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Tidelands Health: Health Insurance Barriers

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Health Insurance Barriers

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Tidelands Health: Willbrook Service Center

Introduction:

The United Nations General Assembly has created 17 Sustainable Development Goals (SDGs). The purpose of these goals is to help grow a world that is suited for all by building a better environment, creating a fair workforce, and helping individuals grow mentally, intellectually, and psychically. As a UN Youth Corp intern, I have recognized the importance of every goal, but more specifically Goal 8: Decent Work and Economic Growth. The purpose of the goal is to focus on insurance, job creation, and economic growth globally and within small businesses.

At Tidelands Health Willbrook Service center, the department's purpose is to oversee the financial aspects as well as manage patients' health insurance. Health insurance is a type of insurance that helps people pay for any type of medical expenses such as surgeries, visits to clinics, dental care, and routine doctor visits. While health insurance is deemed as necessary insurance, there are multiple issues within the system. The main barriers in the United States are affordability, access to the best care, and much more. The Willbrook Service center is supporting and recognizing the importance of their patients' health and computing ways for their services to be covered by health insurance.

Internship and Observations:

My responsibilities at Tidelands Health Willbrook Service Center are making sure patients' financial accounts are updated by scanning approvals or denial papers into the system. The approval and denial forms explain whether a service is covered or not by their insurance. The system that I use to complete the task is MediTech. MediTech is software that most hospitals use to record their patients' history and information that is vital to the hospitals and health care providers. Decent work and economic growth are reflected in the reason of employees, and I record and look through patients' insurance and financial information that determines their health coverage.

There are multiple departments within this facility, including scheduling, customer service, and authorization. The scheduling department schedules appointments for patients who are seeking care like ultrasounds. Customer service is for patients who are trying to figure out the reason their services are not being covered through their insurance. In this situation, the authorization department makes sure that the patients' accounts are up to date, as well as checking their claim information. Checking their claim allows the department to know that the documents filed within their health insurance match the information that has been collected.

Understanding Health Insurance:

Health insurance helps lower the cost of medical care. Individuals could receive healthcare through their employers or buy a health plan through a state or federal exchange, or from a health insurance company. Health insurance companies will also help someone find a plan that fits their specific needs.

Health insurance plans cover a range of medical services and care. Some plans do cover other services like preventive care, non-preventive care, and emergency care. What health care plans usually cover; preventive visits (check-ups), vaccinations, hospitalizations, emergency room, lab work, and supplemental care which are services for chronic diseases (Cigna.com et al., 2022). Health insurance does not cover alternative medicines, cosmetic surgery, experimental treatments, and unapproved medical care (Cigna.com et al, 2022).

To acquire a health insurance plan, the individual must pay a premium, which is a monthly fee. Some health insurance plans also require a deductible that does have to be paid out of pocket so the health care plan can start. An example of a deductible scenario is the health insurance paying 70% of the cost of service and the individual pays the rest (Cigna.com et al, 2022). For someone who has health insurance the stress of expenses of medical care, coverage for unexpected costs of medical care, and financial lower (Cigna.com et al., 2022).

Health Care Systems:

Many industrialized countries have a universal health care system with a notable exception of the United States. Nations can issue a universal health care system by collecting their citizens' tax money to provide health insurance for all (Amadeo et al., 2021). Governments rely on citizens who pay taxes, so individuals do not have to fear the cost or denial of any medical necessities. The universal health care system works in multiple ways because it has different models, such as single-payer, mandatory insurance, and national health insurance.

The single-payer system relies on revenue from income taxes, so the government can provide free health care (Amadeo et al., 2021). The government does ensure that doctors and hospital facilities give high-grade services to patients. United Kingdom, Cuba, Spain, and other

countries use this system for their citizens to access affordable or free health care (Amadeo et al., 2021). United States does provide this type of health care to veterans and military forces as well (Amadeo et al., 2021).

Mandatory insurance means that nations like Germany created a law that health insurance is required. Germans who make a certain salary are mandated to have public health insurance, which means a partial amount of their paycheck goes to their health care fund (Visaguide.world et al., 2022). Private health care is when an individual with a higher income can set up their own health care plan that best fits their medical needs; their medical needs could be routine doctor or dental visits (Visaguide.world, 2022).

National health insurance is diverse from others because public insurance does pay for private care. Every individual does pay into this health care system, so expenses are lower and there would be only one health insurance company (Amadeo et al., 2021). Countries that use this model are Canada, South Korea, and Taiwan. The United States Medicare and Medicaid system are reflected in this approach too.

The United States' health care system does not offer a universal healthcare system as other nations do, but a blended system. However, the United States has created Medicare and Medicaid for individuals who have a low income, disability, or health problems. Others do receive health care through their employers, health insurance marketplaces, and the government (ISPOR, 2022).

