Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hour: \_\_\_\_\_\_\_\_\_\_\_

**Things I Know About the Affordable Care Act**

**Directions:** Working in groups of 5, you are going to uncover ten of the most essential things to know about the Affordable Care Act (aka ObamaCare). Each group member will be responsible for one section. You will have approximately ten minutes to research your portion individually. Following this the group will reform with each participant reporting out their findings to the rest of the group. Following this, the entire class will discuss the answers as a whole, providing deeper understanding for all.

**When Does This Thing Even Start/End?**

Using the “[What’s Changing and When](http://www.healthcare.gov/law/timeline/index.html)” section of the website you are to answer the following questions regarding the timeline of the act. Please note you are going to have to do a little web browsing while completing this section!

1. When did the Affordable Care Act get signed into law?

1. One of the concerns that has been voiced about the Affordable Care Act is that it will put a drain on the primary care workforce. Scroll through the timeline and read the section titled “Rebuilding the Primary Care Workforce”. What are some things being done through the Act to ensure the Primary Care Workforce stays viable?

1. When does open enrollment for the Health Insurance Marketplace begin?

1. Why do you think the changes the Affordable Care Act are implementing are being staggered over the course of several years?

**What is the Health Insurance Marketplace?**

Starting at the [“About the Health Insurance Marketplace”](http://www.healthcare.gov/marketplace/about/index.html) page read about the specifics of the Health Insurance Marketplace and answer the following questions. Be aware that this will require you to explore beyond just this first page!

1. Explain the design of the Health Insurance Marketplace. Why is it convenient for consumers to use?

1. Starting in October 2013 Open Enrollment will begin for the Marketplace. What are the two ways you can enroll in a plan? What can you do if you are having trouble finding a plan that fits your needs and budget?

1. What are the requirements for eligibility to use the Health Insurance Marketplace?
2. When the Health Insurance Marketplace opens each individual state will have their own marketplace that they will choose how to operate. What are the three ways a state can operate its marketplace? How is Michigan choosing to operate theirs?

**The Open Enrollment Process**

Beginning at the “[Get Ready to Enroll](http://www.healthcare.gov/marketplace/get-ready/index.html)” webpage, read about the process of open enrollment for the Health Insurance Marketplace beginning in October 2013.

1. What is open enrollment? This is not an answer found on the website, rather something we have covered in class. Refer to your notes or use alternative sources if need.
2. List the seven steps the website suggests for individuals and families:
3. Although more people than ever will qualify for free or low cost health insurance in 2014, there are still options for people currently in need. Two of these options are Medicaid and Children’s Health Insurance Program (CHIP). Looking under the “Get a Break on Costs” tab tell me the general income limit for a family of four to receive assistance? What are three of the services typically offered by Medicaid and CHIP?

**What Are My Rights and Protections Under the Act?**

The goal of the Affordable Care Act is to make health insurance coverage affordable and available for all people. In order to meet this goal they have established a set amount of rights titled the “Patient’s Bill of Rights”. Starting on this [webpage](http://www.healthcare.gov/law/features/rights/bill-of-rights/index.html), please review the rights provided by the Affordable Care Act and answer the following questions.

1. As we’ve seen with our in class calculations, health coverage can cost a great deal when used outside of your established network. Read the section about Doctors and ER Choices. Summarize the three rights this section provides consumers.
2. The Affordable Care Act allows young adults to remain on their parent’s health insurance until they are 26 years old! They can even stay on the plan if they are already married! What are the other conditions in which young adults can still stay on their parents’ insurance plan?
3. Another right provided by the Affordable Care Act seeks to eliminate the annual and lifetime dollar limits set by coverage providers. This means insurance companies can no longer set limits on the money they spend for your coverage for ***essential health benefits***. Quickly read about ***essential*** ***health benefits*** and provide a brief explanation of what they are below.
4. We’ve mentioned insurance companies rescinding your policy if mistakes were found within your application. These may have been honest mistakes, or had little bearing on your health, but nonetheless resulted in a cancellation of your coverage. Under the Act, companies are no longer allowed to do this! However they are still allowed to cancel your coverage for two other reasons. What are they?
5. In the past, health coverage providers have been able to raise their premiums drastically without the need for explanation. The Affordable Care Act has changed this and requires companies to provide justification for drastic premium hikes. How do they plan on evaluating whether a premium hike was justified?
6. Another goal of the Affordable Care Act is to make sure that premium dollars are being spent on health care, and not things like administrative costs, overhead or marketing expenditures. Read about the 80/20 rule and briefly explain what MLR means.

**Preventive Services**

We have talked a great deal about preventative care within the classroom. Preventive care seeks to minimize the likelihood of more time consuming, expensive medical conditions down the road. Using the [“Preventive Services Covered Under the Affordable Act”](http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html) page answer the following questions.

1. What are the cost of co-insurance, co-payments, and deductibles when the preventative services are delivered by a network provider?

1. Are there any limitations on adults who can obtain Type 2 Diabetes screening? If so what are they?
2. Read through the 22 covered services for women, including pregnant women. Choose one you feel is very important for women to have access to. Describe the preventative care, who is eligible and why you think it’s important.
3. When should children have autism screenings?

**Appealing Health Plan Decisions & Other Important Stuff**

The Affordable Care Act aims to make health care as transparent as possible, meaning people will be able to clearly get and understand answers regarding their coverage. This includes when you have been denied coverage. Starting at the [“Appealing Health Plan Decisions”](http://www.healthcare.gov/law/features/rights/appealing-decisions/index.html) page read about the process of appealing your provider’s decisions and answer the questions below.

1. If your plan denies a claim they must supply you with four key pieces of information. List them below.
2. When requesting an internal appeal your plan has specific time limits it must adhere to when delivering its decision. What are they?
3. Read about what an SBC is on this [webpage](http://www.healthcare.gov/law/features/rights/sbc/index.html). Below explain what an SBC is and why it’s important.

1. What is a CAP? What are services provided by a CAP?