

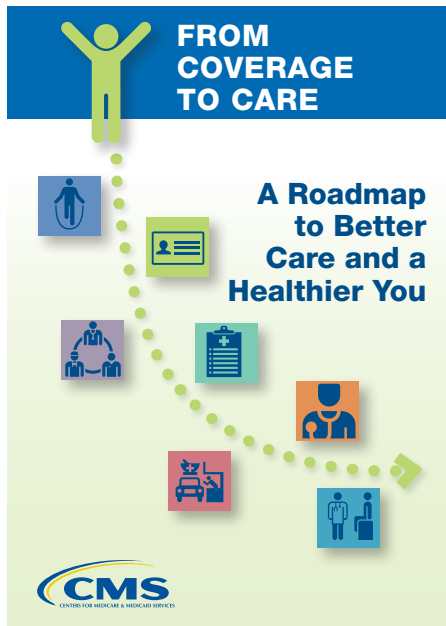
FROM COVERAGE TO CARE



Discussion Guides for Community Partners



Use with Roadmap



What's Included

This booklet has information and talking points to support community organizations with helping the newly insured understand their coverage.

You'll find discussion guides for talking with consumers about:

- How to stay healthy
- The basics of health insurance and the Affordable Care Act
- Finding a provider and making appointments.

There's also information about fostering community partnerships between organizations that care for underserved communities, including:

- Ways to help community organizations build relationships with organizations inside and outside the health care delivery system
- Resources that organizations can use to help this process.

FROM COVERAGE TO CARE:

DISCUSSION GUIDES

for Community Partners

Your organization is among the many community organizations (like social service and volunteer organizations, health insurance assistors, community- and faith-based organizations, and health care provider offices) that will play a major role in helping the 40 million new consumers who are now eligible for coverage understand:

- What it means to have health insurance
- When and where to seek health services
- Why prevention and partnering with a provider is important for having the best health.

Many of the newly insured have little or no experience with health insurance or available health care services and may need to rely on organizations they trust like yours to help them work through the health care system.

Organizations like yours are an important resource in the community for providing information and necessary services to the populations you serve, especially if they include hard-to-reach populations. Your organization may have a better understanding of how to motivate your community to seek health care services on a regular basis.

You can use the information and resources in this booklet to start conversations with consumers about the importance of health insurance and how to navigate the health care system.

How to use this booklet

There are two sections:

1. THE FIRST SECTION is about how to talk to consumers about key health and health care topics.

Each topic has three parts:



“**What to Say**” helps you lead discussions and make key points.



“**Key questions**” helps you prompt discussions on these topics.



“**Resources**” helps you and your communities learn more about each topic in this booklet.

We encourage you to use your available resources to communicate about these topics. For example you can:

- Post relevant information on community bulletin boards or in newsletters you already use, and/or host community-wide discussions on these topics and empower participants to do the same
- Share this discussion guide and the Roadmap with staff at your organization so all those who work with consumers and patients are better prepared to answer questions and support the newly insured
- Talk about health care across many settings. Consider sponsoring or participating in a health fair, or using social media.

2. THE SECOND SECTION is about how community organizations can work together to better support the newly insured.

The information and resources in this booklet are meant to be used along with the booklet “From Coverage to Care: A Roadmap to Better Care and a Healthier You,” which you can also give to people in your community. There are some references in the Roadmap to help guide your discussions.

TALKING TO Consumers



TALKING TO CONSUMERS

How to stay healthy

Some of the newly insured may not think about using their coverage to stay healthy. You may need to help them understand the connection between their new plan and good health, getting regular care, and forming healthy habits. You may want to explain that even though they may not feel sick, it's still important to have regular checkups and get preventive services.



What to say

Getting Regular Checkups

The Centers for Disease Control and Prevention (CDC) states that regular health exams and tests can help find problems before they become serious. Under the Affordable Care Act (ACA), most plans have to cover many preventive services at no cost to you.

During your regular check-ups, you and your doctor can decide which preventive services are right for you. For example, your doctor can help you think about:

- Are you getting the right screenings? Screenings are tests that look for diseases before symptoms appear.

Blood pressure checks and tests for high cholesterol are examples of screenings.

- Should you be taking preventive medicines, and do you need any immunizations or shots? Examples of this include taking aspirin to help prevent heart disease if you're 45 or older, and getting a flu shot.
- Should you consider changes in your lifestyle, such as making healthier food choices, quitting smoking, and/or exercising more? Changes such as these can go a long way toward keeping you healthy.

