



Coverage to Care Resources

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CMS Office of Minority Health



CMS Office of Minority Health

The Centers for Medicare & Medicaid Services (CMS) is the largest provider of health insurance in the United States, responsible for ensuring that more than 150 million individuals supported by CMS programs (Medicare, Medicaid, Children's Health Insurance Program, and the Health Insurance Marketplaces) are able to get the care and health coverage they need and deserve.

The Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) is one of eight offices of minority health within the U.S. Department of Health and Human Services. CMS OMH works with local and federal partners to eliminate health disparities while improving the health of all minority populations, racial and ethnic communities, people with limited English proficiency, lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.





CMS OMH

Mission

The Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) will lead the advancement and integration of health equity in the development; evaluation; and implementation of CMS policies, programs, and partnerships.

Vision

All those served by CMS have achieved their highest level of health and well-being, and we have eliminated disparities in health care quality and access.

Health Equity and Health Literacy

- CMS defines health equity as the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.
- Health literacy is a central focus of Healthy People 2030. One of the initiative's [overarching goals](#) demonstrates this focus: “Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.”
- [CMS Framework for Health Equity](#) Priority 4: Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services
 - Language access, health literacy, and the provision of culturally tailored services play a critical role in health care quality, patient safety and experience, and can impact health outcomes.

Coverage 2 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 Better Care
- Roadmap to Behavioral Health
- Manage Your Health Care Costs
- Enrollment Toolkit
- Partner Toolkit and Community Presentation

Visit go.cms.gov/c2c



Coverage to Care

[C2C Consumer Resources](#)

[C2C Partner Resources](#)

[C2C Prevention Resources](#)

[Chronic Care Management and
Connected Care](#)

[How to Get Involved](#)

Coverage to Care



[Overview](#)

[Consumer Resources](#)

[Partner Resources](#)

[Chronic Care Management](#)

Feedback

5 Ways to Make the Most of Your Health Coverage



**Ways to make
the most of your
health coverage**

Now that you have health coverage, here is what you can do to put your health first and live a long and healthy life.

- Quick reference material to start the journey from coverage to care
- Available in Arabic, Chinese, English, Haitian Creole, Korean, Russian, Spanish, and Vietnamese
- [5 Ways to Make the Most of Your Health Coverage PDF](#)

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.

My Health Coverage At-a-Glance



C2C Coverage to Care

MY HEALTH COVERAGE AT-A-GLANCE

PLAN INFORMATION:

Plan name	Group number	Member ID number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Website	Phone number	Other
<input type="text"/>	<input type="text"/>	<input type="text"/>

KNOW WHAT YOU PAY FOR CARE:

PREMIUM: The payment you make to a health insurance company or plan for your coverage. This is usually paid each month to keep your coverage.

Cost

DEDUCTIBLE: The amount you pay for health care services before your health plan begins to pay.

Cost

Services I can get before I meet my deductible. This includes preventive services, like flu shot, pap test, and colorectal cancer test, etc.

COPAYMENT (COPAY): A set amount you pay for a medical service or supply. There may be different costs for a doctor's visit, hospital outpatient visit, or prescription.

Primary care copay <input type="text"/>	Specialist copay <input type="text"/>
Prescription copay <input type="text"/>	Hospital copay <input type="text"/>

COINSURANCE: A portion you pay as your share of the cost for services after you pay any deductibles.

Primary coinsurance <input type="text"/>	Specialist coinsurance <input type="text"/>
Prescription coinsurance <input type="text"/>	Hospital coinsurance <input type="text"/>

OUT-OF-POCKET MAXIMUM: The most you pay before your plan starts to pay 100% for covered services in a plan year.

Out-of-pocket maximum

Enter current maximum and note if it includes deductible and other costs.

