OAKLAND, Calif. - As a record 4.1 million Californians apply for unemployment after losing work due to the coronavirus, wages are not the only vital compensation being lost—many unemployed or underemployed people are also losing private health insurance for themselves and their families. As of April 30, an estimated 12.7 million people nationwide have lost their employer-provided health insurance due to the pandemic.

Losing that insurance is forcing many people, especially those without an income for the foreseeable future, to apply for California’s version of Medicaid, a state and federal health insurance program for low-income people, called Medi-Cal.

But it’s not always easy to figure out what type of insurance one is eligible for, especially if you’re on the cusp of an age or income bracket or lack the internet and technology to apply and find information online. In the Bay Area, community health centers, county insurance programs -- like Alameda County’s HealthPAC or Contra Costa County Care -- as well as Covered California certified enrollment counselors, are helping people assess their options and enroll in programs directly.

“I think it’s a huge concern to be uninsured at any time, and certainly during a pandemic, when if you get sick and you’re concerned that you might have COVID-19, but your decision about whether or not to go and try to get tested and treated is dependent upon your ability to pay,” said Dr. Michael Stacey, the Chief Medical Officer at LifeLong Medical Care, a community health center in Berkeley.

Community health centers provide care, regardless of insurance

Despite assurances that coronavirus tests and treatment may be covered, according to Stacey, when you’re not sure how to access those resources, particularly if you’re already sick, charting this territory is challenging. The Community Health Center Network, of which his center is a part, exists to help people navigate these resources and provide affordable care, regardless of whether you have insurance, in Oakland, Fremont, Hayward, Pittsburg, Vallejo and other cities across the East Bay.

Lucinda Bazile, Deputy Director of LifeLong Medical Care, a community health center that provides health, dental and social services to underserved populations, said that community health centers have long met people wherever they are in life to provide care, whether or not they’re struggling, and that’s what the centers will continue to do.

“The concept around community health centers has always been to provide services to those who are uninsured or underinsured,” Bazile said. “Before COVID-19, our goal has been to make sure that everyone has access to health care. So we outreach to the community for individuals who are uninsured, and those who have had historical problems with the healthcare system. And we see everyone regardless of their ability to pay or immigration status.”

Bazile said that during the pandemic, many people are afraid to go to the doctor or hospital because they don’t have health insurance coverage. She noted that Alameda County projects that 100,000 people will need health
insurance due to coronavirus. Ruby, a Fremont resident and mother of four children, said that she and her family have been using Medi-Cal for six years, and that she has historically had some difficulty renewing her eligibility at her county Social Services office on a yearly basis.

“It wasn’t easy to renew it,” she said. “And every time they asked me for extra paper, extra paper. When I go there, I sent them whatever they asked for...they said, ‘No, we lost the paper. Could you please send them again?’”

She said that having to wait in line for hours, only to be turned away, was frustrating, and put a strain on her busy schedule. But with the help of Hela Hasani, a Tri City Health Center employee, she was able to easily apply over the phone. Hasani also helped her enroll in CalFresh, California’s version of SNAP (Supplemental Nutrition Assistance Program).

“She helped me a lot,” Ruby said. “It was so easy. I didn’t know it was very easy to apply.”

Now that County Social Services offices are temporarily closed, the only way to apply for health insurance is remotely—by mail, phone or online.

People want and need insurance during a pandemic

An estimated 12.7 million people across the country have lost insurance since the start of the pandemic, according to Ben Zipperer, an economist who focuses on inequality, who published a paper on April 30 detailing his research findings. He said that about half of all workers get health insurance through their employer.

Zipperer said that those who do not get insurance through their jobs are more likely to be working in low-wage jobs.

“If you work in a restaurant or something, you’re much less likely to be able to access health insurance coverage through your employer, than if you work in a manufacturing or utilities company,” Zipperer said. “...it doesn’t mean that you’re necessarily completely out of luck, but all of a sudden, the options for you to gain health insurance coverage have been dramatically reduced.”

People who have lost their employer health insurance may choose to continue their coverage through the Consolidated Omnibus Budget Reconciliation Act (COBRA)—a federal program allowing access to employer-gained insurance by paying the full premium.

But COBRA is prohibitively expensive for many, especially those without work. The premium for private health insurance for a single person averaged $599 a month in 2019.

