

From Coverage to Care: Helping the Newly Insured Connect to Care



"Working to Achieve Health Equity"

Nonelderly Adult Coverage Gains by Race and Ethnicity

Subgroup	Baseline Uninsured Rate	Q3 2015 Uninsured Rate	Change	Relative Reduction	Number Gaining Coverage
All	20.3%	12.6%	-7.7%	38%	15.3 million
Whites	14.3%	8.3%	-6.0%	42%	7.4 million
African Americans	22.4%	12.1%	-10.3%	46%	2.6 million
Latinos	41.8%	30.3%	-11.5%	28%	4.0 million

SOURCE: Gallup-Healthways WBI data are through 9/12/2015. Office of the Assistant Secretary for Planning and Evaluation. "Health Insurance Coverage and the Affordable Care Act." September 2015. Available at: http://aspe.hhs.gov/health-insurance-coverage-and-affordable-care-act-aspe-issue-brief-september-2015.

Nonelderly Adult Access and Health Outcome Gains by Race and Ethnicity

Measure	Whites		African Americans		Latinos	
	Base Period	Adjusted Change	Base Period	Adjusted Change	Base Period	Adjusted Change
No Personal Physician	19.3%	-3.0%	27.5%	-5.8%	47.5%	-3.5%
No Easy Access to Medicine	6.4%	-0.8%	10.9%	-4.4%	13.4%	-5.1%
Cannot Afford Care	17.0%	-5.3%	24.4%	-5.0%	27.6%	-6.0%
Fair/Poor Health	14.6%	-3.4%	20.1%	-6.6%	29.5%	not significant
% of Last 30 Days in Which Activities Were Limited by Poor Health	9.4%	-1.9%	10.3%	-2.2%	7.9%	-1.7%

All adjusted changes shown significant at P < .05

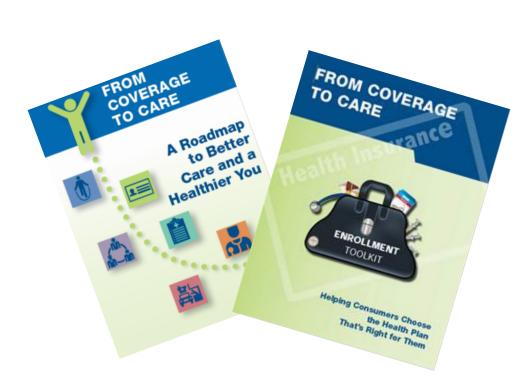
What is From Coverage to Care?

 C2C is an effort to help educate consumers about their new coverage and to connect them with primary care and preventive services that are right for them so they can live long, healthy lives.

 C2C builds on existing networks of community partners to educate and empower newly covered individuals.

From Coverage to Care Resources

- Enrollment Toolkit
- Roadmap
 - Poster Roadmap
 - Consumer Tools
 - Insurance card
 - Primary Care vs. ER Care
 - Explanation of Benefits
 - Pull-out steps
- Discussion Guide
- Video vignettes



Print copies available. Go to https://marketplace.cms.gov/c2c.

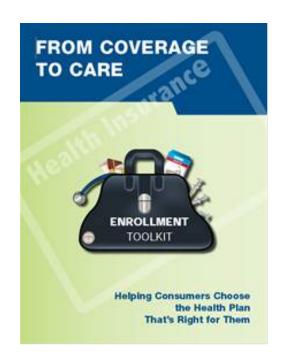
Enrollment Toolkit

1. Why sign up for health coverage.

2. Know before enrolling in a plan.

3. Help choosing a plan.

4. After enrollment.



5. Helping consumers with special circumstances.

Why Consumers Should Sign Up for Health Coverage

Topics:

- Coverage is security.
- Coverage may be more affordable than they think.
- Avoid the fee for not having coverage
- Coverage pays for preventive care.

- Incomes that qualify for lower costs
- How to estimate income for the Marketplace



What Consumers Should Know When Picking a Plan

Topics:



- Plan selection: premiums vs. actual costs
- Review provider networks.
- Understand prescription drug coverage.
- Dental and vision coverage.