Don't be afraid. Some people are afraid to see a doctor or other practitioner because they worry about finding something wrong with their health. But if you go to

the doctor regularly, he or she may be able to notice any changes in your health earlier than you would otherwise notice. Your doctor will work with you to decide on the best treatment for you. Sometimes this means making a change to your health habits, taking medicine, or undergoing a medical procedure.

Forming good health habits

By getting a regular check-up, you can learn how your age, gender, family history, and health behaviors affect your chances of living a longer, healthier life. You might also learn how to:

- **Be physically active:** Regular exercise reduces the risk in adults of early death, coronary heart disease, stroke, high blood pressure, type 2 diabetes, colon and breast cancer, and depression. It can improve thinking ability in older adults and help you to stay mobile and able to care for yourself.
- **Make healthy food choices:** Eating vegetables, fruits, whole grains, and fat-free or low-fat milk products as part of your diet can help protect you from heart disease, type 2 diabetes, and some types of cancer. Eating healthy also means limiting foods that contain cholesterol, sodium (salt), and added sugars.
- **Achieve and maintain a healthy weight:** Exercising and making healthy food choices are essential for achieving and maintaining a healthy weight. To stay at a healthy weight, try not to eat more calories than you use up.

- **Be tobacco free:** Quitting smoking is one of the most important things you can do for your health. The sooner you quit, the sooner your body can start to heal. You'll feel better and have more energy to be active with your family and friends.
- **Manage stress:** Not all stress is bad. Stress can help protect you in a dangerous situation. But preventing and managing ongoing stress can help lower your risk for serious health problems like heart disease, obesity, high blood pressure, and depression.



1 Do you have questions or concerns about your health? You can ask your doctor at your regular check-up. A check-up is like a tune-up for your car—your doctor will check many aspects of your health, and you can talk to him or her about any changes you could make to stay healthy or feel better.

2 Are you unsure how to change your routines to feel less tired, have better habits, or eat healthier? Asking your doctor about how to live your life in a healthier way during your regular visit can help you make small changes that make a big difference.



Resources

- Visit healthfinder.gov to get basic information about staying healthy (for Spanish, visit healthfinder.gov/espanol/). Also, as part of its effort to improve the quality, safety, efficiency, and effectiveness of health care for all Americans, the HHS Agency for Healthcare Research and Quality (AHRQ) has produced audio podcast series on many health topics, including how to get through the health care system. To listen, visit healthcare411.ahrq.gov/ (for Spanish, visit healthcare411.ahrq.gov/defaultes.aspx).
- Visit ahrq.gov/patients-consumers/prevention/understanding/bodysys/index.html for a brochure with easy-to-understand explanations of body systems and disease conditions.
- Visit uspreventiveservicestaskforce.org/recommendations.htm to see what preventive services you and your family should get to live a healthy life.
- For a list of vaccines and immunizations you need to be protected from illness, visit cdc.gov/nip/adultimmsched.
- To get more information on creating a healthy diet, visit choosemyplate.gov/food-groups/. The Center for Nutrition Policy and Promotion (CNPP) was established to improve the nutrition and well-being of Americans (for Spanish, visit choosemyplate.gov/en-espanol.html).
- For more information on weight, such as how to calculate your body mass index (BMI), go to the CDC's BMI Calculator at cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html.
 - › To get the calculator, or any other information on CDC's website in Spanish, visit www.cdc.gov/spanish/.
 - › To learn about the Physical Activity Guidelines for Americans, visit health.gov/paguidelines/guidelines.
- To get tips on how to quit smoking, visit www.smokefree.gov. To talk to someone about how to quit, call the National Quitline at 1-800-QUITNOW (784-8669).
- Get more information on managing stress at healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/heart-health/manage-stress#take-action_1.



TALKING TO CONSUMERS

Health insurance and the ACA

Many consumers who are new to health coverage need information about what health insurance is, how it works, and how to use it. Below are some points you can use to explain health insurance and to talk about other new benefits offered by the ACA.



What to say

Insurance basics

In many cases, health insurance may help to pay for your medical costs and services.

Different insurance companies offer a variety of plans, and each plan works a little differently. Make sure you know how your plan works, what services your plan covers, which providers you can see, and how much services will cost.

