

Affordable Care Act Behavioral Health **Worksheet for Consumers**

This Behavioral Health Worksheet tool consists of an Overview and 6 sections.

Dear Behavioral Health Consumer and/or Parent/Guardian of Behavioral Health Consumer:

This Behavioral Health Worksheet is designed to help you prepare to access Healthcare.gov or the 800-318-2596 hotline to help you decide on a health insurance plan you are eligible for under the Affordable Care Act (ACA/ObamaCare). You might not have enough information to fill out all of the entries on this worksheet, or the questions may not be applicable to your current or future policy; fill it out to the best of your ability. This tool is designed to help you to think about overall costs.

We recommend you print off additional copies of the worksheet to use for each plan you are considering. Ex: In Houston there are over 35 choices of plans, and over 70 choices of plans in Austin.

Section 1: My Plan's Costs (Current or Future Plan)

This section is intended for your use to identify basic information about costs for either a current health insurance policy you have, or a plan you are considering. It can also be used to collect information on what your private pay is currently for services as an uninsured person.

Section 2: My Health Coverage

This section is intended for your use to identify current services and costs that you either access through your current health insurance policy and/or access through paying privately services, treatments prescriptions, etc.

Additionally, this section is intended for your use to know what care is available in the network area you are considering. Question #30 enables you to note other care, services, or coverage that you would like to get.

Section 3: Worksheet Instructions

This section contains a line by line explanation of each box you will be filling in.

Section 4: Terms of Reference

This section contains terms of reference specific to the Affordable Care Act that will be useful to you.

Section 5: List of Resources

Section 6: Credits

Section 1: MY PLAN'S COSTS: (check one) CURRENT PLAN FUTURE PLAN

(Click on numbered questions for further instructions or definition)

MY NAME: <i>(as it appears on my Social Security card)</i>					
1. Plan name					
2. Plan Network Location					
3. Type of Plan (ACA only) - <i>circle one</i> (Percentage of Cost Coverage)	PLATINUM (90%)	GOLD (80%)	SILVER (70%)	BRONZE (60%)	CATASTHROPIC (Less than 60%)
4. Health Savings Account (HSA) eligible?	Yes / No				
5. Number of people in my household:	# _____				
6. Annual household income:	\$ _____				
7. Am I eligible for a tax credit?	Yes / No		Amount per year: \$ _____		
8. How much is the premium?					
Amount per month:	\$ _____				
Amount per year:	\$ _____				
9. How much is the deductible per year?	\$ _____				
10. How much are co-pays?					
Primary care visits:	\$ _____				
Mental health specialist visits:	\$ _____				
Hospital visits:	\$ _____				
Emergency room visits:	\$ _____				
Urgent care visits:	\$ _____				
Prescription drugs:	\$ _____				
Other:	\$ _____				
Other:	\$ _____				
11. How much is co-insurance?	\$ _____ or _____%				
12. Is there a separate co-insurance for behavioral/ mental health treatment?	Yes / No				
13. What is the maximum out-of-pocket expense? <i>(does not include premium)</i>					
Per individual per year:	\$ _____				
Total family per year:	\$ _____				
14. Are there any other costs?	\$ _____				

Section 2: MY HEALTH COVERAGE

		ARE THEY COVERED?	
		In-network	Out-of-network
15. My primary care doctor :			
16. My prescribing provider : (ex: <i>Psychiatrist, PMHNP</i>)			
17. My therapy/treatment providers : (ex: <i>LCSW, Psychologist, Therapist</i>)			
18. My hospital :			
19. Other places I get care : (ex: <i>residential treatment center, outpatient counseling</i>)			
20. My medication prescriptions :			

