Frequently-Asked Questions about Health Insurance

I don't have health insurance. How do I get health insurance in Massachusetts? How do I know if I am eligible?

If you are unable to obtain health insurance through work or school, MassHealth and the MA Health Connector are the two main resources for health insurance in Massachusetts. You can check your eligibility on the websites below. Most people do qualify for coverage. Please check, even if you think you won't qualify.

MassHealth: www.mass.gov/topics/masshealth
MA Health Connector: www.mahix.org/individual/

For additional help, please contact **Financial Assistance at Mass General Brigham:** www.massgeneralbrigham.org/patient-information/financial-assistance

They may ask you for your income verification, social security number, address, date of birth, marriage status, number of dependents, and possibly other personal information. This information is kept highly confidential. Some examples of income verification are: paycheck stubs, tax returns, retirements or pensions, bank statements, or social security income statements.

How do I know if my insurance covers my medications, lab tests, vaccines, office visits, or other services?

Look on the front and back of your insurance card; there may be helpful information listed such as copay costs for office visits and prescriptions or phone numbers to call with your questions. When you call your insurance company, have your insurance card on hand. Use the Member Services phone number for questions about your coverage. They may ask you for your member identification number, social security number, date of birth, or other personal information to verify your identity.

When asking about coverage, be as specific as possible: Know the names of your medications, the vaccines you are due for, and/or the tests you would like. Ask about each one you need. Some insurance plans cover services only at specific hospitals or clinics, so double check to be sure those services are covered at Massachusetts General Hospital.

My insurance plan says I need a Prior Authorization or PA. What is that?

Sometimes health insurance companies request additional information about a medication or service before they decide to pay for it. This is called a Prior Authorization or PA. On the PA, your healthcare provider will describe why you need a particular medication or service. If your insurance company requests a PA for a medication prescribed through the Sexual Health Clinic, please let your provider or nurse know.

I feel healthy. Why do I need a Primary Care Provider (PCP)? Can my Sexual Health Clinic clinician be my PCP?

A PCP is a clinician (an MD, DO, NP, or PA) who provides routine healthcare care, including physical exams, maintenance medications, and vaccines. A PCP is usually your first point of contact when you're not feeling well. They can also help you figure out if you need more specialized care. Your health insurance may require you to have a PCP (as with a Health Maintenance Organization or HMO plan) and to obtain referrals from your PCP before you seek care from a specialist. Other plans (such as a Preferred Provider Organization or PPO plan) do not require a PCP or a PCP referral, but they have specific networks of providers they would prefer you to see. Regardless of insurance type, seeing a PCP regularly is strongly recommended to stay on top of your health!

The Sexual Health Clinic's services include sexually transmitted infection (STI) testing, counseling, and treatment; preexposure prophylaxis for HIV (PrEP); postexposure prophylaxis for HIV (PEP); and sexual health vaccines. While we cannot be your primary care provider, we may be able to help you find a provider who can. The number for the MGH primary care referral service is **800-711-4644**.

I am insured through my parents, but I don't want them to know about my visit. What do I do?

There is a law in Massachusetts called the PATCH Act (Protect Access to Confidential Healthcare) which allows you to choose where your insurance company sends an Explanation of Benefits (EOB). These are not bills but rather descriptions of the services you received and what your insurance paid for. EOBs are generally sent to your address after you receive healthcare services. You have the right to call your insurance and "invoke" the PATCH Act, requesting that an EOB is sent directly to you and not to anyone else.

Here is a detailed script you can use when calling your insurance company to invoke the PATCH Act:
www.chlpi.org/wp-content/uploads/2013/12/FINAL-CHLPI-PATCH-Act-consumer-script.pdf

More information on the PATCH Act can be found here:
schoolhealthteams.aap.org/uploads/ckeditor/files/PATCH%20Act%20Fact%20Sheet.pdf

If you have questions about where an EOB will be sent, please contact your health insurer.

I want to start PrEP, but I don't want my family to know, and I'm concerned about using insurance for my PrEP medication and laboratory tests. What are my options?

You can invoke the PATCH Act as described above.

You may also qualify for additional assistance in Massachusetts called PrEPDAP. PrEPDAP can help pay for PrEP medication if you cannot afford it or have concerns about confidentiality. Ask your provider or the clinic nurse about PrEPDAP. Eligibility for PrEPDAP changes frequently, and you may be required to submit pay stubs and/or proof of residency in Massachusetts.

Please talk to your provider if you have concerns.

Insurance Glossary: The Basics

Deductible: The amount you owe for covered health care services before your health insurance or plan begins to pay.

Copayment: An amount you pay as your share of the cost for a medical service, such as a doctor's visit.

Coinsurance: Your share of the cost for a covered health care service, usually calculated as a percentage (for example, 20%) of the allowed amount for the service.

Premium: The amount you pay for your health insurance or plan each month.

Network: The doctors, hospitals, and suppliers your health insurer has contracted with to deliver health care services to their members.

Out-of-pocket maximum: The most you pay during a policy period (usually one year) before your health insurance or plan starts to pay 100% for covered essential health benefits. This limit includes deductibles, co-insurance, copayments, or similar charges and any other expenditure required of an individual for a qualified medical expense. This limit does not have to include premiums or spending for non-essential health benefits.

Explanation of Benefits (EOB): A summary of health care charges that your health plan sends after you see a provider or receive a service. It is not a bill. It is a record of the health care you or individuals covered on your policy received and how much your provider is charging your health plan. If you have to pay more for your care, your provider will send you a separate bill.