

# Resources for the Uninsured



## *Connecting Uninsured Consumers to Health Care Resources*

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# Overview of Presentation

Part 1: Coverage Options

Part 2: Alternatives to Major Medical

Part 3: Free or Low-cost Health Care



# The Uninsured

- In 2019, eight percent of people in the United States, or 26.1 million people, did not have health insurance at any point during the year. The percentage of people in the United States with health insurance coverage for all or part of 2019 was 92.0 percent.\*
- In 2019, 29 percent of adults in the United States with an insurance plan were underinsured.\*\* People may remain uninsured or underinsured because:
  - Coverage options available to them are unaffordable.
  - They are not aware of no- or low-cost options available to them.
  - The cost of health care under their plan leads them to forgo care.



\*For more information, visit [Census.gov/library/publications/2020/demo/p60-271](https://www.census.gov/library/publications/2020/demo/p60-271).

\*\*For more information, visit [Commonwealthfund.org/press-release/2019/underinsured-rate-rose-2014-2018-greatest-growth-among-people-employer-health](https://www.commonwealthfund.org/press-release/2019/underinsured-rate-rose-2014-2018-greatest-growth-among-people-employer-health).

# Part 1: Coverage Options

# Medicaid and CHIP



- Medicaid and the Children’s Health Insurance Program (CHIP) provide free or low-cost health coverage to millions of Americans, including low-income adults, families and children, pregnant women, the elderly, and people with disabilities.
  - Consumers can apply for Medicaid and CHIP coverage by filling out a Marketplace application or by contacting their state Medicaid agency. For more information about how to apply, visit [HealthCare.gov/medicaid-chip/getting-medicaid-chip/](https://www.HealthCare.gov/medicaid-chip/getting-medicaid-chip/).
- Federal law provides additional funding to states to expand their Medicaid programs to cover certain adults younger than 65 with income up to 133 percent (effectively 138 percent) of the federal poverty level (FPL).
- Thirty-seven states (including the District of Columbia) have elected to expand Medicaid to low-income adults with household incomes under 133 percent (effectively 138 percent) of the FPL.

# Medicaid and CHIP (Cont.)

- There are important exceptions to this limitation for immigrants who are “lawfully present” or are “qualified non-citizens.”
  - If non-citizens are not eligible for Medicaid, either because they are lawfully present but do not have “qualified non-citizen” immigration status or are “qualified non-citizens” but have not met the five-year waiting period, they may be eligible for financial assistance through the Marketplace if they otherwise meet Marketplace eligibility requirements.
  - Certain types of limited Medicaid coverage are not recognized as minimum essential coverage (MEC), including coverage that only pays for family planning, emergency medicine, tuberculosis services, or outpatient hospital services.



# Medicaid and CHIP (Cont.)

- CHIP provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid. Each state offers CHIP coverage and works closely with its state Medicaid program.
  - Individuals can find out if they may qualify for CHIP by calling 1-800-318-2596 (TTY: 1-855-889-4325) or filling out a Marketplace application. If it seems like anyone applying for coverage qualifies for Medicaid or CHIP, the Marketplace will send the applicant's information to their state Medicaid or CHIP agency. The state agency will contact the applicant about enrollment.
- Each state program has its own rules about who qualifies for CHIP.
- States also have the option to provide coverage such as prenatal, delivery, and postpartum care to targeted low-income, uninsured pregnant women under the CHIP state plan.



# Medicaid and CHIP (Cont.)

## Limited Medicaid:

- Non-citizens who do not have a satisfactory immigration status but meet all the other eligibility criteria for Medicaid may be eligible for help in paying the costs for the treatment of an emergency medical condition.
- Some consumers may be ineligible for full Medicaid coverage because of their immigration status.
- Immigrants who make less than 133 percent of the FPL and who would be eligible for Medicaid but for the five-year bar requirement may be eligible for financial assistance through the Marketplace.



# Medicaid and CHIP (Cont.)

## Limited Medicaid (Cont.):

- Medicaid provides payment for emergency services for treatment of emergency medical conditions if the individual meets all other Medicaid eligibility rules in the state (e.g., income and state residency) but does not have an eligible immigration status. In addition, in certain states, some pregnant women may be able to get health coverage during pregnancy regardless of immigration status.
- In general, a consumer must be a “qualified non-citizen” who has met the five-year bar or to whom the five-year bar does not apply to get full Medicaid coverage.