	Covered? (circle one)	Do I need a referral or pre-authorization? (circle one)	Co-Pay/Coinsurance?		What are the limits or maximums? (benefit amount or amount of treatments per year)
			In-network	Out-of-network	
21. Primary care visits	Yes / No	Yes / No	\$ / %	\$ / %	\$ / #
22. Specialist visits	Yes / No	Yes / No	\$ / %	\$ / %	\$ / #
23. Mental health services	Yes / No	Yes / No	\$ / %	\$ / %	\$ / #
24. Emergency room	Yes / No	Yes / No	\$ / %	\$ / %	\$ / #
25. Hospital care	Yes / No	Yes / No	\$ / %	\$ / %	\$ / #
26. Home health care	Yes / No	Yes / No	\$ / %	\$ / %	\$ / #
27. Prescription medicines	Yes / No	Yes / No	\$ / %	\$ / %	\$ / #
28. Preventive treatment	Yes / No	Yes / No	\$ / %	\$ / %	\$ / #
29. Preventive screenings (ex: <i>depression, substance abuse</i>)	Yes / No	Yes / No	\$ / %	\$ / %	\$ / #
30. Other Notes to Self					

Section 3: Worksheet Instructions

My Plan's Costs (Current or Future Plan)

#1 <i>Plan Name</i> : It is important to know the name of your current insurance plan if you have one now. You may be asked for this by a navigator, assistor, or any federally-funded ACA counselor.
#2 <i>Plan Network Location</i> : It is important to know where geographically this plan covers, as well as what providers in your area fall into the network.
#3 <i>Type of Plan - Percentage of Cost Coverage</i> : This translates to general terms about the expectation of balance of costs shared between the provider and you, the customer, between premiums vs. co-insurance and co-payments. BOTTOM-LINE : The lower you pay for a premium, the higher costs you will pay to access care and services, and vice versa. If you access care frequently, it may be cheaper to pay more for a premium upfront. Experts believe that if you access care frequently, you should consider a gold or silver plan.
#4 <i>Health Savings Account (HSA-) eligible?</i> : Some plans may be eligible for a health savings account, meaning pre-tax dollars used towards health expenses. Many times, this can be attached to a higher deductible plan. So again, this may result in higher out-of-pocket costs for someone who accesses care frequently, especially if the plan lacks a co-pay option; this means a regular \$20 co-pay you pay on one plan to visit the doctor, might actually cost you \$170-\$200 for a simple office visit.
#5 <i>Number of people in my household</i> : This affects the amount of your premium; the amount and ages of people in your household.
#6 <i>Annual household income</i> : Your income affects what you may be able to save on your premium.
#7 <i>Am I eligible for a tax credit?</i> : Your income helps determine the amount of your tax credit if you are below 400% of the federal poverty level (FPL).
#8 <i>How much is the premium?</i> : Your payment for the insurance policy itself. This does not include co-payments to see the doctor, co-insurance for services and procedures, nor is it applied to your deductible; however, having the policy does give you access to free preventive services.
#9 <i>How much is your deductible</i> : A deductible is the amount you owe for services before insurance pays.
#10 <i>Co-payments (co-pay)</i> : The fixed amounts you pay for services. There may be a different one to see your doctor than to go to the emergency room.
#11 <i>How much is co-insurance?</i> : Co-insurance is the percentage of covered services that you owe.
#12 <i>Is there separate co-Insurance for Behavioral/ Mental/ Health Services?</i> : As required by the Mental Health Parity Act, care must be made available for mental and behavioral health services that are relatively equal to the cost of treating physical conditions. Though these services fall under an "essential health benefit" the services that are covered, and how much provided, may change plan to plan. There have been complaints about some plans not having parity, read carefully for these "separate but equal" policies to figure out if there are any major restrictions on your care. Also, it is not always located in the same place, plan to plan; meaning, you may need to read to the bottom to see if there is a separate rider ("rider" meaning something added on to a policy). There in the attached "rider" your services may have a separate co-insurance rate, or a limit to how many treatments you may be able to receive in one year. If you access a therapist weekly, watch out for policies that only cover 20-30 treatments a year.
#13 <i>What is the maximum out-of-pocket expense?</i> : You may have seen some info on websites stating that there is a limit on how much you will spend before insurance pays 100% for essential health

benefits. These caps vary between \$1500 to \$10,000, depending on your household number and income. Experts believe that these caps will help Texans. Some policies may have delays on the cap of out-of-pocket expenses, so ask before committing to a policy.

