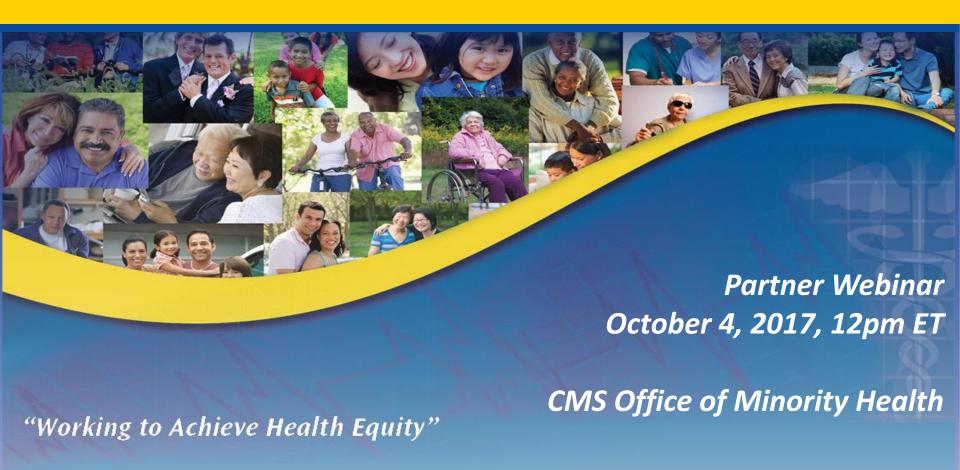


From Coverage to Care



Logistics

- Audio lines have been muted to minimize background noise.
- To ask a question, use the questions function. You may ask a question to the presenter at any time. Questions will be answered at the end of the presentation.
- If you are experiencing technical difficulties, you may also use the question function to request help.

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Call: 1-877-309-2071

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Speakers



Monique LaRocque, M.P.H.

Moderator [C]

CMS Office of Minority Health



Ashley Peddicord-Austin, M.P.H.

Health Insurance Specialist

CMS Office of Minority Health



Venus Ginés Houston Promotores Navigating with CLAS



Agenda

- Welcome & Logistics
- C2C Overview
- Manage Your Health Care Costs
- Enrollment Toolkit
- Guest Speaker
- How to Get Involved



C2C Overview

Mission

 To ensure that the voices and the needs of the populations we represent (racial and ethnic minorities, sexual and gender minorities, and people with disabilities) are present as the Agency is developing, implementing, and evaluating its programs and policies.

Vision

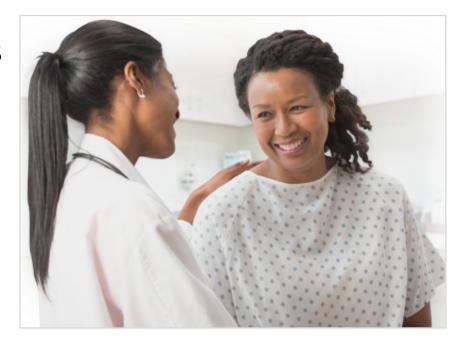
 All CMS beneficiaries have achieved their highest level of health, and disparities in health care quality and access have been eliminated.



From Coverage to Care (C2C)

What is C2C?

C2C aims to help individuals understand their health coverage and connect to primary care and the preventive services that are right for them, so they can live a long and healthy life.

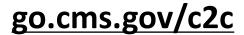




C2C Resources

- Roadmap to Better Care and a Healthier You
- 5 Ways to Make the Most of Your Health Coverage
- Videos
- Enrollment Toolkit
- Prevention Resources
- Partner Toolkit
- Community Presentation







C2C Webpage go.cms.gov/c2c



From Coverage to Care Roadmap

Your ROADMAP to health Make an appointment · Mention if you're a new patient or have been there before. Give the name of your insurance plan Start and ask if they take your insurance. . Tell them the name of the provider here you want to see and why you want an appointment. . Ask for days or times that work for you. Put your health first · Staying healthy is important for you and your family. Be prepared for your visit · Maintain a healthy lifestyle at home, at work, and in the community. Have your insurance card with you. Get your recommended health screenings Know your family health history and make Understand your and manage chronic conditions. a list of any medicines you take. health coverage Keep all of your health information Bring a list of questions and things to · Check with your insurance plan or In one place. discuss, and take notes during your visit. state Medicald or CHIP program to Bring someone with you to help if you see what services are covered. · Be familiar with your costs (premiums, copayments, deductibles, co-insurance). . Know the difference between If you want to change your Decide if the provider is in-network and out-of-network. provider return right for you to Step 4. . Did you feel comfortable with the provider you saw? Were you able to communicate with and understand your provider? Find a provider Did you feel like you and your Ask people you trust and/or provider could make good do research on the Internet. decisions together? Check your plan's list of Remember: It is okay to change to providers. a different provider! If you're assigned a Know where to go for care provider, contact your plan If you want to change. Next steps after your appointment . Use the emergency department for a life- If you're enrolled in · Follow your provider's instructions. threatening situation. Medicald or CHIP, contact . Primary care is preferred when it's not an . Fill any prescriptions you were given, and take them your state Medicald or CHIP as directed. emergency. program for help. . Know the difference between primary care · Schedule a follow-up visit if you need one. and emergency care. · Review your explanation of benefits and pay your medical bills.

