



MEMBER BRIEFING

FAQs on the ACA (Affordable Care Act)

Contact us at 800-826-7944, iafp@iafp.com or visit www.iafp.com

When comparing 160+ products on the marketplace, from a policy standpoint, what are the meaningful distinctions between plans?

By law, every insurance plan on the Marketplace will cover services called Essential Health Benefits. These include:

- Outpatient services, like services or tests done at a medical center or doctor's office that do not require you to stay overnight.
- Emergency services, like medical care given to treat a sudden or unexpected illness in an emergency to keep you from getting worse.
- Hospitalization.
- Maternity and newborn care, services during pregnancy and after your baby is born, including breastfeeding education and assistance.
- Mental health and substance use disorder services.
- Prescription medicines.
- Habilitative and Rehabilitative services, like physical therapy, which helps you recover skills that you lost because you were hurt or disabled, or helps you develop and maintain the skills you need.
- Laboratory services.
- Preventive and wellness services and chronic disease management like check-ups and screenings to help you stay healthy, and services to improve your quality of life by preventing or lowering the effect of a disease, including monitoring and education.
- Pediatric care, including dental and vision care for children.
- Dental coverage for adults will also be available through the Health Insurance Marketplace at an additional cost.

Can the provider lists and preferred drug lists be accessible directly from Get Covered Illinois instead of going to each individual plan's website? At this time this is not available.

Where can we order patient education brochures for our offices?

Health professionals and others can find resources at: <http://marketplace.cms.gov>.

Who will monitor network adequacy? Illinois Department of Insurance

Will there be an ongoing education effort for patients? For providers?

Yes, upcoming events and recent news can be found at www.getillinoiscovered.gov/events/

As a small business owner, how would I look at this implementation?

If you have less than 50 employees, then you have an opportunity to compare your current health insurance plan with those offered on the Small Business Health Option Program (SHOP) for coverage and cost. There is a very helpful question and answer located at <http://marketplace.cms.gov/getofficialresources/publications-and-articles/key-facts-about-shop.pdf>. The Small Business Health Options Program (SHOP) Marketplace is a new program that simplifies the process of buying health insurance for small businesses. In 2014, SHOP helps employers with 50 or fewer full-time equivalent employees shop for and
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choose high-quality private health plans for their employees that fit their needs and budget. Beginning no later than January 1, 2016, SHOP will be available to employers with 100 or fewer full-time equivalent employees.

As small practice owner, do I have to pick one plan, one carrier for all my employees? During the first year starting January 1, 2014, you can offer only one health plan. If that health plan doesn't include pediatric dental coverage, you can also offer one dental plan to employees and their dependents in the SHOP Marketplace. If they select the health plan, employees aren't required to buy that dental plan. In 2015 all SHOP marketplaces will be able to offer multiple health plans.

Can anyone in my office be a certified assister? How long does it take and how much does it cost? The application for the Certified Application Counselor Organization is on-line <http://marketplace.cms.gov/help-us/cac.html> . The training for each individual is also online and takes approximately five (5) hours to complete. There is no fee for application or training.

Do co-pays work differently in the marketplace? No, they will work the same way as current insurance works today, but the co-pay amounts may vary among different plans.

Will the insurance cards be branded? How will we know which product/plan the patient has? Each Insurance Plan will provide the patient with an insurance card similar to current insurance cards.

Will the marketplace list provider and preferred drugs by plan or will this be accessed at the individual health plan's site? Currently, it will be assessed on the individual health plan site. Is there a comparison tab/option? Not at this time.

What tools are available for providers to help patients access the Marketplace or Medicaid? Start at www.GetCoveredIllinois.gov to see whether to apply for Medicaid through ABE or for private coverage through the Marketplace. October 1, 2013 HFS launched a new web-based application portal for Medicaid, SNAP and cash benefits referred to as ABE, the Application for Benefits Eligibility and a guide and summary can be found at <http://www2.illinois.gov/hfs/SiteCollectionDocuments/GuideABECommPartners.pdf>

How do non-English speaking consumers access the marketplace? The website has a pull down menu that allows for selection for Spanish and the specific fact sheets are in other languages including Arabic, Chinese, Polish, Tagalog and Russian.

What happens when there's lag time between when a patient's coverage ends and when the physicians sends in the claim and the claim gets denied - what recourse does the physician have? The plans on the marketplace will be administered consistent with current insurance practices for those health plans.

I get my quality information on Medicaid patients through Illinois Health Connect. How will I get quality data on Medicaid expansion patients? Illinois' Medicaid program has not yet determined this.

IAFP is spotlighting aspects of healthcare reform and how it impacts you and your patients. Please [complete the electronic survey](#) after reviewing this document.