NATIONAL <u>UN</u>insured RESOURCE DIRECTORY



FIND THE MISSING PIECES

ACKNOWLEDGEMENT

The National Uninsured Resource Directory has been prepared by the Patient Advocate Foundation (PAF), a leading direct patient services organization in the country with a mission to eliminate obstacles for patients trying to access quality healthcare. PAF seeks to safeguard patients through effective mediation assuring access to care, maintenance of employment and preservation of their financial stability relative to their diagnosis of life threatening or debilitating diseases.

It is the intention of the Patient Action Council and the Patient Advocate Foundation that this publication be an educational tool to inform uninsured consumers of their options and to provide tips on navigating the healthcare system.

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HOW TO USE THIS GUIDE

The National Uninsured Resource Directory is intended to help uninsured individuals and families get connected with valuable resources. Patient Advocate Foundation (PAF) hopes that patients will ultimately feel more empowered when navigating the complex healthcare system and obtain the access to healthcare or health coverage they need.

This print brochure outlines basic information, recommendations and helpful tips for uninsured consumers. Many patients find having these suggestions handy is helpful when speaking with their providers.

We will divide the issues into four categories: accessing healthcare, the financial cost of treatment, future health insurance coverage options and how to impact care by non-medical methods.

ad-vo-cate [n. ad-vuh-kit,]¹ One that pleads the cause of another; One that defends or maintains a cause or proposal, or; One that supports or promotes the interests of another

There are many different types of advocates, a friend or family member, nurses, healthcare professionals, social workers, educators, volunteers or a team made of up of these individuals. An advocate can help you better understand your diagnosis and the financial implications, support you through all aspects of care, educate you on treatment options, locate healthcare providers and maintain a broad awareness of your situation. Ideally, this allows more energy to be spent on your immediate medical needs and mental well being during treatment.

We encourage all patients to be an advocate for themselves, and hope to empower you with the resources to do so in this brochure. For those with access to the internet, a more comprehensive up-to-date interactive tool is available at www.patientadvocate.org/resources.

¹"advocate." Merriam-Webster Online Dictionary. www.merriam-webster.com/dictionary/advocate

SECTION 1: Who are the Uninsured?

When a patient is diagnosed with an illness, he or she may quickly learn that they need insurance coverage to access adequate and timely care. For this publication, uninsured is defined as an individual that lacks any form of current health insurance coverage.

Uninsured Americans can represent many diverse populations with a multitude of reasons for their lack of health coverage. It is helpful to recognize that uninsured patients come from all levels of society and may be:

- Young adults (18-34)
- Unemployed or have experienced a change in job status
- Disabled
- Those with early retirement at an age before eligible for Medicare
- Self-employed business owners and household members
- Recently separated military veterans
- Low income earners or those that rely solely on supplemental income disbursements (SSDI, SSI, STD, LTD)
- Workers in small firms/companies
- Full time workers in companies that do not offer group plans, or the plan is cost prohibitive
- College students who have yet to enter the workforce
- People in families with part-time and temporary workers
- Older adults that are not yet able to qualify for Medicare
- Spouse or child of a person who's employer does not offer family plan
- People transitioning through various stages in life and may have a gap in insurance

Despite recent healthcare reform efforts, millions of Americans still remain uninsured. Patient Advocate Foundation wants you to know that you are not alone when dealing with your healthcare needs. PAF seeks to connect patients with national, state, local and regional resources that are dedicated to improving access to quality care and decreasing the financial burden of medical treatment.

In this publication, we will be discussing some of the most common issues reported by patients served by Patient Advocate Foundation.

SECTION 2:

Accessing Healthcare While Uninsured

As an uninsured patient, there may be times that you find yourself having difficulty locating appropriate medical treatment. As you can imagine, health insurance coverage can make a difference in whether and when people get necessary medical care, where they access their care and how healthy they are able to live overall. People without insurance are more likely to delay or forgo preventive and routine medical care which may result in poorer health outcomes. In this section, we provide a list of tips for patients to gain and improve their access to care.

THESE SUGGESTIONS MAY HELP YOU ACHIEVE SUCCESS FINDING CARE:

- Utilize state and federal programs for free screening. Each state offers free annual pap smears and mammograms through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Some states also offer screening for various other types of cancer as well. If you've been screened prior to a diagnosis, some of these programs offer covered care. To inquire about free screening and diagnostic programs, contact your local Department of Health.
- Apply for Medicaid programs if you meet the eligibility criteria in your state. In the event it is determined that you are eligible for regular Medicaid, you may be able to qualify for other programs available through your state such as food stamps and energy assistance. You can obtain information on these programs and how to apply by contacting your local Medicaid office.
- Apply for county medical assistance programs if you are denied Medicaid. These programs are not available in every county;

however, when available, the program is a coordinated system for the low-income, uninsured residents of the county to access needed medical care on a sliding scale or at no cost. Contact your **local Department of Health** for more information.

- Use free clinics or income-based sliding scale clinics for preventative, routine and primary care.
- Search for a clinical trial that is specific to your diagnosis. Clinical trials provide an avenue to care for the uninsured. Trials frequently absorb most or all of the treatment cost and can be an affordable way to access care. The National Institute of Health (NIH) and National Cancer Institute (NCI) offer a broad range of clinical trials. In order to be pre-screened for these trials, you must call the NCI and NIH to determine if you meet their criteria.
- If you are a suffering from a severe, chronic disease and are seeking major or long-term treatment, check with the closest university or teaching hospital to find out if they have a charity care program. Some larger hospitals will pre-qualify a patient for free or reduced care to decrease the financial burden of treatment.
- For access to physical therapy, rehabilitative and occupational therapy, treatment for speech, hearing and language related disorders, you can contact local universities or specialty training centers to see if they offer free/reduced care services. Dental schools, for example, often have clinics where services are offered for free or for a fraction of the cost that a private dentist would charge. As with other access to care needs, you can contact clinics and hospitals and inquire about charity care, prompt pay discounts, and payment plans. You may also want to apply for Medicaid should you meet certain eligibility criteria.

IF YOU ARE HAVING DIFFICULTY ACCESSING PRESCRIBED MEDICATIONS OR SUPPLIES, YOU MAY FIND THE FOLLOWING ACTION STEPS HELPFUL.

- Explore discount drug options through large retailers, supermarket or pharmacy chains such as Walgreen's, Wal-Mart, CVS, or Target. Contact your closest retailer to see if a comparable program exists.
- Consider generic-equivalent medications with your doctor's approval.
- Explore mail order options.
- Check with your provider to see if he/she can offer you samples of the medication.
- Apply for national or disease specific drug assistance programs. There are also free or low-cost drug programs. A complete listing is available in the resource section of this publication.
- Apply for state drug assistance programs by contacting your local state insurance commissioner's office. You can find a link to state specific programs at www.needymeds.org.
- Drug replacement programs may be available to assist you by providing medications directly to your physician's office for your use. Discuss these programs with your treating physician. Many drug manufacturers offer medications to patients who are unable to afford them for free or a very minimal cost. Visit www.needymeds.org to find out if your medications are available.

If you need assistance with the cost of durable medical equipment (DME) and/or specialty products such as diabetes test strips, wheelchairs, lyphedema sleeves, hearing aids, etc. it is a good idea to first make contact with the manufacturer of the product. Some manufacturers will offer discounts to uninsured patients and/or additional resources. Always inquire if there is a financial assistance program available or if payment arrangements can be made. You may also want to check with local charitable organizations in your area such as The Salvation Army and United Way as they may have donated items available for purchase at a reduced cost.

WHAT IF I CANNOT GET TO MY APPOINTMENTS?

- Many times patients have difficulty managing their basic transportation needs when in the midst of a medical incident. Managing frequent appointments to and from facilities for care, procedures, treatments and follow-up, as well as trips to pharmacies and drug stores when gathering at-home supplies, can further strain a patient and their family. It is also not uncommon for patients to have to travel long distances to a treating facility, sometimes requiring an overnight stay and an additional cost of lodging. There are a number of organizations that provide free or reduced cost transportation, specifically for long distance travel. Organizations like the National Patient Travel Center, Road to Recovery offered by the American Cancer Society or Angel Flight can assist in coordinating travel options.
- You might also contact a local volunteer network for assistance with local travel.