- Some plans have copayments. A copayment is a fixed amount (for example, \$15) you pay for a covered health care service, usually when you get the services. The amount can vary by the type of covered health care service.
- Coinsurance is your share of the costs of a covered health care service, usually calculated as a percent (for example, 20%) of the allowed amount that the plan will pay for the service. You generally pay coinsurance plus any deductibles you owe. Your plan may require you to make a copayment for some covered services and to pay coinsurance for other covered services.

- Some insurance plans have a deductible. A deductible is the amount you owe for health care services your health insurance covers before your health insurance or plan begins to pay. You may have separate deductibles for medical care and prescription drugs.
- Some insurance companies have what are called “networks”—these are the facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services. You can see a provider who is out-of-network, but you might have to pay more. Talk to your insurance company if there’s a provider you want to see who isn’t in your network so you can understand the costs.
- If you have internet access, many insurance companies offer a website where you can create an account and read about your benefits and copayments, find a provider in your network, reprint your insurance card, review any claims you have made, and learn how to contact your insurance company with questions.

When you sign up for insurance, you may get a card or other paperwork from your insurance company with important information on it. Cards

from one insurance company may look different than cards from another insurance company but generally have the same information on them. For example, a card may include your name and member number, your group number (used to track the specific benefits of your health insurance plan), copayment and coinsurance, and phone numbers that can be used to call your insurance company with questions.

- Keep your card available and in a secure place. Never let someone else use your insurance card. If lost, report it to your insurance company immediately.



Key questions

1 Do you understand important terms related to health insurance like copayment, coinsurance, deductibles, premium, and provider “networks”?

These words are important because they relate to how much you’ll pay for health care and services. If you don’t understand them, or aren’t sure how each of these applies to your health plan, talk to your insurance company so there are no surprises.

How the Affordable Care Act Has Changed How Insurance Works

- Insurance companies generally can no longer deny coverage to people because they have a preexisting condition—a disease or health condition that started before the person got insurance.
- Insurance companies generally can’t take away your coverage if you get sick.
- Insurance companies can’t set a lifetime limit on how much they’ll pay or how much treatment you can get.
- All new plans have to cover certain procedures that will keep you or your dependents healthy, including cancer screenings, counseling on quitting smoking, routine vaccines, and regular “well-baby” and “well-child” visits at no extra cost. These are called preventive services and are fully covered without any cost to you even if you have a copayment for other services.
- If an insurance company refuses to cover a service, it might have to offer you a chance to appeal that decision.
- Women generally don’t need a referral from another provider to get care from an obstetrician/gynecologist (OB/GYN).
- Children generally can stay on their parents’ insurance plan until age 26.

2 **What new benefits under the Affordable Care Act are you the most interested in learning more about?** There are many resources available on the new ACA benefits—all you have to do is start asking.



Resources

- In Step 2 (page 7) of the Roadmap, we’ve provided a graphic of what a health insurance card might look like and the information it might have. Please feel free to copy and give this out.
- The Roadmap also has a glossary that defines insurance terms like copayment and deductible. You can use this to help explain these terms to consumers.
- Visit HealthCare.gov to answer questions you or your community members may have about the insurance benefits and services that are available because of the ACA. For Spanish, visit CuidadodeSalud.gov.
- Visit the White House website at whitehouse.gov/healthreform to find out what’s happening in your state concerning the ACA.



TALKING TO CONSUMERS

Finding a provider and making a visit

It's important that consumers build a long-term relationship with a provider who knows their background and health history and understands what's important to them. Making an appointment is a critical first step in connecting with a provider and enabling healthy behaviors. As a result, it's important that consumers understand what to do and what to expect during this visit. Below are some talking points you can use to talk to consumers about choosing a provider and preparing for their visit with the provider.



What to say

Finding a provider

Choosing a provider is an important first step in getting care, and if you do a little homework, you'll find a health care provider who's right for you.

Insurance companies often have what are called "networks"—these are the facilities, providers, and suppliers the health insurer or plan have contracted with to provide health care services. In some cases, you will have to see a doctor who's in their network if you don't want to pay more than your copayment or coinsurance amount for a covered service.

- If your plan uses a network, start your homework with your plan's list of "in-network" providers. This list may be available online through your insurance company's website. Sometimes you can see a provider who is out-of-network. Talk to your insurance company if there's a provider you want to see who isn't in your network because you may have to pay more to see them.

