Uninsured Rates of Children and Adults by Race & Ethnicity, 2016

Tobacco & Cancer-Related Health Insurance Benefits in Marketplace Plans

Preparing for the 2018 Open Enrollment Period

(Nov. 1 – Dec. 15, 2017)
From Coverage to Care: Preventive Services and Health Coverage Options

The National Alliance for Hispanic Health
September 2017

“Working to Achieve Health Equity”
Agenda

- From Coverage to Care- How to use your health insurance and understand your coverage benefits
- Preventive Services: Cancer Screenings
- Tobacco Cessation coverage
- Resources to share with your communities
- Health insurance options for immigrant families
Roadmap to Better Care and a Healthier You

- Explains what health coverage is and how to use it to get primary care and preventive services

- Roadmap Poster

- Consumer Tools:
  - Insurance card
  - Primary Care vs. Emergency Care
  - Explanation of Benefits

- Pull-out step booklets

- Available in 8 languages
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

CMS Product No. 11968
March 2016
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
  http://www.health.gov/paguidelines/guidelines
- Physical Activity Basics
  http://www.cdc.gov/physicalactivity/basics/index.htm
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
  http://www.cdc.gov/nutrition/everyone/index.html
1. Make time for physical activity, healthy eating, relaxation, and sleep.

2. Get the preventive services that are right for you.

3. Take an active role in your health care.


For more resources and information on free preventive services, visit go.cms.gov/c2c
Preventive Services

- Most health plans must cover a set of preventive services — like shots and screening tests — at no cost to you.

- This includes plans available through the Health Insurance Marketplace.
Preventive Screenings for Adults

- Colorectal cancer screening for all adults over 50
- Lung cancer screening for adults 55 - 80 at high risk for lung cancer because they’re heavy smokers or have quit in the past 15 years
- Tobacco Use screening for all adults and cessation interventions for tobacco users
- Prostate cancer screening for men over 50
Preventive Screenings for Women

- Breast cancer mammography screenings every 1 to 2 years for women over 40
- Breast cancer genetic test counseling (BRCA) for women at higher risk
- Breast cancer chemoprevention counseling for women at higher risk
- Cervical cancer screening for sexually active women
- Expanded tobacco intervention and counseling for pregnant tobacco users
Put Your Health First
Get the preventive services that are right for you!

- Blood pressure and cholesterol screenings
- Alcohol misuse and tobacco use counseling
- Type 2 Diabetes Screening
- Aspirin use for some adults
- Colorectal cancer screening for adults over 50
- Depression screening
- Diet counseling and obesity screening
- Hepatitis B and C screening
- HIV screening and STD prevention counseling
- Lung Cancer screening for some adults

**Immunization Vaccines:**
- Hepatitis A and B
- Herpes Zoster
- Human Papillomavirus (HPV)
- Influenza (Flu Shot)
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Tetanus, Diphtheria, Pertussis
- Varicella (Chicken Pox)

**COST TIP**
Most preventive services are covered at no cost. However, if you receive additional services, you may be billed. Ask your provider’s office or plan to explain any charges.
Free Preventive Services Flyers

**Coverage to Care >> Prevention**

**WOMEN**
- Well woman visits
- Contraception
- Domestic and interpersonal violence screening and counseling
- Alcohol misuse and tobacco use counseling
- Osteoporosis screening
- STD screenings including chlamydia, gonorrhea, HPV, and HIV

**INFRANTS**
- Developmental screening
- Hearing and vision screening
- Height and weight measurements
- Iron supplements for some infants
- Obesity screening and counseling
- Oral health risk assessment

**CHILDREN**
- Vision screening
- Alcohol and drug use screening
- Blood pressure screening
- Depression screening
- STD prevention counseling and screening, including HIV and cervical dysplasia

**TEENS**
- Type 2 Diabetes screening
- Colon cancer screening for men over 50
- Depression screening

**MEN**
- Abdominal aortic aneurysm screening for some men
- HIV screening and STD prevention counseling
- Diet counseling and obesity screening

**COST TIP**
- Most preventive services are covered at no cost. However, if you receive additional services, you may be billed. Ask your provider's office or plan to explain any charges.

For additional resources and a full list of the preventive services covered at no cost sharing under the Affordable Care Act, please visit go.gov/gov.pla.
Put Your Health First

GET SCREENED
FIND CANCER EARLY

Breast Cancer
Routine mammograms help with early detection.

Cervical Cancer
Can easily be detected early during a Pap test.