FOR THOSE THAT FALL UNDER SPECIAL CIRCUMSTANCES, THERE ARE SPECIFIC RESOURCES GEARED TO HELP.

- Undocumented citizens, migrant and farm workers face even greater challenges in accessing healthcare since this population does not qualify for government programs and resources are scarce. Migrant Clinicians and the National Center for Farmworker Health network is a resource available to help find care locations for members of these groups. The federal Office of Minority Health & Health Disparities manages a farm worker health cooperative which can help locate resources.
- It is worth checking whether your local health center and free clinic will serve undocumented patients. Areas with high specialty populations will frequently have local programs geared towards helping these patients. Charity care does exist for this population, however, only in limited sectors of the country, and in most times at the discretion of the provider. Make sure to speak with the doctor's billing office or the patient accounts department of the hospital to inquire about charity care and payment plans.
- International citizens who are legal permanent residents of the U.S., qualified aliens, short time visa holders or those with satisfactory immigration status who are having difficulty accessing healthcare should contact clinics and facilities to inquire about charity care, prompt pay discounts, and payment plans. You can also apply for Emergency Medicaid through your local Social Services office, or contact your local embassy.

ENHANCING COMMUNICATION WITH YOUR DOCTOR

Open and honest discussions with your medical team can be vital to your ability to access needed care. Historically, patients have not felt like they had the option of open dialogue about the course of treatment, options for alternatives, cost of treatment and how these may affect the patient and doctor decisions. Medical care providers are now more willing and able to discuss these topics with you, and now fully embrace the patient as a critical part in the decision team.

Patients who have a good relationship with their doctor receive better care and are usually happier with the health assistance they receive.

HERE ARE SOME TIPS FOR YOU WHEN YOU TALK TO YOUR DOCTOR.

■ Do not be embarrassed to discuss personal issues with your doctors. You are a valuable piece of the decision making process and have insight and instincts that even your doctor does not. Your doctor wants the best outcome for you as much as you do, so do not be afraid to ask questions, voice concerns or share information with your provider. Empower yourself to ensure you receive the best possible care.

Be Prepared

- Have a list specifically identifying current prescriptions, including dosage, vitamins or herbal products you take, even infrequently, and any allergies or previous reactions you have experienced. These will be very valuable to the medical team and allow the doctor to have all the information at the same time. If there are medications that have been prescribed to you but you have not filled, bring that list as well.
- Bring copies of medical records and test results if you have them.

- Write down a list of specific questions you have before your visit. List the most important first to make sure they get answered.
 Keeping the list handy and in view will keep you from forgetting about the list when the doctor arrives to speak to you.
- Bring a pen with a notepad or paper to be able to write down doctor recommendations or valuable information for your reference later. Medical terminology can be very complex and difficult to recall after your appointment, writing it down in front of the doctor will ensure that you have the information and that the spelling is correct.
- Bring an advocate or caregiver to your appointment. Not only will this person be able to support you through the process, they can help you recall answers to the questions you asked.
- Ask the doctor to provide pictures or drawings that may help you understand recommendations.
- Include financial concerns in your discussion. Nothing is more alarming than trying to recover from surgery or major treatment and being surprised by unexpected expenses. You will want to be honest about your ability to pay and the cost of your care prior to beginning treatment. Discuss what the estimated out of pocket costs are for your treatment, any discounts offered by the facility for prompt payment, cash payments, or payment plans, or any local, state, federal or disease specific resources that might be available. You should also discuss options for effective and lower cost treatment for items like surgery, imaging services, radiology and lab work.
- Do not be afraid to seek a second opinion. Your doctor should not be offended by your request, and many will encourage you to seek additional counsel. Frequently, a different point

of view can open up a different option for you. Seeking a second opinion is not interpreted as a negative experience with your first doctor.

- Keep detailed logs of all appointments, conversations, treatment recommendations, billing statements and receipts for your records. If and when you need to reference an item, this log will be invaluable to you.
- Interact with your doctor during the visit, and do not be hesitant to share a little about yourself during the visit. Even if it feels forced at times, being mindful to add some normal social interaction, discussing hobbies, interests, activities, etc. can help the doctor by having some information about your life. It will also help your doctor relate to you as a "real person."
- Thank your doctors, nurses and office staff when they have been collaborative and helpful. They work in a tough environment and many are trying to ensure you have the best care while frequently feeling overloaded themselves. Appreciation can go a long way, and will help make your visits to the doctor more pleasant.
- Do not be afraid to say NO. Sometimes less is more. As you are the best authority on YOU, you will know when NO is the right answer. By the same vein, do not be afraid to say YES and advocate for a certain path. The best treatment plan is one that is crafted with both you and your doctor's input.
- If you feel there are cultural misunderstandings present that may be impacting care, ask whether the hospital or doctor's office has an **onsite patient navigator** or advocate who can help you communicate better in an effort to have a better dialogue.

NOTE:

Please note that Patient Advocate Foundation provides this information as a courtesy to help you navigate and secure better access to care. We do not endorse any specific resource listed nor have any input on a particular resource's eligibility process or scope of mission.

SECTION 3:

Financial Obstacles

Financial instability leads to stress, which can adversely affect your health as well as your mental well-being. Without the knowledge of what resources may be available, the thought of the long road ahead can often times be unbearable.

Patients can easily deplete an entire life's savings in a short amount of time when faced with a life threatening illness. What will you do? **How are you going to afford your treatment?** This section will help you prepare for the financial demands that you may face.

When applying for financial assistance, please recognize that many organizations have specific criteria which must be met in order to qualify, and that some organizations may have other assistance in an area that you do not immediately need.

A creative approach is frequently necessary when utilizing various assistance programs. For example, you may need financial assistance to pay your transportation need and an organization only provides assistance for your utility bill. It may be beneficial to take advantage of the financial assistance for the utility bill and reallocate your money to pay your transportation need, if the program permits reallocation. Either way, assistance will offset costs in your overall budget to help with that specific financial need.

WHAT DO I DO IF I HAVE UNPAID BILLS?

When you are faced with mounting medical bills, there are several ways you can attempt to negotiate with your healthcare provider for an agreeable resolution. These suggestions may help you achieve success when dealing with financial obligations:

Request applications for partial or full charity care, waived fees or donated care by the provider. Some organizations also use the terms financial assistance or financial aid to reference the same reduction in cost.

Note:

When applying for these charity programs, most facilities will require that patients first apply and be denied for all public assistance such as Medicaid. You should be prepared for a complex application process and will have to disclose all financial information, to include income and assets for the entire household. The benefit is based on family size and income according to a percentage of the federal poverty limit (FPL.) If your income is too high to be granted a charity discount then often times the facility will offer a self-pay discount. This is usually a percentage of the total bill and often the balance can be paid over time with agreeable monthly payment arrangements.

- Inquire at treating hospitals, facilities, and providers about available discount assistance programs such as prompt-pay discounts, self-pay discounts, cash pay discounts, or reasonable payment arrangements.
- Utilize resources that provide a "cost calculator" for common procedures when negotiating a discounted rate.
- Some facilities offer Care Credit as an option. This is a special category of personal (unsecured) credit where a patient has a specific period of time, up to 18 months, to pay the bill without any finance charges. Many hospitals will not extend payment plans past 12 months. Care Credit offers an option that may make payments affordable.
- If you are successfully awarded financial assistance through the hospital, check with your other providers, as they may be willing to match the discount provided by the hospital. Be aware, however, they are not obligated to do so. You will need to contact the billing office of each facility to explain your circumstances and present any

documentation of assistance you have already been given. It is important to contact the providers and establish some kind of arrangement with them to avoid collections.

WHAT IF I CANNOT AFFORD THE COST OF LIVING?