For your regular and routine health care, it's important to choose a primary care provider, or PCP. Primary care providers include general practice, family practice, internal medicine, pediatrics, and, in most cases, obstetrics and gynecology. Your PCP will be the person you see for your check-ups and can be your main point of contact for staying healthy. Your PCP might be a doctor, a physician assistant, a highly trained nurse, or certain other medical professionals, and you might visit them in a private office, a large medical building like a hospital, or a community health center.

- When you sign up for insurance, your plan might assign a primary care provider to you. You might be able to change providers, but each plan has its own rules on how to do that. Talk to your insurance company to find out how to make this change.

- In some cases, you may prefer to choose your providers based on recommendations from friends, family, or a trusted community group or organization.
- When you're talking to friends and family about their health care experiences, you might want to ask:
 - › What providers do you and your family see? Are there other providers you hear good things about?
 - › What do you like about your provider? Are there things you don't like?
 - › Is it easy to get an appointment with the provider?
 - › Does the provider spend enough time with you, and does he or she explain things in a way that is easy to understand?
 - › Is the provider and office staff respectful of your culture or language preferences?
 - › Is the office staff friendly and helpful?
- Sometimes you can also find information about providers on the internet to see what other people say about them.
- In some neighborhoods, community health centers offer a wide range of health care services. You can choose to see a provider at one of these centers, but check with your insurance company to find out how much you will have to pay if you get services at a community health center.

Sometimes you'll need to see a specialist—for example, if you need an allergy doctor or a foot doctor (podiatrist). If your primary care provider refers you to a specialist, you might also need to make sure that the specialist is in your plan's network. You may also have

to pay more to see the specialist, even if he or she is in your plan's network.

Making an appointment with a health care provider

Making an appointment is the first step in connecting with your provider and starting healthy behaviors.

- When you call the provider's office, ask them if they're accepting new patients.
- When you call, let them know whether you're a current or new patient. If you're a new patient, they might ask you a lot of questions. They may ask you for your name, date of birth, address, and information about your insurance. You may also be asked about the reason for your visit.
- You may have to wait a few weeks for a well-visit as providers often reserve some appointments for those who are sick and need to see the provider sooner. If you're sick and need to see the provider sooner, let them know this when you call.

Preparing for the visit

Before your visit, think about any questions or concerns you have about your health. You may want to write them down so you don't forget to ask. You should show up early to your first appointment. There may be forms you need to fill out before you see the provider.

Some providers charge you a fee if you're late or don't show up for your appointment. If you can't make your appointment, you should call as soon as possible before your scheduled appointment to change it.

Bring your insurance card and a photo identification. Your provider office might need this information before you see the provider.

Bring a list of current medicines you're taking, including how much you take, how often you take it, and why you take it.

Your provider is there to help you stay well.

But they can do their job much better if you talk with them about your health and any concerns you have. You should also ask lots of questions to make sure you understand what the provider tells you. If your provider says something that doesn't make sense, speak up. Make sure you know what you should do if you have questions or concerns once you get home.

Stay in touch with your provider. Your provider can help answer questions you have about your health, figure out when you need to come in for a visit, and even change any medication you are on if it's making you feel sick. They are there to help you—use them.



1 Do you know where to start your search for a new provider? Contact your insurance company, look on your health insurance company's website, or look in your insurance handbook to find out which providers are near you and will accept your insurance. Your friends and family may have suggestions, too.

2 Do you have one place where you write down all of the medicines you and your family members take, and the different conditions or health problems that come up? Keeping a list handy for each member of

your family with your health questions and medicines is a helpful way to make the most of your visit to the doctor.

3 After the visit, do you understand how your health is? Do you know what you're supposed to do to stay healthy, what you're supposed to do next, and, if you have a health condition, what it is and why it's important to your health? If you don't know the answers to these questions, ask the provider to explain the information to you in a different way. Write it down or ask your provider to write it down so you can look at it when you get home. Don't leave the provider's office until you understand your health.



Resources

Additional resources: In Step 3 (page 8) of the Roadmap, we provide more suggestions for finding the right provider. Please feel free to copy and hand out this list.

Helping newly insured consumers understand what to expect during the first visit will help to ensure that the experience is a positive one and is effective for the consumer. Refer to Step 5 (page 12) of the Roadmap for a list of potential questions consumers may ask their provider to ensure they understand their health and steps needed to become healthier.

