



FROM COVERAGE TO CARE

A Roadmap to Better Care and a Healthier You



Step 8 – Next steps after your appointment

Your ROADMAP to health



1



Start here

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 recommended health screenings and manage chronic conditions.
- Keep all of your health information in one place.

2



Understand your health coverage

- Check with your insurance plan or state Medicaid or CHIP program to see what services are covered.
- Be familiar with your costs (premiums, copayments, deductibles, co-insurance).
- Know the difference between in-network and out-of-network.

3



Know where to go for care

- Use the emergency department for a life-threatening situation.
- Primary care is preferred when it's not an emergency.
- Know the difference between primary care and emergency care.

4



Find a provider

- Ask people you trust and/or do research on the internet.
- Check your plan's list of providers.
- If you're assigned a provider, contact your plan if you want to change.
- If you're enrolled in Medicaid or CHIP, contact your state Medicaid or CHIP program for help.


5

Make an appointment

- Mention if you're a new patient or have been there before.
- Give the name of your insurance plan and ask if they take your insurance.
- 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.


6

Be prepared for your visit

- Have your insurance card with you.
- Know your family health history and make a list of any medicines you take.
- Bring a list of questions and things to discuss, and take notes during your visit.
- Bring someone with you to help if you need it.


7

Decide if the provider is right for you

- Did you feel comfortable with the provider you saw?
- Were you able to communicate with and understand your provider?
- Did you feel like you and your provider could make good decisions together?
- Remember: it is okay to change to a different provider!

If you want to change your provider, return to Step 4.


8

Next steps after your appointment

- Follow your provider's instructions.
- Fill any prescriptions you were given, and take them as directed.
- Schedule a follow-up visit if you need one.
- Review your explanation of benefits and pay your medical bills.
- Contact your provider, health plan, or the state Medicaid or CHIP agency with any questions.



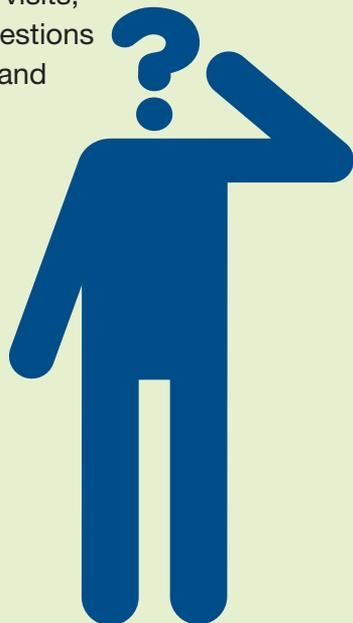
8 Next steps after your appointment.

Now that you have found a provider and had your first visit, where do you go from here?

You'll see your primary care provider for your recommended preventive care and for help managing chronic conditions, as well as when you feel sick. Even if you see a specialist for a specific service or condition, you'll always come back to your primary care provider.

Ask your provider or their staff to notify you when your next visit or recommended health screenings should happen. Make an appointment for that visit as soon as you can and write it down someplace where you'll remember it, or in the back of this book.

If you have questions or concerns between visits, call your provider. They can help answer questions you have about your health and well-being and adjust any medications you are taking.



Follow through with your provider's recommendations. For example, if they told you to go to a specialist, did you call for an appointment?

If not, is it because:

You forgot. Do you need a reminder? Put it on your calendar, or use a smartphone app.

You didn't understand what you were supposed to do. Call your provider. Ask them questions until you understand, and take notes. Consider having someone you trust come with you to your next visit.

You were too busy. Remember to put your health first, and make time. Some providers offer extended weekday or weekend hours.

You didn't have the money. If you are worried you cannot afford your care, there may be ways to lower the cost. Your provider may be able to give you a cheaper medication, or you may qualify for programs to help with your costs. Ask about them.

You didn't feel like you were treated with respect and dignity. If the way your provider or office staff spoke or acted made you not want to return or listen to them, speak up or consider changing providers. The right provider will treat you with respect and meet your language, cultural, mobility, or other needs.

You were scared. Many people are worried about getting bad news. Remember that by getting the preventive care that is right for you, your provider is more likely to find an illness or problem early and help you get better faster.



Reading your Explanation of Benefits (EOB)

After you visit your provider, you may receive an Explanations of Benefits (EOB) from your insurer. This is an overview of the total charges for your visit and how much you and your health plan will have to pay. An EOB is NOT A BILL and helps to make sure that only you and your family are using your coverage. You may get a bill separately from the provider.

Here's an example of an Explanation of Benefits

Your insurance plan's or Medicaid or CHIP agency's **Customer Service Number** may be near the plan's logo or on the back of your EOB .

Explanation of Benefits (EOB)

Statement date: XXXXXX
Document number: XXXXXXXXXXXXXXXXXXXX

THIS IS NOT A BILL

Customer service: 1-800-123-4567

Member name:
Address:
City, State, Zip:



Subscriber number: XXXXXXXXX

ID: XXXXXXXXX

Group: ABCDE

Group number: XXXXXX

Patient name: Date received:				Provider: 5 Payee:				Claim number: XXXXXXXXXXXX Date paid: XXXXXXXX			
Claim Detail				What your provider can charge you		Your responsibility			Total Claim Cost		
Line No.	Date of Service 1	Service Description	Claim Status	2 Provider Charges	3 Allowed Charges	Co-Pay	Deductible	Co-Insurance	4 Paid by Insurer	6 What You Owe	7 Remark Code
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	

Remark Code: PDC—Billed amount is higher than the maximum payment insurance allows. The payment is for the allowed amount.

Pay your bills and keep any paperwork. Some providers will not see you if you have unpaid medical bills. You may be able to go online to look up your own health information, such as screening and test results or prescribed medications. This can help you take charge of managing your health.

APPEALS AND GRIEVANCES

If you have a complaint or are dissatisfied with a denial of coverage for claims under your health plan, you may be able to appeal or file a grievance. For questions about your rights, or assistance, you can contact your insurance plan or state Medicaid or CHIP program. If you think you were charged for tests or services your coverage is supposed to pay for, keep the bill and call the phone number on your insurance card or plan documentation right away. Insurance companies have call and support centers to help plan members.

- 1 Service Description** is a description of the health care services you received, like a medical visit, lab tests, or screenings.
- 2 Provider Charges** is the amount your provider bills for your visit.
- 3 Allowed Charges** is the amount your provider will be reimbursed; this may not be the same as the Provider Charges.
- 4 Paid by Insurer** is the amount your insurance plan will pay to your provider.
- 5 Payee** is the person who will receive any reimbursement for over-paying the claim.
- 6 What You Owe** is the amount the patient or insurance plan member owes after your insurer has paid everything else. You may have already paid a portion of this amount, and payments made directly to your provider may not be subtracted from this amount.
- 7 Remark Code** is a note from the insurance plan that explains more about the costs, charges, and paid amounts for your visit.

Contact your health plan if you have questions about your EOB.



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