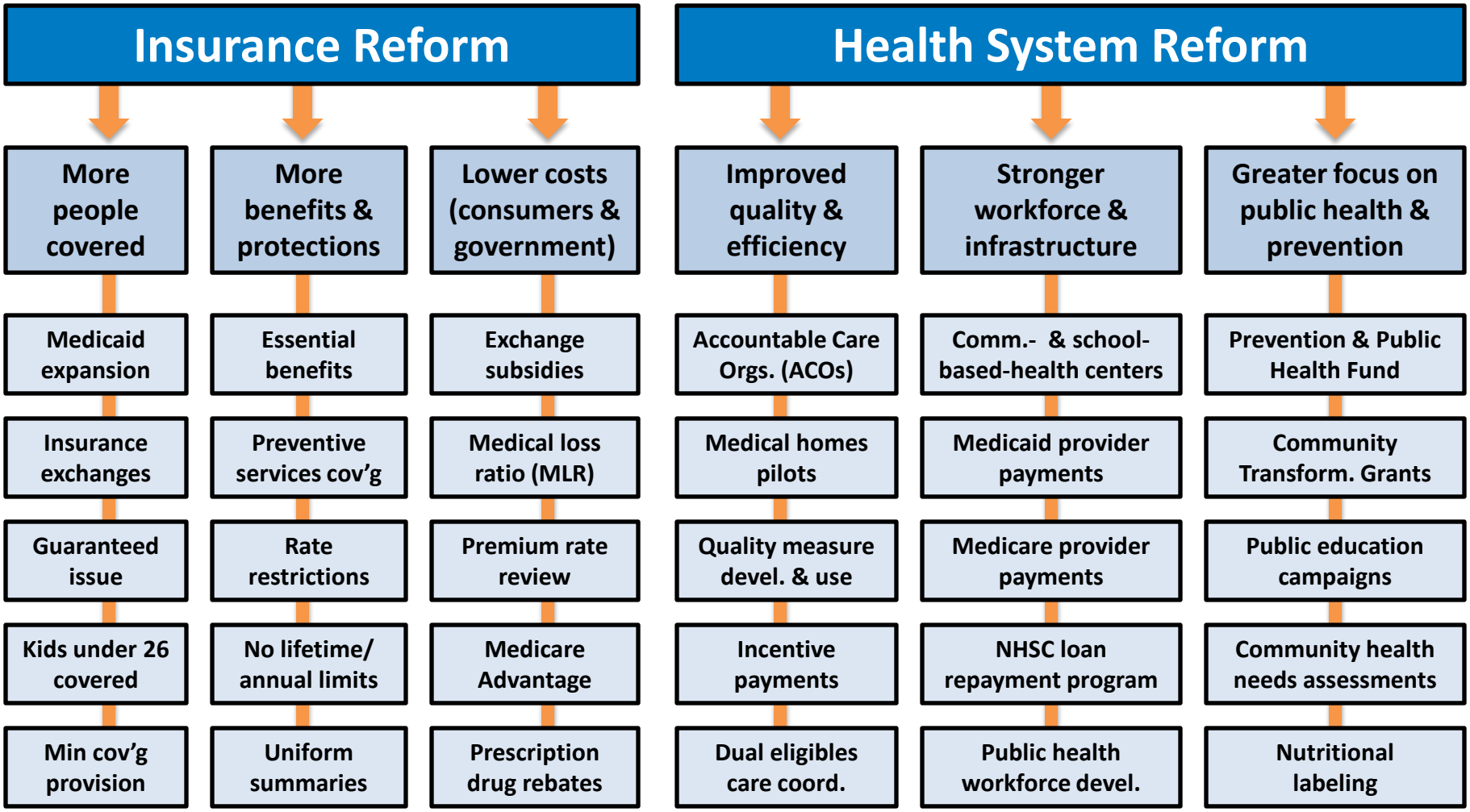
Affordable Care Act Overview

Selected Provisions

August 2012

American Public Health Association

This chart provides a broad overview of the structure of the Affordable Care Act (ACA), the health reform law enacted in 2010. It does not address all provisions in the law. See next page for brief explanations of these provisions. Visit www.healthcare.gov for a full list of provisions and more detailed explanations. Visit http://www.apha.org/advocacy/Health+Reform/ for more ACA resources.



Adapted from Dr. Donald Berwick's presentation "The Triple Aim: Health, Care, and Cost: Public Health and the Health Care Transition," given June 2012 at APHA's mid-year meeting. Find this document at http://www.apha.org/advocacy/Health+Reform/ACAbasics/.

Affordable Care Act Overview

Summaries of Selected Provisions

August 2012

American Public Health Association

The chart on the previous page provides a broad overview of the structure of the Affordable Care Act (ACA), the health reform law enacted in 2010. It does not address all provisions in the law. This table provides a brief explanation of the provisions in the chart, and the year each is effective (in parentheses). Visit www.healthcare.gov for a full list of provisions and more detailed explanations. Visit http://www.apha.org/advocacy/Health+Reform/ for more ACA resources.