#14 *Are there any other costs?:* There are a range of services that fall under mental, behavioral, and substance use services. Is there anything under your care plan to consider? A diabetes course? Housing assistance? What supplementary services might you need? Would this plan help with these needs? If it doesn't, are there local resources that might be able to bridge this gap? There is no perfect plan that will cover everything and all costs, so do consult with any service providers you currently use, to get expectations of what services they currently provide you, so you can decide and look for the services you want in the plans.

My Health Coverage

This section is important when evaluating plans for all of your costs; we encourage you to add it up, and think actively about what you can afford with regard to your desire for access and quality of care. Ask for help: Organizations around the country receive funding to help you enroll. See our resources section to lead you to local assistance.

#15 *My primary care doctor:* Is this a plan that covers your family doctor? It's best to view this from an overall plan perspective, especially in rural areas with limited access. If this plan is good for your overall care plan, meaning it covers regular access to your therapist or other services you frequent, consider whether 1-2 visits to your primary care doctor may be worth an out-of-network, or even out-of-pocket costs. Ask your doctor(s) about their various rates for services, and remember that many basic services are considered "*free preventive services*", and may be covered by your plan.

#16 *My prescribing provider:* Similar to primary care, it may be helpful to think about how often you see your prescribing doctor for psychiatric medication. If you are on a medication that is working for you, it may be worth it to you to pay out-of-network or out-of-pocket.

#17 *My therapy/treatment providers:* Whoever you see weekly, bi-weekly, or monthly, you should know that this is a major source of where your out-of-pocket costs will come from, so choose carefully. The frequency of visits affects your bottom line of total health costs; if you need to see your prescribing doctor more than that, you might want to prioritize the plans that your doctor(s) accepts. Ask them what insurance companies they accept, and then see what plans cover those visits. You do not want to be surprised with a big bill a month later, to find that your plan rejected the claims for your visits.

#18 *My hospital:* Is your local hospital covered under this plan? If you had a medical emergency, is a local hospital of yours covered under this plan? Are ambulance trips covered under this plan?

#19 *Other places I get care:* This is a feature of the mental health parity rules that have yet to be determined; it will be important to look at every plan to evaluate the services. Does this plan cover residential treatment centers or outpatient counseling? (*see therapist/specialist section*)

#20 *My medication prescriptions:* (*see "Prescription medicines" section below*)

#21 *Primary care:* Many preventive services are covered under ACA. Annual well-woman visits, screenings, and check-ups are covered, but it's always good to double-check (*see free preventive services*).

#22 *Specialist/Therapist Visits:* Do you need a referral for a specialist, is this specialist covered as a co-pay, or out-of-pocket until you cover your deductible? Is this specialist in-network? How often do

<p>you see them? Is there a cutoff under this plan? (see “<i>Co-Insurance for Mental/Behavioral Health Services</i>”)</p>
<p>#23 <i>Mental Health Services</i>: Similar to the specialist section, ask yourself those questions, as well as where do you most frequently access care and services, how often, and from what kind of provider? Is that provider covered?</p>
<p>#24 <i>Emergency Room / Urgent Care</i>: If you have a condition that may require hospitalization, is this covered under your plan? Is it covered under a co-pay (one payment), or under co-insurance (a percentage of costs)? Remember that there are multiple billing parties for one emergency room visit (ex: X-rays, labs, physician’s fees, in addition to the hospital fee). If possible, ask your hospital about common billing parties and how this can be covered under your plan. Bottom-line: Research beforehand can save you thousands later.</p>
<p>#25 <i>Hospital care</i>: Is there a minimum or maximum to how many hospital days are covered?</p>
<p>#26 <i>Home health care</i>: Is there coverage for this kind of treatment? Are there any limits?</p>
<p>#27 <i>Prescription medicines</i>: One question here is whether you need a pre-authorization for your current medicine. Some plans have different coverage structures (tiered system). If you have a medication that works for you, see if it is covered under the plan you are considering. When it says in-network, think about it more in terms of the way they break down different medication categories, mostly a tiered system or generic/brand name. If it is a tiered system, what tier is your medication? Can you buy this in a generic form? The answers here can impact your costs/co-pays.</p>
<p>#28 <i>Preventive treatments</i>: Are there any preventive treatments that are not covered?</p>
<p>#29 <i>Preventive Screenings</i>: Which ones are free (ex. depression and substance abuse screenings), and if not, what are the costs for the preventive services you might need? Ask your doctor for advice before deciding.</p>
<p>#30 <i>Other notes to self</i>: Feel free to use this space to note any other service or treatment you would like to receive.</p>
<p>BOTTOM LINE: It’s your choice and it’s up to you to decide on your balance between access and quality of care, against your out-of-pocket costs. If you need more care, you should pay more for a premium to help drive down the costs of frequent visits to care.</p>
<p><i>When you have completed both sections of the worksheet, and you are ready to access the Affordable Care Act exchange, you can access the exchange in the following ways (see below):</i></p> <ol style="list-style-type: none"> a. Go online - https://www.healthcare.gov/contact-us/ b. Call 1-800-318-2596 for a hotline person to assist you. c. Find a local Certified Application Counselor or Navigator. There are over 300 places in Texas that can assist you. Call 1-800-318-2596 to find a local service provider.