# The Health Insurance Marketplace®\*

- The Patient Protection and Affordable Care Act (PPACA) created health insurance marketplaces where consumers can shop for and enroll in private health insurance coverage.
- Under the PPACA, individuals and families making between 100 percent and 400 percent of the FPL may be eligible for premium tax credits (PTC), and individuals and families making between 100 percent and 250 percent of the FPL may be eligible for cost-sharing reductions (CSRs) to lower the cost of coverage through the Marketplace.
- Individuals with income above 400 percent of the FPL as well as those who have an offer of other qualifying MEC (e.g., Medicare or job-based coverage) are generally ineligible for financial assistance.
- Certain non-citizens, including individuals without immigration documentation, are not eligible to purchase coverage through the Marketplace.



*\*Health Insurance Marketplace® is a registered service mark of the Department of Health & Human Services.*

# The Health Insurance Marketplace® (Cont.)

- **Zero and limited cost sharing plans** are available to American Indians and Alaska Natives (AI/ANs) who are members of a federally recognized tribe or Alaska Native Claims Settlement Corporation shareholders whose income is between 100 percent and 300 percent of the FPL and who qualify for premium tax credits.
  - AI/ANs enrolled in a zero cost sharing plan:
    - Don't pay copayments, deductibles, or coinsurance when getting care from an Indian health care provider or when getting essential health benefits (EHB) through a Marketplace plan.
    - Don't need a referral from an Indian health care provider when getting EHB through a Marketplace plan.
    - Can get zero cost sharing with a plan at any metal level on the Marketplace.
    - Must agree to have their income verified in order to enroll.

# The Health Insurance Marketplace® (Cont.)

- AI/ANs enrolled in limited cost sharing plans for income below 100 percent or above 300 percent of the FPL:
  - Do not have to pay copayments, deductibles, or coinsurance when getting care from an Indian health care provider.
  - Do need a referral from an Indian health care provider when getting EHB through a Marketplace plan to avoid paying copayments, deductibles, or coinsurance.



# Catastrophic Coverage

- **Catastrophic coverage** is available to consumers under age 30 or people of any age with a hardship exemption.
- Catastrophic plans have low monthly premiums and high deductibles.

\*Starting with the 2019 plan year the shared responsibility payment is \$0. If consumers don't have coverage during 2019 or later years, they don't need an exemption in order to avoid a penalty. However, if they're 30 or older and want to enroll in a Catastrophic plan for 2019 or later years, they must claim a hardship exemption to qualify.

# **Part 2: Alternatives to Major Medical Coverage**

# Short-term, Limited-duration Insurance

- Designed to fill gaps in coverage that may occur when an individual is transitioning from one plan or coverage to another plan or coverage, such as in between jobs.
- Not subject to PPACA's individual market provisions.
- Generally more affordable than other available individual market plans.
- Under the [final rule](#), issuers are permitted to offer short-term, limited-duration insurance (STLDI) policies that are less than 12 months and may be renewed for up to 36 months. Coverage options may be limited by what insurers choose to offer and by state regulations.



# Short-term, Limited-duration Insurance (Cont.)

## What Assistors Need to Know in Discussing STLDI with Consumers

- STLDI plans are offered by many of the same issuers that offer qualified health plans (QHPs), although these are not sold on the Marketplace and consumers are not eligible for financial assistance through the Marketplace for help paying the cost of the coverage.
- STLDI plans are exempt from the federal comprehensive coverage rules imposed on QHPs. For example, under federal law, STLDI issuers and plans can deny coverage due to a pre-existing condition, may include annual limits on the amount an insurer will pay, and are not legally required to cover EHB. Assistors should recommend consumers read STLDI plan documents to fully understand what is covered.

