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Health Coverage History of Local Uninsured Patients: Assessing the Need for an Eligibility Specialist

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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. Since losing coverage, 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.

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.

Background
Recent estimates have indicated that between 40 and 60 million Americans are either uninsured or underinsured (Hoffman 2007; Shone 2003).

• Barriers to accessing health care vary with literacy and complexity of paper work and, unsurprisingly, uninsured or underinsured patients (Perez et al, 2006).

• Many communities have established 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 insurance.

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.

Reasons for Loss of Health Insurance
Respondents who previously had health insurance were asked about subsequent changes to their living situation that could potentially affect eligibility status. 78.8% (44/56) 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.

Conclusions and Recommendations
• We recommend CHCB establish eligibility staffing to assist their patients.
• Despite citing a major cost as a 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 possibly indicating that an eligibility worker could assist them 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.

Abstract
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