal in the United States for insurance companies to deny coverage to children because of a pre-existing condition. If you have insurance through your employer or your partner's employer, your child should be covered under your plan.

If you do not have access to employer-based coverage, you can check your eligibility for the Pre-Existing Condition Insurance Plan (http://www.pcip.gov) or check with your state insurance office to check your eligibility for Medicaid or your state's Children Health Insurance Program.

28. Aren't there a number of tax and payment components of the Affordable Care Act?

Yes. The Affordable Care Act establishes new quality and payment structures for the healthcare system in the United States. Also, it establishes new taxes (such as on certain medical equipment) to help fund the Affordable Care Act.

Information about these parts of the Affordable Care Act can be found at http://www.healthcare.gov

29. Where can I access more information about the Affordable Care Act?

http://www.healthcare.gov
The official government website for the Affordable Care Act. Includes links to the timeline, the full text of the law, information on payment reforms and other systematic changes, and general information.

http://www.nccn.org
The website of the National Comprehensive Cancer Network. Includes information about the impact the Affordable Care Act will have on cancer in general.

http://www.cancer.gov
The website of the National Cancer Institute.