# Other Types

- Health Care Sharing Ministry
- Association Health Plan
- Direct Primary Care
- Excepted Benefit Coverage



# **Part 3: Free or Low-cost Health Care**

# Free or Low-cost Health Care

- Federally Qualified Health Centers
- Ways to save on prescription medications
- Retail-based health centers
- Emergency care
- Charity care
- Centers for Disease Control
- State and local health department services
- Co-Pay/Coinsurance Relief Programs



# Consumers Living With HIV/AIDS



- **HIV/AIDS clinics** provide low- to no-cost testing and/or treatment for patients with HIV/AIDS.
- The **Ryan White HIV/AIDS Program** provides a comprehensive system for HIV/AIDS care for those who are uninsured or underinsured *and* low income. The program includes primary medical support, essential support services, and medications.

# Zero- or Low-cost Health Centers

- **Federally Qualified Health Centers (FQHCs)** offer primary care services on a sliding fee scale based on a patient's income. They accept private insurance but are required to offer services to the uninsured.
  - **Migrant Health Centers** (a type of FQHC) provide health care to farmworkers and their families on a sliding fee scale.
  - **Public Housing Primary Care (PHPC)**, a type of FQHC, provides healthcare services to public housing residents, either on the premises of housing or at an accessible location.
  - **Health Care for the Homeless Program (HCHP)**, a type of FQHC, provides federal funding to health centers that serve people experiencing homelessness.

# Zero- or Low-cost Health Centers (Cont.)

- **Local homeless shelters** may also provide free medical services for residents.
- **Rural Health Clinics (RHCs)** serve patients in rural areas. While they are not required to provide care to the uninsured, many will provide care to the uninsured on a sliding fee scale.
- **The Hill-Burton Program** are health care facilities nationwide that provide free or reduced-cost care to those who qualify. A list of facilities participating in the program can be found at [HRSA.gov/get-health-care/affordable/hill-burton/facilities](https://www.hrsa.gov/get-health-care/affordable/hill-burton/facilities).



# Zero- or Low-cost Health Centers (Cont.)

- **Local volunteer or free clinics** exist in many areas to fill gaps in health service provision. These clinics are often free and are run by volunteers. They are independent of insurance coverage, and they are predominantly for the uninsured or underinsured. Services provided at different locations may vary.
- **School-based health centers** often are operated as a partnership between the school and a community health organization such as a community health center, hospital, or local health department. Students and their families rely on school-based health centers to meet their needs for a full range of age-appropriate health care services.



# Prescription Medication Discounts



- The **340B Drug Pricing Program** provides savings for health care providers that serve vulnerable populations. It lowers the cost of prescription medications for providers, resulting in lower drug prices for consumers, or additional programs to assist low-income patients. Check with your local health service providers to find out if they participate in 340B pricing for drugs at that location.
- **Community health centers** such as FQHCs.
- **Ryan White HIV/AIDS Program** grantee organizations provide discounted treatment, including medication, for those living with HIV/AIDS who are uninsured or underinsured. For more information, visit [Hab.hrsa.gov/about-ryan-white-hivaids-program/part-b-aids-drug-assistance-program](https://hab.hrsa.gov/about-ryan-white-hivaids-program/part-b-aids-drug-assistance-program).

# Prescription Medication Discounts (Cont.)

- The **Centers for Disease Control (CDC)** provides information about patient assistance programs for rabies vaccine and immune globulin.
- These organizations distribute drug discount information:
  - [NeedyMeds](#): Lists programs that may provide patients with financial assistance for prescription drugs.
  - [GoodRx](#): Compare drug prices, print coupons, and save on prescription medications.
  - [Partnership for Prescription Assistance](#): Find patient assistance programs for prescription assistance.



*Note: this is not an exhaustive list of websites and does not constitute a CMS endorsement of any of the listed websites.*

# Prescription Medication Discounts (Cont.)

- **Generic drugs** are cheaper than name-brand drugs. Consumers can research to find out if a generic is available for a prescription they need.
- If a prescription is only available from a specific drug manufacturer, they may offer a **manufacturer coupon or Patient Assistance Program (PAP)**. These are often available to low-income, uninsured, or underinsured consumers.

# Retail-based Health Care Clinics and Urgent Care Clinics

- **Retail-based health care clinics** can be found at certain chain retail stores across the country. Retail health clinics do not require insurance and charge a flat, upfront fee for services. Services may include primary care, acute care, lab tests, immunizations, preventive care, and physicals.
- **Urgent Care clinics** have similar upfront costs but are for emergency situations. They are less expensive than emergency departments; however, they are not obligated to provide services to patients, even if their condition is life-threatening.