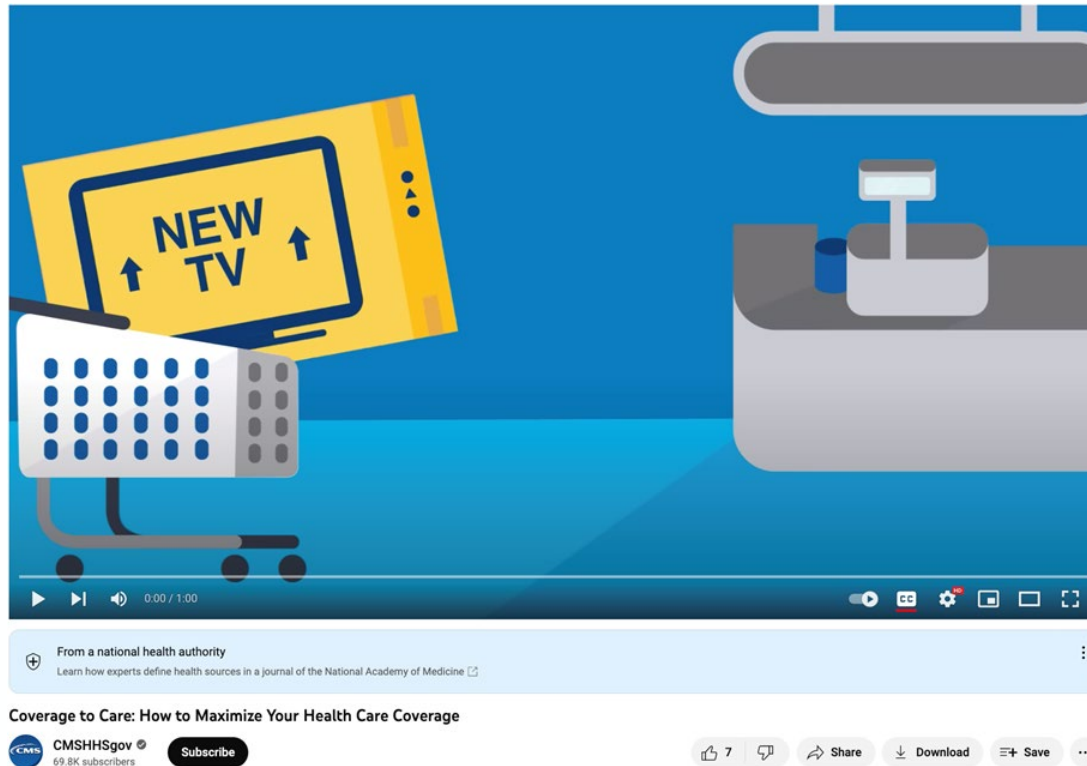
PREVENTIVE SERVICES: Routine health care screenings, check-ups, and vaccines. For example, flu shots, depression screenings, and blood pressure tests.

Cost

\$0 (for most plans, adjust if needed)

- Created the customizable resource in direct response to requests for personalized information from consumers and partners
- Includes:
 - Plan information
 - Know what you pay for care
 - Know where to go for care
 - Dates to remember, notes
- Available in Arabic, Chinese, English, Haitian Creole, Korean, Russian, Spanish, Ukrainian, and Vietnamese
- [My Health Coverage At-a-Glance PDF](#)

How to Maximize Your Health Coverage



- Short animation series about how consumers can use their coverage to connect to primary care services
- Includes additional animated videos:
 - [Confirm Your Coverage](#)
 - [Know Where to Go for Answers](#)
 - [Find a Provider](#)
 - [Make an Appointment](#)
 - [Fill Your Prescriptions](#)
- Videos are available in English and Spanish
- [How to Maximize Your Health Care Coverage Video](#)

Telehealth: What to Know for Your Family



TELEHEALTH:
WHAT TO KNOW
FOR YOUR FAMILY



- Learn about the types of care, how to prepare for an appointment, what to expect, and more.
- Includes:
 - Telehealth basics
 - Types of telehealth services
 - Steps for using telehealth
 - Language interpreter information
- Available in Arabic, Chinese, English, Haitian Creole, Korean, Russian, Spanish, and Vietnamese.
- [Telehealth: What to Know for Your Family PDF](#)
- [Telehealth for Providers: What You Need to Know PDF](#)

How to Use Health Coverage



Roadmap to Better Care and a Healthier You



- Explains what health coverage is and how to use it to receive primary care and preventive services
- Includes consumer tools:
 - 8 Steps to Better Care
 - Insurance card
 - Primary care vs. Emergency care
 - Explanation of Benefits
- Available in nine languages, Tribal version, and a customizable version
- [Roadmap to Better Care and a Healthier You PDF](#)