- If you need help with your housing, apply for Section 8 housing (a voucher/certificate that helps you pay your rent), public housing or consider moving to a residence with less rent. There are also some private and charity organizations that provide direct financial assistance for rental needs that are listed in the directory.
- If you struggle to meet your monthly utility payments, contact the Department of Social Services to see if your state has a Low Income Heating Energy Assistance Program (LIHEAP). The Department of Social Services may also be able to refer you to available charity programs or organizations that offer utility relief. For example, HeatShare is administered by the Salvation Army and provides emergency energy assistance on a year-round basis. Funds are used for natural gas, oil, propane, wood. electricity and emergency furnace repairs. You can also ask your doctor to write a letter of medical necessity to the utility company, as they may be more willing to work with you on a compassionate level due to your diagnosis. Lastly, you may contact the State Utilities Commissioner's office to request their review of a compassionate appeal.
- If you could use help with the cost of food, there are places to turn to in your region. Contact your local **Department of Social Services** to apply for food stamps. Those who are eligible for the food stamp program will receive a plastic card that is swiped just like a debit or credit card.

- You may also contact your local churches for food closets or the **United Way** to locate food banks in your area. You do not have to be a member of a specific church to benefit from their food programs.
- If you are in need of help with your mortgage, call your bank or mortgage lender early and try to work out payment arrangements. Consider selling, refinancing, taking out a second mortgage, taking a reverse mortgage or establishing an equity line of credit. Be honest about your circumstances when talking to them about your options. Mortgage lenders are more cooperative when approached early.
- In general, most assistance organizations will not provide financial assistance for secured debt, delinquent taxes or liens. Secured debt may be an automobile or collateral backed debt. Your best option for this type of debt would be to work direct with the creditor and ask for alternative payment arrangements for the loan, such as refinancing, deferring payments or paying only the interest due. Alternate options may be to turn property back in, sell property for a profit, or refinance.

ARE YOU UNABLE TO MAKE YOUR UNSECURED DEBT AND CREDIT CARD PAYMENTS?

- Contact the creditor to make payment arrangements that involve the most minimal payment you can afford. Be specific in the amount that you are able to afford.
- If you are unable to establish reasonable payment arrangements directly with the lender, contact a consumer credit counseling service for assistance. Charitable organizations do not typically assist you with making these payments.
- Consider debt consolidation as an option.
 Credit counselors can assist you consolidate and are able to negotiate lower interest rates

and payment arrangements. It is recommended that you only contact those companies that are non-profit.

- If you are managing student loan payments through a federally backed program, contact your student loan servicer, as there are numerous programs that can give temporary relief including deferments, forbearance, graduated payment plans, income contingent payment plans and interest only payments.
- MyMoney.gov is a helpful source for all ages that provides everyday living financial guidance, education, calculators and resources. The site helps citizens take control of their finances and gives tips for dealing with credit, over-extended expenses and how to manage your debt.
- Do not forget your medical bills while filing your taxes. Many medical expenses are tax deductible, including mileage for trips to and from medical appointments, out-of-pocket costs for treatment, prescription drugs, medically prescribed equipment and the cost of meals during medial visits. Keep all documents and logs, records of payment and receipts for your tax professional to apply to your specific scenario.

For all financial related matters, patients may contact Patient Advocate Foundation for assistance locating specific financial resources in your state and county. Patient Advocate Foundation's case managers serve as an advocate on your behalf and can further locate resources that may be available to help.

NOTE:

Please note that Patient Advocate Foundation provides this information as a courtesy to help you navigate potential aid. We do not endorse any specific financial resource nor have any input on a resource's eligibility process.

Gaining Health Insurance & Your Options

Whether you have been uninsured for a long time or have recently become uninsured, there are multiple options for you to gain access to health insurance. This chapter will discuss your options for coverage, various forms & types of health insurance plans, and how to understand the specific plan you receive, all to help you choose the best option for coverage to meet your healthcare needs.

Despite your current or past health condition, it is in your best interest to obtain health insurance coverage if at all possible. Insurance coverage provides easier access to care and you will have more doctors to choose from since many doctors do not treat uninsured patients. In addition, Insurance gives you and your family protection against a future unexpected health crisis which could potentially leave you struggling with an exorbitant amount of medical debt. All health insurance plans must cover preventative services and common screenings that may help you find medical concerns as early as possible, giving you more options for treatment and care. Gaining coverage with a health plan that includes dependents and household members ensures they are protected as well.

The sooner you and your family are set up on an insurance plan, the better. Patient Advocate Foundation has found that financial resources, including charity care programs, are becoming fewer in number and more limited in financial assistance they can provide. Resources are struggling to meet the increased demand due in part by the state of the economy, raised numbers of patients in need, increases in treatment costs,

changes in regulation and legislation and increased complexity in the health system. There is no guarantee as an uninsured patient that an assistance program will be available to you or that you will meet the eligibility criteria, and having insurance is a way to protect yourself and your health.

DO I QUALIFY FOR HEALTH INSURANCE? HOW DO I FIND A PLAN?

Have you been deemed disabled by the Social Security Administration?

- If you answered "Yes".
 - You may qualify for Medicaid through your state.
 - If you do not qualify for Medicaid, you will become Medicare eligible once you have received Social Security benefits for 29 months or turned 65.
 - If you recently stopped working due to your disability and elected COBRA benefits, you may be eligible for an 11 month extension of COBRA in order to bridge the gap between the normal 18 month COBRA period and the waiting period for Medicare.
 - Are you married?
 - "Yes", if you are married at the time you become disabled and your spouse has an employer group health policy, you may be eligible to elect coverage under your spouse's policy, and may not be subjected to a pre-existing condition clause if done within a timely fashion.
- If you answered "No".
 - Does your employer offer group benefits?
 - If "yes", you may choose to elect group health insurance benefits upon being hired or during open enrollment periods

Are you under 26 years old?

New healthcare regulations allow parents to cover children under their policy until the age of 26 years old, regardless of student status, employment or medical history.

Do you have a pre-existing condition?

- If "no", you may want to shop around for an individual policy through a licensed insurance provider in your area.
- If "yes", you may qualify for a Pre-Existing Condition Insurance Plan (PCIP). You can reach the Pre-Existing Condition Insurance Plan at 1-866-717-5826 to see if you qualify.

Did you recently lose a job that provided health insurance benefits to you?

If you answered "yes", you may be eligible for COBRA benefits.

Did you exhaust your COBRA benefits?

- If you answered "yes", you may be HIPAA eligible plan.
 - If you have had 18 month of continuous coverage and have exhausted your COBRA benefits not due to fraud or nonpayment of premiums, you have 63 days from the date your COBRA benefits term to elect a HIPAA eligible plan.

For more specific questions pertaining to health insurance options in your area, contact your state's Bureau of Insurance.

Common Types of Insurance

Employer Based Insurance

This is insurance offered as a benefit provided by your employer. Insurance premiums may be paid completely or partially by the employer. If the company is small you may have to pay premiums yourself, but still have access to group policies and group negotiated rates. Employers may offer a variety of plan options, i.e. HMO plans, PPO plans or High Deductible plans.

Individual Health Plans

Insurance companies sell individual health plans to consumers looking to purchase coverage for their healthcare needs. Medical underwriting is the process in which a consumer's health status information is used to determine whether he/she will qualify for an individual plan and at what price. A person with pre-existing conditions and no prior coverage may be denied a plan or be subject to pre-existing exclusions. During this exclusion period, the consumer will have no coverage for services related to their pre-existing condition. The individual is responsible for the full amount of their premium, and often times these plans are very costly. A person interested in purchasing an individual plan can shop around and compare premium quotes by contacting their state's Bureau of Insurance for a list of insurance providers in their area.

COBRA-Consolidated OMNIBUS Budget Reconciliation Act

If you previously had coverage through your employer, the COBRA law requires continuation coverage to be offered to employees, their spouses, their former spouses, and their dependent children when group health coverage would otherwise be lost due to certain specific events including divorce, loss of "dependent child" status, termination of employment, resignation of employment or leaving due to illness. COBRA

generally applies to all group health plans maintained by private-sector employers (with at least 20 employees) or by state and local governments. Your employer must provide the information/paperwork within 30 days and you have 60 days to elect this option. You can be charged up to 102% of the insurance premium (full cost of coverage plus 2% administrative fee).

HIPAA-Health Insurance Portability and Accountability Act (HIPAA)

HIPAA was enacted by Congress in 1996 to protect health insurance for workers and their families when they change or lose their jobs. HIPAA provides insurance protections for beneficiaries covered by group health plans. It accomplishes this by limiting exclusions for pre-existing conditions, prohibiting discrimination against employees and their dependents based on their health status, and guaranteeing renewability and availability of health coverage to certain employees and individuals. To learn more about the protections under HIPAA, contact the US Department of Labor or the National Association of Insurance Commissioners.