· Contact your provider, health plan, or the state

Medicald or CHIP agency with any questions.

CMS Product No. 11814 June 2014

Visit marketplace.cms.gov/c2c for more information.

5 Ways to Make the Most of Your Health Coverage



Confirm your coverage

- Be sure your enrollment is complete. Contact your health plan and/or state Medicaid office.
- Pay your premium if you have one, so you can use your health coverage when you need it.



2 Know where to go for answers

- Contact your health plan to see what services are covered, and what your costs will be.
- Read the Roadmap to Better Care and a Healthier You to learn about key health insurance terms, like coinsurance, and deductible.



3 Find a provider

- Select a health care provider in your network who will work with you to get your recommended health screenings.
- Remember you might pay more if you see a provider who is out-of-network.



Make an appointment

- Confirm your provider accepts your coverage.
- Talk to your provider about preventive services.
- Ask questions about your concerns and what you can do to stay healthy.



Fill your prescriptions

- Fill any prescriptions you need.
- Some drugs cost more than others. Ask in advance how much your prescription costs and if there is a more affordable option.

For more information about From Coverage to Care, visit go.cms.gov/c2c



CMS Product No. 11968 March 2016

How to Maximize Your Health Coverage

New animated video:

"How to Maximize Your Health Coverage"

All videos are available in English and Spanish

Shorter series:

- Confirm Your Coverage Know
- Where to Go for Answers
- Find a Provider
- Make an Appointment
- Fill Your Prescriptions





Key Dates

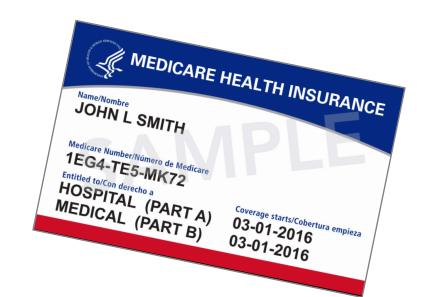
Medicare Open Enrollment

- October 15 to December 7
 - Join or switch a Medicare Prescription Drug Plan
 - Join or switch a Medicare Advantage Plan
- Take time to review and compare health and drug plan choices
 - Choose and enroll in the plan that fits your needs
- Coverage begins on January 1, 2018
 - Membership card/materials in hand

New Medicare Cards

New Medicare Cards Are Coming

- You don't need to take any action to get your new Medicare card.
- The new card won't change your Medicare coverage or benefits.
- Medicare will never ask you to give personal or private information to get your new Medicare number and card.
- There's no charge for your new card.





Marketplace Open Enrollment

Key Dates for Open Enrollment

- November 1, 2017: Open Enrollment starts for 2018.
- December 15, 2017: Open Enrollment ends.
- December 31, 2017: Coverage ends for 2017 Marketplace plans.
- January 1, 2018: Coverage can begin for 2018 Marketplace plans.

Visit HealthCare.gov for the latest news and reminders.

- If you have Marketplace coverage now, review your application at HealthCare.gov to make sure it's up-to-date and report any life changes.
- If you don't have Marketplace coverage now, create an account and see what coverage or help with costs you may qualify for.
- Apply and enroll in health coverage.



Manage Your Health Care Costs

Manage Your Health Care Costs

- Understand Your Health Insurance Costs
- My Health Insurance Costs
- Plan for Health Costs by Knowing Your Income and Spending
- How to Pay Your Premium





Understand Your Health Insurance Costs

Topics:

- What you Pay
- Your Spending Limits
- How You Can Save



Resources:

To learn more about health insurance or get help with more terms visit: https://www.healthcare.gov



What You Pay

- **Premiums** are payments that must be paid to an insurance company, usually monthly, quarterly, or yearly.
- **Deductible** is the amount you owe for health care services before your plan will start paying for your care. Note: Some services may be covered before the deductible is met. Talk to your plan to find out more.
- **Copayment (Copay)** is a fixed amount you pay for a covered health care service or supply. For example, \$15 for a doctor visit or \$10 for a generic prescription.
- **Coinsurance** is your share of the costs of a covered service. It's different from a copayment because it is a percent of the total, not a set amount. For example, if your coinsurance is 20%, and the service cost \$100, you pay \$20.