“They have to pay the full cost of that, which is essentially unrealistic for many workers who are laid off because, well, one, it’s really expensive and then, two, you don’t have any income because you’re not working,” Zipperer said. “So you can’t pay for the health insurance that way.”

COBRA poses obstacles for people not only due to the cost, but also because of issues with its coordination with other insurance, especially Medicare—an unforeseeable and shocking challenge for many, who are not notified in any way about the coordination of benefits until they get a bill.

Beware coordination of benefits: without knowing your insurance, you could accrue medical debt

A Los Angeles area couple in their 70s, who did not want to give their names due to an ongoing dispute with insurance companies, were paying $1,750 a month for COBRA coverage after one of them lost their job, and with it, their collective source of insurance. When they became eligible for Medicare upon turning 65, they did not sign up for the program immediately, because they wanted to keep their doctors for post-operative treatments.

After they had been using the private insurance through COBRA to cover cardiac rehab, physical therapy and regular doctor’s appointments, the insurance company sent them a notice saying that none of their care is covered because they were eligible for Medicare the whole time. This left them responsible for every treatment they’d received while on COBRA—$60,000 worth of medical care.

“Nobody’s telling people that, basically, COBRA’s useless if you are qualified to receive Medicare,” said the wife.

The couple has employed the help of California Health Advocates, a nonprofit focused on
Medicare advocacy and education. The hospital covering one of their treatments has also helped them bring the debt down to around $30,000.

Bonnie Burns, a Training and Policy Specialist Consultant at California Health Advocates, said that this couple is not alone. The issue of coordination between COBRA and Medicare affects many senior citizens.

“The problem for some people is that we now have large numbers of people who are 65 and older who continue to work...and they’re eligible for Medicare,” Burns said. “Now, they may have enrolled in Medicare, they may not. But if they then subsequently go on COBRA, they encounter a problem. And sometimes that problem doesn’t show up for months—until months later.”

For people who find themselves in a position where the coordination of insurance benefits is a problem, she instructs them to act swiftly.

“They then go and enroll in Medicare if they haven’t already,” Burns said. “And if they’re still in the special enrollment period, it’ll be a couple of months before they actually get Medicare. Because all the social security offices are closed.”

Unemployment benefits could prevent you from getting Medi-Cal

Californians buy health insurance through Covered California—the state’s insurance marketplace, which provides different levels of coverage based on price. One can apply for private insurance through the Affordable Care Act, otherwise known as Obamacare, and Medi-Cal through the service. Covered California currently has a special enrollment period for the public to apply for insurance due to coronavirus.

Marshawn Harris, a health insurance expert who helps people navigate options as a certified enroller through Covered California, said she has fielded many calls from people who have lost their health insurance through a job, as well as people who have never had health insurance, but desperately want it because they’re scared of getting sick.

As part of her assisting people, Harris reviews and submits applicants’ financial information; how much they make and how old they are determines which programs they’re eligible for. During a time when 4.1 million Californians have applied for unemployment, many callers report unemployment insurance as their only source of income.

Harris said that in California, if you receive the maximum amount of unemployment insurance—$450 a week— as a single person, you actually can’t qualify for Medi-Cal.

“That’s more than the Medi-Cal limit,” she said. “So, the Medi-Cal limit in California for a single person is $17,609 per year...$1,467 a month, so if they’re getting the $450 a week, it’s $1,800.”

She said that the confusion around income and qualification for insurance is not the only persistent concern.

“I think what’s not clear to people sometimes is that insurance that you pay for is not immediate,” she said. “You do not pay for insurance today and get it tomorrow.”

Although this is true of many types of insurance, Medi-Cal can cover peoples’ medical expenses retroactively once they enroll.

Harris also said that many people who are enrolling for insurance for the first time, because they previously always had it covered through their employer, are not aware of the costs and the limits in carriers, because they’ve never had to deal with insurance individually.

Bazile said that although programs like Obamacare have improved access to healthcare for many people, the best way to reach everyone is through a universal health care program.

“For the social justice movement, the community health center movement, when we talk about getting access to care for folks, it really is about universal health care,” Bazile said. “Because the process that we have to go through, just to get something, is just ridiculous. For years, we’ve been working to try to streamline it, but it seems like no matter how we streamline, it’s still complicated and so many hoops to jump through.”

To read the original article: https://www.ktvu.com/news/lost-your-employer-provided-health-insurance-finding-new-coverage-is-complicated