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C.J. Bailey

L.P. Gerety


MH Guignon

A. S. Helminski

AA Merriam

See next page for additional authors

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Authors

C J. Bailey, L P. Gerety, MH Guignon, A. S. Helminski, AA Merriam, J. Ravera, A Tang, W. G. Tharp, J Bourgo, and H Maltby

Health Coverage History of Local Uninsured Patients

Assessing the Need for an Eligibility Specialist

Bailey CJ, Gerety LP, Guignon MH, Helminski AS, Merriam AA, Ravera J, Tang A, Tharp WG, Bourgo J, Maltby H
University of Vermont College of Medicine, Burlington, VT
Community Health Center of Burlington, VT

Abstract

Uninsured Americans are a growing population as insurance premiums climb and fewer employers offer health coverage. Providing medical care to the uninsured often represents a significant financial loss to medical institutions. Our study sought to describe the insurance history and barriers to obtaining health coverage for uninsured patients at the Community Health Center of Burlington, Vermont (CHCB). The potential benefit of adding an insurance eligibility position to the staff at CHCB was also explored. Data were collected by random phone survey from 100 CHCB patients identified as uninsured at their last visit; patients were queried regarding insurance history and interest in enrollment assistance. At the time of survey 66% were currently uninsured, and the majority (87.9%) of these respondents previously held insurance. Loss of insurance was most often due to a change in job status, income or a change in eligibility. Cost was a major barrier to insurance noted by individuals; on average respondents indicated they would be willing to pay around \$65 per month for coverage. A majority (75.7%) of uninsured respondents also expressed interest in an onsite eligibility worker. These data suggest that the patient population at CHCB would be well served by implementing some form of eligibility staffing. There are a number of different health insurance options in Vermont that could benefit these patients, provided they have assistance with applying. Due to the small sample size of our survey, we recommend that the scope of the eligibility position be determined by closely examining the caseload encountered.

Background

- Recent estimates have indicated that between 40 and 60 million Americans are either uninsured or underinsured (Hoffman 2007; Shone 2003).
- Barriers to access ranging from language and literacy to complexity of paper work and compartmentalized aspects of managed care have been identified as major contributors to the high numbers of uninsured or underinsured in the United States (Barr & Wanat 2005).
- Many communities have instituted large scale eligibility worker programs that have had the following benefits: increased enrollment of uninsured patients (Perez et al, 2006), reduced cost of care (Whitley et al, 2006), and reduced visits to the emergency department (Michelen 2006).
- The Community Health Center of Burlington (CHCB) provides health care to a total of 13,277 Vermonters; approximately 25% of whom (3,106) are uninsured or underinsured patients (CHCB Vital Stats 2006). The aim of this study was to assess the need for a dedicated eligibility worker serving the CHCB.
- A telephone questionnaire was developed and administered to a cohort of CHCB patients identified as uninsured at their last visit to the health center. The survey evaluated patients' current insurance status, circumstances related to their healthcare insurance status, perceived barriers to access, and desire for assistance in obtaining health care coverage.

References: Barr DA and Wanat SF. Fam Med. 2005 Mar;37(3):199-204.; CHCB Vital Stats 2006; Hoffman CB. Am J Nurs. 2007 Jan;107(1):40-3, 46-7.; Perez M et al. J Health Care Poor Underserved. 2006 Feb;17(1 Suppl):26-43.; Michelen W et al. J Health Care Poor Underserved. 2006 Feb;17(1 Suppl):59-69.; Shone LP et al. Pediatrics. 2003 Dec;112(6 Pt 2):e521.; Whitley EM et al. J Health Care Poor Underserved. 2006 Feb;17(1 Suppl):6-15.

