

From Coverage to Care: A Roadmap to Better Care and a Healthier You



“Working to Achieve Health Equity”

Icebreaker

- Do you have new health coverage but don't know what to do next?
- Do you have a hard time explaining the difference between a copayment & coinsurance?
- Do you know what services are covered by your health plan?
- Do you have insurance but have not used it because you aren't sure how much you have to pay?
- Do you want or need to see a doctor, but do not know how to find one?
- Do you have difficulty remembering when you last had a physical, had your blood pressure checked or received an immunization?



From Coverage to Care (C2C)



Visit <http://marketplace.cms.gov/c2c>

Print copies are available for free.

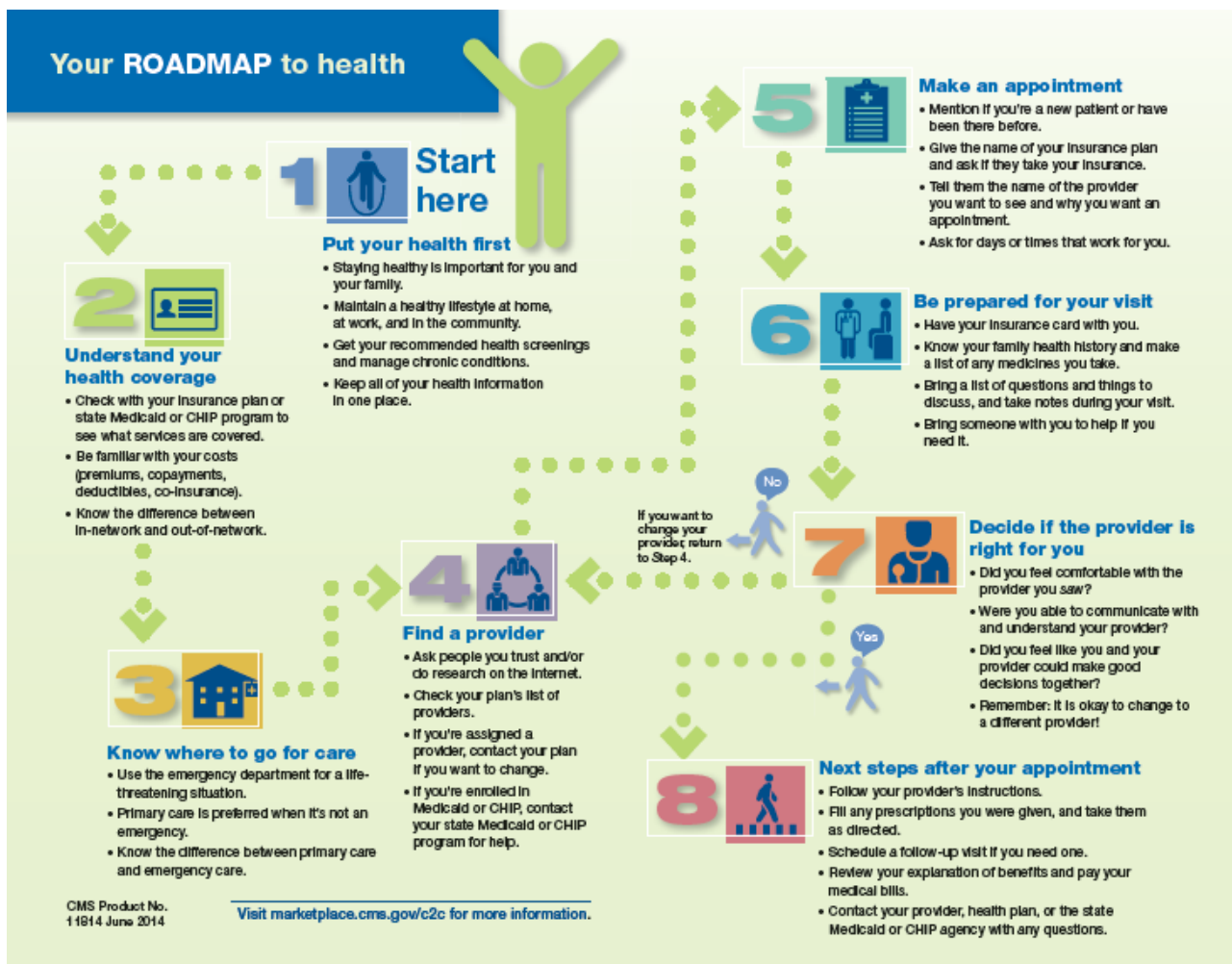
Before You Begin the Roadmap

1. Confirm your coverage.
2. Pay your monthly premium.
3. Review plan materials to learn about benefits.
4. Continue to receive treatments or refill prescription drugs you need.
5. Keep your information on [HealthCare.gov](https://www.healthcare.gov) current.

Resources:

- To contact the Marketplace, go to [www.HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596.
- Contact the state Medicaid or CHIP office.

From Coverage to Care Roadmap



Online at marketplace.cms.gov/c2c

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.



Put Your Health First:

Physical Activity

- Regular physical activity increases your chances of living a longer, healthier life.
- It's not all or nothing! Even 10 minutes of activity is better than nothing!

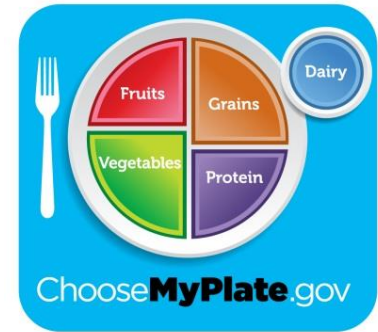


Resources:

- Be Active Your Way
- Physical Activity Basics

Put Your Health First: Healthy Eating

- A healthy diet can help protect you from heart disease, type 2 diabetes, and some types of cancer.
- Make small changes to your eating habits to make a big difference for your health.



Resources:

- My Plate
www.choosemyplate.gov
