



From Coverage to Care: How to Use Health Coverage

Ashley Peddicord-Austin, CMS OMH Stephanie Santana, HHS ODPHP February 4, 2021



Marketplace Update

CMS Announces Special Enrollment Period in Response to COVID-19 Emergency

- This SEP will allow individuals and families in states with Marketplaces served by the HealthCare.gov platform to enroll in plan year (PY) 2021 health insurance coverage.
- Beginning February 15, 2021 through May 15, 2021, CMS will operationalize functionality to make this SEP available to all eligible consumers served by the HealthCare.gov platform who are submitting a new application or updating an existing application.
- Consumers seeking to take advantage of this SEP will then be able to find out if they are eligible for this SEP by visiting HealthCare.gov, and are no longer limited to calling the Marketplace call center to access it.
- State-based Marketplaces (SBMs) operating their own platform have the opportunity to take similar action within their states.
- Executive Order: <u>https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/28/executive-order-on-strengthening-medicaid-and-the-affordable-care-act/</u>
- Press Release: <u>https://www.hhs.gov/about/news/2021/01/28/hhs-announces-marketplace-special-enrollment-period-for-covid-19-public-health-emergency.html</u>
- Fact Sheet: <u>https://www.cms.gov/newsroom/fact-sheets/2021-special-enrollment-period-response-covid-19-emergency</u>



Agenda

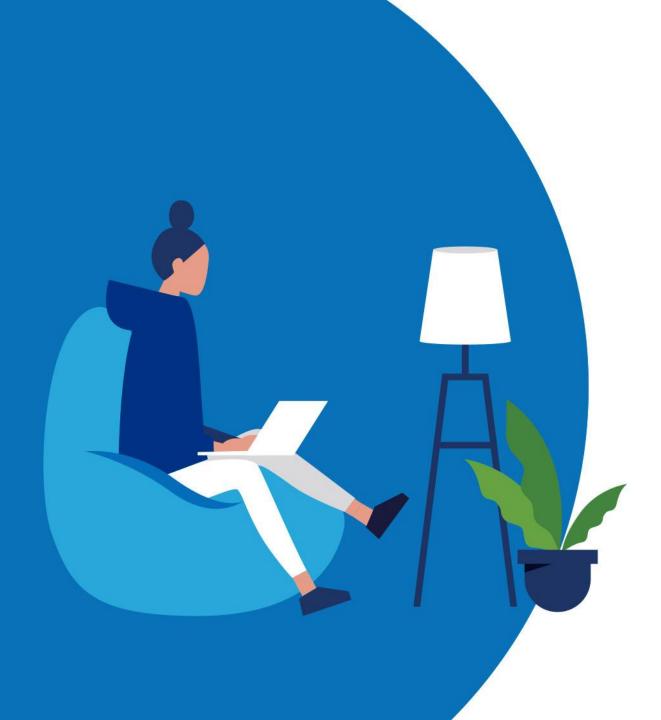
Welcome & Logistics

Helping Consumers Make the Most of Their Health Coverage

MyHealthfinder

How to Get Involved

Question & Answer Session



CMS Office of Minority Health









CMS Office of Minority Health

Mission

To ensure that the voices and the needs of the populations we represent (racial and ethnic minorities, sexual and gender minorities, rural populations, people with limited English proficiency, 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.

> go.cms.gov/omh OMH@cms.hhs.gov

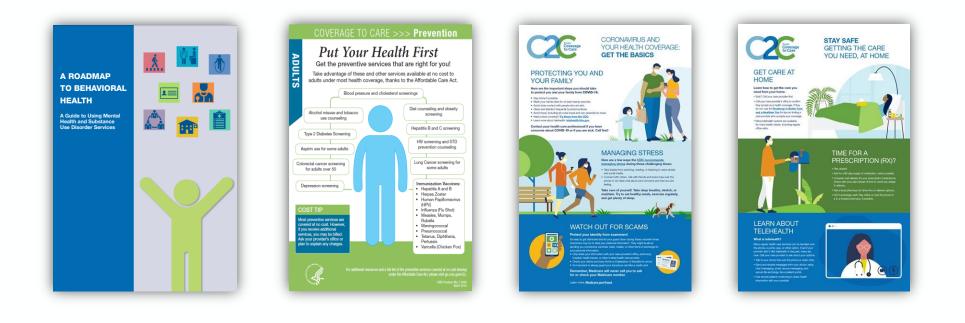


From Coverage to Care (C2C)

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

- 5 Ways to Make the Most of Your Health Coverage
- Prevention Resources
- Roadmap to Behavioral Health
- Manage Your Health Care Costs
- Enrollment Toolkit
- Partner Toolkit and Community Presentation



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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.