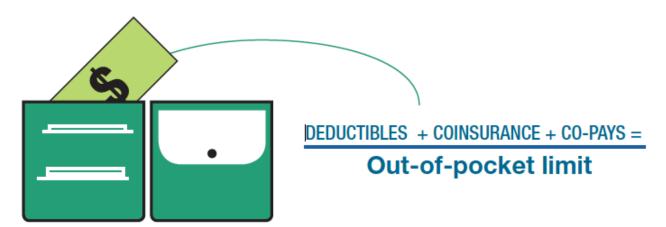
 $$100 \times .20 = 20

Specialist cost x 20% coinsurance = Patient cost



Your Spending Limits

 Out-of-Pocket Limit is the most a consumer has to pay for covered essential health benefits in a plan year. After this amount is spent on deductibles, copayments, and coinsurance, the health plan pays 100% of the costs of covered essential health benefits.





How You Can Save

Topics:

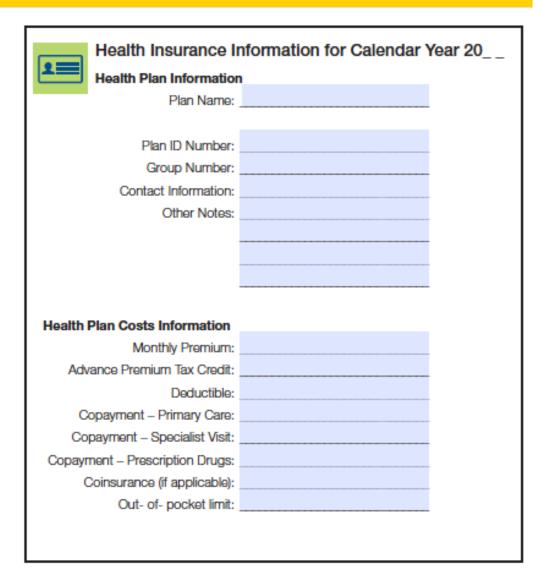
- Premium Tax Credit (PTC)
- Cost-sharing Reduction (CSR)
- Essential Health Benefits
- Preventive Services

Resources:

- For more information on Silver plans, please visit:
 https://www.healthcare.gov/choose-a-plan/plans-categories/
- To see the full list of essential health benefits that Marketplace plans cover, visit: https://www.healthcare.gov/coverage/what-marketplace-plans-cover/
- To learn about preventive services, visit:
 https://www.healthcare.gov/coverage/preventive-care-benefits

My Health Insurance Costs

This worksheet will help keep track of the plan's information, like plan name and ID number, cost information, monthly premiums and any savings.



Plan for Health Care Costs by Knowing Your Income and Spending

Use these **three steps** with consumers to help determine what health coverage they can afford:





Know Your Spending Costs.



Shop for plans and apply for financial assistance.

Track your household income.



Consumer Tool: Track Your Income

Income Source	Week 1	Week 2	Week 3	Week 4	Total
Job or Self-Employment					\$ 0.00
Second job					\$ 0.00
Unemployment Compensation					\$ 0.00
Social Security Benefit					\$ 0.00
Social Security Disability Income (SSDI)					\$ 0.00
Tax refund					\$ 0.00
Other Income					\$ 0.00
Totals monthly Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Consumer Tool: Know Your Costs

	Category	Week 1	Week 2	Week 3	Week 4	Monthy Total
ా	Savings					\$ 0.00
(Debt payments					\$ 0.00
₫	Housing and utilities					\$ 0.00
A	Household supplies and expenses					\$ 0.00
2	Tools of the trade/Job related expenses					\$ 0.00
毌	Groceries					\$ 0.00
1	Eating Out					\$ 0.00
*	Pets					\$ 0.00
	Transportation					\$ 0.00
A	Personal care					\$ 0.00
•	Childcare and school					\$ 0.00
22 .	Entertainment					\$ 0.00
<u>+</u>	Court-ordered obligations.					\$ 0.00
ìř	Gifts, donations, other					\$ 0.00
	Weekly Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Shop for Plans and Financial Assistance

- Preview plans, including costs and savings.
- Apply for financial help.