# Emergency Department Care



- **The Emergency Medical Treatment and Labor Act (EMTALA)** requires emergency departments to provide stabilizing care to every patient who presents with a life-threatening illness or injury, regardless of health insurance or ability to pay. Hospitals may still bill patients for care provided under EMTALA. For more information, visit [CMS.gov/Regulations-and-Guidance/Legislation/EMTALA](https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA).

# Charity Care

- Hospitals and health systems are often required by law to provide Charity Care—a program of free or reduced prices for low-income people who are uninsured or underinsured. Applications for Charity Care are specific to each health center and are available through financial assistance/billing departments.
- Charity Care is particularly useful for specialty services that are not available at primary care offices.



# CDC and Health Departments

- The **CDC** offers many free screenings and services, including:
  - Preventive screening for breast and cervical cancer for low-income, uninsured, and underserved women.
  - Vaccines for low-income and uninsured children.
  - Colorectal screening for low-income and uninsured men and women.
- Local and state **health departments** provide free information about public health initiatives, prenatal/baby care, preventive care opportunities, health clinics, and screening events. They also often provide free sexually transmitted disease (STD) testing and flu vaccines. Search online for your local or state health department to find area-specific information.



# Copay/Coinsurance Relief Programs

- Private organizations may provide copay, coinsurance, or deductible assistance for consumers with financial need.
- Many of these options exist at the state and local levels. It is worthwhile to search online for local or state organizations that provide additional assistance for underinsured individuals.



# How Assisters Can Share Information With Consumers

- Stay informed. Feel free to pass along new information to other assisters and consumers consistently.
- You can research local clinics, discount programs, and area-specific resources to complement the national programs presented today.
- You can establish relationships with local organizations and departments that provide services to the uninsured.
- You can create a physical list of compiled resources to give to consumers you work with who do not enroll in health insurance.
- Remember that a number of these options have specific requirements that must be met by a consumer in order to receive services.



# How Assisters Can Share Information With Consumers (Cont.)

- Some populations experience eligibility and enrollment barriers, including limited choice and access to care, affordability, and barriers to communication.
- The following assister training resource provides further background on serving vulnerable and underserved populations:
  - “Serving Vulnerable and Underserved Populations,” available at [Marketplace.CMS.gov/technical-assistance-resources/training-materials/vulnerable-and-underserved-populations.pdf](https://Marketplace.CMS.gov/technical-assistance-resources/training-materials/vulnerable-and-underserved-populations.pdf).



# Resources and List of Links in This Presentation

- [“Health Insurance Coverage in the United States: 2019”](#)
- [Immigration status - Marketplace](#)
- [Immigration status - Medicaid](#)
- [Catastrophic coverage](#)
- [Zero and limited cost sharing plans for AI/ANs](#)
- [Emergency Medicaid](#)
- CHIP:
  - [Medicaid and CHIP Coverage](#)
  - [Medicaid.gov: Medicaid, Children's Health Insurance Program, & Basic Health Program Eligibility Levels](#)
- Alternatives to major medical insurance:
  - [CMS.gov: Short-Term, Limited-Duration Insurance Final Rule](#)
  - [Federalregister.gov: Short-Term, Limited-Duration Insurance](#)

# Resources and Lists of Links in This Presentation (Cont.)

- [FQHCs](#)
- [Public Housing Primary Care Program](#)
- [Healthcare for the Homeless Program](#)
- [Homeless Shelter National Directory](#)
- [Volunteer Clinics](#)
- [HIV/AIDS Clinics](#)
- Ryan White HIV/AIDS Program:
  - [Services for Persons Living with HIV/AIDS](#)
  - [Find a Ryan White HIV/AIDS Program Medical Provider](#)
- [The Hill-Burton Program](#)
- [340B Drug Pricing Program](#)
- Centers for Disease Control:
  - [Rabies vaccine and immune globulin](#)
  - [Breast and cervical cancer screening](#)
  - [Vaccines for children](#)
  - [Colorectal screening](#)
- Private drug discount websites:
  - [Needymeds](#)
  - [GoodRx](#)
  - [PPARX](#)
- [EMTALA](#)
- [Serving Vulnerable and Underserved Populations](#)