Short Term or Catastrophic Policies

This type of insurance policy can be purchased for a short period of time to provide coverage in the event of a major medical crisis. It does not provide coverage for minor medical services such as doctor visits and x-rays. This type of insurance may be helpful, for example, when starting a new job where benefits will be offered in a few months or for when you transition to Medicare and you need coverage for a short amount of time. For more information on available Short Term or Catastrophic policies, contact your state's Bureau of Insurance.

Guaranteed Issue Policies

Guaranteed issue health insurance refers to health insurance that does not involve the process of medical underwriting and must be provided to an eligible applicant regardless of the applicant's age, gender, or any pre-existing health condition prior to enrollment. This form of health insurance is beneficial for patients who may be ineligible for other types of health plans due to pre-existing conditions such as heart disease, cancer, AIDS, or diabetes. A guaranteed issue plan will cover most of your healthcare needs including: physician visits, hospital care, and in-patient and outpatient care. You can contact your state's Bureau of Insurance to learn which providers carry guaranteed issue policies.

Risk Pool Insurance Plans + Pre-Existing Condition Insurance Plan

Some states offer Risk Pool coverage which provides health insurance options for high risk individuals. These are state programs that serve people who have pre-existing health conditions and who are often denied or find it difficult to obtain affordable coverage in the private market.

In March of 2010, President Obama signed the Affordable Care Act which put in place comprehensive health reforms to enhance the quality of healthcare for Americans. The law creates a new form of health insurance – the Pre-Existing Condition Insurance Plan – to make health coverage available to individuals who have been denied health insurance by private insurance companies due to a pre-existing condition. To learn more about the Pre-Existing Condition Insurance Plan you can visit www.pcip.gov and review your state's available options.

Medicaid

Medicaid is a federally-funded, state-run program that provides medical coverage for individuals and families with limited income and resources that meet certain eligibility criteria. Since Medicaid coverage varies from state to state, a person who is eligible for Medicaid in one state may not be eligible in another state, and the services provided by one state may differ. For more information regarding Medicaid eligibility criteria by state, please visit the Centers for Medicare and Medicaid Services (CMS) website at www.cms.gov/medicaidgeninfo/01 overview.asp. You can also check with your local Department of Human Services to see if you qualify.

Supplemental Insurance

You may come across policies that specialize in specific medical areas or medical events. These may also be termed "defined benefit insurance." Dental insurance, vision insurance and fixed reimbursement policies offered by companies like Aflac are examples of these type of insurance. These policies tend to be simpler to understand because they very specifically define what is included, and provide un-negotiable maximums for benefits. Sometimes these policies will reimburse you directly for the covered services rather than paying the provider, and many times are processed much quicker than traditional plans. Supplemental policies can help you manage out-of-pocket costs and deductible costs associated with traditional policies. Life Insurance, Short Term Disability, Long Term Disability, Accident, and Hospitalization, are some options for this type of insurance.

Spouse Policy

Although this is not a separate type of insurance, it is listed here to make patients aware that they may be eligible for insurance benefits as an add-on to their spouse's policy. To find out the options and cost of adding a spouse to a current policy, contact the benefits office of the plan holder. In addition, adult children under the age of 26 may still be eligible under their parent's medical coverage plan.

Understanding your Plan

It is important to take a crucial look at your plan, specifically if you have an option among various plans. For whatever plan you choose, once your coverage begins it is important to truly understand the specifics of your policy. Many patients end up with excess stress and frustration that could have been prevented with a little upfront education. Plans are extremely complex and are not usually written for easy reading; however here are some basics to consider.

Ask questions to ensure you understand your deductible amounts, the co-pays you are financially obligated to pay for prescription tiers, regular office visits, specialty doctors and emergency room visits.

Be sure to research the doctor you go to, ensuring they are a covered provider by the plan, and whether or not the insurance company considers them a specialist.

Pay attention to the referral process among doctors in the network and the paperwork that may accompany you seeing a specialist. Many times if these processes are not followed in advance of a visit, you can be responsible for the entire medical visit costs.

Knowing what your yearly out of pocket maximums are can be important in family budgeting. These will vary based on if you are covered as an individual or as a family.

Knowing what types of services, procedures or treatment is covered and what is not may affect you and your doctor's decision on treatment.

When traveling, be sure to pinpoint your coverage options for out of state and emergency services when in transit and away from your normal service area.

Identify how to access your plan's customer service or account information line for when you need to discuss plan and payment issues.

SECTION 5:

Impacting your Healthcare with Non-Medical Means

There are many lifestyle and diet elements that research has shown can dramatically affect your overall health. Before, during or after battling a major illness, maximizing your healthy behaviors can impact your need for, access to and cost of care.

Medical research and the medical community suggest that individuals maintain an overall healthy lifestyle. Listed here are some of the good health guidelines that are tied to lower illness rates and better overall health.

- Eat a well rounded and balanced diet. You should be increasing your vegetable and leafy greens intake, limiting highly processed foods, eating foods that are high in fiber, low in sugar, and low in fat, and ensuring you drink plenty of fluids every day.
- Limit salt intake. Learn how to read product labels and how to identify salt and sodium amounts in your food. Be aware that many processed foods have extremely high levels of salt, even if they do not taste salty.
- Ensure you are getting proper vitamins, minerals and nutrition. The Vitamins & Nutrition center provides accurate information on vitamins and nutrition, research on vitamins, and the different effects of specific vitamin deficiency. Maintaining recommended levels will ensure your body is prepared to keep you healthy.
- Stop smoking and tobacco use.
- Manage your stress level. Many find that incorporating frequent laughter, relaxation and quiet time, positive influences, and time to explore hobbies can dramatically affect stress levels and your body's response to stress.

- Limit excessive alcohol intake.
- Maintain a healthy weight. Obesity studies show an increased connection of extra body fat to many major illnesses and diseases. Likewise, individuals that are too far below the recommended weight may have decreased body resources to fight or resist germs, bacteria and virus leading to medical complications.
- Incorporate exercise and movement into your lifestyle as much as possible.
- Protect yourself against germs. One of the biggest ways to avoid extra germs is to wash your hands thoroughly and often. Cleaning hard surfaces on a regular basis will minimize the spread of germs. Giving yourself access to fresh air will also help to reduce your exposure to harmful bacteria and viruses.
- Seek preventative and early detection care. Regular and adequate preventative care has significantly impacted the longevity of individuals, and will help keep you healthier in the long run. Routine exams, vaccinations, and screenings are key. Early detection of serious conditions can lower healthcare costs and improve outcomes.
- Get enough sleep. Your body functions better when well rested and is better prepared to tackle the challenges of your life when adequate sleep is maintained.

For more detail on these and more tips and guidelines for building a healthy lifestyle visit www.cdc.gov/HealthyLiving/

Definitions & Insurance Related Terms

ADVOCATE

A person or group that acts on your behalf. Frequently advocates will plead the case for another to promote their best interest. There are many different types of advocates, including the patient themselves, and may include friends, family, nurses, healthcare professionals, social workers, educators, volunteers or any combination of such.

CARE CREDIT

A special category of personal (unsecured) credit where a patient has a specific period of time, up to 18 months, to pay the bill without any finance charges.

CLINICAL TRIAL

A medically supervised treatment & care that specifically studies new drugs, combinations of drugs (some already FDA approved for other purposes) and/or treatments to see how well they work – especially when compared with current standard of care treatment. In clinical trials, most or all of the medical costs related to the trial are covered at no cost to the patient, including doctor visits, procedures and follow-up.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

This federal law ensures that employers with 20 or more employees allow for continuation of group health benefits for a temporary period of time under certain circumstances (such as loss or change of employment, reduction in hours worked, death, divorce or other life events). A qualified beneficiary is any individual covered by the plan the day before the qualifying event. Each beneficiary can elect COBRA independently.

FEDERAL POVERTY LIMIT (FPL) OR POVERTY GUIDELINES

The federally designated income threshold measure that functions as a guideline and impacts services for low-income individuals and families. It is calculated each year by the Census Bureau. This dollar number refers to the total gross income for a household, including all methods of income for all earners within the household. The amount allowed within the guidelines varies by the number of persons in a household.