- Nutrition Basics

Put Your Health First: Relaxation

- Preventing and managing stress can help lower your risk for health problems like heart disease, high blood pressure, and depression.
- Being prepared and in control of your situation will help you feel less stressed.

Resources:

- www.healthfinder.gov
- www.mentalhealth.gov



The screenshot shows the 'myhealthfinder' website. At the top left, it says 'myhealthfinder' with a small red apple icon. Below this, it says 'Find out which preventive services you need this year.' To the right of this text is a large red apple with a yellow 'A+' on it. On the right side of the page, there is a section titled 'I want information for:' with a dropdown menu labeled 'Make a selection'. Below this is a 'Sex' section with two buttons: 'Male' (with a male icon) and 'Female' (with a female icon). Below the sex buttons is an 'Age' section with a text input box followed by the word 'years'. At the bottom right is a 'Get Started' button with a right-pointing arrow.

Put Your Health First:

Take an Active Role in Your Health

- Being active in your health can lead to better care and better health for you and your family.
- Keep track of health information.
- Ask questions.

Resources:

- My Family Health Portrait
<https://familyhistory.hhs.gov>
- My Medicine Record

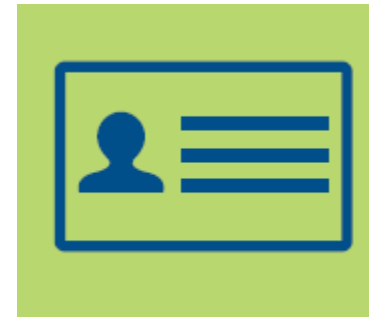
Be an Active Member of Your Health Care Team

My Medicine Record

Name (Last, First, Middle Initial):				
	What I'm Using Rx – Brand & generic name; OTC – Name & active ingredients	What It Looks Like Color, shape, size, markings, etc.	How Much	How to Use / When to Use
— Enter ALL prescription (Rx) medicine (include samples), over-the-counter (OTC) medicine, vitamins, and supplements.				
Ex:	XXXXX/xxxxxxxxxx	20 mg pill; small, white, round	40 mg; use two 20 mg pills	Take orally, 2 times a day, at 8:00 am & 8:00 pm
1				
2				
3				

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.)

