



# Autism Home Support Services

**ACA Update Panel Discussion-UPDATED**

**February 6, 2014**

# ***How to Obtain Affordable Care Act Insurance Coverage for ABA Therapy***

# Program Objective

- To provide guidance on how to obtain coverage
- To provide an overview of the Affordable Care Act and its impact on insurance coverage
- To provide a review of the State of Illinois Autism benefit and how the ACA changed the benefit

# Obtaining Coverage

# Impact of Autism Benefit & Cost

- 1) Employer-based
  - a. Fully insured – would have autism coverage
  - b. Self insured – would not have autism coverage
  
- 2) Individual policies
  - a. Exchange
  - b. Off-Exchange
  
- 3) Subsidies on Public Exchanges only & not applicable to off-exchange

# Timing of ACA

- For coverage starting in 2014, the Open Enrollment Period is Oct. 1, 2013–**Mar. 31, 2014.**
- For coverage starting in 2015, the proposed Open Enrollment Period is Nov. 15, 2014–Jan. 15, 2015.
- Individuals may also qualify for Special Enrollment Periods outside of Open Enrollment if they experience certain events. (See [Special Enrollment Period](#) and [Qualifying Life Event](#))
- Effective dates follow the 15<sup>th</sup> of the month rule. Enroll by the 15<sup>th</sup> of the month and you will get the following 1<sup>st</sup> of the month effective date. Enroll from the 16<sup>th</sup> to the end of a month and you will get the 1<sup>st</sup> of the month after the next first of the month.

# **Obtaining coverage is Easy and Free of Charge**

**Get Proper Guidance**

**William Luvisi at (847) 362-8000 Ext. 101  
or email [williamluvisi@gmail.com](mailto:williamluvisi@gmail.com)**

**Enrollments are done over the phone**

**Non-Subsidy Enrollments take less than 5 minutes**

**Subsidy enrollments take about an hour.**

# Insurance Coverage Example

- Deductible \$1000, Maximum Out Of Pocket is \$3000. This means this \$3000 is the most you would pay for claims under this policy in one calendar year. It fully covers ABA Therapy. It has no limits on speech therapy.
- Includes pharmacy prescription copays of \$0 / \$10 / \$50 / \$100. Copays at the pharmacy stop when your \$3000 out of pocket is met, and then you pay nothing for prescription drugs.
- Includes a \$30 / \$50 office visit copay. Again, once your out of pocket has been met, the copays stop and office visits are free of charge.
- Average price for this policy is only **\$189.05 per month**.
- If you have employer coverage, please call Mr. Luvisi to see how you may have this policy and work with your employer.



# Call Now During Open enrollment

William Luvisi at (847) 362-8000 Ext. 101  
or email [williamluvisi@gmail.com](mailto:williamluvisi@gmail.com)

- Open enrollment absolutely ends March 31<sup>st</sup>, 2014.
- The ACA Mandates that children under 19 must have dental coverage.
- After March 31<sup>st</sup>, 2014, it will be difficult to get this all encompassing coverage for your child(ren) or family that you so need to have.
- Only rare, special enrollments will be allowed after this date. (See next slide)

## BUYING A MARKETPLACE PLAN OUTSIDE OPEN ENROLLMENT

IN ORDER TO BUY A MARKETPLACE HEALTH INSURANCE PLAN OUTSIDE THE OPEN ENROLLMENT PERIOD, YOU MUST HAVE A QUALIFYING LIFE EVENT. QUALIFYING LIFE EVENTS THAT CREATE A SPECIAL ENROLLMENT PERIOD INCLUDE:

- >GETTING MARRIED
  - > HAVING, ADOPTING, OR PLACEMENT OF A CHILD
  - >PERMANENTLY MOVING TO A NEW AREA THAT OFFERS DIFFERENT HEALTH PLAN OPTIONS
  - >LOSING OTHER HEALTH COVERAGE (FOR EXAMPLE DUE TO A JOB LOSS, DIVORCE, LOSS OF ELIGIBILITY FOR MEDICAID OR CHIP, EXPIRATION OF COBRA COVERAGE, OR A HEALTH PLAN BEING DECERTIFIED).
- NOTE:** VOLUNTARILY QUITTING OTHER HEALTH COVERAGE OR BEING TERMINATED FOR NOT PAYING YOUR PREMIUMS ARE NOT CONSIDERED LOSS OF COVERAGE. LOSING COVERAGE THAT IS NOT [MINIMUM ESSENTIAL COVERAGE](#) IS ALSO NOT CONSIDERED LOSS OF COVERAGE.)
- >FOR PEOPLE ALREADY ENROLLED IN MARKETPLACE COVERAGE, HAVING A CHANGE IN INCOME OR HOUSEHOLD STATUS THAT AFFECTS ELIGIBILITY FOR TAX CREDITS OR COST-SHARING REDUCTIONS