Section 4: Terms of Reference

- *ACA/Affordable Care Act/ObamaCare*: All mean the same thing – the law passed in 2008 to make health insurance available to more Americans, as well as including many changes to the way healthcare is to be delivered.
- *Marketplace Plans*: These are plans that meet all the requirements of the ACA, and that are offered on the federal or state exchanges (Texas does not have an exchange, so Texans currently use the federal one). These cover the same essential health benefits, and cannot turn you away or charge more for an illness or medical condition.
- *Essential health benefit*: “Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)”¹
- *Free preventive services*: All Marketplace plans and many other plans must cover the following list of preventive services without charging you a co-pay or co-insurance. This is true even if you haven’t met your yearly deductible. This applies only when these services are delivered by a network provider. Some of these free services include: ²
 - Depression screening
 - Alcohol and drug use screening
 - Behavioral assessments for children of all ages³

Section 5: List of Resources - When you are ready, you can access the exchange in the following ways:

- a. Go online - <https://www.healthcare.gov/contact-us/>
- b. Call 1-800-318-2596 for a hotline person to assist
- c. Find a local Certified Application Counselor or Navigator. There are over 300 places in Texas that can assist you. Call 1-800-318-2596 to find a local service provider.

Here are some additional resources you may also find as useful:

- a. Cost assistance (subsidy) calculator - Kaiser Family Foundation: <http://kff.org/interactive/subsidy-calculator/>
- b. Premium estimates for your area - Healthcare.gov: <https://www.healthcare.gov/find-premium-estimates/>

¹ “What does Marketplace insurance cover?” Accessed 10/29/13: <https://www.healthcare.gov/what-does-marketplace-health-insurance-cover/>

² “What are my preventive care benefits” Healthcare.gov. Accessed 10/29/13: <https://www.healthcare.gov/what-are-my-preventive-care-benefits/>

³ “Prevention Under Health Reform” SAMHSA. Accessed 10/29/13: <http://beta.samhsa.gov/health-reform/prevention-under-health-reform>

Section 6: Credits

Texas Health Institute thanks:

- Texas Interfaith Center for Public Policy for funding the Texas Health Institute to develop this tool.
- Linda Cantu, Associate Director, Healthcare Alliance Liaison of Bristol Myers Squibb Company for her advice and suggestions.
- Marion Coleman, Executive Director - Network of Behavioral Health Providers in Houston.
- The partners listed below that created the ACA Cancer Checklist, which gave us the idea of how to better format and simplify our tool. Those partners include:
 - The Assistance Fund, Association of Community Cancer Centers, Avalere Health, Cancer, Support Community, Chronic Disease Fund, Cutaneous Lymphoma Foundation, International, Myeloma Foundation, The Leukemia & Lymphoma Society, Living Beyond Breast Cancer, Lung Cancer Alliance, Melanoma Research Foundation, Men's Health Network, National Coalition for Cancer Survivorship, Oncology Nursing Society, Ovarian Cancer National Alliance, Patient Advocate Foundation/National Patient Advocate Foundation, Patient Services, Inc., and Prevent Cancer Foundation.