- Marketplace coverage and metal levels
- How to find information on health care providers

Special Circumstances

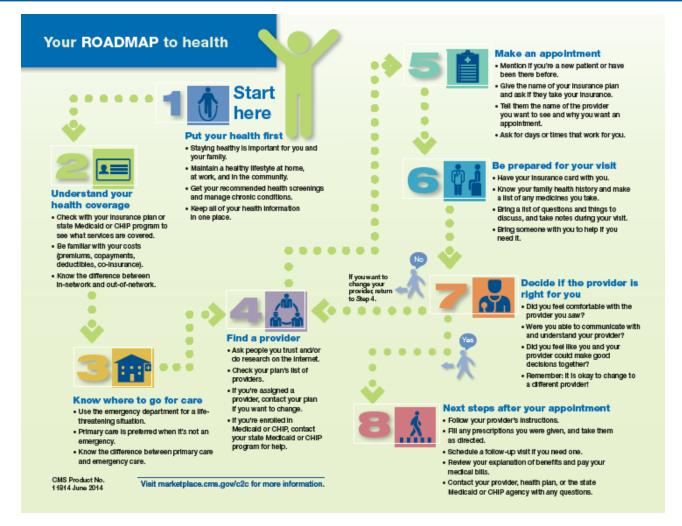
Topics:

- American Indians and Alaska Natives
- In-Language Assistance
- Immigrant Status and Qualifying for Financial Assistance

- Glossary of health care terms for consumers with limited English proficiency
- Helping special populations enroll



From Coverage to Care Roadmap



Step 1: Put Your Health First

 Staying healthy is important for you and your family.



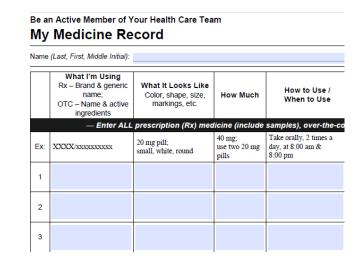
- Maintain a healthy lifestyle.
- Learn what you can do to stay healthy and share that knowledge with friends and family.
- Get recommended health screenings & manage chronic conditions. Many screenings are available wit no cost sharing.
- Keep all of your health information in one place.



Put Your Health First: Take an Active Role in Your Health

- Being active in your health can lead to better care and better health for your and your family.
- Keep track of health information.
- Ask questions.

- My Family Health Portrait
- https://familyhistory.hhs.gov
- My Medicine Record www.fda.gov/Drugs/ResourcesForYou/ucm079489.htm



Step 2: Understand Your Health Coverage

- Understand key insurance terms
- Review your plan to see what services are covered.



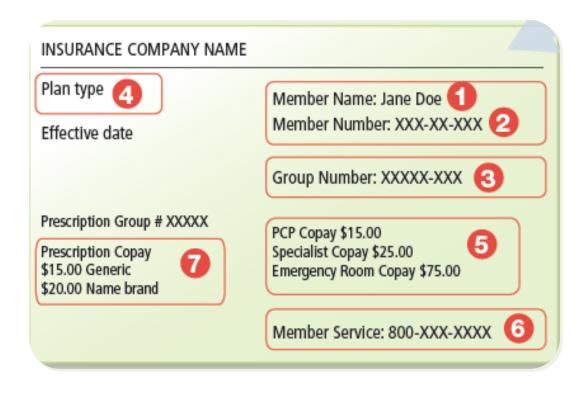
- Know the difference between in-network and out-of-network.
- Understand your out of pocket costs.

1 STEP 2 3 4 5 6 7 8

Key Terms On An Insurance Card

Key terms

- 1) Member Name
- 2) Member Number
- 3) Group Number
- 4) Plan Type
- 5) Copayment
- 6) Phone Numbers
- 7) Prescription Copayment



Sample Cost Tables



Co-hourance

Cost scenarios like managing Type 2
Diabetes and having a baby help consumers understand what their care may cost, and how their plan may divide these costs.

NOTE: These are not real costs.

Step 3: Know Where To Go For Care

Key Points for Consumers

- Only use the ER in a life-threatening situation.
- Primary care is preferred when it isn't an emergency.



