

# Screening For Health Insurance: A Pocket Card for Healthcare Providers

## Why you should start the conversation:

Health insurance status makes a big difference in providing quality, efficient healthcare. Your time is valuable. Guiding a patient toward affordable coverage may help more than you think. Patients without health insurance are more likely to

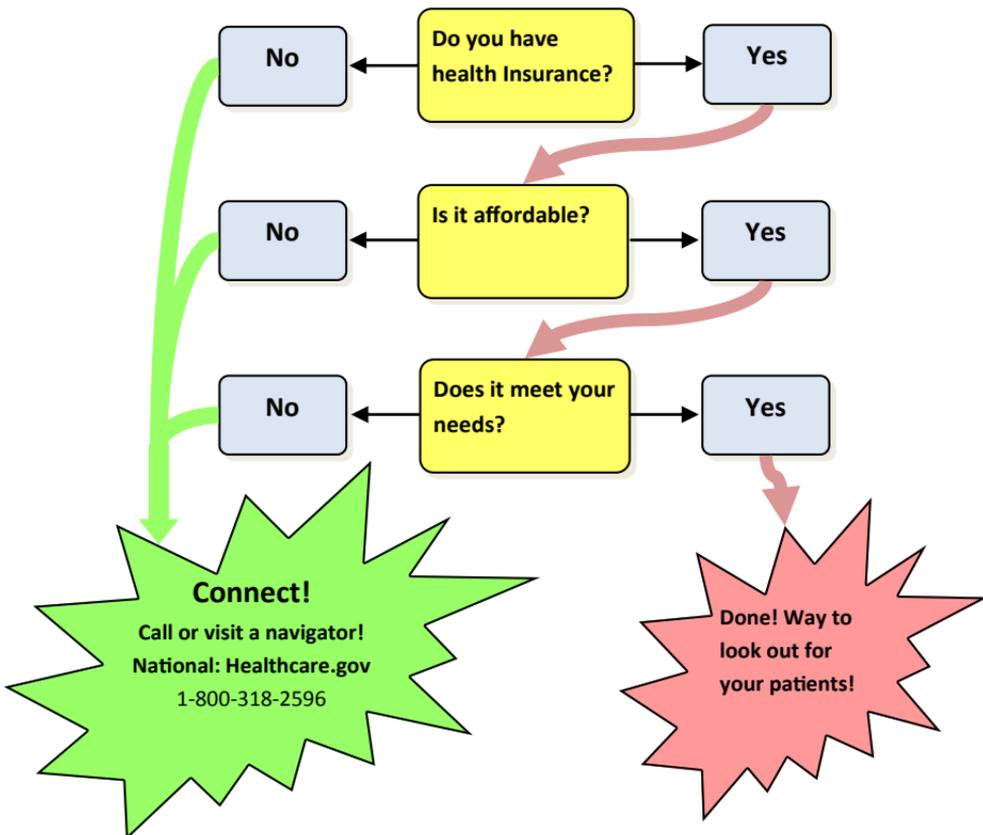
- **Struggle paying for medical bills** (50% of personal bankruptcies involved medical debt)<sup>1</sup>
- **Lack a usual source of care** (40% who sought primary care reported being denied as new patients)<sup>2</sup>
- **Receive inadequate treatment** (uninsured cancer patients are 5x more likely to delay therapy)<sup>3</sup>
- **Have worse health outcomes** (more likely to be diagnosed with advanced stage breast cancer)<sup>3</sup>
- **Die prematurely** (est 26,100 attributable deaths in 2010, twice the number deaths from homicides)<sup>3</sup>

## What to do:

- Screen all patients for their health insurance status as part of a regular visit.
- Use this guide to encourage patients to **get covered through new Affordable Care Act (ACA) options**.
- Answer basic questions (see back). Urge patients who are uninsured or underinsured to **call a local navigator, or visit Healthcare.gov**. Even if they already have coverage, there might be a better option for them.
- If the patient is undocumented, the information of this card does not apply. Please refer him or her to a health clinic that will treat patients regardless of health insurance status.

## What not to do:

- Do not screen patients for health insurance in an Emergency Room before they have seen a physician.



