Making A Health Insurance Benefits Decoder

What is a Benefits Decoder?

- A pocket reference to help line workers easily identify, understand, and take advantage of their clients' healthcare coverage and benefits.
- A tool for improving both data quality and service delivery.
- Part of the H^2 Healthcare & Housing Data Enhancement Initiative.

Summary

The Benefits Decoder is a tool to help case workers quickly and accurately:

(a) Evaluate the scope of their clients' current health care coverage
(b) Determine which health care plans their clients are eligible for
(c) Recommend health insurance plans that meet their clients' financial and medical needs
(d) Enter data about their clients' health insurance into an HMIS database.

By combining photos of health insurance ID cards with icons that summarize the scope of coverage and HMIS "Answer Keys" that explain how to code any given plan in HMIS, the Benefits Decoder elevates health insurance counseling from guesswork to proper social work. The Decoder is available online, as a legal-sized booklet, and as a single-page poster.

HOW TO CREATE A DECODER IN YOUR COMMUNITY

Step 1: Identify the Low-Income Health Plans

Any community will have a few predictable sources of health plans that are accessible to people with low income. The most obvious sources are Medicare, Medicaid, the Affordable Care Act, and the Veterans' Administration.

Medicare

Medicare provides health insurance for people over 65 years of age. Medicare is available in "Original" form (also called Parts A + B), in the alternative "Medicare Advantage" form (Part C), and as a stand-alone Prescription Drug benefit (Part D). Original Medicare is available in all 50 states and should always be included in a Benefits Decoder. Medicare Advantage is a public-private partnership that allows private health care companies to offer comprehensive health insurance plans to Medicare beneficiaries, with slight modifications that may allow the plans to earn a profit and/or provide a more appropriate collection of medical services to their particular clientele. Your community may have zero, one, or multiple Medicare Advantage plans, depending on its size and demographics. The Medicare Plan Finder, at https://www.medicare.gov/find-a-plan/questions/home.aspx, can help you find out which plans are available in your community. It is not necessary to include every single Medicare Advantage plan in your Decoder. Instead, you can sort the available plans by price, and choose the two or three lowest-cost plans.

Similarly, you can use the Medicare Plan Finder to find out which stand-alone prescription drug benefits are offered in your community, and then select one or two of those plans to include in your Decoder based on which plans have the lowest price. Try to strike a balance between plans with low monthly premiums, and plans with low co-pays. For example, if the plan with the lowest monthly premium has $20 co-pays for generic drugs, it may be of limited use to homeless clients, and so you may want to choose another Part D plan to feature in your Decoder.

Medicaid

Medicaid provides health insurance for people who have low-income. In states that have accepted the Medicaid expansion as part of the Affordable Care Act, *anyone* who is earning less than 133% of the federal poverty line can be eligible for Medicaid, depending on the state's Medicaid Plan. In states that have rejected the Medicaid expansion, Medicaid eligibility is limited to low-income parents, low-income children, and low-income people who are suffering from a particular disease, like tuberculosis or HIV. For more information on Medicaid eligibility, read https://www.medicaid.gov/medicaid-chip-program-information/by-topics/eligibility/eligibility.html or search online for [Your State] Medicaid State Plan. For example, in New York, you would search for "New York Medicaid State Plan."

Some states provide Medicaid insurance directly, through a "fee-for-service" model. In a fee-for-service model, beneficiaries visit a doctor of their choice, and the doctors bill Medicaid for their services on an *a la carte* basis. If your county offers this option, you should include it in the Decoder. However, many counties either allow or require Medicaid

beneficiaries to join a type of managed care plan. Like the Medicare Advantage plans, these managed care plans are a public-private partnership that channels state and federal government benefits through local health care companies. Check your state's Department of Health Care Services, Department of Health and Human Services, and Department of Commerce for an index of which Medicaid plans are offered in your community.