• Read the Roadmap to Better Care and a Healthier You to learn about key health insurance terms, like coinsurance, and deductible.



 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.



 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.



5 Ways to Make the Most of Your Health Coverage

- Quick reference material to start the journey from coverage to care.
- Available in Arabic, Chinese, English, Haitian Creole, Korean, Russian, Spanish, and Vietnamese.



My Health Coverage at-a-Glance

- Response to requests for personalized information
- Gathered feedback from partners
- Customize to the consumer

Includes:

- Plan Information
- Know what you pay for care
- Know where to go for care
- Dates to remember, notes

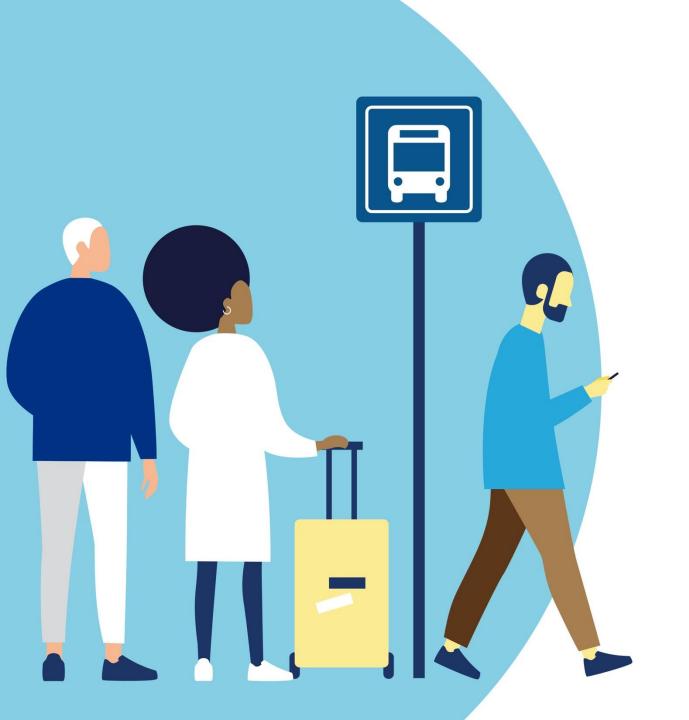


How to Maximize Your Health Coverage

Animated videos

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

All available in English and Spanish



How to Use Health Coverage



Roadmap to Better Care and a Healthier You

- Explains what health coverage is and how to use it to get primary care and preventive services
- Consumer tools:
 - Insurance card
 - Primary care vs. Emergency care
 - Explanation of Benefits
- Available in 8 languages, Tribal version, Customizable version
- Currently being updated; check the C2C website for the latest version

1. Put Your Health First

- Staying healthy is important for you and your family.
- Maintain a healthy lifestyle at home, at work, and in the community.
- Get your recommend health screenings and manage chronic conditions.
- Keep all of your health information in one place.
- While coverage is important, there's no substitute for living a healthy lifestyle.









"Put Your Health First" Prevention Resources

- Available for Men, Women, Adults, Babies, Children, and Teens
- Focus on prevention and healthy living, and can be shared with consumers, reposted online, printed or ordered.

2. Understanding Your Health Coverage

- 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.
- Understand key insurance terms
 - **Premium** is a payment made, usually monthly, to an insurance company for your coverage.
 - **Deductible** is the amount you owe for health care services before your plan will start paying for your care. Note: May not apply to all services.
 - **Copayment** (Copay) is a fixed amount you pay for a covered health care service or supply. For example, \$15 for a doctor visit.
 - **Coinsurance** is your share (a percent) of the costs of a covered service. For example, if your coinsurance is 20%, and the service cost \$100, you pay \$20.

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2. Understanding Your Health Coverage

- You should receive a membership package and insurance card from your health plan or your state Medicaid or CHIP program.
 - If you can't read or understand it, call and ask them to explain it to you.





3. Know Where to Go for Care

- Although you can get health care from many different places, it's best for you to get routine care and recommended preventive services from a primary care provider.
- If you have an emergency or life-threatening situation, call **9-1-1**.
- There are big differences between visits to your primary care provider and visits to the emergency department, such as cost, time spent waiting for care, and follow up.



