Presentation Overview

1. Overview of *From Coverage to Care (C2C)*

2. Using the Roadmap

3. Post Open Enrollment Plan and New Resources

4. Where to find C2C Resources
From Coverage to Care Resources

- Roadmap
  - Poster Roadmap
  - Consumer Tools
    - Insurance card
    - Primary Care vs. Emergency Care
    - Explanation of Benefits
  - Pull-out steps
  - Available in 8 languages and a Tribal version
- Discussion Guide
- Enrollment Toolkit
- Video vignettes
- Community Presentation NEW!
- 5 Ways to Make the Most of Your Health Care NEW!
- Partner Toolkit NEW!

Coming Soon:
- Prevention Materials

Visit go.cms.gov/c2c

Print copies available from the CMS Product Ordering Warehouse
From Coverage to Care (C2C) is an initiative, developed by the Centers for Medicare & Medicaid Services, to help you understand your health coverage and connect to primary care and the preventive services that are right for you, so you can live a long and healthy life.

We understand health insurance can be a bit overwhelming and confusing at first. However, there are many ways you can make the most of it.
Step 1: Put Your Health First

• Staying healthy is important for you and your family.

• Maintain a healthy lifestyle.

• Get recommended health screenings & manage chronic conditions. Many screenings are available with no cost sharing.

• Keep all of your health information in one place.
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.
Step 2: Understand Your Health Coverage

- **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.

  (See the glossary at the back of your *Roadmap* for more definitions.)
Cost scenarios, like managing Type 2 Diabetes and having a baby, help us understand what care may cost, and how the plan may divide these costs.

**Sample Cost Tables**

**Having a baby** (normal delivery)

<table>
<thead>
<tr>
<th>Sample care costs:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital charges (mother)</td>
<td>$2,100</td>
</tr>
<tr>
<td>Routine obstetric care</td>
<td>$500</td>
</tr>
<tr>
<td>Hospital charges (baby)</td>
<td>$900</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>$200</td>
</tr>
<tr>
<td>Laboratory tests</td>
<td>$200</td>
</tr>
<tr>
<td>Prescriptions</td>
<td>$40</td>
</tr>
<tr>
<td>Radiology</td>
<td></td>
</tr>
<tr>
<td>Vaccines, other preventive</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$7,540</td>
</tr>
</tbody>
</table>

**Patient pays:**

- Deductibles: $30
- Copays: $1,320
- Co-insurance: $2,050
- Total: $700

**Managing type 2 diabetes** (1 year of routine maintenance of a well-controlled chronic condition)

<table>
<thead>
<tr>
<th>Sample care costs:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions</td>
<td>$1,300</td>
</tr>
<tr>
<td>Medical equipment and supplies</td>
<td>$700</td>
</tr>
<tr>
<td>Office visits and procedures</td>
<td>$300</td>
</tr>
<tr>
<td>Education</td>
<td>$100</td>
</tr>
<tr>
<td>Laboratory tests</td>
<td>$100</td>
</tr>
<tr>
<td>Vaccines, other preventive</td>
<td>$5,400</td>
</tr>
<tr>
<td>Total</td>
<td>$2,900</td>
</tr>
</tbody>
</table>

**Patient pays:**

- Deductibles: $800
- Copays: $580
- Co-insurance: $1,880
- Total: $800

**NOTE:** These are not real costs.
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

![Insurance Card Image]
Step 3: Know Where To Go For Care

- Primary care is preferred when it isn’t an emergency.
- Only use the ER in a life-threatening situation.
- Know the difference between primary care and care received in the ER, and how costs may differ.
## Primary Care vs. Emergency Care

<table>
<thead>
<tr>
<th>Primary Care Provider</th>
<th>Emergency Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>You’ll pay your primary care copay, if you have one. This may cost you between $0 and $50.</td>
<td>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.</td>
</tr>
<tr>
<td>You go when you feel sick and when you feel well.</td>
<td>You should only go when you’re injured or very sick.</td>
</tr>
<tr>
<td>You call ahead to make an appointment.</td>
<td>You show up when you need to and wait until they can get to you.</td>
</tr>
<tr>
<td>You may have a short wait to be called after you arrive but you will generally be seen around your appointment time.</td>
<td>You may wait for several hours before you’re seen if it’s not an emergency.</td>
</tr>
<tr>
<td>You’ll usually see the same provider each time.</td>
<td>You’ll see the provider who is working that day.</td>
</tr>
<tr>
<td>Your provider will usually have access to your health record.</td>
<td>The provider who sees you probably won’t have access to your health records.</td>
</tr>
<tr>
<td>Your provider works with you to monitor your chronic conditions and helps you improve your overall health.</td>
<td>The provider may not know what chronic conditions you have.</td>
</tr>
<tr>
<td>Your provider will check other areas of your health, not just the problem that brought you in that day.</td>
<td>The provider will only check the urgent problem you came in to treat but might not ask about other concerns.</td>
</tr>
<tr>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

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 4: Find a Provider

• Check your plan’s directory to find providers in your network.
• Ask people you trust or do research on the Internet.
• If you were automatically assigned a provider, contact your plan if you wish to change.