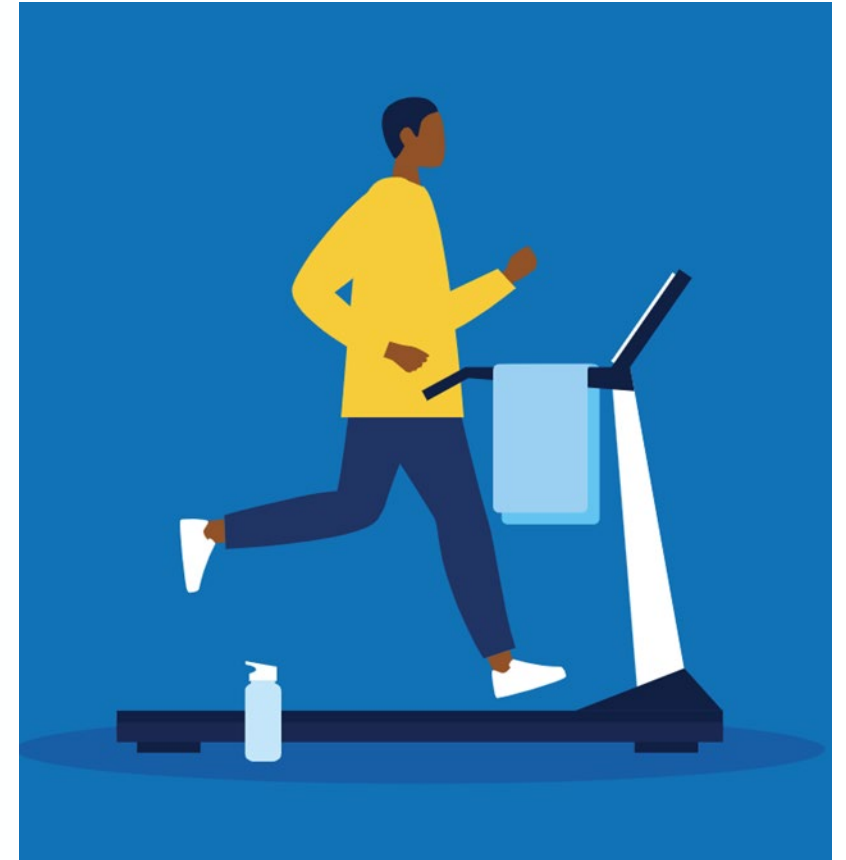
Roadmap to Better Care and a Healthier You (continued)



1. Put Your Health First

Key Points for Consumers

- Staying healthy is important for you and your family
- Maintain a healthy lifestyle at home, at work, and in the community
- Get health screenings and manage chronic conditions
- Keep all personal health information in one place



2. Understanding Your Health Coverage

Key Points for Consumers

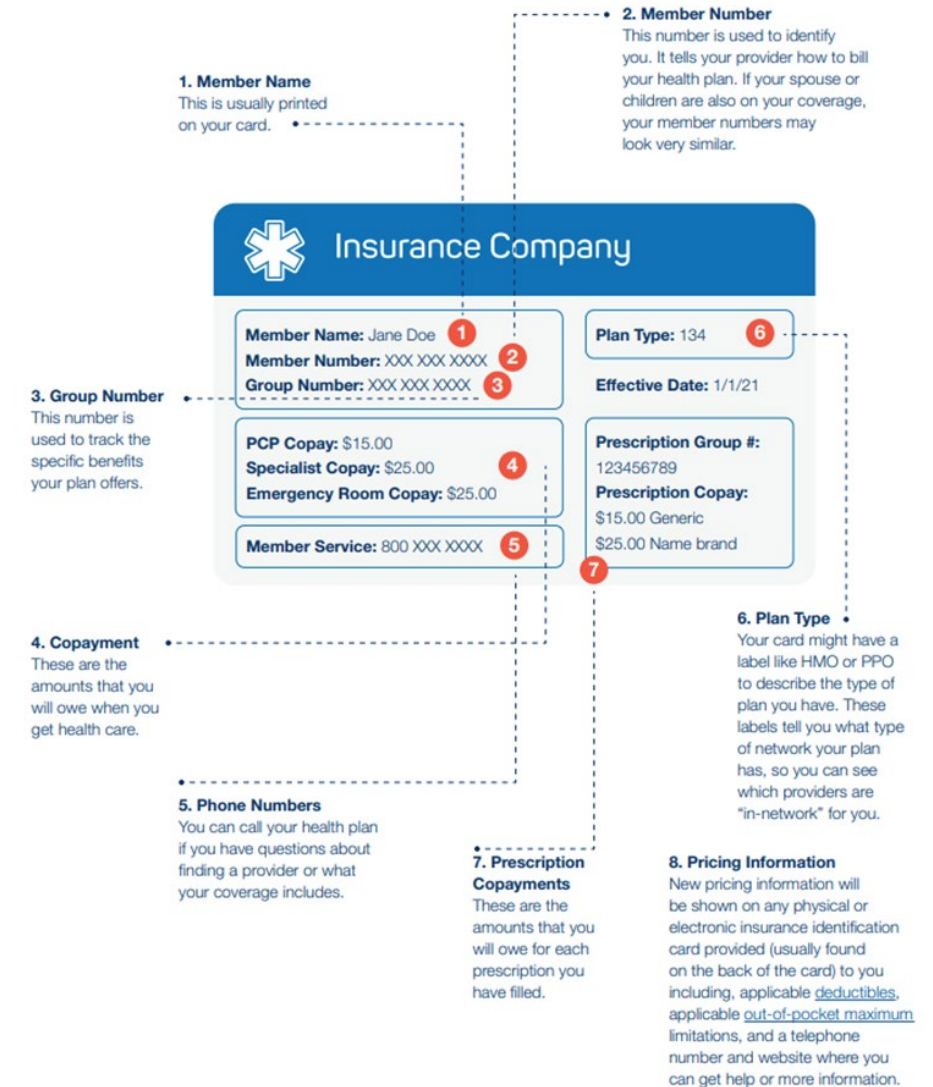
- Review your plan to see what services are covered
- Know the difference between in-network and out-of-network
- Understand your out-of-pocket costs
- Understand key insurance terms
 - **Network**
 - **Premium**
 - **Deductible**
 - **Copayment (Copay)**
 - **Coinsurance**