3. Know Where to Go for Care

Primary Care Provider	Emergency Department
Go when you feel sick and when you feel well	Only go when you're injured or very sick
Pay your primary care copay	Likely pay a copay, co-insurance, and have to meet your deductible
Call ahead to make an appointment	Show up when you need to and wait until they can get to you
Usually see the same provider every time	See the provider who is working that day
Provider will usually have access to your health records	Provider probably won't have access to your health records

4. Find a Provider

- A **primary care provider (PCP)** is who you'll see for most health problems. They will also work with you to get your recommended screenings, keep your health records, help you manage chronic conditions, and link you to other types of providers if you need them.
- A **specialist** will see you for certain services or to treat specific conditions. These include: cardiologists, psychologists, allergists, etc.
- You may need a **referral** from your PCP before you go to a specialist in order to have your health plan pay for your visit.



4. Find a Provider

Key Points for Consumers

1. Identify providers in your network

• Call your insurance company or state Medicaid and CHIP program or look at their website to find providers in your network who take your health coverage.

2. Ask around

• Ask your friends or family if they have providers they like and what they like about them.

3. Pick a provider

• Call the provider's office and ask questions. (e.g., Is the provider accepting new patients or patients with your health coverage?)

4. Give them a try



5. Make an Appointment

- When you make your appointment, have your insurance card or other documentation handy and know what you want.
- Mention:
 - Your name and if you're a new patient
 - Why you want to see the provider
 - The name of your insurance plan
 - The name of the provider you'd like to see
 - If you have a specific need (like translation or accessible medical equipment)
 - The days and times that work for you

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6. Be Prepared for Your Visit

- If this is your first visit to a new provider or you are using new health coverage, you will need to bring a few things with you:
 - Insurance card or other documentation
 - Photo identification
 - Completed forms
 - Your copay, if you have one. Ask for a receipt for your records.
- It is important to **show up early** for your appointment.



6. Be Prepared for Your Visit

- The staff may ask you to fill out additional forms and to read over their privacy policy, which tells you how they will keep your information private.
- If you need to change your appointment, **contact your provider's office as soon as possible** to avoid costs.
- When you see your provider, it is helpful to share your family health history, any available medical records, medications you are taking, and questions or concerns you may have about your health.



6. Be Prepared for Your Visit

- You should be able to answer questions like these before you leave your provider's office:
 - How is my health? What can I do to stay healthy?
 - What do I do next? Do I need blood work or another test?
 - If I need to take medicine, when do I take it and how much do I take? Are there any side effects? Is a generic option available?
- Ask your provider for written materials you can take home and read. Don't leave until all of your questions have been answered and you understand what to do next.



7. Decide if the Provider is Right for You

- Your health and well-being are important and personal. You should have a provider that you can work with, trust, and feel comfortable talking to.
- If you were assigned a provider and you want to try someone else, call your health plan or go to their website to make that change.



7. Decide if the Provider is Right for You

- Did your provider pay attention to what you had to say and speak in a way that made you comfortable?
- Did they provide any assistance you asked for? Could you move around in the office and use the medical equipment without barriers?
- Did you feel you were treated fairly by your provider and the office staff?
- Could you contact your provider or the office staff if you needed to ask a question?



8. Next Steps

- Follow through with your provider's recommendations.
- After you visit your provider, you may receive an Explanation of Benefits (EOB) from your insurer.
- Pay your bills and keep any paperwork.
- Fill any prescriptions you need.
- If you have questions between visits, call your provider.



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Claim Detail				What your provider can charge you		Your responsibility		Total Claim Cost				
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1	3/20/14– 3/20/14	Medical care	Paid	\$31.60	\$2.15	\$0.00	\$0.00	\$0.00	\$2.15	\$0.00	PDC	
2	3/20/14– 3/20/14	Medical care	Paid	\$375.00	\$118.12	\$35.00	\$0.00	\$0.00	\$83.12	\$35.00	PDC	
			Total	\$406.60	\$120.27	\$35.00	\$0.00	\$0.00	\$85.27	\$35.00		