 Knowing the difference between primary care and care in the ER.

Key Questions for Consumers

- Do you know how your costs would be different if you went to a primary care provider versus the Emergency Department?
- Do you know how your care would be different?

1 2 STEP 3 4 5 6 7 8

Primary Care vs. Emergency Care

Newly covered consumers may not know when to visit a **Primary Care Provider** and when to use **Emergency Department** services.

Primary Care Provider	Emergency Department			
You'll pay your primary care copay, if you have one. This may cost you between \$0 and \$50.	You'll likely pay a copay, co-insurance, and have to meet your deductible before your health plan pays for your costs, especially if it's not an emergency. Your copay may be between \$50 and \$150.			
You go when you feel sick and when you feel well.	You should only go when you're injured or very sick.			
You call ahead to make an appointment.	You show up when you need to and wait until they can get to you.			
You may have a short wait to be called after you arrive but you will generally be seen around your appointment time.	You may wait for several hours before you're seen if it's not an emergency.			
You'll usually see the same provider each time.	You'll see the provider who is working that day.			
Your provider will usually have access to your health record.	The provider who sees you probably won't have access to your health records.			
Your provider works with you to monitor your chronic conditions and helps you improve your overall health.	The provider may not know what chronic conditions you have.			
Your provider will check other areas of your health, not just the problem that brought you in that day.	The provider will only check the urgent problem you came in to treat but might not ask about other concerns.			
If you need to see other providers or manage your care, your provider can help you make a plan, get your medicines, and schedule your recommended follow-up visits or find specialists.	When your visit is over you will be discharged with instructions to follow up with your primary care provider and/or specialist. There may not be any follow-up support.			
In some areas, you may be able to go to an Urgent Care Center. If Urgent Care is available in your area, call your health plan before you go to find out how much you will have to pay.				

Step 8: Next Steps After Your Visit

Key Points for Consumers

- Write down your providers' instructions and healthy living tips so you can act on them every day.
- Schedule any follow-up or other visits and fill prescriptions so you don't forget or get too busy.
- Review any documents or bills you receive and contact your plan or state Medicaid or CHIP program if you have questions.



- Do you know what to do now to keep yourself healthy?
- Do you know what number to call if you get sick and need to make an appointment or come back?



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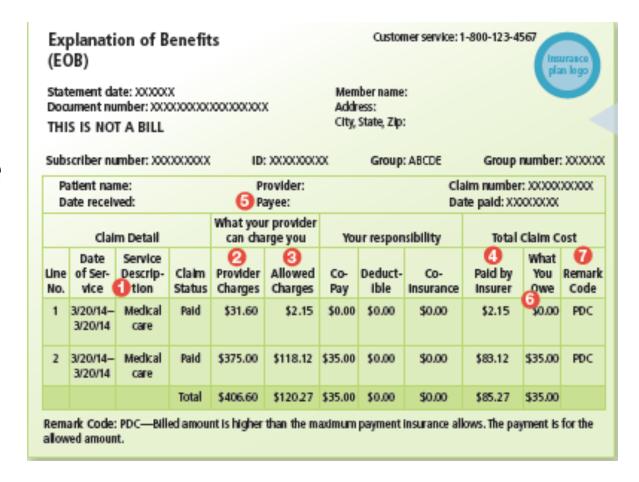
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STEP 8

Explanation of Benefits (EOB)

of health care charges from the care you or those covered under your policy received.

It is NOT A BILL!



Other Information in the Roadmap

Glossary of health coverage terms.

Resource list.

Personal health tracking checklist.

 Health information page for coverage and provider information.

From Coverage to Care Roadmap



Visit http://marketplace.cms.gov/c2c
Print copies are available for free.

What Can You Do?

- 1) Share C2C resources.
- 2) Customize resources to your community.
- 3) Consider incorporating the Roadmap into local events and outreach.
- Work with state Medicaid and CHIP offices to tailor resources.
- 5) Think about ways to engage providers and issuers.
- 6) Let us know what works, and what other resources would be useful.

Get Resources

Marketplace.cms.gov/c2c

Contact Us

Coveragetocare@cms.hhs.gov