Health Care Coverage in Kentucky and the US: Where We Are, Where We Need to Be, How These Impact Patient Care, and What TAI Is Doing About It Susan Bornstein, MD, MPH Kerry Isham, MA	
Pronounced uh-sklee-pee-uhs Asclepius is the Greek God of Medicine and Healing Our Mission To improve the health and economic stability of kentuckians, and ultimately everyone residing in the United States, by educating, inspiring, and mobilizing the public to advocate for a universally accessible, affordable, equitable and high-quality healthcare delivery system of the benefits of universal coverage, using trusted messengers. Gathering and combining the knowledge, talent and resources of stakeholder organizations and like-minded groups to advance our mission and combat misinformation.	
The U.S. Healthcare Delivery System Is Broken	

2022 OEDC Per Capita Healthcare Spending	
Cost-Related Access Problems Affect Low	
Income Populations, Especially in the U.S.	
Source: Eric C. Schneider et al., Mirror, Mirror 2021 - Reflecting Poorly: Health Care in the U.S. Compared to Other High Income Countries (Commonwealth Fund, Aug. 2021)	
Racism in Healthcare	
Racism in Healthcare	

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The U.S. Has Among the Lowest Rates of Physician Visits and Practicing Physicians	
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Physician Shortages in Rural Kentucky	
2022 2020	
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https://medicina.uky.edu/sites/detoull/files/nitive- files/2022#30KBM\$20Updotex30Aug\$203023.pdf	
https://medicine.uky.edu/ates/defout/files/inline- files/hursing#202020_tpdf	
330 000 Eycess Lives Lost	1
330,000 Excess Lives Lost Due to COVID-19	
https://www.scientificamerican.com/article/universal-health-care-could-have-saved-more-than-330-000-u-s-lives-during-covid/	

Restricted Networks of	
Restricted Networks of	
Providers Limit Access to Care	
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https://www.ama-assn.org/system/files/prior-authorization-survey.pdf	
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Healthcare in the U.S.	
 25 million uninsured 29-44% underinsured, meaning they can't afford medical care even with health insurance coverage Copays, deductibles, and out-of-pocket expenses prohibitive 	
Copays, deductibles, and out-of-pocket expenses prohibitive Lack of coverage for desired services 2/3 of bankruptcies are due to health care Policies such as pre-authorizations result in delay and denial of necessary	
Policies such as pre-authorizations result in delay and definal of necessary care Racial, ethnic, and gender disparities exist across the healthcare system, from coverage to outcomes	
Lowest life expectancy at birth (13/13) More chronic disease (13/13)	
More obesity (13/13 & double the OECD average) ***********************************	
compared to 10 other night-income countries, the U.S. Inhished last overall, and last in every metric but one. https://commonwealthund.org/publications/hund-reports/2020/aug/minor-minor-2020-reflecting-poorly	
Kentucky Statistics	
Highest death rate from cancer (50/50) thinghest death rate from chronic lower respiratory diseases	
6th highest teen birth rate (will likely skyrocket with abortion ban) 8th highest death rate from heart disease	
Tied with Tennessee for 5th highest rate of adult obesity at 37% 2nd highest adult AND youth smoking rate https://cdc.gov	
41st/51 overall in the Commonwealth Fund's 2022 Scorecard on State Health System Performance	
49th/51 Healthy Lives 49th/51 avoidable hospital use and costs related to COVID-19 39th/51 for individuals under 65 with high out-of-pocket costs relative to their annual household income	
### 150176 ### 45th/51 per 100,000 population for premature deaths from treatable causes #### 45th/51 per 100,000 population for premature deaths from preventable causes #### 50th/51 in adults who report fair or poor health	
 51st/51 in hospital admissions per 100,000 population for confirmed COVID-19 cases https://commonwealthund.org/publications/scorecard/2022/jun/2022-scorecard-state-health-system-performance 	
15 Million At Dick of Looking Core	
15 Million At Risk of Losing Care	

Nationally, 2.5 Million in Kentucky

https://www.tf.org/medicaid/issue-bird/10-things-to-inow-about-the-unwinding-of-the-medicaid-continuous-enrolment-provision/#c-test-srf2ioestimates/20mat20etween/208.1250382-01-unwisz2803802020mong32Nedicaid2/2einroleses/ https://aspe.hts.gov/sites/defaultifie/documents/40407504080e025280381618078/aspe-ad-modid-continuous-coverage_Bpdf https://hypolky.org/kentucky-medicaid-maintenance-of-effort/

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SB0 Love the picture-perfect! Susan Bornstein, 2023-11-10T03:32:37.813

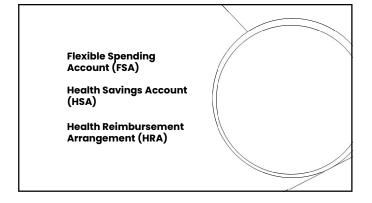
Evamples of Countries Which	
Examples of Countries writer	
Examples of Countries Which Cover Everyone	

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Here's What We	
Are Doing	
Train-the-Trainer Model	
TAI Staff —	
Trainer	

What types of coverage are available? Do they qualify for Medicare, Medicaid, VA,
Federal coverage, or insurance? Are they able to obtain insurance through my employer or the Consolidated Omnibus Budget Reconciliation Act (COBRA)? Who in the household needs to be insured? Do they or their household members have any chronic health conditions or prescriptions that will affect annual healthcare costs? Are they having any medical or emotional symptoms for which they do or will need evaluation and possible treatment?