The Pros and Cons within Each System:

There will always be issues within each healthcare system. The universal health care system can provide individuals with low health care and inspire people to make healthier

choices. The disadvantages are that healthy people are paying for the sickest, doctors cannot give the best care, and the government could limit services and be overwhelmed with the budget (Courier et al.,2022). United States' healthcare system allows its citizens who have money to pay for the care that they desired. In addition, the equipment is modern, and doctors are qualified to give the best care. Civilians are also able to choose their health care plan, but healthcare services are expensive and at times certain services are not covered. The lack of transparency is a flaw as well, individuals do not know the accurate pricing of procedures, which causes stress about affordability and being in debt (Courier et al.,2022).

Statistics in United States:

In 2021, most individuals in the United States are insured, but around 30 million are uninsured. Hispanic adults are more likely to be uninsured than African Americans, whites, and Asians on average. Around 21.6% of individuals are insured publicly, and 66.3% are covered privately. Half of the country receives health care through their employer, which is called group health insurance.

The average income in Georgetown County for a household is around \$37,000 and the average American pays \$12,000 for health insurance. If the household average income is under \$40,000, it is going to be difficult for families to have insurance that fits their medical needs. Medicaid is not even attainable due to the eligibility for families to be qualified for this type of insurance. Medicaid eligibility is determined by household size and income. For instance, a household of two must have an average income of \$18,310 or lower to qualify for Medicaid. That is an issue due to families not being able to afford health insurance on their own salary. The

lack of government support is extremely detrimental for Georgetown residents and other low-income areas. The Willbrook Service Center tries to help the people of Georgetown County by checking their financial claim and compute ways for their services to be covered.

The Uninsured:

The uninsured individuals tend to be families with low incomes and have only one family member working. States with limited public coverage are more likely to have a higher percentage of adults who are not insured as well. Being an uninsured individual means access to care is limited, which could affect their chances of receiving preventable care and services for major health conditions and diseases. Many people who are uninsured could not get health care for these reasons; not able to get coverage through their jobs, not being eligible for Medicaid, not being able to receive financial assistance from the government, being an immigrant, and not being able to afford health insurance (Tolbert et al.,2022). This means that individuals who need to seek care must contemplate whether the service is worth the medical bills that could lead to debt (Tolbert et al.,2022). Americans who are having trouble paying medical bills are facing the probability of filing bankruptcy, working another job, using their savings, and not being able to pay other bills as well. The reason medical bills are being sent to uninsured individuals for having unexpected doctor visits, emergency room visits, prescription drugs, lab fees, diagnostic tests, and other services (singlecare.com et al., 2022).

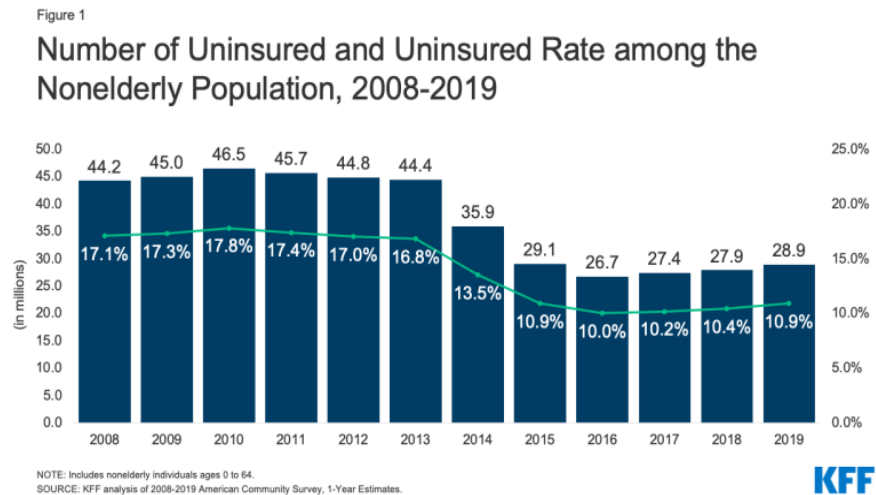


Figure 1 (Tolbert et al., 2022) The bar graph represents the uninsured rate.

Racial and Social Disparities in Health Care Access:

Accessing health care in the United States is dependent on income, marital status, and education for individuals, which Hispanics, African Americans, and minority groups are at a disadvantage the reason of having the highest unemployment rate, job losses, and not completing higher education like college. Education is the source of having a higher-paying job and being able to provide a healthy style of living for themselves and others. Someone who has a higher-paying job can acquire better health insurance, which leads to a higher quality of care. As well as being able to afford homes in a secure neighborhood and healthier diets. Sustainable development goal 8, target 8.6, focuses on reducing the number of youths that are not employed, educated, and training (United Nations, 2022). Therefore, individuals with lower income are more likely to face challenges that influence their health and lifestyle. Having limited access to supermarkets that provide healthy food and recreational places for exercising that reflect an individual's health. Lower-income individuals are also more likely to even live in areas with higher crime rates, lower-quality schools, and low-paying jobs (Sohn, 2022). African Americans,

