



# ***From Coverage to Care: Helping the Newly Insured Connect to Care***



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*“Working to Achieve Health Equity”*

# CMS OMH Mission and Vision

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## **Mission**

To ensure that the voices and the needs of the populations we represent are present as the Agency is developing, implementing, and evaluating its programs and policies

## **Vision**

All CMS beneficiaries have achieved their highest level of health, and disparities in health care quality and access have been eliminated

# Areas of Focus for CMS OMH

- Aligning CMS programs and policies to reduce disparities
- Improving coverage and access to care for minority populations
- Reducing disparities in health care quality
- Increasing and improving data to measure health disparities
- Improving resources for people with limited English proficiency
- Building the business case for reducing disparities
- Working with providers to reduce disparities

# What is *From Coverage to Care*?

- C2C is an effort to help educate consumers about their new coverage and to connect them with primary care and preventive services that are right for them so they can live long, healthy lives.
- Resources online and in print include the Roadmap, Discussion Guide, videos, and more.
- C2C builds on existing networks of community partners to educate and empower newly covered individuals.

# Coverage to Care Background

- **Phase I – Environmental Scan**
  - Captured perspectives from patients, providers, community partners, policymakers, and payers.
- **Phase II – Engagement Strategy Development**
  - Incorporated findings from Phase I into the development of materials and the pilot strategy.
- **Phase III – Pilot Implementation and Evaluation**
  - Shared materials in four states and revised based on feedback.

# From Coverage to Care Resources

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

- Roadmap
  - Poster Roadmap
  - Consumer Tools
    - Insurance card
    - Primary Care vs. Emergency Care
    - Explanation of Benefits
  - Pull-out steps
- Discussion Guide
- Video vignettes