Find out more about your new coverage.

Learn More!
go.cms.gov/c2c

Colorectal Cancer
Screening tests help find colorectal cancer early, when it may be more treatable.

Did You Know?
These screenings and others may be FREE with your coverage.

Put Your Health First

Use your health coverage to take care of yourself and your baby!

During your pregnancy, ask your health care provider if you need to be screened for:
- Anemia
- Urinary Tract Infection
- Gestational Diabetes
- Sexually Transmitted Diseases
- Rh incompatibility

Make sure to get enough Folic Acid to help your baby grow and to prevent major birth defects.

Your recommended pregnancy screenings may be FREE with your health coverage. Learn More!
go.cms.gov/c2c

Health Insurance Marketplace
Health Insurance Marketplace
According to nationwide survey data, 27% of adult Medicaid beneficiaries reported use of tobacco, with:
- 17% using tobacco every day
- about 10% using tobacco on some days

Among beneficiaries who reported tobacco use:
- Approximately 74% reported being advised by a health provider to quit.
- Approximately 44% reported that their health provider recommended medication to assist with quitting smoking or using tobacco.
- Approximately 39% reported that their health provider recommended methods other than medication (e.g., referral to a tobacco quitline) to assist with quitting smoking or using tobacco.
# Medicaid Cessation Benefits

<table>
<thead>
<tr>
<th>Eligibility Group</th>
<th>Benefits</th>
</tr>
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<tbody>
<tr>
<td>Pregnant Women</td>
<td>Section 4107 of the Affordable Care Act amends section 1905 of the Act to require coverage of counseling and pharmacotherapy for cessation of tobacco use by pregnant women</td>
</tr>
</tbody>
</table>
| Adults           | • Effective January 1, 2014, tobacco cessation drugs are no longer excludable from coverage  
• States may cover counseling for all other Medicaid beneficiaries through the benefits categories discussed in more detail below |
| Adolescents      | Coverage of medically-necessary tobacco cessation services, including both counseling and pharmacotherapy, for children and adolescents, is mandatory under Medicaid’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit |

Medicaid Expansion


Medicare Smoking & Tobacco Use Cessation Benefits

Counseling to stop smoking or using tobacco products:

- How often is it covered?

  Medicare Part B (Medical Insurance) covers up to 8 face-to-face visits in a 12-month period. These visits must be provided by a qualified doctor or other Medicare-recognized practitioner.

- Who's eligible?

  All people with Part B who use tobacco are covered.

- Your costs in Original Medicare

  You pay nothing for the counseling sessions if your doctor accepts assignment.
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.
Qualified Health Plans Cover Essential Health Benefits

- Essential health benefits include at least these 10 categories
  - Ambulatory patient services
  - Emergency services
  - Hospitalization
  - Maternity and newborn care
  - Mental health and substance use disorder services, including behavioral health treatment
  - Prescription drugs
  - Rehabilitative and habilitative services and devices
  - Laboratory services
  - Preventive and wellness services and chronic disease management
  - Pediatric services, including oral and vision care (pediatric oral services may be provided by stand-alone plan)
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.)
Manage Your Health Care Costs

• Understand Your Health Insurance Costs

• My Health Insurance Costs

• Plan for Health Costs by Knowing Your Income & Spending

• How to Pay Your Premium
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 Provider

- You'll pay your primary care copay, if you have one. This may cost you between $0 and $50.
- You go when you **feel sick and when you feel well**.
- You call ahead to make an appointment.
- You may have a short wait to be called after you arrive, but you will generally be seen around your appointment time.
- You'll usually see the same provider each time.
- Your provider will usually have access to your health record.
- Your provider works with you to **monitor your chronic conditions** and helps you improve your overall health.
- Your provider will check other areas of your health, not just the problem that brought you in that day.
- 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.

### Emergency Department

- 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 should only go when you’re injured or very sick.
- You show up when you need to and wait until they can get to you.
- You may wait for several hours before you’re seen if it’s not an emergency.
- You’ll see the provider who is working that day.
- The provider who sees you probably won’t have access to your health records.
- The provider may not know what chronic conditions you have.
- The provider will only check the urgent problem you came in to treat but might not ask about other concerns.
- 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.
How to get involved

Partner Toolkit

- Download the Partner Toolkit, which includes an article for a blog or other publication, newsletter text, social media posts and graphics, and a web badge

- All sample language is available in English & Spanish
How to get involved

C2C Community Presentation

- Consider using community presentation materials to help people learn about the C2C initiative and how to make the most of their coverage. Materials include:
  - Presentation slides
  - Presenter’s guide
  - Resources handout
From Coverage to Care (C2C)

- Resources for You and Your Family
- Get Involved in C2C

[CMS.gov](https://go.cms.gov/c2c)
HELP
Please enter your Username and Password in the designated fields, and then click on the Sign In button.
If you are a CMS partner and need education and outreach materials click on the words Create an account.
Forgot your Username or Password? Click here

Contact Us

productordering.cms.hhs.gov/
This handout is available to download or print.