- To learn more about choosing the right physician, visit the Agency for Healthcare Research and Quality website at archive.ahrq.gov/consumer/qnt/qntdr.htm.
- To identify the location of community health centers in your community, visit findahealthcenter.hrsa.gov.
- To get location and other information about tribal medicine, visit ihs.gov/index.cfm?module=AreaOffices.

TALKING TO OTHER

Community Organizations

COLLABORATION AND OPPORTUNITIES TO WORK TOGETHER

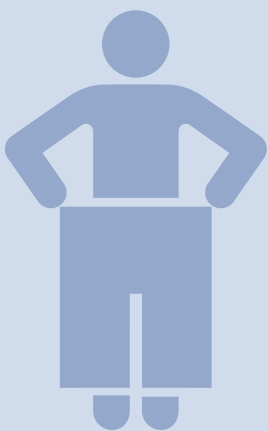
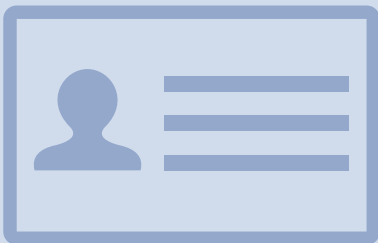
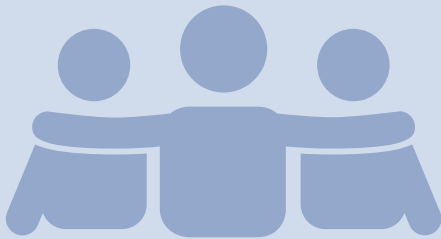
To Help the Newly Insured

Community organizations like yours (including social service and volunteer organizations, health insurance assistors, community- and faith-based organizations, and health care provider offices) are often considered trusted partners in the community. In many cases, your organization might work with underserved communities to provide direct services, information, or help with linking community members with other resources in the community.

The first part of this guide provided some talking points and resources to support consumers as they navigate the health care system. This section provides information on how your organization might want to start reaching out to other community organizations. It includes some questions to help your organization think about what it needs for collaborating with other organizations and what your organization can bring to the table to help others. You should tailor the information and approaches as needed to reflect your organization and opportunities for collaboration in the community.

In your community, there are other organizations that share your organization's interest in meeting the health and health care needs of the populations your organization serves, even if the organization itself is not a health care delivery organization. These organizations may have a complementary set of resources, expertise, and community outreach that, together, your organizations can use to help consumers enter the health care system and stay engaged in their health care over the long term.





Specific activities your partnership might undertake include:

- **Help consumers get the information and resources they need to start and maintain ongoing relationships with their providers by:**

- > Helping people identify where to go for care
- > Working with consumers to read and understand information in their insurance materials
- > Staying in touch with consumers after they obtain insurance to help in the event that they have difficulty accessing care under their new plan
- > Conveying information about community resources available to consumers to facilitate access to health care, such as financial support for food, housing, or transportation services
- > Linking consumers to the resources they can use to stay healthy—for example—exercise and nutrition resources and activities, and screenings for conditions like high blood pressure, cancer, and HIV.

- **Help consumers access health care and related services by:**

- > Offering transportation to health care appointments, child care (for parents going to the health center), translation, and case management
- > Collaborating with other organizations and providers to identify problems and develop solutions
- > Helping consumers understand their rights and options to appeal decisions made by their insurance plan.

Below are some steps you can take to start developing these partnerships, and some resources you can use to support this effort.

Step 1: Make a list of your organization's expertise, assets, and services

- Who do you serve? Historically underrepresented populations (like racial and ethnic minorities)?
- What services do you currently provide (direct health care, translation, health education, mental health, spiritual support, etc.)?
- What expertise could you offer other organizations—what do you have that they could really use?
- What are you looking for to support your effort/mission? What type of partner would really help?
- Do you have existing relationships with organizations that you think could be strengthened around these issues?

Step 2: Identify community organizations

- Are there organizations in the community that you would like to partner with?
- It may help to identify information about the populations you serve:
 - › What are the other social services that this group uses?
 - › What other organizations do residents in your community rely on for important information? Do they provide health and health care information?
 - › What are the existing ways of getting messages out to the community?



- Use many resources ranging from the yellow pages to neighborhood or city directories that are often published by city or county officials, or other community organizations. For example, your local chamber of commerce may publish a list of local businesses.
- You can also talk to colleagues and residents to identify other organizations that don't appear on these lists.
- Narrow the list of organizations and think about what each organization provides and how it might complement your organization's efforts.
- Use "asset mapping" to identify the resources that are available to support health and health care in a community. Consider starting this process in your community. We provide a few links in the Resources section to help you learn about this process.

