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What is the ACA?

The ACA, or the Affordable Care Act, is the health insurance reform law passed by Congress and signed into law on March 23, 2010. Sometimes the ACA is referred to as “Obamacare.”

The Affordable Care Act led to the creation of the [Health Insurance Marketplace](#), a new way for individuals, families, and small businesses to get health coverage.

The ACA:

- Requires insurance companies to cover people with [pre-existing health conditions](#)
- Helps you [understand the coverage you’re getting](#)
- Holds insurance companies [accountable for rate increases](#)
- Makes it illegal for health insurance companies to [arbitrarily cancel your health insurance](#) just because you get sick
- Protects [your choice of doctors](#)
- Covers [young adults under 26](#)
- Provides [free preventive care](#)
- Ends [lifetime and yearly dollar limits](#) on coverage of essential health benefits
- Guarantees your [right to appeal](#)

Per healthcare.gov - Some protections do not apply to “grandfathered plans.” This applies to a group health plan that was created—or an individual health insurance policy that was purchased—on or before March 23, 2010. Grandfathered plans are exempted from many changes required under the ACA. Plans or policies may lose their “grandfathered” status if they make certain significant changes that reduce benefits or increase costs to consumers. A health plan must disclose in its plan materials whether it considers itself to be a grandfathered plan and must also advise consumers how to contact the U.S. Department of Labor or the U.S. Department of Health and Human Services with questions. If you are in a group health plan, the date you joined may not reflect the date the plan was created. New employees and new family members may be added to grandfathered group plans after March 23, 2010.

How can these protections help people with developmental disabilities?

For all health plans, you or your loved one cannot be denied health insurance or denied renewal of a health policy, using autism, developmental disability or intellectual disability as a “pre-existing condition.”

If your employer-based insurance works for most of your family, but not your loved one with a disability, the ACA offers more options. The ACA Marketplace plans sold in Indiana most offer “child only policies.” If your child has an autism or a mental health condition, but your employer plan does not offer mental health benefits, your family could purchase a child only plan for that family member and get coverage. If you are waiting for a Medicaid Waiver spot, and your employer plan does not cover the services our loved one needs, you may want to compare the coverage offered under the ACA plans.

If you have a self-insured (ERISA) plan that does not cover developmental disabilities, autism, habilitative services or does not offer the behavioral/mental health coverage that your family needs, you should be able to purchase insurance through the Health Insurance Marketplace.

Families who have loved ones with developmental disabilities often face financial pressures. There are subsidies available to assist with premium costs under the ACA if you qualify. Information is available at [healthcare.gov](https://www.healthcare.gov). Keep in mind, if your child is covered by Medicaid due to receiving Medicaid Waiver services (such as the Family Supports Waiver) they can be on both an ACA plan and disability related Medicaid. In this instance, they are not eligible for a subsidy for their ACA plan.

Developmental screenings are covered in well child visits, as are many other preventive services.

What are Essential Health Benefits in Indiana?

If a service is considered to be an “Essential Health Benefit,” your policy cannot put a yearly or lifetime dollar limit for coverage on that service.

The Indiana “benchmark plan” used to determine the Essential Health Benefits for the Indiana health insurance marketplace is a small group plan, which includes the provisions of the Indiana Autism Mandate, among other state mandated services that benefit people with developmental disabilities, such as anesthesia for dental procedures.

According to [healthcare.gov](https://www.healthcare.gov), Essential Health Benefits are defined as follows:

The Affordable Care Act ensures health plans offered in the individual and small group markets, both inside and outside of the Health Insurance Marketplace, offer a comprehensive package of items and services, known as essential health benefits. Essential health benefits must include items and services within at least the following

10 categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services - including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services, chronic disease management, and pediatric services - including oral and vision care. Insurance policies must cover these benefits in order to be certified and offered in the Health Insurance Marketplace. As of 2014, all Medicaid state plans must cover these services as well.

Many services for the developmental disability community will fall under habilitative benefits. Habilitative services must be provided “on par” with rehabilitative services. For example, if 20 visits per year of speech therapy is covered under rehabilitative services, 20 visits must also be covered under habilitative services.

For autism, ABA therapy falls under behavioral health services. In Indiana, ABA must be covered because our state’s “benchmark plan”, the small market plan, included the Indiana Autism Mandate Law passed in 2000. ACA plans cannot place age limits on ABA coverage.

The ACA law requires all commercial individual and small group plans to follow the federal mental health parity law, expanding behavioral health treatment for millions. Federal mental health parity law requires that *if* mental health and substance abuse treatments are offered in a medical plan, the coverage cannot have “quantitative” (such as visit limits) or non-quantitative limits (like more stringent medical review criteria or network provider limits) than that which are applied to “substantially all” medical/surgical services covered in the same benefit category (such as in-patient, out-patient). This expanded protection for mental health coverage benefits the developmental disability community.

In conclusion, whether you have an employer based plan, an ACA plan, or Medicaid – the ACA law has created more opportunities for coverage for people with disabilities and has added protections to ensure that health insurers cannot discriminate against people with disabilities in their benefits or by refusing coverage.

Questions?

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