When Choosing Health Care Coverage, Consider: • Will they need care outside of my county of residence? • How likely is it that they will have anticipated or unanticipated healthcare expenses during the covered benefit period? • Do they qualify for subsidies or cost-sharing reductions? (Marketplace only) • Does the plan have an FSA/HSA/HRA attached?



mportant	Terms	Defined
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Subsidies (also known as Premium Tax Credits)

A subsidy or premium tax credit is a tax credit used to lower your monthly insurance payment (called your premium). The amount of tax credit is based on household income and is only available on insurance plans purchased on the Marketplace.

Cost-Sharing Reductions

A discount for Marketplace plans that lowers the amount you must pay for deductibles, copayments, and coinsurance. If you qualify for cost-sharing reductions, you must enroll in a plan in the Silver category to get these extra savings.

Marketplace Plan Tiers

Parts of Medicare

Part A

Part A

Covers hospitals,
hospice, and skilled
nursing care; no
charge to Medicare
beneficiaries for
premium, but
deductibles and coinsurance apply.

Part B

Covers doctors' services, outpatient care, and preventive services; incomebased premiums apply, along with an annual deductible and 20% co-insurance.

Part C

Part C
Also known as Medicare
Advantage, Coverage is the
same as Part B, and may also
include dental, vision, fitness,
and meals. It is provided by
private insurance carriers
and requires payment of
Medicare Part B premium;
some plans have additional
premium costs. These plans
are subject to restricted
networks, pre-authorization
requirements, and referrals
for specialist care. Usually
covers medications.

Part D

This is for medications only; it is administered by a private company. Subject to donut hole. Costs vary according to the plan.

Medicare Part C (Medicare Advantage)			
Eligibility Same as Medicare Part A Providers Restricted panel administered by private insurance Often requires prior authorization for procedures, tests, etc. Referral for subspecialists Out-of-Pocket Costs Must pay Medicare Part B premium Some plans have extra premium payments	Coverage Doctor's services Outpatient care, Preventative services Dental Vision Fitness Meals Medications Usually covers prescriptions		

Important Terms Defined

Premium

The amount paid per month for an insurance policy.

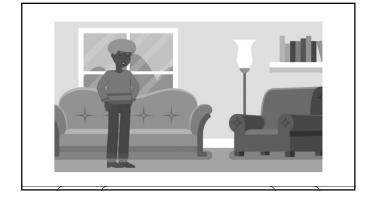
Co-Pay

A fixed amount you may be required to pay for office visits, pharmacy, emergency room, outpatient care, labs, surgeries, etc. prior to or after meeting your deductible.

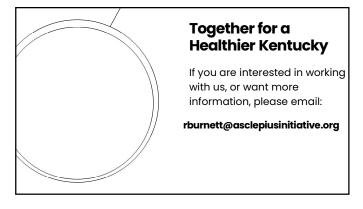
Deductible

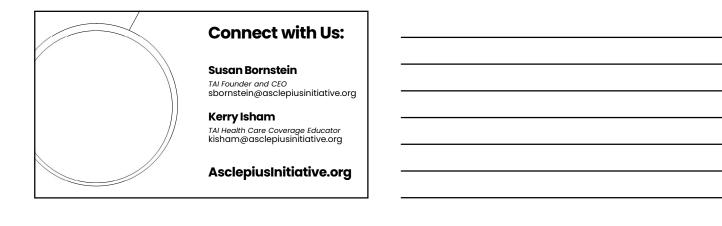
The annual amount that your insurance company requires you to pay for medical services before they will start to pay for the care that you receive. Except for certain preventive services, and those for which there is a co-payment, commercial carriers typically will not pay for any health care services until you have met your deductible.

Sample SBC	
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Understanding Your EOB (Not a Bill)	
1. Patient Account Number Your account number with your health care provider. 5. Deductible 6. Copsyment	
2. Amount Charged The total amount charged by a health care provider for services you received, whether or not the services are 8. Amount Not Covered The portion of the charges not covered under your health plan.	
3. Network Sarings The amount you saved by receiving services from a health care provider within your health plan's network. 16 you have coverage with another health plan, this is the amount that the other plan has a greed to pay. 10. Amount You are Responsible For	
A.Amount Paid by Health Plan The amount paid to you or your health care provider. The amount paid to you or your health care provider. Providers. Your share of the cost of the services shown on the £08. You should use this information to coordinate your payment(s) with your providers.	
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Sample Spreadsheet for Plan Comparison	
Plan Comparison	



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Take Our Survey