Resources:
• Find a health center near you: http://findahealthcenter.hrsa.gov.
• Find a mental health provider: http://findtreatment.samhsa.gov.
Step 5: Make an Appointment

• Call for an appointment.
  • Tell them if you are sick.
  • Have your insurance information available.
  • Confirm they accept your coverage.
  • Be prepared with a few available dates and times.

• Key questions to ask.
  • What do you do if you need to change or cancel your appointment?
  • Will you pay a penalty for cancelling with less than 24 hours notice?
  • Are there any forms you need to complete before your visit?
Step 6: Be Prepared for Your Visit

• Take your insurance card, and any forms.
• Be prepared to pay the copayment or coinsurance.
• Ask questions.
• Bring a list of your medications.
• Bring someone with you if you feel more comfortable.
Step 7: Decide if the Provider is Right For You

• Finding a provider you trust, and can communicate with, is important.

• Key questions to ask:
  – Is this provider someone you can work with over time?
  – Did you feel that you were listened to and your health needs were addressed?
  – Did you feel you were treated fairly by your provider and the office staff?

• It is okay to change providers.
Step 8: Next Steps After Your Appointment

- Write down your providers’ instructions and healthy living tips.
- Schedule any follow-up or other visits and fill prescriptions.
- Review any documents or bills you receive and contact your plan or state Medicaid or CHIP program if you have questions.
- Keep your information current. Log on to your account with [www.healthcare.gov](http://www.healthcare.gov) or your state Marketplace.
- Check your plan during Open Enrollment to make sure it still meets your needs.
**Explanation of Benefits (EOB)**

It’s a summary of health care charges from the care you or those covered under your policy received. It is NOT A BILL!

<table>
<thead>
<tr>
<th>Line No.</th>
<th>Date of Service</th>
<th>Service Description</th>
<th>Claim Status</th>
<th>Provider Charges</th>
<th>Allowed Charges</th>
<th>Co-Pay</th>
<th>Deductible</th>
<th>Co-Insurance</th>
<th>Total Claim Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3/20/14–3/20/14</td>
<td>Medical care</td>
<td>Paid</td>
<td>$31.60</td>
<td>$2.15</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$8.25</td>
</tr>
<tr>
<td>2</td>
<td>3/20/14–3/20/14</td>
<td>Medical care</td>
<td>Paid</td>
<td>$375.00</td>
<td>$118.12</td>
<td>$35.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$83.12</td>
</tr>
</tbody>
</table>

Total: $406.60

**Remark Code:** PDC—Billed amount is higher than the maximum payment insurance allows. The payment is for the allowed amount.
Other Information in the Roadmap

• Glossary of health coverage terms.

• Resource list.

• Personal health tracking checklist.

• Health information page for coverage and provider information.
How to Use the Roadmap

• **Start the Conversation.** Use the Roadmap and Discussion Guide 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.
Areas of Focus:
– Increase consumer connection to care
– Improve consumer knowledge of health insurance and health literacy
– Encourage consumers to find a primary care provider, schedule an appointment, and use free, preventive services.

Partnerships:
– National, regional, and local partners

Activities:
– Identify opportunities for collaboration and coordinated efforts
– Develop outreach plans
– Media
  • Digital -- Expand and improve website to include new resources
  • Utilize listserv content calendars to reach CMS distribution channels
  • Social Media -- Promote on Facebook and Twitter, including use of partners
New to C2C: Partnership Toolkit

Get Involved in From Coverage to Care

ABOUT FROM COVERAGE TO CARE

Thank you for your interest in the From Coverage to Care (C2C) initiative. There are many ways to get involved!

Available as a PDF on the C2C Webpage, go.cms.gov/c2c.
New to C2C: Partnership Toolkit

Contents Include:

• About C2C
• Ways to Collaborate
  • Available Resources
  • Spread the Word
  • Add to the Momentum
  • Host an Event
• Sample newsletter, blog, and social media – *English and Spanish available!*
What You Can Do: Add to the Momentum

- Publish an article on your blog
- Post a blurb in your newsletter
- Share on social media the C2C resources using the sample posts and graphics.
- Use the web badge to direct people to go.cms.gov/c2c.
- Include direct links on your website to the C2C resources.
What You Can Do: Plan an Event

• Consider using the C2C Community Presentation slides.
• Work with local hospitals, clinics, and health centers.
• Collaborate with community centers.
• Engage your local church or place of worship.
• Host a webinar or develop a session for a meeting or conference.
• Host a workshop.
• Hold a “Meet Your Provider” open house.
• Send us stories or videos of how your organization uses C2C resources.
New to C2C:
5 Ways to Make the Most of Your Health Coverage

1. 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.

4. 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.

5. 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

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Who’s Using Our Resources?

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

- Congressional Offices
- Voter Rights Organizations
- Legal Aid Societies
- Universities
- United Way
- SHIP Counselors
- Primary Care Associations
- Dialysis Facilities
- Ryan White Providers
Contact C2C

Get Resources:

go.cms.gov/c2c

Contact Us:

CoverageToCare@cms.hhs.gov