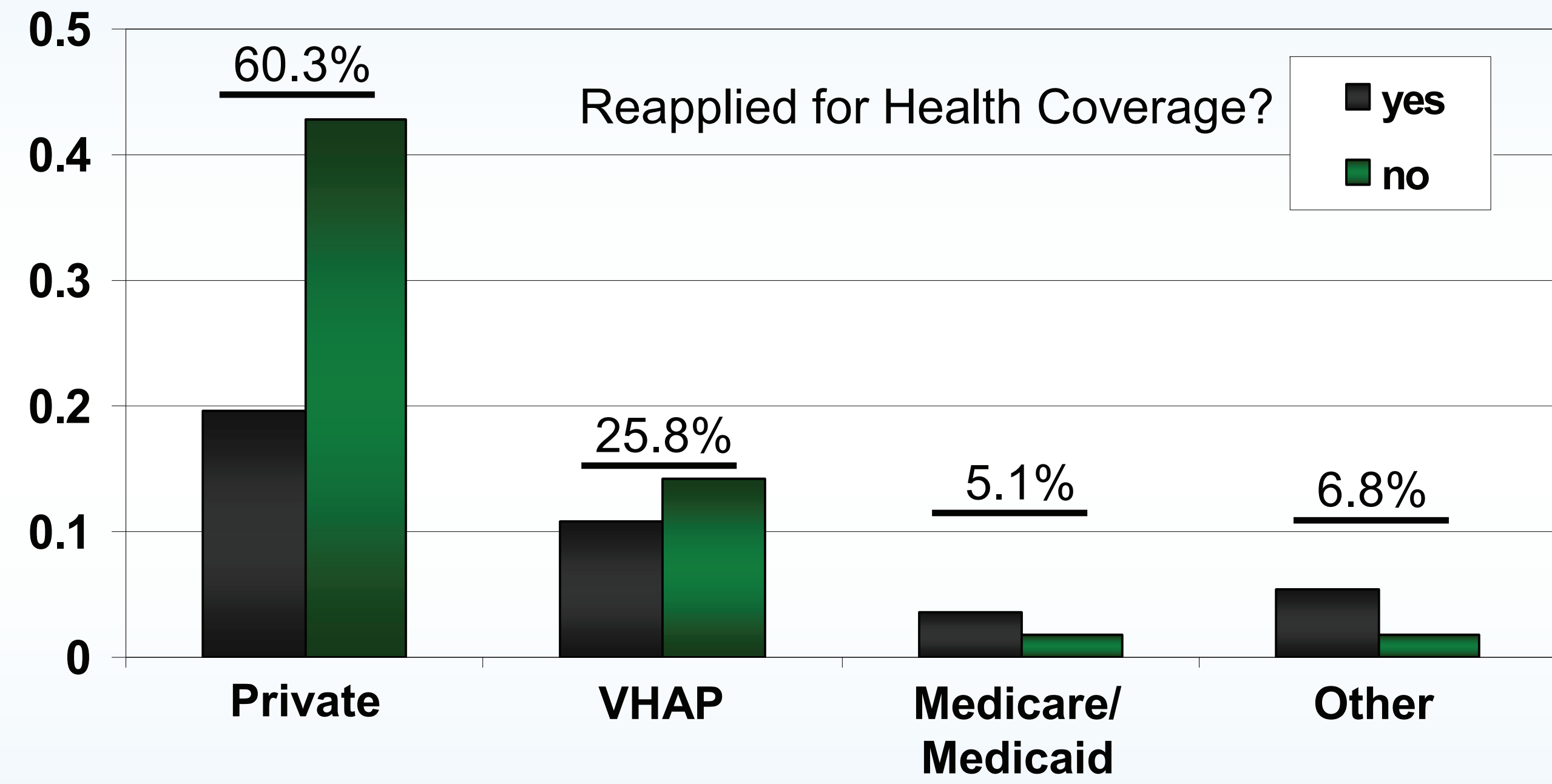
Subjects and Methods

Random samples from a list of CHCB patients identified as having no insurance at the time of their last visit were surveyed by telephone regarding current and past health insurance coverage, changes in eligibility, perceived barriers to access, desire for assistance in obtaining health insurance, and contextual features of their insurance status. No subjects under the age of 18 were contacted and surveying was conducted until a sample size of 100 respondents was obtained. Each telephone interview was voluntary and anonymous and consent was obtained prior to questionnaire administration.