Sample Cost Tables

Having a baby (normal delivery)	
• Amount owed to providers: \$7,540	
• Plan pays \$5,490	
• Patient pays \$2,050	
Sample care costs:	
Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540
Patient pays:	
Deductibles	\$700
Copays	\$30
Co-insurance	\$1,320
Total	\$2,050

Managing type 2 diabetes (1 year of routine maintenance of a well-controlled chronic condition)	
• Amount owed to providers: \$5,400	
• Plan pays \$3,520	
• Patient pays \$1,880	
Sample care costs:	
Prescriptions	\$2,900
Medical equipment and supplies	\$1,300
Office visits and procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400
Patient pays:	
Deductibles	\$800
Copays	\$500
Co-insurance	\$580
Total	\$1,880

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.

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 COMPANY NAME

Plan type **4**

Effective date

Member Name: Jane Doe **1**

Member Number: XXX-XX-XXX **2**

Group Number: XXXXX-XXX **3**

Prescription Group # XXXXX

Prescription Copay **7**

\$15.00 Generic

\$20.00 Name brand

PCP Copay \$15.00

Specialist Copay \$25.00

Emergency Room Copay \$75.00 **5**

Member Service: 800-XXX-XXXX **6**

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

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



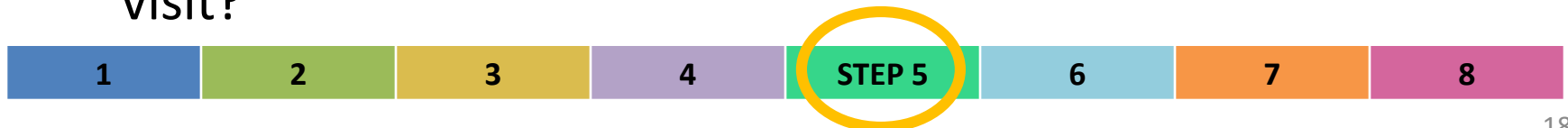
Resources:

- 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 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!

Explanation of Benefits (EOB) Customer service: 1-800-123-4567



Statement date: XXXXXX
Document number: XXXXXXXXXXXXXXXXXX
THIS IS NOT A BILL

Member name:
Address:
City, State, Zip:

Subscriber number: XXXXXXXX ID: XXXXXXXX Group: ABCDE Group number: XXXXXX

Patient name: _____ Date received: _____ **5** Provider: _____ 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	Service Description 1	Claim Status	Provider Charges 2	Allowed Charges 3	Co-Pay	Deductible	Co-Insurance	Paid by Insurer 4	What You Owe 6	Remark Code 7
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.

Premium Credits & Cost-Sharing Reductions

- **Premium tax credits**
 - Can be applied to your monthly premium or received as part of your tax refund.
 - You must file federal taxes to get this subsidy.
 - The amount of premium tax credit received during the year will be reconciled with your eligibility based on actual household income for the year.
- **Cost-sharing reductions**
 - Reduces your out-of-pocket costs like deductibles, copayments and coinsurance.
 - Eligible consumers can receive them if enrolled in a Silver plan.

Understanding Tax Information

- **To Avoid the Shared Responsibility Payment:**
 - Maintain your coverage or
 - Qualify for an exemption
- **Keep your information current** to lower your risk of being overpaid on your tax credits.
- If you enrolled in a health plan through the Marketplace, you'll receive **Form 1095-A** from the Marketplace.



Other Information in the Roadmap

- Glossary of health coverage terms.
- Resource list.
- Personal health tracking checklist.
- Health information page for coverage and provider information.

Contact Information

Contact C2C

coveragetocare@cms.hhs.gov

Order Resources

<http://marketplace.cms.gov/c2c>