Resource:

For more information on cash flow budgets and financial services, see the CFPB *Your Money, Your Goals.*www.consumerfinance.gov/your-money-your-goals/



How to Pay Your Premium

- 1. Online
- 2. Mail
- 3. Phone
- 4. In-person

Resources:

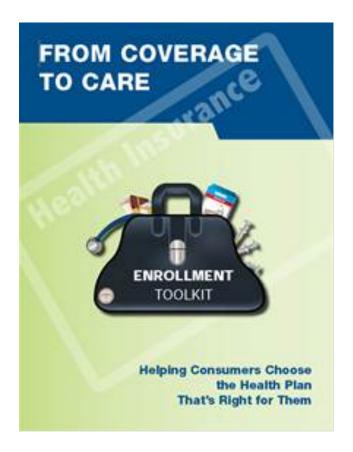
- Prepaid Cards: https://www.consumer.gov/articles/1005-prepaid-cards#!what-it-is
- Bank Accounts: http://files.consumerfinance.gov/f/201508_cfpb-ymyg-toolkit-community-volunteers-module-8.pdf
- Cash: Some insurance companies allow cash payments, contact the insurance plan for more information.
- Complaints: https://www.consumerfinance.gov/complaint/



Enrollment Toolkit

Enrollment Toolkit

- 1. Why sign up for health coverage
- 2. Know before enrolling in a plan
- Help choosing a plan
- 4. After enrollment
- Helping consumers with special circumstances





Why Consumers Should Sign Up for Health Coverage

Topics:

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



Resources:

- Incomes that qualify for lower costs
 https://www.healthcare.gov/qualifying-for-lower-costs-chart/
- How to estimate income for the Marketplace https://www.healthcare.gov/income-and-household-information/



What Consumers Should Know Before Enrolling in a Plan

Topics:

- What all plans must cover.
- Understand key terms, then compare costs.
- Apply for financial assistance.

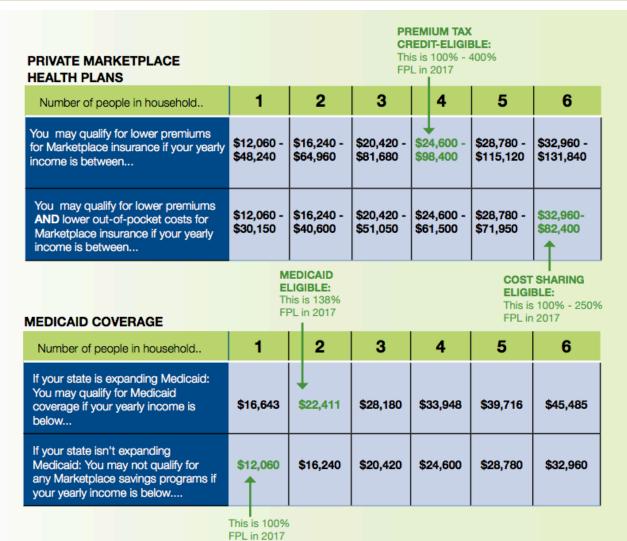


Resources:

- Helping consumers compare and select a plan <u>http://marketplace.cms.gov/technical-assistance-resources/plan-compare-walk-through.pdf</u>
- To find out information about specific State Medicaid programs
 http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/By-State



Types of Financial Assistance





Key Terms

- Premiums are payments that must be paid to an insurance company, usually monthly, quarterly, or yearly.
- Deductible is the amount you owe for health care services before your plan will start paying for your care. Note: Some services may be covered before the deductible is met. Talk to your plan to find out more.
- **Copayment (Copay)** is a fixed amount you pay for a covered health care service or supply. For example, \$15 for a doctor visit or \$10 for a generic prescription.
- **Coinsurance** is your share of the costs of a covered service. It's different from a copayment because it is a percent of the total, not a set amount. For example, if your coinsurance is 20%, and the service cost \$100, you pay \$20.

Resources:

- Refer to the glossary at the back of your Roadmap for more definitions.
- Use the glossary at https://www.healthcare.gov/glossary/.

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.

Resources:

- Marketplace coverage and metal levels
 https://www.healthcare.gov/choose-a-plan/plans-categories/
- How to find information on health care providers
 https://www.healthcare.gov/choose-a-plan/find-provider-information/

Key Terms

- Network: A network is the facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.
 - Providers may be in-network or out-of-network.
- **Formulary:** A formulary (drug list) is a list of prescription drugs covered by a prescription drug plan or insurance plan.
- Metal Tiers: Plans sold in the Marketplace are divided into 4 categories: Bronze, Silver, Gold, and Platinum.
 - The main difference between metals, or plan categories, is the proportion of a consumer's health care costs that their plan will pay.
 - Another difference will be how much cost- sharing the consumer will be responsible for.