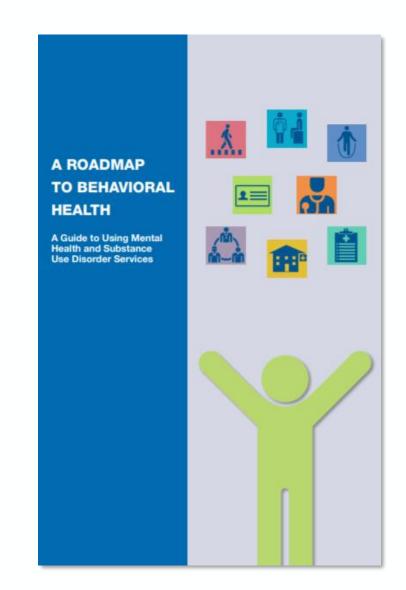
Explanation of Benefits

It's a summary of health care charges from the care you or those covered under your policy received.

It is NOT A BILL!

Roadmap to Behavioral Health

- Should be used with the *Roadmap to Better Care and a Healthier You* to understand how to use health coverage to improve mental *and* physical health
- This guide adds to the 8 steps of the Roadmap to give important information about behavioral health.
- Also available in Spanish

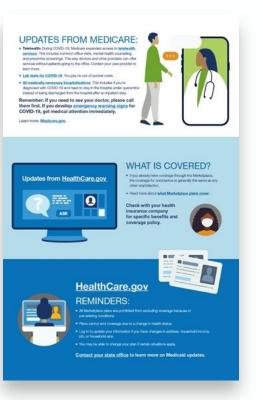




New Resources on COVID-19

go.cms.gov/c2ccovid19







Coronavirus and Your Health Coverage: Get the Basics

This resource talks about how to protect yourself and your family. It also provides an overview on updates from Medicare, the Marketplace, and other information for consumers looking for information on health coverage and staying healthy during the COVID-19 pandemic.

Stay Safe: Get the Care You Need, at Home





Stay Safe: Getting the Care You Need, at Home focuses on how people can stay healthy within their home.

This resource gives an overview of telehealth, managing ongoing health conditions, prescriptions, and other tips.



Office of Disease Prevention and Health Promotion



MyHealthfinder: A Health Prevention Tool

Presented by

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Public Healthy Analyst, Office of Disease Prevention and Health Promotion

February 4, 2021



About the Office of Disease Prevention and Health Promotion (ODPHP)

- Initiatives include Healthy People, Dietary Guidelines for Americans, Physical Activity Guidelines for Americans, Health Literacy, and the President's Council on Sports, Fitness & Nutrition
- Part of the Office of the Assistant Secretary for Health within the Office of the Secretary at HHS
- Coordinates disease prevention and health promotion work across HHS





What is MyHealthfinder?



- MyHealthfinder was first developed in 2008 in collaboration with the Agency for Healthcare Research and Quality (AHRQ).
- It is an interactive tool on health.gov that provides tailored recommendations for clinical services based on:
 - Age
 - Sex
 - Pregnancy status

NEW since 2020: Smoke status + sexual activity status



MyHealthfinder

Recommendations largely come from:

- The U.S. Preventive Services Task Force (USPSTF)
- The Advisory Committee on Immunization Practices (ACIP)
- The Health Resources and Services Administration (HRSA) as advised by organizations, including the American Academy of Pediatrics (through the Bright Futures cooperative agreement) and the National Academies of Sciences, Engineering, and Medicine (formerly IOM)
- Dietary Guidelines for Americans
- Physical Activity Guidelines for Americans



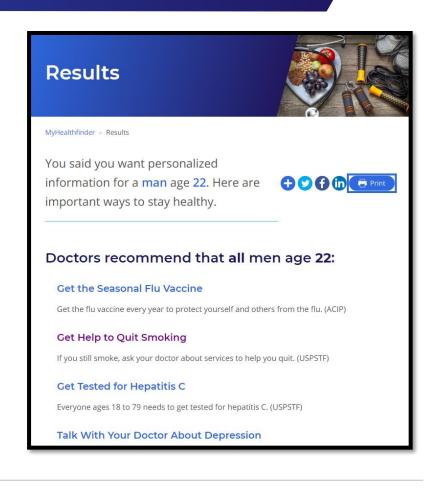


MyHealthfinder Content is...