HIPAA - HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

Provides insurance protections for beneficiaries covered by group health plans. It accomplishes this by limiting exclusions for pre-existing conditions, prohibiting discrimination against employees and their dependents based on their health status, and guaranteeing renewability and availability of health coverage to certain employees and individuals.

HMO - HEALTH MAINTENANCE ORGANIZATIONS

This is a managed care plan through an insurance provider in which the enrollee must choose a Primary Care Provider (PCP) who is responsible for managing and coordinating their care. It requires the patient to stay within a contracted network of providers for their healthcare needs. In this type of plan, the patient must get a referral from their PCP to see a specialist.

INSURED

A patient that has some form of current insurance coverage for medical treatment. Insurance may be private coverage, federal or state funded programs (Medicare, Medicaid), Active Military or Veterans Assistance, COBRA, University Student Program, Individual Plan, etc.

MEDICAID

A federal and state-funded program that is administered by the individual states. You must meet one of the eligibility criteria (aged, blind or disabled, or under 19) for the program, as well as the income and asset requirements. There are no national guidelines governing the program, so eligibility requirements vary from state to state. For further information you can contact your local Medicaid office or visit Center for Medicaid Services www.cms.hhs.gov to research the benefits available in your state.

MEDICAID VS MEDICARE

Many Americans get these two programs confused, or believe they are the same program under different names. Medicaid is a state-run program designed primarily to help those with low income and little or no financial resources. The federal government helps pay for Medicaid, but each state has its own rules about who is eligible and what is covered under Medicaid. Some people may qualify for both Medicare and Medicaid. Medicare is our national health insurance program for people with disabilities. people of any age who have permanent kidney failure, amyotrophic lateral sclerosis (ALS/Lou Gehrig's Disease) and people who are 65 or older. It provides basic protection against the cost of healthcare, but does not cover all medical expenses or the cost of most long-term care.

MEDICAL UNDERWRITING

An insurance term that refers to the use of medical or health status information in the evaluation of an applicant for coverage.

MEDICARE

A federally funded program for patients who are 65 years or older or who have been receiving Social Security benefits for 24 months.

PPO - PREFERRED PROVIDER ORGANIZATIONS

This type of managed care plan contracts with a network of "preferred providers" in which the patient can choose from. In this type of plan the patient does not need to select a PCP and does not need a referral to see a specialist.

PRE-EXISTING CONDITION

A prior medical condition for which a plan member has received, or was recommended to receive, medical advice or treatment before the effective date of the health insurance plan.

UNINSURED

An individual that lacks current health insurance coverage. At times, you may be considered uninsured if a specific treatment or procedure is not covered under your existing plan.

SECTION 7: Patient Resources

Patient Advocate Foundation seeks to empower patients across the country to take control of their healthcare. Since you are reading this pamphlet, you may find yourself in a position like many other Americans that are having difficulty affording their healthcare or obtaining insurance. The following section will offer resources to help you locate assistance programs that may be able to assist you.

We have attempted to include a current telephone number in addition to an online contact point for each entry listed, however most organizations have focused on advancing their website efforts as a primary means of communication about their specific services and patient tools.

We remind you that most local libraries serve as sources of free computer usage with internet. Many parks and recreation centers, community centers, and senior centers have public computers available for you to access additional online information. If you have an internet capable device, numerous retail outlets offer complementary internet on their property including McDonalds, Panera Bread, Barnes & Noble, Starbucks, Chick-fil-A and many more. Retail stores like FedEx Kinkos Office, Staples, OfficeMax and other internet cafes will offer computer and internet access to the public for a rental charge by the hour or less.

A more comprehensive interactive tool is available on the Patient Advocate Foundation website at www.patientadvocate.org/resources. By answering a few simple questions you can obtain a personalized listing of specific resources matched to your needs.

Every effort has been made to make this guide as up-to-date as possible. Please understand that Patient Advocate Foundation provides this information as a courtesy to help you navigate potential aid, but does not endorse any specific resource nor have any input on a resource's eligibility process.

Access To Care Resources

BREAST & CERVICAL CANCER PROGRAM

If you are concerned by breast or cervical symptoms and need screening services, contact this program before you seek care. 1-800-232-4636 www.cdc.gov/cancer/nbccedp

DISABILITY.GOV

A federal website for comprehensive information on disability programs and services in communities nationwide. The site links to more than 14,000 resources from federal, state and local government agencies, academic institutions, and nonprofit organizations. New information is added daily across 10 main subject areas – Benefits, Civil Rights, Community Life, Education, Emergency Preparedness, Employment, Health, Housing, Technology and Transportation. www.disability.gov/

EMERGINGMED

Offers a free online tool that helps cancer patients find appropriate clinical trials. 1-877-601-8601 www.emergingmed.com

FIND A FREE CLINIC

List maintained by the National Association of Free Clinics, this search tool can help you locate clinics in your area offering free medical services. 703-647-7427 www.freeclinics.us

FIND A HEALTH CENTER

U.S. Department of Health and Human Services website will help you locate federally funded health centers that help you even if you do not have insurance, and provide services based on your income. Federally Qualified Health Centers (FQHCs) and Rural Health Clinics provide care to many populations including those with limited English proficiency, children and youth with special healthcare needs, lesbian, gay bisexual and transgender patients. Includes checkups, pregnant care, immunizations and checkups for children, dental care, mental health and substance abuse care. 1-877-464-4772 findahealthcenter.hrsa.gov

HILL-BURTON PROGRAM BY U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Free and reduced care clinics for individuals and families who cannot afford care. Hill-Burton assisted facilities include hospitals, nursing homes, and other healthcare facilities.

1-800-638-0742 www.hrsa.gov/gethealthcare/affordable/hillburton

LOCAL FREE CLINICS AND SLIDING SCALE CLINICS

You can visit <u>www.needymeds.org/free clinics.taf</u> to locate free clinics and sliding scale clinics in your area. Visitors can search by state or zip code.

NATIONAL CANCER INSTITUTE (NCI)

Offers cancer related trials.1-888-624-1937 www.nci.gov

REDI-CLINIC AND MINUTE-CLINIC WALK-IN CLINICS

Retail walk-in clinics that offer trained nurse care for many common conditions like colds, eye infections, strep throat, bladder infection, sore throat, physicals, vaccinations, and immunizations and are frequently located near or in pharmacies. www.rediclinic.com/www.takecarehealth.com 866-389-2727

THE NATIONAL INSTITUTE FOR HEALTH (NIH)

Offers a broad range of clinical trials. 1-800-411-1111 www.nih.gov

VETERANS BENEFITS

National Financial Resources

AMERICAN CANCER SOCIETY (ACS)

Offers numerous resources, including printed material, counseling for patients and their families as well as information on lodging for people who may require treatment far from home.

Contact your local chapter to find available resources in your area. Local ACS offices may offer reimbursement for expenses related to cancer treatment including transportation, medicine and medical supplies. Financial assistance is available in some areas. 1-800-227-2345 www.cancer.org

AUBREY ROSE FOUNDATION

Helps families with children who are currently living with a life-threatening medical condition. Financial grants are awarded to cover outstanding medical bills as a result of treatment, are based on financial need, and can be geographically anywhere in US. www.aubreyrose.org/513-265-5801

BENEFITS.GOV

Federal website to help you find the government benefits you qualify for, including housing, food, medical and many more. 1-800-333-4636 www.benefits.gov

CATHOLIC CHARITIES

Can connect you with a local Catholic Charities office for financial assistance in a number of medical, personal and living arenas. You do not have to be of Catholic faith to receive benefits. Provides assistance for meeting basic needs – mortgage and rental assistance, utility assistance, food, clothing, medical supplies and prescription drug assistance, shelter, transportation. 1-800-919-9338 www.catholiccharititesusa.org

DEBT CONSOLIDATION

Learn about debt consolidation loans and get quotes for various services. Lending Tree can help you learn how to get out of debt by consolidating loans to lower your payments and paying off debt. 1-800-555-8733 www.lendingtree.com/debt-consolidation/advice/

HEALTH COST HELPER

Helps patients get an idea of what a fair and average price is for a wide variety of healthcare supplies, procedures and treatments. Includes products, surgeries, imaging, vaccinations and medical supplies. 408-844-4900 health.costhelper.com

HEALTHCARE BLUE BOOK

The Healthcare Blue Book is a free consumer guide to help you determine fair prices in your area for healthcare services. The Blue Book will help you find fair prices for surgery, hospital stays, doctor visits, medical tests and much more. 615-422-5213 www.healthcarebluebook.com

HEATSHARE

Provides emergency energy assistance on a yearround basis. Funds are used for natural gas, oil, propane, wood, electricity and emergency furnace repairs. 1-800-842-7279

MYMONEY.GOV

www.mymoney.gov is a helpful source for all ages that provides everyday living financial guidance, education, calculators and resources. The site helps citizens take control of their finances and gives tips for dealing with credit, over-extended expenses and how to manage your debt. 1-888-696-6639

NATIONAL ASSOCIATION OF HOSPITAL HOSPITALITY HOUSES, INC.