Affordable Care Act

States that are participating in the Affordable Care Act will have an "exchange" or "marketplace" that offers one or more state-approved private health plans. The plans are guaranteed to offer a certain minimal level of coverage, and subsidies are often available to help low-income residents purchase coverage under those plans. You can look up your state's policies at https://www.healthcare.gov/get-coverage/.

Once you access your state's health care marketplace, try to evaluate the options available. If there are only two or three plans, you may as well include all of those plans in your Decoder. If there are several plans, then it probably makes more sense to sort the plans by "tier." Each marketplace describes its health plans as belonging to the Bronze, Silver, Gold, or Platinum tier. The Bronze tier of plans have the lowest monthly premiums and are most likely to be affordable to the clients who would be served by a Benefits Decoder.

Step 2: Gather Information about the Low-Income Health Plans

Once you have a list of the plans you will feature in your Decoder, you need to gather five key pieces of information about each plan:
   a. Photographs of the plan's member ID cards,
   b. Information about who is eligible for the plan,
   c. Information about what services are covered under the plan,
   d. An estimate of how much major services will cost under the plan, and
   e. Contact information for people who want to ask a specific question about the plan.

Member ID Cards

Member ID cards are often available via a Google Images search; if you type in the name of the plan combined with "front of card" or "back of card," many plans will have a publicly available image that you can use to help your readers quickly identify a plan by the photo of its ID card. If this does not work, you can try to find a copy of the plan's Explanation of Benefits or New Member Orientation Brochure, which may have photos of the card embedded in the document. After downloading the longer document, you can take a screenshot of the card and then paste the screenshot into your Decoder. When a plan requires multiple ID cards for participation (e.g., a State Medi-Cal ID card and a local health insurance card), try to obtain photos of both types of cards, so that case workers will know what kinds of cards their clients need in order to receive care.

Eligibility

Information about eligibility is usually available on an insurance company's website, which will offer a general description of the plan. Some plans are described using shorthand,

e.g., the plan is available to "middle-income families," or the plan is available to seniors who are "eligible for Medicaid." Where possible, research the exact definitions of these terms in your state, so that you can provide concrete, ready-to-use guidance to your busy case workers and front line staff.

Services Covered

Information about what services are covered by a plan is also usually available on an insurance company's website. Summaries may also be available on your state's Affordable Care Act marketplace or health care exchange. Coverage summaries may be vaguely worded - try to confirm your interpretation of major coverage provisions by reading multiple sources and comparing provisions across similar insurance policies.

Service Costs

Similarly, information about service costs is often available both under the insurance company's website and from your state's health insurance exchange. When assessing the costs of elements under the plan, it is not necessary to prepare a detailed budget. Instead, a sampling of prices for services that homeless clients are most likely to need, or for services that are most attractively priced, is sufficient. This allows the Decoder to be used to identify an affordable source for a particular service and/or to quickly give clients feedback on what kinds of services will be affordable based on their income.

Contact Information

Try to include multiple forms of contact information – including phone, web, e-mail, and options for hearing-assisted devices or multiple languages – for each plan in the Decoder. This provides clients and case workers with the ability to reach out to health plans with targeted questions about issues such as eligibility, service delivery, and service costs that may be relevant to the client.

Step 3: Assemble the Information into at least one Convenient Document

After you have adequately described all of the relevant information about your region's health insurance plans, you will need to assemble that information into a convenient, easy-to-read format. Plans may be sorted alphabetically, by company, by funding source, or by another important characteristic. Whichever ordering system you use, be sure to include a table of contents, and, if appropriate, an index that lists all of the plans with various characteristics (e.g., available to seniors or including dental coverage).

Another useful technique to make the document accessible and easy to use is to develop icons that graphically indicate which major categories of services are included in a plan. For the San Francisco Pilot Project, six basic icons were used: primary care, mental health care, prescription drugs, family planning, vision, and dental. Icons were filled solid black for available services, and gray for services that are unavailable, available only for minors, or that require a significant monthly premium. Some plans offer only a handful of services in a category, or offer services only to certain types of clients, or only for the payment of a significant additional fee. Whenever possible, try to describe these exceptions in the text of the plan summary as well.