2. Understanding Your Health Coverage (continued)

Key Points for Consumers

- You should receive a membership package and insurance card from your health plan or your state Medicaid or CHIP program.
- If have trouble understanding information on the insurance card, call your health plan for assistance.



3. Know Where to Go for Care

Key Points for Consumers

- Know the difference between primary care providers, emergency departments, and urgent care centers
- 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.
- 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.
- If you have an emergency or life-threatening situation, call **9-1-1**.



3. Know Where to Go for Care (continued)

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, coinsurance, 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 see the provider after you arrive. But you will usually 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 your health record.	The provider who sees you probably won't have access to your health records.
Your provider works with you to take care of your chronic conditions and 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 primary care provider can help you make a plan, get your medicines, and find specialists.	When your visit is over you will get instructions to follow up with your provider. There may not be any follow-up support.

4. Find a Provider

Key Points for Consumers

- A **provider** is a health care professional
- A **primary care provider (PCP)** is who you see for most health problems. They 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 see a specialist to have your health plan pay for your visit.



4. Find a Provider (continued)

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

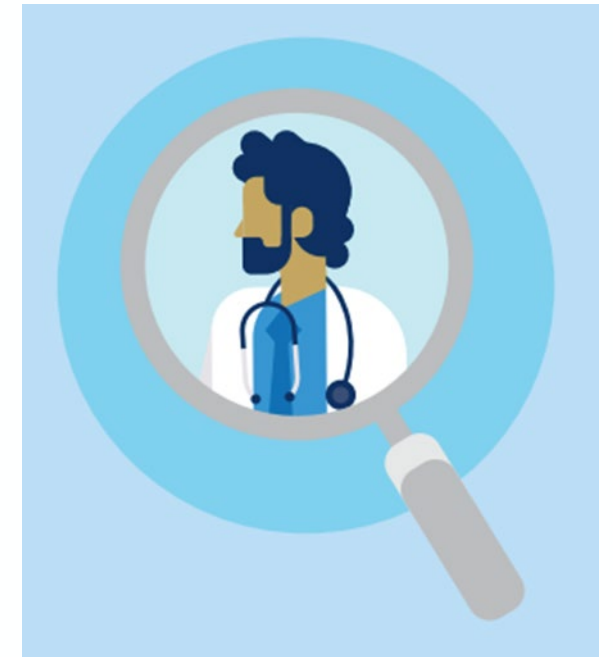
2. Ask around

- 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

Key Points for Consumers

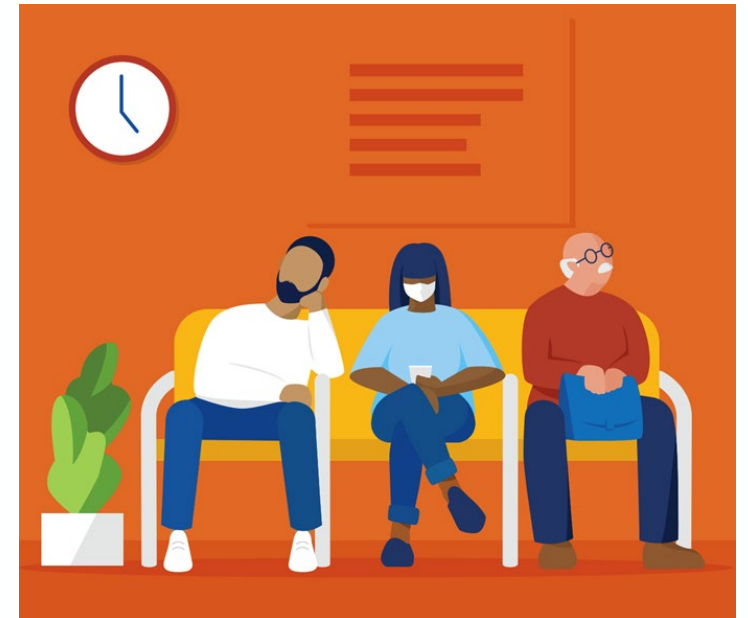
- When you make your appointment, have your insurance card or other documentation handy.
- Mention:
 - Your name and if you're a new patient
 - Why you want to see the provider
 - The name of your insurance plan
 - The name of the provider you'd like to see
 - If you have a specific need (like translation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



6. Be Prepared for Your Visit

Key Points for Consumers

- If this is your first visit to a new provider or you are using new health coverage, make sure 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.
- The staff may ask you to fill out more forms and read over their privacy policy, which is required by law. It tells you how they will protect and keep your information private.
- If you need to change your appointment, **contact your provider's office as soon as possible** to avoid costs



6. Be Prepared for Your Visit (continued)

Key Points for Consumers

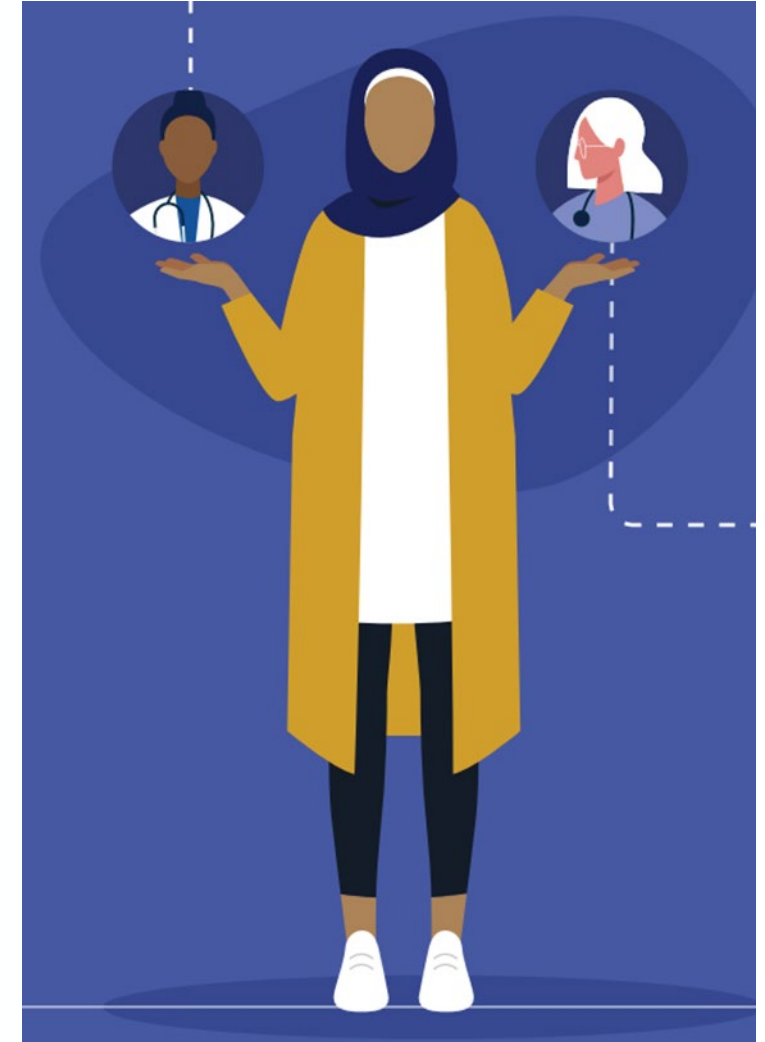
- When you see your provider, it is helpful to share your **family health history, any available medical records, medications you are taking, and questions or concerns** you may have about your health.
- You should be able to answer questions like these before you leave your provider's office:
 - How 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 your questions have been answered and you understand what to do next.