Provides information on free or low-cost temporary lodging to families or patients who are undergoing treatment away from home. 1-800-542-9730 www.nahhh.org

NATIONAL PATIENT TRAVEL CENTER

Provides information about all forms of charitable, long-distance medical air transportation and provides referrals to all appropriate sources of help to patients who cannot afford travel for medical care. 1-800-296-1217 www.patienttravel.org

PARTNERSHIP FOR PRESCRIPTION ASSISTANCE / RX HOPE

The Partnership for Prescription Assistance helps qualifying patients without prescription drug coverage get the medicines they need for free or nearly free. www.pparx.org 888-477-2669 RXHOPE is another clearinghouse option for prescription assistance for low income U.S. residents. www.rxhope.com or 877-267-0517

PATIENT ADVOCATE FOUNDATION

Provides free advocate services by helping patients coordinate resources for their specific medical care needs and financial obligations. Serves patients from all U.S. states. 1-800-532-5274 www.patientadvocate.org

PHARMACY CHECKER

An online resource that helps you identify, locate and compare reputable online pharmacies. www.pharmacychecker.com 718- 554-3067 Also allows patients to compare prices for medications among various pharmacy providers.

RX AID PRESCRIPTION ASSISTANCE

Patient assistance programs that aid uninsured patients with getting their prescriptions at low or no cost. www.rxaid.us 877-610-9360

RX ASSIST

A comprehensive directory of patient assistance programs run by pharmaceutical companies to provide free medications to people that cannot afford to buy their medicine. www.rxassist.org

SALVATION ARMY NATIONAL HEADQUARTERS

Provides assistance on a case by case basis, including housing, emergency food and family service programs. www.salvationarmyusa.org
Online tools to search by your zip code to find Salvation Army locations near you to assist.

SELF-PAY MEDICAL DISCOUNTS

Pre-negotiated low cost self-pay options for CT scans, MRI Scans, and Radiologist services in every state. Not dependant on insurance type or coverage. 888-380-6337 www.wecaremedicalmall.org/

STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAP)

Many states have state-sponsored subsidies and discounts for seniors, disabled, uninsured and others. The National Conference of State Legislatures maintains a list of state specific prescription programs with a list of eligibility requirements. 202-624-5400 www.ncsl.org/issues-research/health/state-pharmaceutical-assistance-programs-2011.aspx

STATE UTILITIES COMMISSIONERS OFFICE

Full contact listing for all utilities commissioners' state offices for all 50 states, provided by the National Association of Regulatory Utility commissioners. 202.898.2200 www.naruc.org/commissions.cfm

THE ASSOCIATION OF INDEPENDENT CONSUMER CREDIT COUNSELING AGENCIES (AICCCA)

The largest national association representing non-profit credit counseling companies. AICCCA provides a list of non-profit organizations that provide consumer credit counseling, debt management, housing counseling, bankruptcy counseling, and financial education services for individuals and families experiencing financial distress. 1-866-703-8787 www.credithelp4u.org/

UNITED WAY

A nationwide directory of information referral services for health counseling, legal aid, crisis intervention, financial services, and emergency relief. www.unitedway.org 800-411-8929

UNITED WAY 2-1-1- INFORMATION LINE

Call 2-1-1 for help with food, housing, employment, healthcare, counseling and more. www.211.org

Health Insurance Resources

BUREAU OF INSURANCE FOR STATES

A complete list with contact info for each state's Bureau of Insurance can be found at www.naic.org/state_web_map.htm or by calling 816-783-8500

COMPREHENSIVE COVERAGE INFO BY STATE

A comprehensive state by state guide to find your rights to specific coverage such as guaranteed issued plans, pre-existing medical conditions, prompt-pay-laws and if your state offers high risk health insurance coverage. www.insure.com/ articles/healthinsurance

STATE BY STATE HEALTH INSURANCE INFO

A state by state consumer guide for getting and keeping health insurance by Georgetown University Health Policy Institute. www.healthinsuranceinfo.net

HEALTH INSURANCE BROKER AND BUYERS GUIDE

eHealthInsurance is one of the largest online health insurance brokers and offers a number of resources, including a Buyers Guide that will help consumers assess their needs, understand different policy types and get competitive quotes from multiple insurance companies. This broker deals with individual, family and small business plans. eHealthInsurance does not charge consumers a fee to use their services.

www.ehealthinsurance.com 800-977-8860

KID AND TEEN MEDICAL COVERAGE OPTIONS

Government resource that connects kids and teens to medical coverage, including no cost or low cost insurance. Offers assistance in any state. 1-877-543-7669 www.insurekidsnow.gov Includes the Children's Health Insurance Program (CHIP) for US citizens and eligible immigrants.

FINDING HEALTH INSURANCE GUIDE

Guide to finding health insurance coverage in your state by Robert Wood Johnson Foundation www.covertheuninsured.org/stateguides

INSUREUSTODAY.ORG

A website geared towards adding clarity to the new healthcare and medical insurance related changes as a result of the Patient Protection and Affordable Care Act passed in 2010. Includes a calendar showing the changes that will be gradually implemented through 2018. www.insureustoday.org 866-207-8023

MISSION OF MERCY

Provides free healthcare, free dental care and free prescription medications to the uninsured, undocumented and those who "fall through the cracks" of our healthcare system. Clinics in Arizona, Maryland, Pennsylvania and Texas. www.amissionofmercy.org 301-682-5683

HEALTH COVERAGE EDUCATION STATE BY STATE

The Foundation for Health Coverage Education helps you answer questions about what insurance options you qualify for, helps you with enrollment in free and low-cost options and provides assistance 24 hours a day via an uninsured help line. In addition to a number of coverage resources, they maintain a healthcare options matrix organized by state to help you find the resources in your area. www.coverageforall.org Uninsured Help Line 1-800-234-1317

Resources for Specialty Products, Specific Services & Facilities

ALASKA NATIVE

Alaska Native Medical Center provides services, health information and resources specifically for Alaska natives. <u>www.anmc.org</u> 1-907-563-2662

AMERICAN DENTAL ASSOCIATION

Provides a listing of accredited dental schools. May be an option for discounted services. 312-440-2500 www.ada.org

ANGEL FLIGHT

Angle Flight West arranges free air transportation in response to healthcare and other compelling human needs. A non-profit, volunteer-driven organization that seeks to enable treatment that might otherwise be inaccessible because of geographic limitations. 888-426-2643 www.angelflight.org

CARINGBRIDGE

CaringBridge free websites allow you to create personal, private outlets to ease the burden of keeping family and friends informed. Patients, caregivers and family members can simplify communication and connect your community during a health journey, saving you time and energy. www.caringbridge.com 651-452-7940

EYECARE AMERICA

Provides free eye care, educational materials and facilities to access eye care – at no out of pocket cost. 1-800-222-3937 www.eyecareamerica.org

HEARNOW

A national non-profit program committed to assisting those permanently residing in the U.S. who are deaf or hard of hearing and have no other resources to acquire hearing aids. www.starkeyhearingfoundation.org 1-800-328-8602

NATIONAL COUNCIL ON AGING / NATIONAL CENTER FOR SENIOR BENEFITS OUTREACH AND ENROLLMENT

An advocate service for older Americans with limited means, that are not receiving federal or state benefits, helping each to locate and receive benefits to assist in care, food and living expenses. 202-479-1200 www.ncoa.org/enhance-economic-security/center-for-benefits/