Insurance Status of Respondents

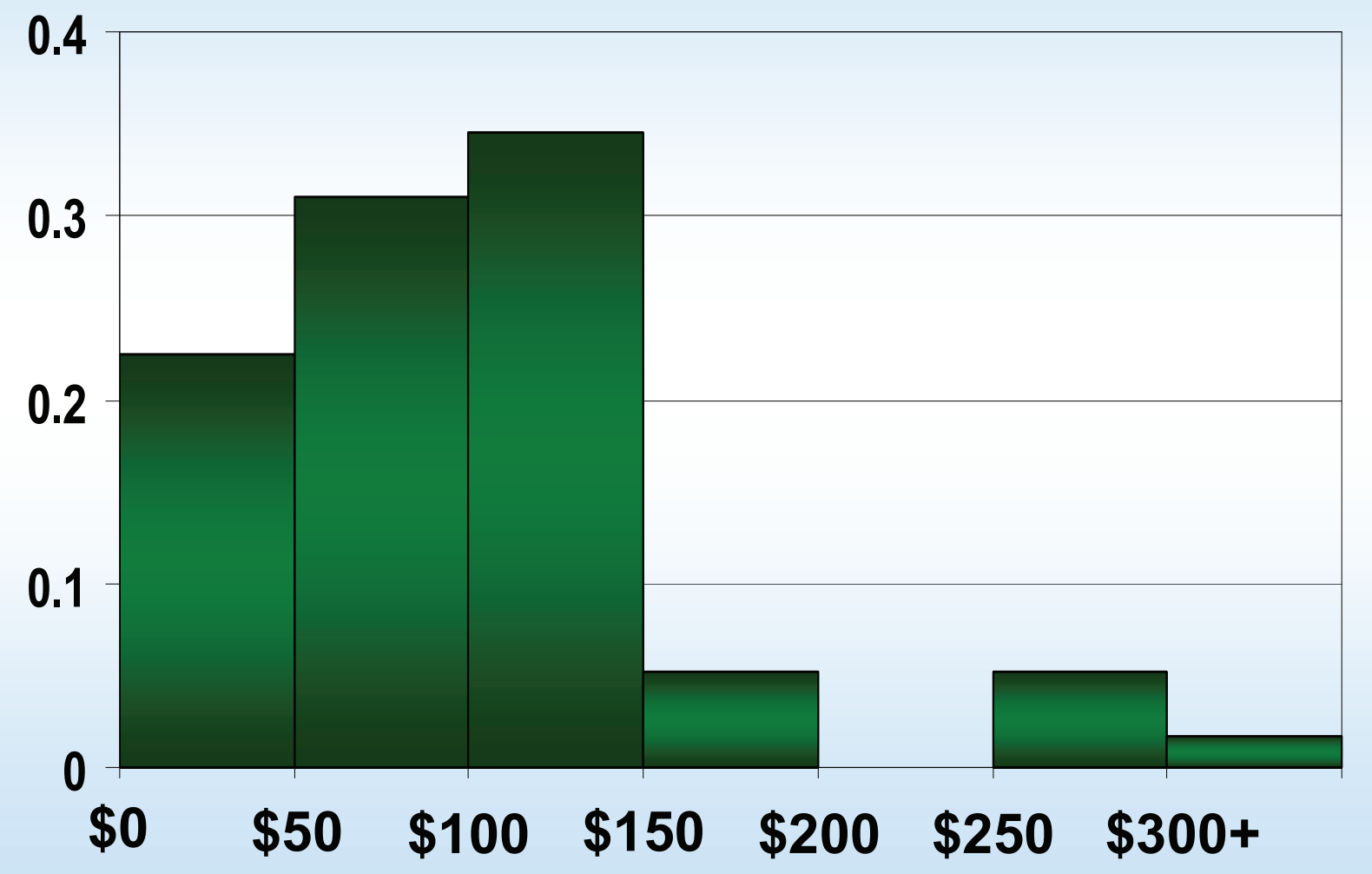
Sixty six percent of the 100 respondents did not currently have health insurance. The majority of respondents without health insurance (87.8%; 58/66) indicated that they had been previously insured, while the remaining 12.1% (8/66) have never had health insurance.