Special Circumstances

Topics:

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



Resources:

- Glossary of health care terms for consumers with limited English proficiency
 - https://marketplace.cms.gov/technical-assistance-resources/plan-compare-and-plan-selection-help.html
- Helping special populations enroll
 https://marketplace.cms.gov/outreach-and-education/special-populations.html



After Enrollment

Topics:

- Confirm coverage
- Pay monthly premium
- Review plan materials and learn about benefits
- Find a provider
- Keep information current on <u>www.healthcare.gov</u>



Resources:

- Confirming enrollment in coverage
 https://www.healthcare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period/
- Health plan decision appeals
 https://www.healthcare.gov/marketplace-appeals/what-you-can-appeal/



Guest Speaker

Training and Outreach

Día de la Mujer Latina-Promotores/CHW Training & Outreach



Diversity in the Promotores/CHW Roles



How to Get Involved

Using C2C Resources

- Start the Conversation. Use the Roadmap as a tool to help people understand their new coverage and understand the importance of getting the right preventive services
- Help Consumers Understand. The
 Roadmap has a lot of information for
 consumers. You can help them use it as a
 resource to refer back to as they journey to
 better health and well-being
- Personalize It. You know your community.
 Consider adding local resources and information

Get Involved in From Coverage to Care



ABOUT FROM COVERAGE TO CARE

Thank you for your interest in <u>From Coverage to Care (C2C)</u>. There are many ways to get involved!

WHY IS THIS INITIATIVE SO IMPORTANT?

In the United States, an estimated 12.7 million people signed up for coverage in the 2016 Open Enrollment, allowing them to gain or renew access to the health coverage they need. Enrolling in a health plan is only the initial step. The next step is to make the most of that coverage to maintain and improve health.

Developed by the Centers for Medicare & Medicaid Services (CMS), C2C aims to help people with health coverage, whether through an employer, Medicare, Medicaid, the Marketplace, or another type of health coverage, understand their benefits and connect to primary care and to preventive services, so they can live a long and healthy life. As part of the initiative, CMS has created resources in multiple languages, free of charge to your organization and consumers, to help health care professionals and national and community organizations support consumers as they navigate their coverage.

WAYS TO COLLABORATE

BECOME A PARTNER

Your support is vital to help consumers make the most of their coverage and access preventive services to support their health goals. Getting involved is simple. Contact us at coveragelocare@cms.hhs.gov with any questions.

SHARE THE TOOLS

Whether you represent an organization or are an individual community advocate, you can be part of an important effort to improve the health of our nation. We encourage you to share C2C resources in churches, clinics, health systems, and in your community settings.

o.cms.gov/c2c #Coverage2Care

- 1



How to Order Resources

- Order printed copies and have them shipped at no cost to your organization directly to you
- Many resources are available in English, Arabic, Chinese, Haitian Creole, Korean, Russian, Spanish, and Vietnamese
- Resources for a Tribal audience are also available





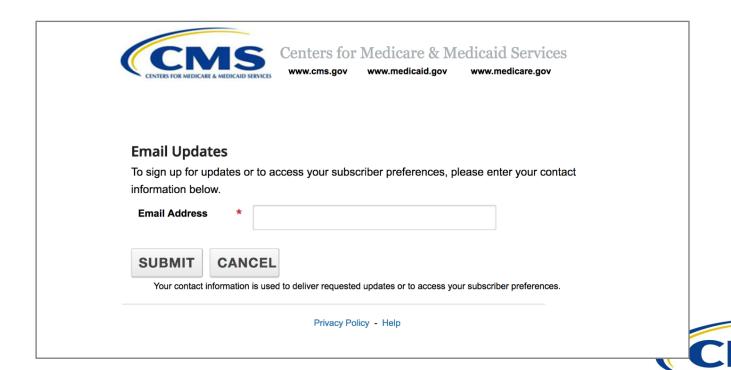
Order Products: https://productordering.cms.hhs.gov



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https://public.govdelivery.com/accounts/USCMS/subscriber/new



Ideas Exchange and Q&A



Get Involved

Send us stories or videos of how your organization uses C2C resources to:

CoverageToCare@cms.hhs.gov





Thank You!

Visit our website:

go.cms.gov/c2c

Contact us:

CoverageToCare@cms.hhs.gov