7. Decide if the Provider is Right for You

Key Points for Consumers

- 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 (continued)

Key Points for Consumers

- 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

Key Points for Consumers

- 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 your prescriptions
- If you have questions between visits, call your provider
- You may receive an Explanation of Benefits (EOB) after your visit. An EOB is a summary of health care charges from the care you or those covered under your policy received. It is NOT a bill.

Here's an example of an Explanation of Benefits

Your health plan's Customer Service Number may be near the plan's logo or on the back of your EOB.

1. Phone Numbers

You can call your health plan if you have questions about finding a provider or what your coverage includes.

2. Payee is the person who will receive any reimbursement for over-paying the claim.

EXPLANATION OF BENEFITS

1 Customer Service Number: 1-800-123-4567

Statement Date: XXXXXX

Document Number: XXXXXXXXXXXX

Member Name:

Address:

City, State, Zip:



THIS IS NOT A BILL

Subscriber Number: XXXXXXXXXXXX

ID: XXXXXXXX

Group: ABCDE

Group Number: XXXXXX

Patient Name: XXXXXX

Date Received: XXXXXXXXXXXX

Provider:

Payee: 2

Claim Number: XXXXXXXXXXXX

Date Paid: XXXXXXXXXXXX

3. Service Description

shows the health services you received, like a medical visit, lab test, or screening.

4. Provider Charges

is the amount your provider bills for your visit.

5. Allowed Charges

is the amount your provider will be paid; this may not be the same as the Provider Charges.

Claim Detail				What your Provider Can Charge You		Your Responsibility			Total Claim Cost		
Line No.	Date of Service	Service Description	Claim Status	Provider Charges	Allowed Charges	Co Pay	Deductible	Coinsurance	Paid by Insurer	What You Owe	Remark Code
1	3/20/22-3/20/22	Medical care	Paid	\$31.60	\$2.15	\$0.00	\$0.00	\$0.00	\$2.15	\$0.00	PDC
2	3/20/22-3/20/22	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	PDC

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

6. Paid by Insurer

is the amount your health plan will pay to your provider.

7. What You Owe

is the amount you owe after your insurer has paid everything else. You may have already paid part of this amount. Payments made directly to your provider may not be subtracted from this amount.

8. Remark Code

is a note from the health plan that explains more about the costs, charges, and paid amounts for your visit.

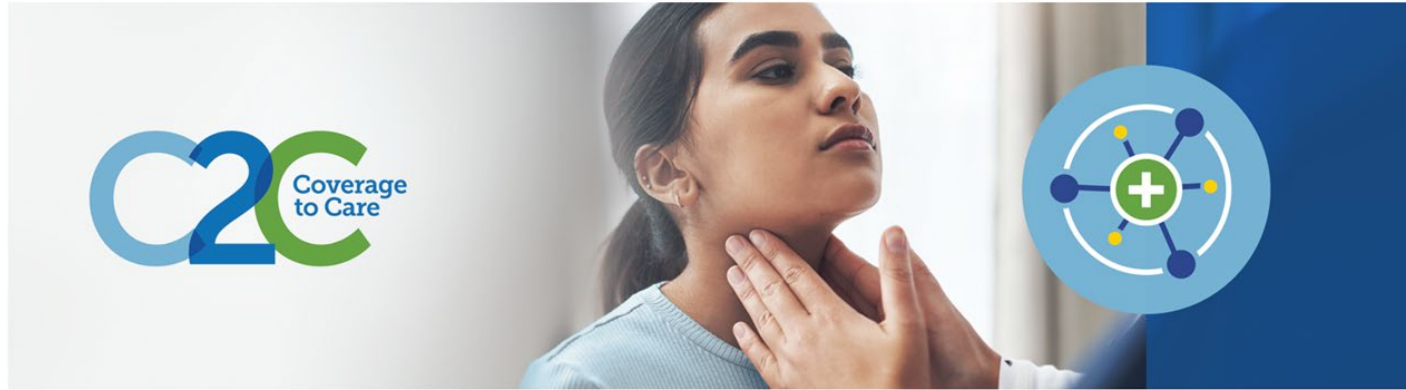
Explanation of Benefits

Roadmap to Behavioral Health



- Offers information specific to mental health and substance use disorder services
- Use alongside the *Roadmap to Better Care*
- Eight Steps:
 - Understand your behavioral health
 - Learn about health insurance
 - Where to go for help and treatment
 - Find a behavioral health provider
 - Make an appointment with a behavioral health provider
 - Prepare for your appointment
 - Decide if the behavioral health provider is right for you
 - Stay on the road to recovery
- Available in eight languages
- [Roadmap to Behavioral Health PDF](#)