Hispanics, and minority groups are more presumably to have these socioeconomic characteristics that are relevant to insurance loss and slower insurance gain (Sohn, 2022). Having these characteristics limits their chances of gaining health insurance and understanding the importance of seeking medical help when it is necessary. In particular, Georgetown County is described as a beautiful and historic place, but with limited career opportunities. If an individual is seeking a high-paying job in this county, there is a need to complete a higher education level like college. Suppose that if someone does not have a college degree, they will notice that the job market is lacking variety (Sohn, 2022). When there are limited job and career opportunities, the outcomes are individuals having to settle for a lower-paying job or being unemployed. Theoretically, a person with a low-paying job or unemployed is not able to acquire health insurance from an employer or be able to afford health insurance for themselves and their family. Target 8.10 encourages the expansion of lower-income individuals to receive insurance coverage globally and instate as well. (United Nations, 2022).

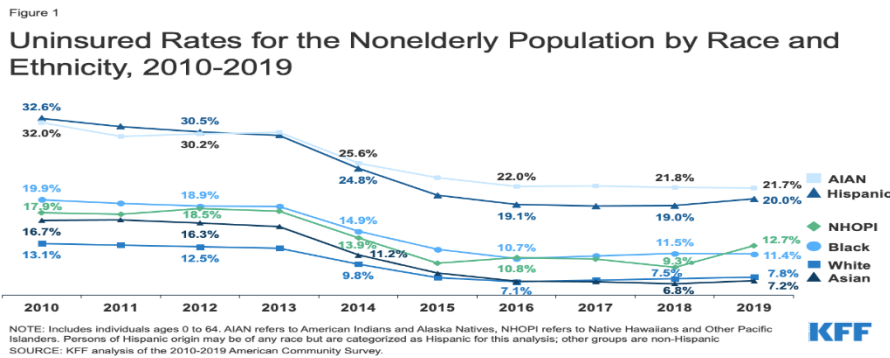


Figure 2 (Sohn, 2022)

The graph represents the uninsured rates by race and ethnicity.

Affordable Care Act:

The Affordable Care Act, also known as Obamacare, has been passed by legislation in 2010, to provide affordable health care for all in America. It was also constructed to protect Americans from patients' costs or restrict care from insurance companies. The unemployed or others who have a low income benefited from this caring act because they were able to afford it. In addition, people with chronic illnesses were no longer denied coverage for their treatment (Roland et.al, 2019). ACA did do a lot for individuals, but it also destroyed others. Individuals who already had health insurance had to pay higher premiums. People could be even fined if they did not have insurance and new taxes were passed which meant taxes were increased for individuals with higher earnings, so the government could pay ACA. ACA had its benefits for the lower class and people with health conditions but also had flaws that interfered with people who had higher salaries (Roland et. al.,2019).

Transparency Issue:

Health Insurance is already a complex topic. One of the issues within the health care system is the lack of transparency with coverage and fees for services. The common scenario is doctors telling patients that they do not know the exact pricing for treatments or medicines. As well as health insurance providers not being able to tell customers if their treatments will be fully covered or whether they must pay a portion for the service. Having money as a deciding factor in receiving a lifesaving treatment or medication is already difficult enough. Health insurance providers and physicians should be obligated to break down the prices of every service they might receive. The government did try to step in by passing the No Surprise Act, which forbids patients from receiving unexpected medical bills when receiving emergency services (Zucchi et al., 2022). The No Surprise Act does solve some flaws within the health care system, but it is incapable to resolve the overall issue with transparency.

Recommendations:

At the Willbrook Service Center, I observed that approvable or denial papers accumulate quickly. I believe that the center should prioritize authorizing these papers more, so patients' accounts are up to date. This is important because doctors and insurance companies need to have access to their accounts and determine if their services are going to be medically necessary. The solution that I do propose is finding a way to go paperless, save the environment as well as be more concise and organized. I believe that this will keep everything updated within the Meditech System.

Conclusion:

Tidelands Health Willbrook Service Center acknowledges the importance of health insurance and why it is crucial to explain to patients whether their services are going to be covered by their policy by conducting background checks of claims, scheduling, and providing customer service.

Understanding health insurance is hard enough, comprehending the current issues are tougher. The main barrier to health insurance is affordability, for individuals who are middle class or low class the chances of being able to acquire a health care plan for themselves and their family members are limited. Living off on a low income increases the possibility of not receiving the care that is needed as well as having limited access to a healthy lifestyle. During Barack Obama's term, he passed a law called the Affordable Care Act, which was beneficial to the lower class but detrimental to the higher class. Another health insurance barrier is transparency, patients do not know if their service is going to be fully covered or paying a deductible. These issues are presented in states and counties due to the United States healthcare system. Tidelands

Health's mission is computing ways for individuals to receive care that their insurance would cover. Future research would be focused on whether the nation could present a solution that benefits all types of incomes, with imperfections that do not impact individuals' economic and health status.

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