NATIONAL ENERGY ASSISTANCE REFERRAL (NEAR) PROJECT

Provides contacts for assistance paying your utility bills and locating federal Low-Income Home Energy Assistance Program (LIHEAP) providers in your location. 1-866-674-6327 www.energy@ncat.org

NATIONAL DENTAL LIFELINE NETWORK

This dental focused organization provides access to comprehensive dental services for people with disabilities or who are elderly or medically at-risk. 303-534-5360 www.nfdh.org

NATIONAL HISPANIC PRENATAL HOTLINE - IN SPANISH

The National Hispanic Prenatal Helpline (NHPH) focuses on addressing barriers to receiving prenatal care services among Hispanics by providing access to culturally and linguistically proficient services and information. The NHPH aims to raise awareness concerning the problems of infant mortality, to promote healthy behaviors, and to motivate all women to enter prenatal care early in their pregnancy. 800-504-7081

NATIONAL INDIAN HEALTH BOARD

Group that represents and assists tribal governments that provide healthcare delivery systems, clinics and treatment facilities for persons of Indian heritage. 202-507-4070 www.nihb.org

NATIONAL PATIENT TRAVEL CENTER

The National Patient Travel HELPLINE provides information about all forms of charitable, long-distance medical air transportation and provides referrals to all appropriate sources of help available in the national charitable medical air transportation network. Center 1-800-296-1217 www.patienttravel.org

NEW EYES FOR THE NEEDY

Helps improve the vision of poor children and adults in the United States by providing new or recycled donated glasses. 1-973-376-4903 www.neweyesfortheneedy.org

OFFICE OF MINORITY HEALTH

Focused on health related issues for African Americans, American Indians, Alaska natives, Asian Americans, Hispanic and Latino persons, Native Hawaiians and Pacific Islanders; they can provide direction to specific resources to aid in health needs www.minorityhealth.hhs.gov 1-800-444-6472

OLDER ADULTS BENEFITS

Benefits Check Up is a free service for adults over 55 to better identify benefits that cover prescription drugs, healthcare, housing, transportation, utilities and other basic needs. 1-202-479-1200 www.benefitscheckup.org

ROAD TO RECOVERY

Road to Recovery offered by American Cancer Society program provides transportation to and from treatment for people who have cancer and do not have a ride or are unable to drive themselves. Volunteer drivers donate their time and use their cars to assist patients. 1-800-227-2345.

THE NATIONAL LONG-TERM CARE OMBUDSMAN RESOURCE CENTER

This national help line can assist you when dealing with issues of long term care. 202-332-2275

VISION USA

Provides basic eye health and vision care services free of charge to uninsured, low-income people and their families. 1-800-766-4466 www.aoa.org/visionusa.xml

Undocumented, Migrant, Seasonal and Immigrant Specific Resources

CATHOLIC CHARITIES IMMIGRATION AND REFUGEE SERVICES OF FLORIDA

Dedicated to the needs of the newest members of our society by providing various services targeting the specific needs for the Florida immigrant community. 800- 411- 0714 www.cirsorl.org

ESCORT NATIONAL MIGRANT HOTLINE

The National Migrant Education Hotline is free and accessible to migrant farmworkers and their families anywhere in the United States. The calls are answered by Hotline specialists 24 hours a day, seven days a week. 800-451-8058 www.escort.org

HARVEST OF HOPE FOUNDATION FOR MIGRANT FARM WORKERS

The Harvest of Hope Foundation provides migrant farm workers and their families with emergency relief, education, transportation assistance, housing assistance, clothing, medical, dental, vision and financial assistance. Assists families throughout the United States. Call the National Migrant Education Hotline 1-800-234-8848. 1-888-922-4673 harvestofhope.net

HEALTH CENTER LOCATOR

Patients can contact the national primary clinic network:

<u>findahealthceter.hrsa.gov/Search_HCC.aspx</u> and Migrant Clinicians network:

<u>www.migrantclinician.org/</u> for assistance locating a medical provider.

NORTH CAROLINA FARM WORKER INSTITUTE

The Farmworker Institute is a project of the N.C. Council of Churches' Farmworker Ministry Committee in collaboration with the N.C. Office of the National Farm Worker Ministry. 919-828-6501 www.ncfarmworkers.org/

OFFICE OF MINORITY HEALTH & HEALTH DISPARITIES; FARM WORKER HEALTH

A combined national effort to provide opportunities for migrant health providers and others who work with the population to enhance skills, create networking and collaboration opportunities, and to identify additional resources, program models and effective training for the more efficient provision of healthcare services to farm workers. www.cdc.gov/omhd/AMH/farmworker.htm 404-498-2320

VERIZON PREPAID INTERPRETATION SERVICE

Language interpretation service that provides on-demand access to live, professional, medically certified interpreters in over 170 languages. There are no contracts, usage minimums, or monthly fees. 888-323-1238

Local Community Resources

This guide provides an overview of national resources, however there is likely to be additional resources in your state, county, city and neighborhood. When searching in your local phone book or community directory, **state and city government** resources may be contained in the following departments: Social Services, Department of Welfare, Health and Human Services, Community Services Board, Community Health or Health and Family Services.

When looking at local charity programs, consider contacting local chapters of Red Cross, The Salvation Army, Lutheran Social Services, Jewish Social Services, Catholic Charities, churches or synagogues, fraternal organizations, and civic-minded groups. Depending on the program and specific service, many times you do not need to be a member or affiliated with their specific beliefs to receive services. Many other programs will be listed under "Social Service Organizations" in the phone book. You may also look into labor unions and social organizations to which any family member belongs.

There are also many **disease specific organizations** and charity programs that assist people in their battle against a particular illness or ailment. Speaking to your care provider and medical staff can point you in the direction of well known programs relevant to your case.

SECTION 8: Quick Reference

The previous sections contained suggestions, tips and specific guidance to help uninsured patients navigate the medical system to better aid their situation. In this next section, you will find quick snapshots of commonly sought after information alongside an area for notetaking. Please keep in mind that each of these topics is discussed in full with more detail in previous chapters, and this is only meant to be a quick and abridged reference.

- Accessing Healthcare as an Uninsured Patient
- How Do I Qualify for Health Insurance? How Do I Find a Plan?
- Affording the Cost of Treatment
- Affording Your Prescriptions
- Your Rights When It Comes to Medical Care
- Managing Your Health Through Prevention and Non-Medical Services

ACCESSING HEALTHCARE AS AN UNINSURED PATIENT

If you are uninsured and unable to access health insurance, either through a public program or private insurance provider, there are a few options for you in order to access healthcare:

- Free Clinics- you may qualify for free primary care services based on your income and assets. Free clinics often have programs to assist with the cost of medications as well. In order to locate a free clinic near you, visit the National Association of Free Clinic's website at www.freeclinics.us or call 703-647-7427.
- Sliding Scale Fee Clinics- these federally funded clinics offer primary care services on a sliding scale based on the patient's income and assets. To locate a sliding scale clinic, visit the Department of Health and Human Service's website at <u>findahealthcenter.hrsa.gov</u> or call 877-464-4772.
- University or Teaching Hospitals- If you are suffering from a severe, chronic disease such as cancer and are seeking major or long-term treatment, check with the closest University or teaching hospital to find out if they have a charity care program. Some larger hospitals will pre-qualify a patient for free or reduced care to decrease the financial burden of treatment.
- Patient Assistance Programs for medicationsprograms offered through pharmaceutical companies are designed to help uninsured patients gain access to medications for free.
- Screening Programs Take advantage of preventative screenings –they can make a difference for future care. Ask your local Health Department about free screening programs such as the Breast and Cervical Cancer Early Detection Program. If diagnosed through these programs, patients will be referred to covered future treatment options.

NOTES:		

DO I QUALIFY FOR HEALTH INSURANCE? HOW DO I FIND A PLAN?

Have you been deemed disabled by the Social Security Administration?

