

100% KIDS HEALTH COVERAGE IN IDAHO

When children have access to health coverage, they are more likely to succeed in school and have better health and economic outcomes as adults – creating ripple effects that benefit us all. This health coverage guide is for policymakers and advocates to better understand health coverage in Idaho.

This guide is only a resource. It does not provide legal advice.

WHAT IS HEALTH INSURANCE?

Health insurance is a type of insurance that covers medical expenses that arise for individuals and families. In Idaho, there are many different types of health insurance:

Private Insurance

Individuals and families can enroll directly with a health insurance company or state-based health insurance marketplaces where you can compare and choose the health insurance plan that is right for you. The state-based marketplace has income based subsidies available to qualifying individuals and families to help cover the cost of monthly premiums.

Employer Sponsored Coverage

When employers offer health insurance to the employee, the employer may pay for all or some of the cost of health insurance. If a person’s employer does not pay for all of the cost, the worker may need to pay the rest usually through payroll deductions.

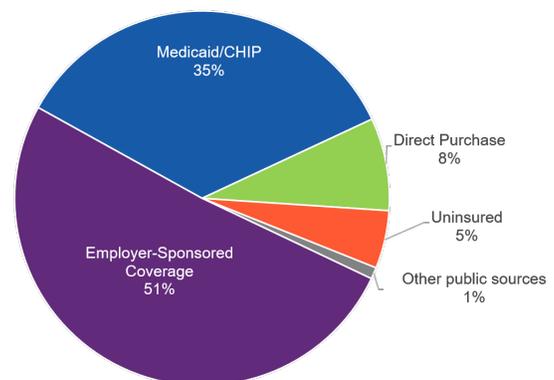
Medicare

A federal health insurance program for individuals over the age of 65 or individuals with a qualifying disability; eligibility is not based on income. Medicare covers medical costs through trust funds that beneficiaries have paid into. Individuals have different covered benefits than Medicaid. Although uncommon, an individual can be covered by both Medicaid and Medicare if they are considered “dually eligible.”

Medicaid

Signed into law in 1965 as a part of the Social Security Act, Medicaid is a comprehensive public health insurance program for children, adults, seniors, and people with disabilities living in households with low incomes. It covers a large portion of medical expenses and includes minimal co-payments. Eligibility for the program is based on income and the majority (53 percent) of Idaho Medicaid beneficiaries are children¹

Children’s Coverage from Each Source



1. Medicaid.gov: “June 2020 Medicaid & CHIP enrollment Data Highlights”. 2020.





CHIP (Children's Health Insurance Program)

The CHIP program was established in 1997 as a way to expand health insurance to children in families with low incomes who fall outside of the Medicaid eligibility window. It covers a large portion of medical expenses and includes minimal co-payments with the benefits mirroring Medicaid. Often Medicaid/CHIP are grouped together because of their similarities.

WHAT DO WE MEAN WHEN WE SAY HEALTH COVERAGE?

Health coverage entails comprehensive benefits included in health insurance plans to help cover the costs of medical care, medications, and more. Comprehensive benefits include¹:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Mental health and substance use disorder services
- Prescription drugs
- Rehabilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

WHAT DOES HEALTH INSURANCE COST?

Some individuals pay a monthly fee (or “premium”) for health insurance. They may also pay a “co-pay” when they go to a doctor or hospital, then the insurance company pays the rest of the cost. The amount of the co-pay may be different depending on whether the patient is seeing a regular (“primary care”) doctor, a specialist, or a doctor at a hospital. Some health insurance plans have a “deductible.” A deductible is an amount that a person or family might have to pay for their health or medical care before the health insurance company will pay for their care. Once a person has paid their deductible, the insurance company will assume all or most of the rest of their health care expenses for the year. Though co-pays, premiums, and deductibles can add up, having health insurance can help protect families from big, unexpected medical bills. It also lowers the cost of routine health care.

HEALTH CARE TERMS GLOSSARY

Behavioral Health Care: Care for mental and emotional well-being. Examples of behavioral health care include therapy, support to stop using drugs or alcohol, or psychiatric medication.

Children's Health Insurance Program (CHIP): A public health insurance program that provides low-cost health insurance to children 19 years of age and younger.

Claim: A claim is a request for payment for health care that gets submitted to a health insurance company. The insurance company reviews the claim and then pays you or your doctor.

Coinsurance: The amount you, as the patient, are required to pay for a medical service after you've met your deductible (an amount you must pay before insurance pays for your care).

1. Medicaid.gov: “June 2020 Medicaid & CHIP enrollment Data Highlights”. 2020.





Copayment (“Copay”): The amount of money you pay for health care when you receive it. You may have a copay for a doctor’s appointment or for medicine at a pharmacy.

Deductible: The amount of money someone pays for health care before the insurance company pays. Different health plans have different deductibles.

Exception Request: An exception request is a written request that your health insurance company cover the medication, device or service advised by your doctor.

Federal Poverty Limit (FPL): The Federal Poverty Limit is a measure of how much money a person or family makes every month. The government uses the FPL to decide who can qualify for certain services, including Medicaid.

