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*Corresponding author

Raj K Kalapatapu, Zuckerberg San Francisco General Hospital and Trauma Center, Psychiatric Emergency Services, Department of Psychiatry and Behavioral Sciences, University of California, San Francisco (UCSF), USA

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Tips for Health Insured Patients When Accessing Care

Raj K Kalapatapu*

Zuckerberg San Francisco General Hospital and Trauma Center, Psychiatric Emergency Services, Department of Psychiatry and Behavioral Sciences, University of California, San Francisco (UCSF), USA

Abstract

Despite the uninsured rate declining to an all-time low among USA residents [1], accessing and utilizing primary and/or specialty care in a timely manner even when having health insurance remains challenging [2,3]. Are there potential tips to give health insured patients to help them navigate the complex and dynamic web of care access? This opinion paper contains a series of categories and questions for brainstorming combinations of care access with health insured patients who are seeking care.

Care type

Are you accessing primary care, a medical specialty, a surgical specialty, etc.? Is a primary care provider referral needed to see a specialist at one location, but not at another location?

Health insurance type

Do you have public, private, military, veterans, etc. insurance? If private, is it a PPO (Preferred Provider Organization), HMO (Health Maintenance Organization), EPO (Exclusive Provider Organization), POS (Point of Service), etc.?

Health insurance renewal

Have you paid any required monthly premiums? Have you completed any required yearly renewal paperwork?

Hospital system type

Are you seeking care at a public hospital, non-profit hospital, private hospital, veterans hospital, university medical center, etc.? If possible, are you willing to travel to a different hospital system type in order to be seen sooner?

Hospital system location

Within whatever hospital system, are you willing to see someone online? Are you willing to be seen in person? Do you want to be seen at the main campus? Can you travel to a satellite location? Do you need an outpatient setting? Do you need an urgent care setting? Do you need an emergency room setting?

Provider type

Are you seeking a nurse practitioner, physician assistant, licensed clinical social worker, PhD, PsyD, DO, MD, MD/PhD, etc.? Are you wanting to see a younger provider who recently graduated, a mid-career provider, or a senior-level provider? Are you seeking a provider in solo private practice, part of a group, part of a hospital system, etc.?

Provider availability

Is the provider you are seeking actually taking new patients? How long do you have to wait for a new appointment? Does the provider have a cancellation list to which you can be added, so that you can be seen sooner if another patient suddenly cancels? Can you electronically message the provider between appointments for any clinical questions? Would you have electronic access to the provider's notes regarding your care?

Tier system

Have you used your health insurance's website to guide your coverage, pre-authorization, deductible, co-pay, pharmacy, other costs, etc.? In what tier system (primary, secondary, tertiary, etc.) is the location you are wanting or the provider you are seeking? If possible, are you willing to pay higher out-of-pocket expenses depending on the tier?

For example, a patient carries a private PPO health insurance policy. Is the patient willing to wait 6 months to see a senior-level psychiatrist for online psychotherapy at a university medical center where a primary care provider referral is required? Or, is the patient able to drive 30 miles in 2 weeks to a satellite location of a private hospital system where no primary care provider referral is required to see an in-person psychiatrist who just graduated from residency? In summary, thinking through various nuances may help health insured patients expand their options when accessing timely care. Despite a patient having health insurance, efficiently utilizing their health insurance requires knowledge of many details such as care type, hospital system type, location, provider type, and provider availability.

Conclusion

Even if a patient has health insurance, there is no guarantee that the patient knows how to navigate the modern-day complex hurdles of utilizing their health insurance. Brainstorming different combinations of care access with the categories and questions in this paper may give patients more ideas when seeking care in a timely manner.



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