- If you answered "Yes".
 - You may qualify for Medicaid through your state.
 - If you do not qualify for Medicaid, you will become Medicare eligible once you have received Social Security benefits for 24 months or turned 65.
 - If you recently stopped working due to your disability and elected COBRA benefits, you may be eligible for an 11 month extension of COBRA in order to bridge the gap between the normal 18 month COBRA period and the waiting period for Medicare.
 - Are you married?
 - "Yes", if you are married at the time you become disabled and your spouse has an employer group health policy, you may be eligible to elect coverage under your spouse's policy, and may not be subjected to a pre-existing condition clause if done within a timely fashion.
- If you answered "No".
 - Does your employer offer group benefits?
 - If "yes", you may choose to elect group health insurance benefits upon being hired or during open enrollment periods

Are you under 26 years old?

New healthcare regulations allow parents to cover children under their policy until the age of 26 years old, regardless of student status, employment or medical history.

Do you have a pre-existing condition?

- If "no", you may want to shop around for an individual policy through a licensed insurance provider in your area.
- If "yes", you may qualify for a Pre-Existing Condition Insurance Plan (PCIP). You can

reach the Pre-Existing Condition Insurance Plan at 1-866-717-5826 to see if you qualify.

Did you recently lose a job that provided health insurance benefits to you?

If you answered "yes", you may be eligible for COBRA benefits.

Did you exhaust your COBRA benefits?

- If you answered "yes", you may be HIPAA eligible plan.
 - If you have had 18 month of continuous coverage and have exhausted your COBRA benefits not due to fraud or non-payment of premiums, you have 63 days from the date your COBRA benefits term to elect a HIPAA eligible plan.

For more specific questions pertaining to health insurance options in your area, contact your state's Bureau of Insurance.

NOTES:

AFFORDING THE COST OF TREATMENT

Whether you're receiving financial assistance for healthcare or not, often times treatment can be very expensive. Here are a few strategies patients can use to manage their medical debt:

- Look for prompt-pay discounts. Offer the medical facility a specific amount of money upfront. Some facilities may be willing to accept a smaller amount of money if it means they will collect at the time services are rendered.
- Apply for financial assistance. Ask your provider if they have an application you can complete to receive a discount or write-off on your accounts.
- Arrange an affordable payment plan. Speak with the facility's billing department to negotiate a monthly payment plan that is feasible for your budget to prevent accounts from going to a collection agency.
- Participate in Screening Programs. Ask your local Health Department about free screening programs such as the Breast and Cervical Cancer Early Detection Program. If diagnosed through these programs, patients will be referred to covered treatment options.
- Manage your cost during treatment. By asking questions and talking to your doctors, you can frequently find quality care at an equal or lower price. Walk-in retail clinics (like Minute Clinic and RediClinic), ambulatory surgery centers, outpatient services, and stand-alone imaging and blood diagnostic facilities, for example, can all be less expensive than the same services at hospitals and the doctor's office.
- Reduce future and current medical costs through a healthy lifestyle. Many patients see a reduction in their need for medications and medical care by improving their health in general through lifestyle and non-medical means. Be sure to maintain healthy habits when it comes to diet, exercise, weight, social behaviors and stress management. These can not only save dollars in terms of necessary treatment, but will also give your body the best internal tools when responding to any needed medication or medical action.

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AFFORDING YOUR PRESCRIPTIONS

When undergoing treatment for a major illness or maintaining ongoing medication, affording your prescriptions can be difficult when uninsured. A patient's pharmacy needs can quickly put a drain on living expenses and a financial budget.

When speaking to your doctor, be sure to ask about lower cost and comparable medication alternatives, the use of generic brands, bulk discounts, and access to medication samples to ease the burden of cost.

In addition, there may be assistance programs to aid in the cost of your prescriptions.

PHARMACY CHECKER

An online resource that helps you identify, locate and compare reputable online pharmacies. www.pharmacychecker.com 718- 554-3067 Also allows patients to compare prices for medications among various pharmacy providers.

RX AID PRESCRIPTION ASSISTANCE

Patient assistance programs that aid uninsured patients get their prescriptions at low or no cost. www.rxaid.us 877-610-9360

RX ASSIST

A comprehensive directory of patient assistance programs run by pharmaceutical companies to provide free medications to people that cannot afford to buy their medicine. www.rxassist.org

STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAP)

Many states have state-sponsored subsidies and discounts for seniors, disabled, uninsured and others. The National Conference of State Legislatures maintains a list of state specific prescription programs with a list of eligibility requirements. 202-624-5400 www.ncsl.org/issues-research/health/state-pharmaceutical-assistance-programs-2011.aspx

DRUG ASSISTANCE CARDS / DISCOUNT PHARMACY CARDS

These discount cards are offered to patients free of charge and give additional discounts on the out-of-pocket cost of medications. These cards tend to be easy to use and do not require forms to fill out or waiting periods to use. Many are offered by the pharmacy directly, including Kmart, Costco, Walgreens, Rite Aid, etc, or offered as a result of a community partnership. FamilyWize, YourRXCard and NationalDrugCard are examples of discount cards not tied to any specific pharmacy.

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YOUR RIGHTS WHEN IT COMES TO MEDICAL CARE

As an uninsured patient, you have the right to emergency care through emergency rooms in hospitals. However, there are federally defined situations that constitute an "emergency" and specifically do not include preventative, normal illness and ongoing treatment.

Your right to treatment is **not** solely based on the fact that you arrive at the emergency room for care, and you may be refused at the emergency room without insurance if **your immediate situation does not meet the definitions outlined in federal law**. Once your immediate situation has been stabilized, the hospital may elect to transfer or discharge you for further non-emergency care.

Pregnant women in labor, where delivery is imminent, are eligible for care under the emergency definition.

There are many resources online that can further explain, define and help you to understand your emergency care rights. U.S. Legal Inc. is an easy to understand, plain language resource designed for consumers, small business, attorneys, corporations, or anyone in need of legal information, products or services. 1-877-389-0141

When insurance coverage is a viable option for you, there are new laws that protect your right to be eligible for coverage, removing the ability for an insurance company to deny you coverage for previous health conditions. In March of 2010, Congress passed and President Obama signed the Affordable Care Act—the new health insurance law that creates a new program – the Pre-Existing Condition Insurance Plan – to make health insurance available to you if you have been denied coverage by private insurance companies because of a pre-existing condition. This plan does not charge you a higher premium just because of your medical condition and does not base eligibility on income.

Additional changes to the healthcare law will go into effect in 2014 which will allow those with pre-existing conditions to have greater options for coverage. To

learn more about the Pre-Existing Condition Insurance Plan you can visit www.pcip.gov and review your state's available options.

To stay abreast of healthcare changes and proposed changes in your state, the National Conference of State Legislators can point you to resources specific to your area. www.ncsl.org or 202-624-5400

Healthcare is a constantly evolving system with frequent and sometimes dramatic changes. To keep up to date the federal changes and a time line of implementation, patients can visit www.insureustoday.org or call 866-207-8023

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MANAGING YOUR HEALTH THROUGH PREVENTION AND NON-MEDICAL SERVICES

There are many lifestyle and diet elements that research has shown can dramatically affect your overall health. Before, during or after battling a major illness, maximizing your healthy behaviors can impact your need for, access to and cost of care.

Medical research and the medical community suggest that individuals maintain an overall healthy lifestyle. Listed here are some of the topics for good health that are tied to lower illness rates and better overall health.

- Eat a well rounded and balanced diet.
- Limit salt intake.
- Ensure you are getting proper vitamins, minerals and nutrition.
- Stop smoking and tobacco use.
- Manage your stress level.
- Limit excessive alcohol intake.
- Maintain a healthy weight.
- Incorporate exercise and movement into your lifestyle.
- Protect yourself against germs.
- Seek preventative and early detection care.
- Get enough sleep.

For more detail on these and more tips and guidelines for building a healthy lifestyle visit www.cdc.gov/HealthyLiving/

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MISSION STATEMENT

Patient Advocate Foundation (PAF) is a national non-profit organization that serves as an active liaison between the patient and their insurer, employer and/or creditors to resolve insurance, job retention and/or debt crisis matters relative to their diagnosis through professional case managers, doctors and attorneys. PAF seeks to safeguard patients through effective mediation assuring access to care, maintenance of employment, and preservation of their financial stability.

1-800-532-5274

This brochure is available online at www.patientadvocate.org/resources

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Established in 2008, the Patient Action Council is a forum comprised of like-minded pharmaceutical and biotechnology advocacy executives who seek to provide valuable tools to patients and improve healthcare in the United States.















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