Previous Health Insurance Carrier and Reapplication Trends



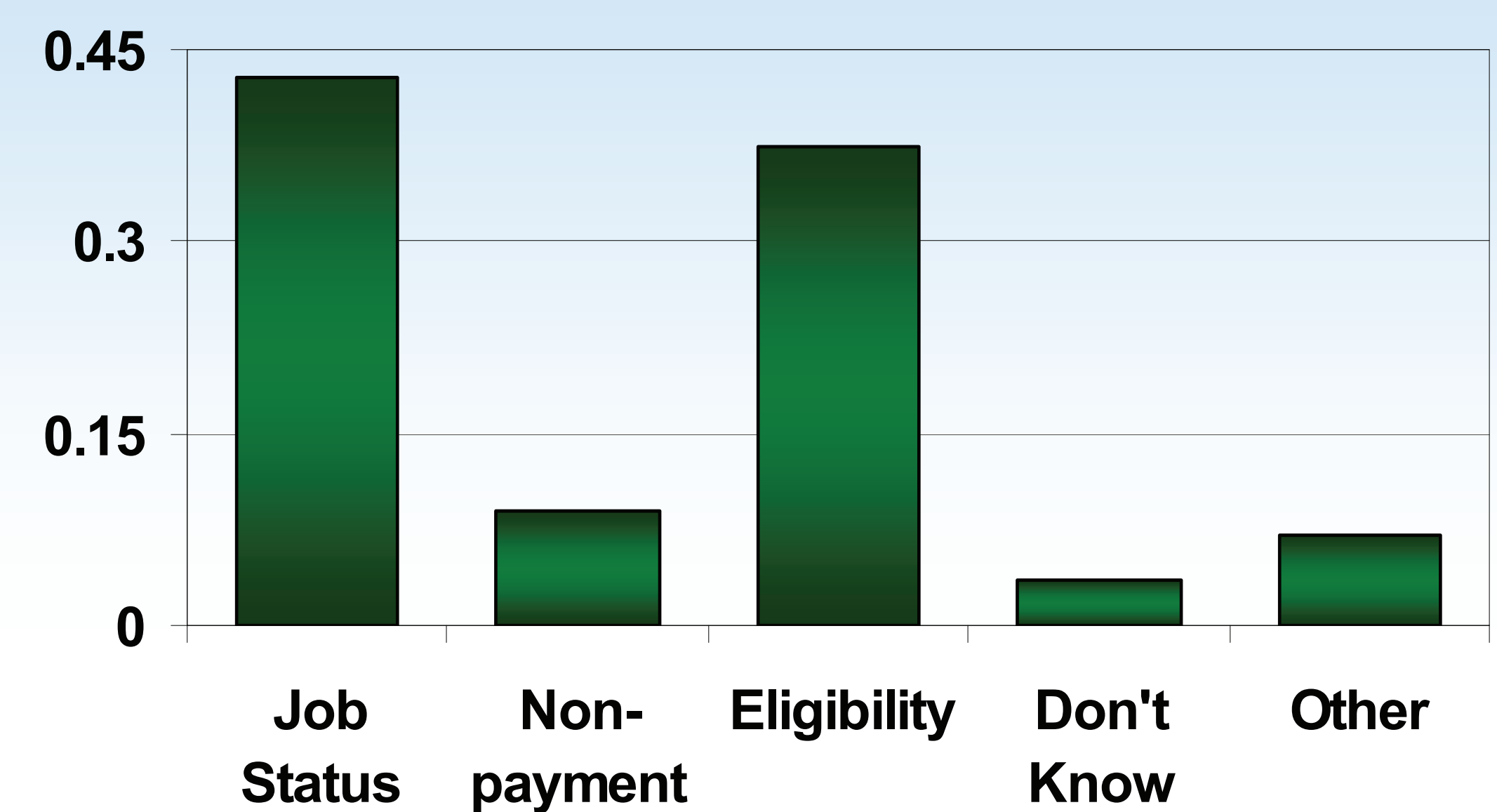
The majority of respondents without health insurance (60.3%; 35/58) previously had private health care coverage, while 25.8% (15/58) were covered by VHAP, 5.1% (3/58) were covered by Medicaid, and 6.8% (4/58) previously had coverage by some other mechanism (See inset). Since losing coverage, only 39.6% (23/58) of respondents without health insurance have reapplied for coverage. The proportion of those who reapplied was consistent across all parameters (approximately 50%) with one exception: change in job status. Only 7 of the 24 people who cited a change in job status reapplied for health coverage.