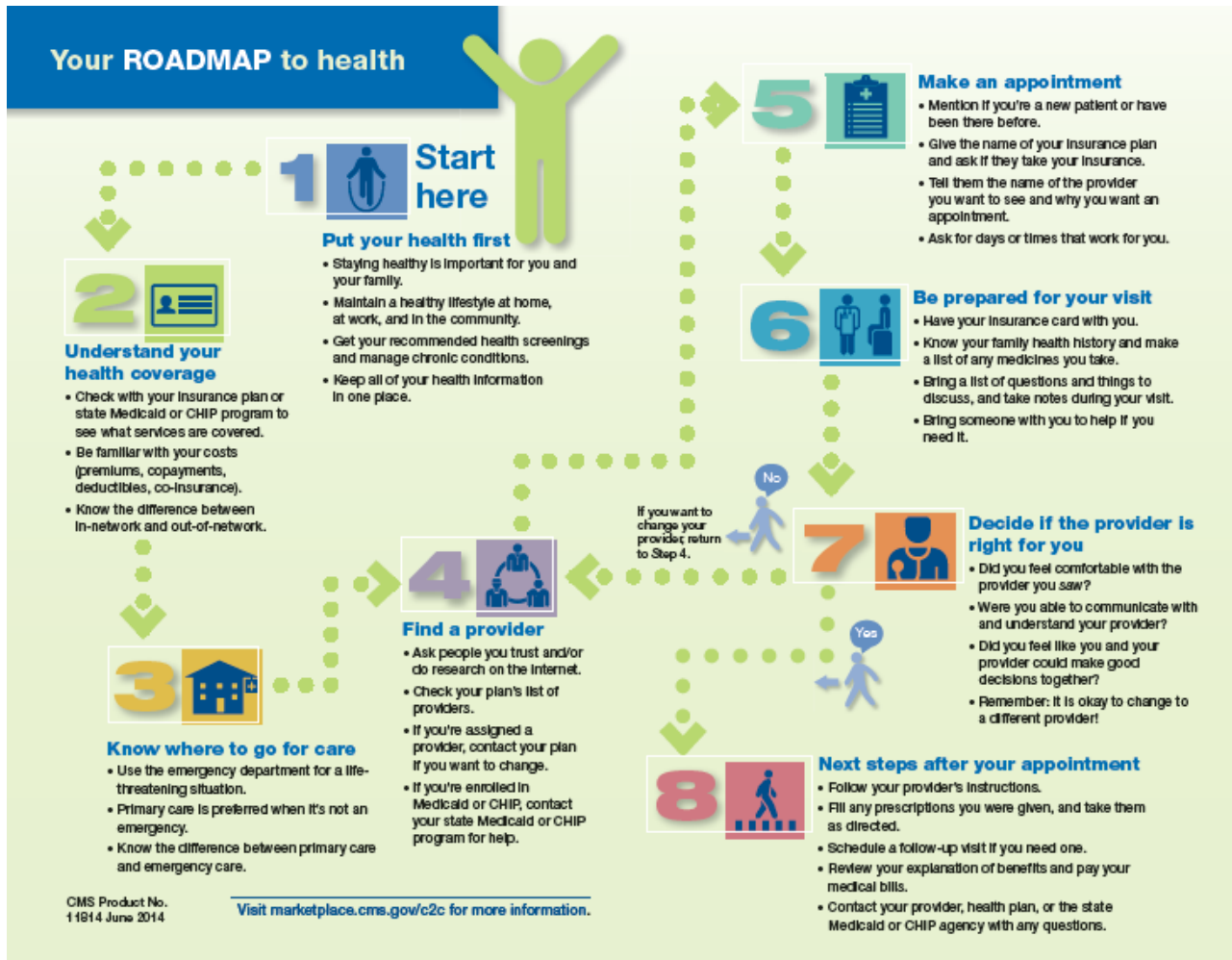


Print copies available from the CMS Clearinghouse

# 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.

# Coverage to Care Roadmap



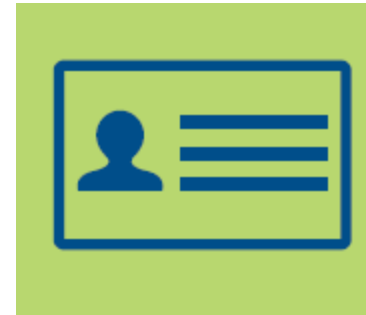
Online at [marketplace.cms.gov/c2c](http://marketplace.cms.gov/c2c)



# Step 2: Understand Your Health Coverage

## Key Points for Consumers

- 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, coinsurance).
- Know the difference between in-network and out-of-network.



## Key Questions for Consumers

- *Do you know how to find a provider in your network?*
- *Can you estimate how much you will pay when you see a provider?*



# 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

The image shows two overlapping insurance cards. The top card is in English and the bottom card is in Spanish. Both cards have red callout boxes with numbers 1 through 7 pointing to specific fields. The English card fields are: 1) Member Name: Jane Doe, 2) Member Number: XXX-XX-XXX, 3) Group Number: XXXXX-XXX, 4) Plan type, 5) PCP Copay \$15.00, Specialist Copay \$25.00, and 6) XXXX. The Spanish card fields are: 1) Nombre del Socio: Juan Torres, 2) Número de Socio: XXX-XX-XXX, 3) Número de Grupo: XXXXX-XXX, 4) Tipo de plan, 5) Copago PCP \$15.00, Copago de Especialista: \$25.00, Copago de Sala de Emergencia: \$75.00, and 6) Servicio de Socio: 800-XXX-XXXX. Additionally, the Spanish card has a callout 7 pointing to 'Copago de Recetas Médicas \$15.00 Genéricos \$15.00 De Marca'.

**INSURANCE COMPANY NAME**

Plan type **4**

Effective date

Prescription Group # XXXXX

Prescription Copay

Member Name: Jane Doe **1**

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

Group Number: XXXXX-XXX **3**

PCP Copay \$15.00

Specialist Copay \$25.00 **5**

XXXX **6**

**NOMBRE DE LA COMPAÑÍA DE SEGUROS**

Tipo de plan **4**

Fecha de entrada en vigor

Grupo de Recetas # XXXXX:

Copago de Recetas Médicas  
\$15.00 Genéricos **7**  
\$15.00 De Marca

Nombre del Socio: Juan Torres **1**

Número de Socio: XXX-XX-XXX **2**

Número de Grupo: XXXXX-XXX **3**

Copago PCP \$15.00 **5**

Copago de Especialista: \$25.00

Copago de Sala de Emergencia: \$75.00

Servicio de Socio: 800-XXX-XXXX **6**

# Sample Cost Tables

Having a baby (normal delivery)	
<ul style="list-style-type: none"> <li>Amount owed to providers: \$7,540</li> <li>Plan pays \$5,490</li> <li>Patient pays \$2,050</li> </ul>	
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
<b>Total</b>	<b>\$7,540</b>
Patient pays:	
Deductibles	\$700
Copays	\$30
Co-insurance	\$1,320
<b>Total</b>	<b>\$2,050</b>

Managing type 2 diabetes (1 year of routine maintenance of a well-controlled chronic condition)	
<ul style="list-style-type: none"> <li>Amount owed to providers: \$5,400</li> <li>Plan pays \$3,520</li> <li>Patient pays \$1,880</li> </ul>	
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
<b>Total</b>	<b>\$5,400</b>
Patient pays:	
Deductibles	\$800
Copays	\$500
Co-insurance	\$580
<b>Total</b>	<b>\$1,880</b>

Cost scenarios like managing Type 2 Diabetes and having a baby help consumers **understand what their care may cost**, and how their plan may divide these costs.