Federally Qualified Health Center (FQHCs): Community clinics where anyone can receive free or low-cost health care. FQHCs are funded by government programs and serve all families regardless of immigration status. Some FQHCs offer dental care and behavioral health care. Examples include Terry Reilly clinics.

Flexible Spending Account (FSA): A flexible spending account (FSA) is a special type of account used to pay for health expenses. With this type of account, you (along with your employer, in some cases) can make contributions up to a maximum amount. This helps you save for health care related expenses.

Formulary: A formulary is a list of prescription medications that are covered by an insurance plan.

Generic Medication/Drug: A generic medication is a prescription medication that has the same active ingredients as a brand-name medication, but usually costs less.

Grievance: A complaint you communicate to your health insurer or plan.

Health Insurance Exchange (HIE): Also called the Health Insurance Marketplace or “Marketplace.” The Marketplace is a website where you can buy a quality health plan and find out if you qualify for discounts. Marketplace plans must meet certain benefit and cost standards. Some websites look like the Marketplace, but sell plans that do NOT provide good coverage or meet standards. Idaho is one of 18 states that have a state-based health insurance marketplace.

Health Insurance Portability and Accountability ACT (HIPAA): HIPAA is a federal law that protects your health care information from being shared without your permission.

High Deductible Health Plan (HDHP): A plan that features higher deductibles (more you must pay before your insurance will pay for medical expenses) than traditional insurance plans. HDHPs may have a lower cost per month (“premium”), which can be helpful if you don’t make much money – but if an accident or illness occurs, you may have to pay a lot of money before the insurance will contribute.

Household/Household Income: Your household is made up of a taxpayer, their spouse or partner, and any dependents (usually children under 19) that live with them. Household income is the total amount of money members of your household make.

In Network: In-network doctors, hospitals, laboratories, clinics and facilities have contracts with insurance company to provide care. You will pay less for services provided by an in-network health provider than one finding and using health insurance that is not contracted with your insurer (“out-of-network.”)

Informed Consent: Before you receive any treatment, you have a right to be given certain information and to understand your options. You must give a health care provider permission to treat you and must understand what the risks and benefits are. This is called “informed consent.”

Inpatient Care: Inpatient care is any medical service that requires you to stay at a hospital or medical facility for one night or longer.





Medicaid: A public health insurance program that provides free or low-cost health insurance to individuals and families with low incomes.

Medicaid Expansion: Expansion of Medicaid eligibility to additional income groups and provide coverage for those who do not qualify for traditional Medicaid but cannot afford coverage through the state-based exchange.

Medical Necessity: When an insurance company is choosing whether to cover a medication or service, they may ask if it is medically necessary. This means that the service, medication, or therapy is needed to treat a medical issue.

Mixed Status: A household made up of individuals with different citizenship or immigration statuses.

Open Enrollment Period: A period each year where you can start, stop, or change your health insurance plan.

Out of Pocket Costs: Costs that are not covered by insurance when you visit your doctor, hospital, or pharmacy. Examples of out-of-pocket costs include co-payments, coinsurance and deductibles.

Out-of-Pocket Maximum: The highest amount of money you could have to pay yourself before your health insurance pays for 100% of your care.

Outpatient Care: Outpatient care is medical care that does not require an overnight stay at a hospital or other health care facility.

Outreach and Enrollment Specialist: A representative who can help identify health coverage plans that fit the needs of an individual and family. Call 211 to be connected.

Premium: An amount paid monthly to a health insurance company to make sure you stay covered. If you do not pay your premium, you may lose coverage, even if you do not use any health care that month. Many Medicaid plans have no premium.

Preventative Service: Routine healthcare services like screenings or annual check-ups with your doctor to prevent illness, disease, or other health problems.

Primary Care Provider (PCP): A PCP is a doctor, nurse, or other health care provider Finding and using health insurance who provides general care. PCPs can treat most medical problems or can make a referral to a specialized doctor.

Prior Authorization: Before a health insurance company will agree to cover some services, it may require you or your doctor to get permission. Many health insurers have forms that you or your doctor will have to complete before they will cover a treatment or service.

Provider/Provider Agency: A provider or provider agency is a health care person or a company that provides medical or behavioral service to you.

Qualified Immigration Status (Qualified noncitizen): An immigration status that allows you to get health insurance coverage through Medicaid or other insurance providers. Some qualified immigration statuses include lawful permanent residents (green card holders), refugees, individuals granted asylum or conditional entry, temporary protected status, lawful temporary resident, and certain work or student visa holders.

Release of Information (ROI): A document that grants permission to share your health care information with others. This might include a family member, doctor, or clinic. You have a right to choose what information is shared and who it is shared with. If you do not sign an ROI, your information can't be shared.

Sliding Fee Schedule / Sliding Fee Scale: A method some health care providers use to offer discounted fees to individuals without health insurance. They may decide how much you will have to pay based on how much money you make.





Social Security Number: A Social Security number (SSN) is a nine-digit number that the U.S. government issues to all U.S. citizens and eligible U.S. residents who apply for one. Having a Social Security Number can make you eligible for some government services and programs.

Self-Reliance Specialist: A representation who can help individuals walk through the eligibility process for Medicaid/CHIP at the Idaho Department of Health and Welfare.