Prevention Resources



[Consumer Resources](#)

Prevention Resources

[Order Printed Copies](#)

- The [Prevention Resources page](#) focus on prevention and healthy living to be shared with consumers, reposted online, printed, or ordered.
- All resources are available in eight languages.
- [Adults Preventive Services Flyer](#)
- [Women Preventive Services Flyer](#)
- [Men Preventive Services Flyer](#)
- [Teens Preventive Services Flyer](#)
- [Children Preventive Services Flyer](#)
- [Infants Preventive Services Flyer](#)
- [Put Your Health First Tabloid](#)

Partnering with C2C – How to Get Involved



Using C2C Resources

Start the Conversation. Use the *Roadmap to Better Care and a Healthier You* as a tool to help people understand their new coverage and understand the importance of getting the right preventive services.

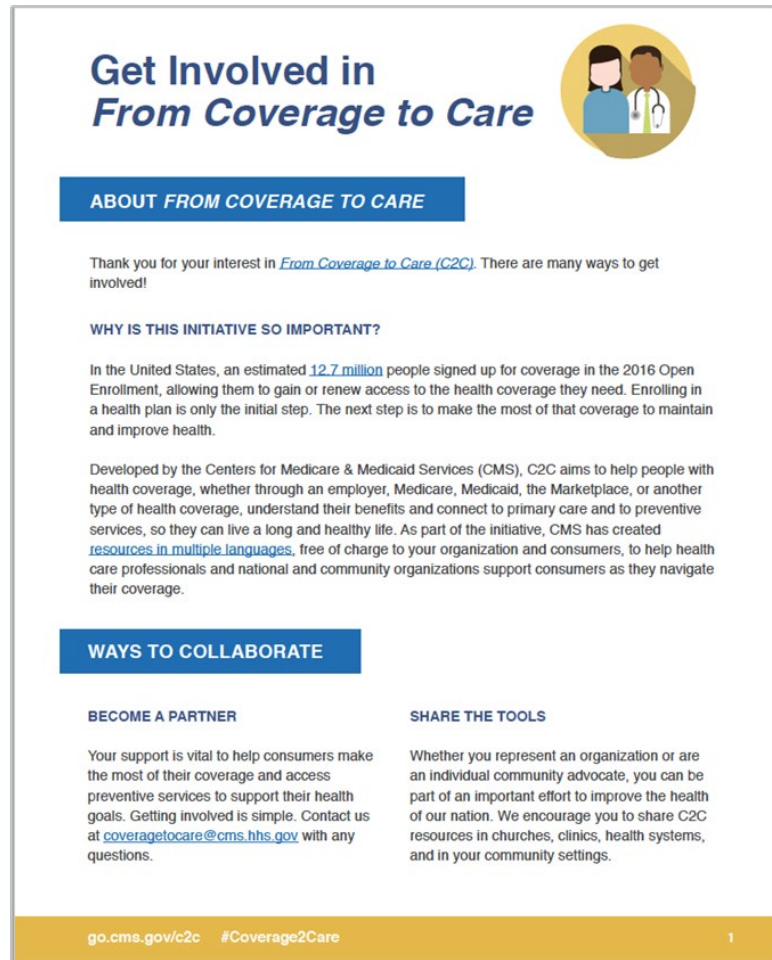
Help Consumers Understand. The *Roadmap to Better Care and a Healthier You* has a lot of information for consumers. You can help them use it as a resource to refer to as they journey to better health and well-being.

Personalize It. You know your community. Consider adding local resources and information.

Who in your community is using C2C resources?

- Congressional Offices
- Voter Rights Organizations
- Legal Aid Societies
- Universities
- United Way
- State Health Insurance Assistance Program Counselors
- Primary Care Associations
- Dialysis Facilities
- Ryan White Providers
- Libraries
- Justice System
- Community Health Centers
- Hospitals
- Insurance Companies
- State and County Health Departments
- Area Agencies on Aging
- Tribal Organizations
- Assistors and Brokers
- Faith-based Organizations


Partner Toolkit



- High-level document offering prospective partners information on how to share C2C materials
- Includes:
 - Why the C2C initiative is important
 - How to collaborate
 - Downloadable and printable resources
 - How to plan an event
 - Guide on how to draft written content
- English and Spanish content
- [Partner Toolkit PDF](#)

Partner Toolkit (continued)

Get Involved in *From Coverage to Care*



ABOUT *FROM COVERAGE TO CARE*

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

WHY IS THIS INITIATIVE SO IMPORTANT?