Perceived Value of Health Coverage

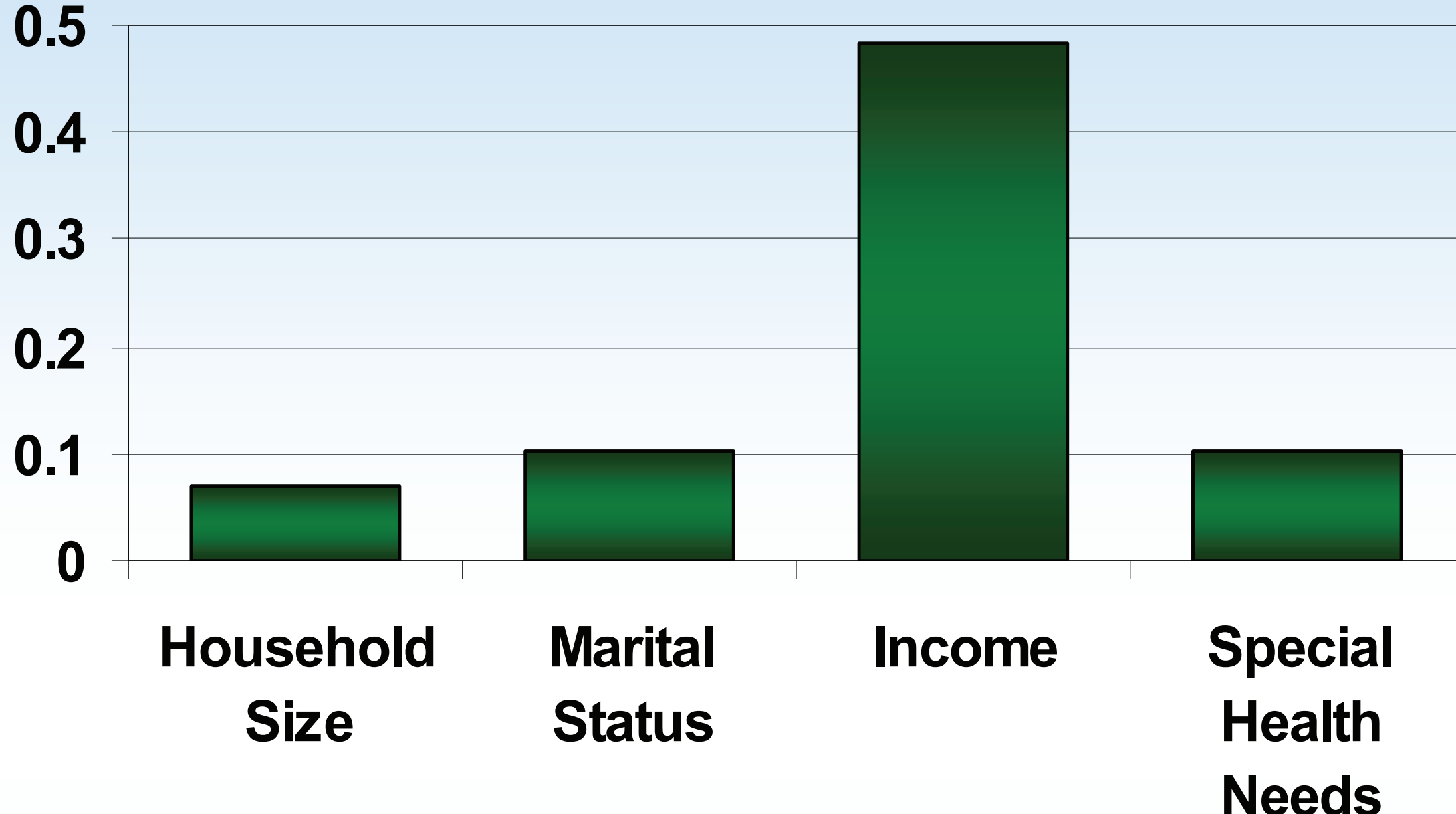


Surveyors asked what amount the respondent would be willing to pay per month for health coverage. The average amount people were willing to pay was \$65/month +/- \$64.75 (mean +/- S.D.) however the distribution of amounts was heavily skewed to the left and had a median of \$50.

Reasons for Loss of Health Insurance



The reasons for coverage loss among previously insured respondents were noted: job status change 42.9% (24/56), non-payment 8.9% (5/56), change in eligibility status 37.5% (21/56), did not know 3.6% (2/56), and other 7.1% (4/56). Narrative responses to the "other" category included voluntary termination of coverage and loss of coverage due to missing paperwork; 3.4% (2/58) of respondents declined to answer this question.



Respondents who previously had health insurance were asked about subsequent changes to their living situation that could potentially affect eligibility status. 75.8% (44/58) indicated a change in one of the following factors: 48.2% (28/58) of respondents without health insurance claimed changes in income status, 10.3% (6/58) marital status, 6.8% (4/58) household size, and 10.3% (6/58) indicated they have developed special health care needs since the loss of health care coverage.

Access and Assistance

When respondents were asked to identify their biggest perceived barrier to obtaining health insurance, 45.5% (30/66) specifically cited cost.

A final question on the survey asked whether respondents would be interested in on-site help procuring health care coverage. The majority of respondents without health insurance [75.7% (50/66)] indicated that they would be interested in personal assistance from an eligibility worker at CHCB, while 21.2% (14/66) said they would not be interested in onsite assistance. 3% did not respond.

Conclusions and Recommendations

- We recommend CHCB establish eligibility staffing to assist their patients.
- Despite citing cost as a major barrier to becoming insured, most respondents indicated willingness to pay a modest premium for health insurance.
- Changes in one of the following factors were reported in 75.8% of uninsured patients since losing coverage: household size, marital status, income, or special health needs. These factors can influence eligibility for public programs.
- The majority of patients who lost insurance and did not reapply had private insurance, possibly indicating that an eligibility worker could assist patients in finding and maintaining health care coverage. Such a specialist would help navigate the array and fluidity of health insurance options in Vermont.
- Due to small sample size this study cannot predict the workload for such an eligibility worker at CHCB. As a result, we recommend finalizing the details of the job description based on the actual quantity and types of patient encounters.