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

# Step 3: Know Where To Go For Care

## Key Points for Consumers

- Only use the ER in a life-threatening situation.
- Primary care is preferred when it isn't an emergency.
- Knowing the difference between primary care and care in the ER.



## Key Questions for Consumers

- *Do you know how your costs would be different if you went to a primary care provider versus the Emergency Department?*
- *Do you know how your care would be different?*



# Primary Care vs. Emergency Care

Newly covered consumers may not know when to visit a **Primary Care Provider** and when to use **Emergency Department** services.

Primary Care Provider	Emergency Department
You'll pay your <b>primary care copay</b> , 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 <b>deductible</b> 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 <b>feel sick and when you feel well</b> .	You should only go when you're <b>injured or very sick</b> .
You <b>call ahead</b> to make an appointment.	You <b>show up when you need to and wait</b> until they can get to you.
You may have a short wait to be called after you arrive but you <b>will generally be seen around your appointment time</b> .	You may <b>wait for several hours</b> before you're seen if it's not an emergency.
You'll usually see the <b>same provider each time</b> .	You'll see the <b>provider who is working that day</b> .
Your provider <b>will</b> 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 <b>monitor your chronic conditions</b> and helps you improve your overall health.	The provider <b>may not know what chronic conditions you have</b> .
Your provider will <b>check other areas of your health</b> , not just the problem that brought you in that day.	The provider <b>will only check the urgent problem</b> you came in to treat but might not ask about other concerns.
If you need to see other providers or manage your care, your <b>provider can help you make a plan</b> , get your medicines, and schedule your recommended follow-up visits or find specialists.	When your visit is over you will be <b>discharged with instructions to follow up</b> 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 <b>Urgent Care Center</b> . 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 8: Next Steps After Your Visit

## Key Points for Consumers

- Write down your providers' instructions and healthy living tips so you can act on them every day.
- Schedule any follow-up or other visits and fill prescriptions so you don't forget or get too busy.
- Review any documents or bills you receive and contact your plan or state Medicaid or CHIP program if you have questions.




## Key Questions for Consumers

- *Do you know what to do now to keep yourself healthy?*
- *Do you know what number to call if you get sick and need to make a same-day appointment or come back?*

# 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      Member name:  
 Document number: XXXXXXXXXXXXXXXXXXXX      Address:  
**THIS IS NOT A BILL**      City, State, Zip:

Subscriber number: XXXXXXXXXX      ID: XXXXXXXXXX      Group: ABCDE      Group number: XXXXXXXX

Patient name: \_\_\_\_\_      Provider: \_\_\_\_\_      Claim number: XXXXXXXXXXXX  
 Date received: \_\_\_\_\_      **5** Payee: \_\_\_\_\_      Date paid: XXXXXXXXXX

Claim Detail				What your provider can charge you		Your responsibility			Total Claim Cost		
Line No.	Date of Service <b>1</b>	Service Description	Claim Status	<b>2</b> Provider Charges	<b>3</b> Allowed Charges	Co-Pay	Deductible	Co-Insurance	<b>4</b> Paid by Insurance	<b>5</b> What You Owe	<b>7</b> 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
			<b>Total</b>	\$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.

# Other Information in the Roadmap

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



# Available Coverage to Care Resources

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

- Roadmap
  - Poster Roadmap
  - One-pagers: Insurance card, Primary care vs. emergency, and EOB
  - Pull-out steps
- Discussion Guide
- Video vignettes

***...and more to come!***

Print copies available from the CMS Clearinghouse

# Coverage to Care Videos



[Video series available at  
marketplace.cms.gov/c2c](https://marketplace.cms.gov/c2c)

# What Can You Do?

- 1) Share C2C resources.
- 2) Customize resources to your community.
- 3) Consider incorporating the Roadmap into assister training.
- 4) Engage providers and issuers.
- 5) Let know how what works, and what other resources would be useful.
- 6) Support data collection and evaluation.

# Conclusion

“A journey of a thousand miles begins with a single step.” (Lao-tzu, 604 BC - 531 BC)

Together we can ensure that all Americans have access to quality affordable health coverage, and that disparities in health are eliminated.

## Get Resources

[Marketplace.cms.gov/c2c](https://marketplace.cms.gov/c2c)

## Contact Us

[Coveragetocare@cms.hhs.gov](mailto:Coveragetocare@cms.hhs.gov)

[OMH@cms.hhs.gov](mailto:OMH@cms.hhs.gov)