In the United States, an estimated [12.7 million](#) people signed up for coverage in the 2016 Open Enrollment, allowing them to gain or renew access to the health coverage they need. Enrolling in a health plan is only the initial step. The next step is to make the most of that coverage to maintain and improve health.

Developed by the Centers for Medicare & Medicaid Services (CMS), C2C aims to help people with health coverage, whether through an employer, Medicare, Medicaid, the Marketplace, or another type of health coverage, understand their benefits and connect to primary care and to preventive services, so they can live a long and healthy life. As part of the initiative, CMS has created [resources in multiple languages](#), free of charge to your organization and consumers, to help health care professionals and national and community organizations support consumers as they navigate their coverage.

WAYS TO COLLABORATE

BECOME A PARTNER

Your support is vital to help consumers make the most of their coverage and access preventive services to support their health goals. Getting involved is simple. Contact us at coveragetocare@cms.hhs.gov with any questions.

SHARE THE TOOLS

Whether you represent an organization or are an individual community advocate, you can be part of an important effort to improve the health of our nation. We encourage you to share C2C resources in churches, clinics, health systems, and in your community settings.

go.cms.gov/c2c #Coverage2Care 1

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
- Available in English and Spanish

Use the C2C Community Presentation

- Overview of the *Roadmap to Better Care* with all eight steps, including slides, script, and a handout
- Available in English and Spanish

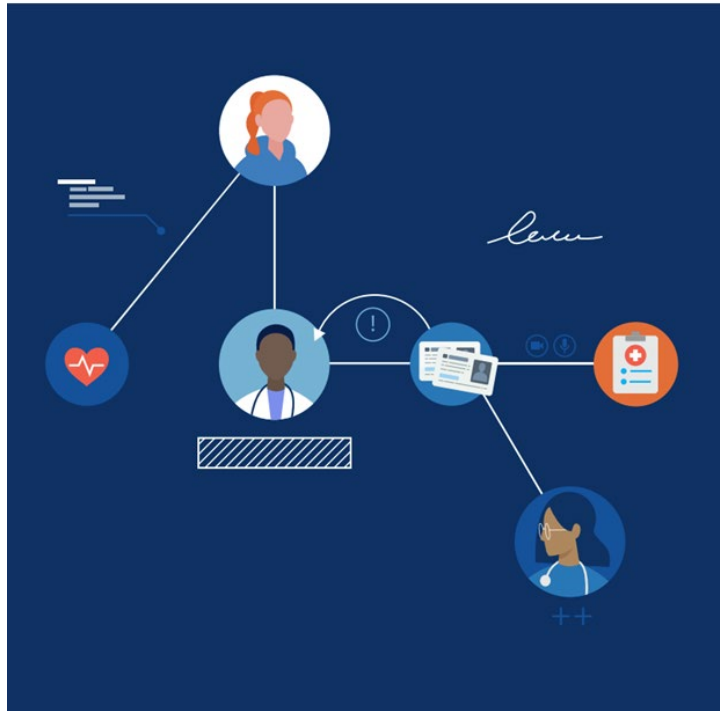
Order and share C2C resources at no cost to your organization.

Send stories to coveragetocare@cms.hhs.gov.

Enrollment Toolkit



ENROLLMENT TOOLKIT
HELP CONSUMERS
CHOOSE THE RIGHT PLAN



- Toolkit for community partners, assisters, and others who help consumers enroll in coverage or change their plan.
- Includes:
 - Coverage is important and affordable
 - Before choosing a plan
 - Know before you enroll
 - Next steps after enrolling
 - Information for consumers with special circumstances
 - Resources for other populations
- [Enrollment Toolkit PDF](#)

Manage Your Health Care Costs



- This resource is a series of tools for assisters and other community organizations that helps consumers understand health insurance costs and terms, their own specific health insurance costs, plan for health care costs, and how to pay their premiums.
- Includes budget tracking as well as health care basics
- [Manage Your Health Care Costs PDF](#)

Visit productordering.cms.hhs.gov

Product Ordering

Centers for Medicare & Medicaid Services



Username:

Password:

Login

Request an Account

Forgot Username or Password?

Product Ordering

A federal government website managed by the Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244



THANK YOU



Visit our website:

go.cms.gov/c2c

Contact us:

CoverageToCare@cms.hhs.gov

OMH@cms.hhs.gov

C2C Listserv:

<http://bit.ly/CMSOMH>

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