



Partnerships to Enhance Clinic Sustainability Questions from the Webinar

1. How do you define who is uninsured?

While there is no official definition, being underinsured includes insured people with periodic gaps in coverage throughout the year, and/or those with high-deductible plans, high co-payments for services, and those who lack specific types of coverage, for example, pharmacy benefits.

New estimates from the Commonwealth Fund Biennial Health Insurance Survey, 2014, indicate that 23 percent of 19-to-64-year-old adults who were insured all year—or 31 million people—had such high out-of-pocket costs or deductibles relative to their incomes that they were underinsured. These estimates are statistically unchanged from 2010 and 2012, but nearly double those found in 2003 when the measure was first introduced in the survey. The share of continuously insured adults with high deductibles has tripled, rising from three percent in 2003 to 11 percent in 2014. Half (51 percent) of underinsured adults reported problems with medical bills or debt and more than two of five (44 percent) reported not getting needed care because of cost. Among adults who were paying off medical bills, half of underinsured adults and 41 percent of privately insured adults with high deductibles had debt loads of \$4,000 or more.¹

2. Is it legally allowable to charge a patient according to a sliding fee scale if he/she is insured but doesn't want the Explanation of Benefits to go home to the policyholder? Or, is this addressed by state-level laws?

Yes, it is legal to charge patients who have private insurance as if they are uninsured. That is, you accept them as “cash” or “self-pay” patients, and may place on a sliding fee scale. However, there are several possible exceptions to this statement:

- As a participating **Medicaid** provider, a state contract may explicitly say that the agency is not permitted to collect fees from patients for your services. This regulation will vary from state to state. Check your contract for this information.
- The agency may have a grant that requires that patients who have insurance use that insurance. For example, the grant might be the funder that is underwriting the agency's ability to have a sliding fee scale. That is, the funder provides the financial off-set that allows the agency to vary charges based on a patient's income. In that case, the contract for those funds may stipulate that they are the payer of last resort. Verify your contract for this information before accepting insured patients as self-pay ones.
- The agency may have an insurance contract with a health maintenance organization, preferred provider organization, or other non-traditional insurance product. Any stipulation regarding patients not using their insurance but receiving care would be written into the contract. It would be addressed on a contract-by-contract basis, not as state-level law.

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¹ <http://www.commonwealthfund.org/publications/issue-briefs/2015/may/problem-of-underinsurance>

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