Step 3: Make that initial contact

- Find out who the point of contact is in the organization you want to work with.
- Call or email and ask for a meeting to introduce your organization.
- Let them know what organization you're from, and give them information about your organization.
- If you've engaged in an asset mapping process, you can share the results with them.
- Tell them why you called or what made you think of them. For example, have you been struggling with how to answer some questions for individuals you serve? Are you looking for a resource that can strengthen the cultural or linguistic responsiveness of your organization? Are you trying to help individuals find providers close to them and navigate the health care system to make an appointment but don't know where to start?
- Note that you're interested in learning more about them and whether there might be a way that you can start to work together. Let them know what you can bring to the table as well.

Step 4: Have the meeting

- Talk about how you want to start collaborating. How might that work? What would it look like? What would each organization bring to the table? You may want to start small, on a specified task, particularly if you're not as familiar with the other organization. This will give you a chance to get to know each other.
- Remember to give before you receive: giving to others first is one of the best ways to build relationships. Ask the partnering organization how you can contribute to its effort.

Step 5: Continue the dialogue

- Partnerships don't happen overnight. In many cases, it may take several conversations before you feel comfortable working together. That's okay.
- Talk about other community organizations you may want to invite to the table. Is there a way to leverage your initial dialogue to include others who may be similarly interested in collaborating?
- There is no such thing as a static list of resources in your community. Rather, organizations will come and go over time. You should expect to "refresh" your list of potential partners as time goes on.





Resources

- For more information on developing partnerships, access the pamphlet “Community Engagement and Partnerships to Improve Access to Medical Homes to the Community Tool Box” at the National Center for Cultural Competence. Visit www11.georgetown.edu/research/gucchd/nccc/documents/NCCC_PP_Medical%20Homes.pdf and the Community Tool Box at ctb.ku.edu/en/creating-and-maintaining-partnerships#node_toolkits_full_group_outline.
- To find the organizations that are providing in-person assistance in your community, visit localhelp.healthcare.gov. People can type in their city, state, or zip code to find help. Note: For state marketplaces, go to the state’s website for more information.
- To find the community health centers in your community, visit findahealthcenter.hrsa.gov.
- To learn more about asset mapping, visit the National Association of County and City Health Officials at naccho.org/topics/infrastructure/CHAIP/upload/Asset-Mapping.docx or the UCLA Center for Health Policy Research at healthpolicy.ucla.edu/programs/health-data/trainings/Documents/tw_cba20.pdf.
- To understand how health care organizations can improve minority health and foster equity, review the Roadmap to Reduce Disparities at solvingdisparities.org/tools/roadmap. The Roadmap’s six-step framework provides guidance for incorporating disparities-reduction efforts into the quality improvement efforts of health care organizations. It’s designed so that various components of an equity-focused quality improvement agenda can be developed and implemented separately, simultaneously, or maintained throughout.

Your ROADMAP to health



1

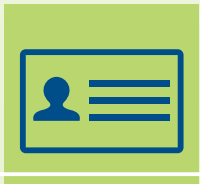


Start here

Put your health first.

- Staying healthy is important for you and your family.
- Get a regular check-up.
- Keep all of your health information in one place.

2



Understand your insurance plan.

- Check with your insurance plan to see what services are covered by your plan.
- Be familiar with your copayments, deductibles, and coinsurance.
- Know the difference between in-network and out-of-network.

3



Find a provider.

- Ask people you trust.
- Check your plan's provider network.
- If you are assigned a provider, contact your plan if you want to change.
- Do research on the internet.



4



Make an appointment.

- Mention that you are a new patient.
- Provide the name of your insurance plan.
- Tell them the name of the provider you want to see and why you want an appointment.
- Ask for days or times that work for you.



5



Be prepared for the first visit.

- Have your insurance card with you.
- Make a list of any medicines you are currently taking.
- Bring a list of questions and things to discuss with the provider and write notes during your visit.
- Bring someone with you to help if you need.



6



Decide if you like the provider.

- You should feel comfortable with who you see.
- You should understand and be able to communicate with your provider.
- Remember: It is okay to change to a different provider!



7



Next steps after your appointment.

- Follow your provider's instructions.
- Fill any prescriptions you were given.
- Schedule a follow-up visit if necessary.
- Contact your insurance plan or provider with any questions.