Insurance: More people covered	**Insurance:** More benefits & protections	**Insurance:** Lower costs for consumers, gov't	**System:** Improved quality & efficiency	**System:** Stronger workforce, infrastructure	**System:** greater focus on public health, prevention
Medicaid expansion: Nearly all Americans under 65 with incomes under 133% of the federal poverty line will now be eligible, in states that choose to expand. *(2014)*	**Essential health benefits:** In order for a plan to qualify to be sold through the exchanges, it will have to offer a minimum set of benefits. *(2014)*	**Exchange subsidies:** Many individuals and small businesses buying exchange plans will receive subsidies or tax credits to help them afford coverage. *(2014)*	**Accountable Care Orgs. (ACOs):** Medicare incentives to providers to work together to coordinate care, improve quality of care, and reduce costs. *(pilot 2012)*	**Community- & school-based-health center funding:** New funding for community health centers (CHCs) and school-based health centers (SBHCs). *(2010)*	**Prevention & Public Health Fund (PPHF):** New funding for state and local prevention efforts, bolstering public health capacity, & prevention research and tracking. *(2010)*
Insurance exchanges: New virtual marketplaces will help consumers and small businesses comparison-shop for insurance. Also see "exchange subsidies." *(2014)*	**Preventive service coverage:** Insurers must cover certain preventive services at no cost to enrollees. *(2010 most services; 2012 additional women's services)*	**Medical loss ratio (MLR):** Insurers must spend at least 80-85% of premium dollars on health care (instead of profits, marketing costs, etc), or refund enrollees. *(2011)*	**Medical homes:** New options under Medicaid to test and implement medical home models of coordinating care and integrating community-based services (*2010, 2011*)	**Medicaid provider payments:** Medicaid primary care provider payments are increased so they are equal to Medicare provider payments. *(2013 -2014)*	**Community Transformation Grants (CTG):** PPHF funding (see above) focused on community-level efforts to address preventable chronic conditions. *(2010)*
Guaranteed issue: Insurers can no longer deny coverage due to pre-existing conditions. Until it's effective for adults in 2014, there is a temporary Pre-Existing Condition Plan for adults. *(kids 2010; adults 2014)*	**Rate restrictions:** Insurers can't charge higher premiums based on gender or health status; other limitations also apply. *(2014)*	**Premium rate review:** Insurers must justify proposed premium increases of 10% or more; states or the federal government will review and publish the info for the public. *(2011)*	**Quality measure devel. & use:** New quality measures for M'care/M'caid providers, incl. patient-centeredness, health disparities, meaningful use of electronic records, and more. *(2011)*	**Medicare provider payments:** 10% bonus payments for Medicare primary care services, and for general surgeons serving communities in need. *(2011-2015)*	**Public education campaigns:** New funding for large-scale outreach activities focused on nutrition and exercise, tobacco cessation, oral health, and more. *(2010)*
Kids under 26 covered: Young adults can stay on their parents' plans until age 26. *(2010)*	**No lifetime/annual limits:** Insurers are banned or restricted from imposing lifetime or annual coverage limits on essential benefits. *(2010; 2014)*	**Medicare Advantage reform:** Excessive payments to insurers via this program will be curbed, to lower government and consumer costs. *(2011)*	**Incentive payments:** M'care payments will be based on quality measures, not number of patients served. Payments reduced for hosp.-acquired infections or excessive readmissions. *(2012, 2014)*	**Loan repayments:** The National Health Service Corps program (loan repayments while serving communities in need) is permanently authorized, and funding is increased. *(2010)*	**Community health needs assessments (CHNAs):** Tax-exempt hospitals must assess and address community needs, and include public health stakeholders in the process. *(2012)*
Minimum coverage provision ("individual mandate")**:** Most Americans will have to obtain coverage or pay a small penalty, in order to keep the system balanced. *(2014)*	**Uniform summaries:** Insurers must provide standardized summaries of benefits and coverage so consumers can easily understand and compare plans. *(2012)*	**Prescription drug rebates:** Medicare enrollees who reach the drug coverage "donut hole" get rebates while the hole is slowly closed. *(2011)*	**Dual eligibles care:** New efforts to coordinate care for Medicare/Medicaid dual eligibles, often the sickest and most costly enrollees. *(2010)*	**Public health workforce development:** PPHF funding (see above) for graduate and post-graduate training in public health and preventive medicine. *(2010)*	**Nutritional labeling:** Chain restaurants & vending machines must display nutritional info. *(2011 , but implementation delayed)*

Sources: healthcare.gov; Kaiser Family Foundation. Find this document at http://www.apha.org/advocacy/Health+Reform/ACAbasics/.