## SPECIAL ENROLLMENT PERIODS

- >IF YOU HAVE A QUALIFYING LIFE EVENT, YOU GET A SPECIAL ENROLLMENT PERIOD. THIS MEANS YOU CAN ENROLL IN OR CHANGE YOUR HEALTH INSURANCE PLAN OUTSIDE THE OPEN ENROLLMENT PERIOD.
- >MOST SPECIAL ENROLLMENT PERIODS LAST 60 DAYS FROM THE DATE OF THE QUALIFYING LIFE EVENT.
- >OPEN ENROLLMENT FOR MARKETPLACE COVERAGE ENDS MARCH 31, 2014. THE NEXT PROPOSED OPEN ENROLLMENT PERIOD IS NOVEMBER 15, 2014 - JANUARY 15, 2015.

# The Affordable Care Act (ACA)

# The Illinois Autism Law

## Public Act 95-1005

### (215 ILCS 356z.14)

# State of Illinois Autism Coverage 2014

# Who Must Offer Autism Coverage?

## **This law applies to:**

- All individual and group health insurance policies and HMO contracts must include this provision. Health coverage provided to state, county and municipal employees must also provide the autism benefit.
- This includes individual exchange products offered on the marketplace.

## **This law does NOT apply to:**

- Self-insured, non-public employers
- Self-insured health and welfare plans such as union plans
- Insurance policies or trusts issued in other states (for example an employee covered under an employer national plan where the policy is issued in a state other than Illinois)

Source: Illinois Department of Insurance: Insurance Coverage for Autism; Revised May 2012

# Who Must Offer – Other “Exempt” Rules

- There are some special rules for HMO contracts written outside of Illinois where the HMO member is an Illinois resident and the HMO has a provider network in Illinois. If this applies to you, you will need to contact your insurer to determine coverage.
- The law does not change the autism coverage provided by public health care programs **such as FamilyCare and All Kids** (vet with DOI). If you participate in these plans, you will need to contact the program to determine coverage.

# Who Is Covered?

- Children under the age of 21 who have health coverage through an individual or group policy as previously specified for the diagnosis and treatment of Autism Spectrum Disorders (ASD)

Source: (215 ILCS 5/36z.14(a))



# What Is Covered?

- Diagnostics to determine autism spectrum disorders.
- For individuals diagnosed with an autism spectrum disorder
  - Psychiatric care provided by a licensed psychiatrist
  - Psychological care provided by a licensed psychologist
  - Habilitative or rehabilitative care (counseling and treatment programs intended to develop, maintain and restore the functioning of an individual); and

Source: 215 ILCS 5/365z.14(i) & Illinois Department of Insurance; Insurance Coverage for Autism; Revised May 2012

# What Is Covered? (Continued)

- Therapeutic care, including behavioral, speech, occupational, and physical therapies addressing the following areas
  - Self care and feeding
  - Pragmatic, receptive and expressive language
  - Cognitive functioning
  - Applied behavioral analysis, intervention and modification
  - Motor Planning
  - Sensory processing
- Insurers are required to cover all medically necessary care prescribed by a physician regardless of the type of provider delivering the treatment

Source: 215 ILCS 5/365z.14(i) & Illinois Department of Insurance; Insurance Coverage for Autism; Revised May 2012

# Are There Any Limits?

If the policy meets the criteria previously discussed – i.e. individual or group policy covered under the law, then as of January 1, 2014:

- There is no dollar maximum limit
- There are no maximum number of visit limits
- There are no pre-existing condition limitations
- Copayments, deductible and coinsurance provisions of the policy DO apply. (Sec 356z.14(c))
- Mental Health Parity law requires providing these services in a manner consistent with medical services of the policy.