- Designed using health literacy principles
- Vetted by HHS subject matter experts
- Clearly organized, easy to navigate, and has easy-to-read resources
- Evidence-based and prevention focused
- Translates federal prevention guidance into actionable health information for consumers
- Available in Spanish







MyHealthfinder provides what you need to know, why it's important, and how to take action

Get Your Well-Woman Visit Every Year



MyHealthfinder » Topics » Everyday Healthy Living » Sexual Health » Get Your Well Woman Visit Every Year

Browse Sections -) (Print
Browse Sections	verview	↑
The Basics	verview	
Overview	with your doctor or nurse every year. The well-woman visit is I stay healthy.	
What to Expect	ull checkup, separate from any other visit for sickness or reventive care for women, which may include:	
Take Action	improve your health by preventing diseases and other health	
Get Ready	edical tests to check for diseases early when they may be easier	r to
Ask about Screenings	g to help you make informed health decisions	
Follow Up	a well-woman visit?	
Your well-woman visit is a main goals for the visit:	chance to focus on your overall health and wellness. There are 3	
1. Documenting your hea	alth habits and history	
2. Getting a physical exar		

Take Action: Get Ready

Take these steps to get the most out of your well-woman visit.

Know your family health history.

Your family's health history is an important part of your personal health record. Use this family health history tool **L** to keep track of conditions that run in your family.

Be prepared to tell your doctor or nurse this information during your well-woman visit. Don't forget to share any new health problems in your family since your last visit.

Make a list of questions for your doctor.

This visit is a great time to ask the doctor or nurse any questions about:

- Birth control options
- Sexually transmitted diseases (STDs)
- Preparing to get pregnant
- Menopause
- Your safety and relationships
- Anxiety, depression, or other mental health issues





How you can take action with MyHealthfinder

 Utilize MyHealthfinder widgets and badges on your organization's site. Find them at: <u>https://health.gov/ourwork/health-literacy/consumer-health-content/free-webcontent/health-widgets-badges</u>

 Share the tool with your network. Follow us on Twitter (@HealthGov) to help retweet our MyHealthfinder resources





Examples of how we align messaging with national health observances







Connect with us.

Stephanie.Santana@hhs.gov ODPHP Twitter: @HealthGov ODPHP Facebook: /HHSHealthGov









How to Get Involved

From Coverage to Care

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.

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	STEP 7	STEP 8
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From Coverage to Care

Who in your community is using C2C resources?

- Congressional Offices
- Voter Rights Organizations
- Legal Aid Societies
- Universities
- United Way
- SHIP Counselors
- Primary Care Associations
- Dialysis Facilities
- Ryan White Providers
- Justice System
- Community Health Centers

- Hospitals
- Insurance Companies
- State and County Health Departments
- Area Agencies on Aging
- Tribal Organizations
- Assisters and Brokers
- Libraries
- Faith-Based Organizations

How To Get Involved

Use the Partner Toolkit

- Ideas on how to get involved: events to host in your community, sample text to use in a blog, newsletter, social media posts and graphics, and a web badge.
- All available in English and Spanish

Use the C2C Community Presentation

- Overview of the Roadmap and all 8 steps, including slides, script, and a handout
- Available in English and Spanish

Order and share C2C resources at no cost to your organization.

Send stories to <u>coveragetocare@cms.hhs.gov</u>.

From Coverage	From Coverage to Care					
ABOUT FROM COVERAGE TO	CARE					
Thank you for your interest in <u>From Coverag</u> involved!	a to Care (C2C). There are many ways to get					
WHY IS THIS INITIATIVE SO IMPORTANT	?					
Enrollment, allowing them to gain or renew a	a people signed up for coverage in the 2016 Open ccess to the health coverage they need. Enrolling step is to make the most of that coverage to main					
health coverage, whether through an employ type of health coverage, understand their ber services, so they can live a long and healthy resources in multiple languages, free of chart	dicaid Services (CMS), C2C aims to help people v er, Medicare, Medicaid, the Marketplace, or anothe leftis and connect to primary care and to preventiv life. As part of the initiative, CMS has created ge to your organization and consumers, to help he ity organizations support consumers as they navig					
WAYS TO COLLABORATE						
BECOME A PARTNER	SHARE THE TOOLS					
	Whether you represent an organization or an an individual community advocate, you can t					



productordering.cms.hhs.gov





THANK YOU

Visit our website:

go.cms.gov/c2c

Contact us:

CoverageToCare@cms.hhs.gov

C2C Listserv:

http://bit.ly/CMSOMH

MyHealthfinder:

Stephanie.Santana@hhs.gov

ODPHP Twitter: @HealthGov **ODPHP Facebook:** /HHSHealthGov

From Coverage to Care