<sup>1</sup>Seiffert and Rukavina, "Bankruptcy is the tip of the medical debt iceberg." Health Affairs, www.content.healthaffairs.org[accessed 1/25/14]

<sup>2</sup>Bovbjerg and Hadley, "Why Health Insurance is important." Urban Institute, 2007, www.urbaninstitute.org[accessed 1/25/14]

<sup>3</sup>"Dying for Coverage. The Deadly Consequences of Being Uninsured." Families USA, June 2012, www.familiesusa.org[accessed 1/25/14]

## Frequently Asked Questions

### Who is required to have health insurance?

All US citizens and documented immigrants must have health insurance by March 31st, 2014, or pay a fee (with some exceptions), and can benefit from new options through the Affordable Care Act (ACA).

### How do patients choose a plan?

Most Americans will continue to get their insurance through their employers, Medicare, Medicaid, the VA, or the military, the same as now. Other patients, depending on their age and income, may either qualify for Medicaid under expanded eligibility or private plans through the "marketplace." The healthcare "marketplaces" are virtual insurance megamalls where insurance companies compete online for customers on a level playing field. They must explain their benefits and provider networks without fine print. The patient can shop for plans that cover their doctors and services that they need. [Your patient may qualify for a subsidy!](#)

### What are new rules about private insurance?

Now, patients cannot be denied coverage or charged a higher premium based on preexisting conditions or gender. There are also no more annual/lifetime limits of coverage.

### What is covered?

Every marketplace plan must cover "Essential Health Benefits."

- \* Free preventive care (USPSTF grade A and B)
- \* Maternity and newborn care
- \* Pediatric care including vision and dental
- \* Mental health and substance abuse
- \* Well-annual visits and FDA approved contraception
- \* Doctor visits, blood tests, and prescription drugs
- \* Emergency room visits and hospital days
- \* Physical therapy and other rehabilitation services

### How much of the patient's costs are covered?

To have health insurance, the patient must pay a monthly fee called a premium. To get care, they must pay a share of the costs (e.g. a deductible before insurance begins to pay, or a co-pay per visit). The insurance company will cover a certain percentage of the patient's healthcare expenses, depending on the plan. There are bronze, silver, gold and platinum plans on the exchanges which vary in extent of coverage and cost. The ACA requires that the maximum a patient needs to pay out of pocket each year is \$6,350 for an individual, and \$12,700 for a household. The health insurance company will pay for the additional covered, in-network services. Remember, [your patient may qualify for a subsidy!](#)

### Can a patient stay with his or her current insurance plan?

Yes, if the plan is still offered by the insurance company. Some of the insurance plans offered before January 1, 2014 don't provide the essential benefits required by the ACA. Some states do not allow these sub-standard plans to be sold even to pre-existing customers. Check your state website for more information.

### How can the patient enroll? And when?

Patients can connect by phone or in person with a "navigator," a person trained to enroll patients in new health insurance plans and answer any questions. This service is offered by many states and is free of charge. Patients can also enroll themselves by visiting [Healthcare.gov](#) or calling the phone number listed on the front. After March 31st, 2014, open enrollment will take place next year between November 15 and January 15. Medicaid, however, takes applications year round. The patient will need evidence of last year's income, identification, SSN# or immigration/visa papers. The income qualifications listed in the table below are only applicable if your state accepted Medicaid expansion.

### See if your Patient Qualifies for Subsidies or Medicaid

Family Size	Annual Income less than...	Annual Income between...	Annual Income more than...
1	\$15,282	\$15,282-\$45,960	\$45,960
2	\$20,628	\$20,628-\$62,040	\$62,040
3	\$25,975	\$25,975-\$78,120	\$78,120
4*	\$31,322	\$31,322-\$94,200	\$94,200
	<b>Eligible for Medicaid*</b>	<b>Subsidized on the Exchange</b>	<b>Enter the exchange</b>

\*For families of 5 or more individuals, further subsidies can be calculated by a navigator or found on the website below.

\*Your state has not accepted the Medicaid expansion, thus these income levels are invalid.

**Please visit [Healthcare.gov](#) or the state website to learn more!**