[link to handout]

Marketplace.cms.gov/technical-assistance-resources/logo-and-infographics/7-things-immigrants-need-to-know.pdf
When Can You Enroll?

2018 Open Enrollment Period
November 1<sup>st</sup> – December 15<sup>th</sup> 2017

Special Enrollment Periods:
https://www.healthcare.gov/screener/

- Loss of Health Insurance
- Changes in Household Size: Marriage, divorce, or new baby
- Changes in Residence: Moving to a new zip code or state
- Other Qualifying Changes

**NOTE:** You can apply for Medicaid and the Children’s Health Insurance Program (CHIP) coverage at any time.
Members of “mixed status” families can apply at the Marketplace for and other cost savings for private insurance, or for Medicaid and CHIP coverage, using the same application.

Family members who aren't applying for health coverage for themselves won't be asked if they have eligible immigration status.

Medicaid provides payment for treatment of an emergency medical condition for individuals who have an emergency medical condition and are otherwise eligible for Medicaid in the state, but don’t meet the citizenship and immigration status requirements.
Disclosure of Immigration Status

- Application asks only for the information needed to determine eligibility for health coverage.

- People who aren’t seeking coverage for themselves won’t be asked about their immigration status.

- Disclosure of Social Security Number (SSN) for a person not seeking coverage for themselves must be voluntary and used only to determine eligibility for an applicant or beneficiary.

- Benefits can’t be denied because a family or household member who isn't applying for health coverage hasn’t disclosed citizenship or immigration status.

Information provided by applicants or consumers won’t be used for immigration enforcement purposes.
- Immigrants who are “qualified non-citizens” generally aren’t eligible for Medicaid and CHIP for 5 years, after receiving their qualified non-citizen status.
  - This is referred to as a 5-year waiting period, which means they must have a qualified non-citizen status for 5 years before they are eligible.
  - But there are exceptions (e.g. refugees and asylees).
  - Individuals must also meet their state’s eligibility rules, including residency and income.
- States have the option to cover lawfully residing children up to age 21 and/or pregnant women.
  - “Lawfully residing” is defined as “lawfully present” and otherwise eligible for Medicaid or CHIP in the state. This is the same definition of “lawfully present” as is used for Marketplace eligibility includes more statuses than “qualified non-citizen.”
  - The 5-year waiting period doesn’t apply.
Undocumented Immigrants

- Aren’t eligible for coverage through the Marketplace (including premium tax credits and cost-sharing reductions), or for most Medicaid or CHIP

- May continue to buy coverage on their own outside the Marketplace

- Can get limited services for an emergency medical condition through Medicaid
  - If otherwise eligible for Medicaid in the state

- Are eligible for an exemption from the individual shared responsibility requirement

- May be eligible for other state or federal health programs
Medicare has different eligibility rules – qualifying work history and immigration status restrictions.

Some seniors, including LPRs, may not be eligible for Premium Free Medicare because they lack qualifying work history.

- may be eligible only for Premium “Buy-in” Medicare.

Seniors who are not eligible for Premium Free Medicare may be eligible for premium tax credits to offset the cost of Marketplace plans.
Enrollment Assistance

- Help is available in the Marketplace
  - Marketplace Call Center
  - Marketplace-approved in-person help is available

- Use the Find Local Help tool at [Localhelp.HealthCare.gov](Localhelp.HealthCare.gov/)

- Language assistance is available through interpreters, Call Center support, and print and web resources

- Help is available to complete application
  - Job aids in 33 languages
How Your Organization Can Help - Apply to be a CAC

- Online applications accepted all year long at Marketplace.cms.gov
- Web-based training for assisters
- The FFMs will only designate organizations that:
  - Have processes in place to screen staff and volunteers who are CACs to ensure they protect personally identifiable information
  - Have experience providing social services to the community
Marketplace Call Center

- Serves consumers in Federally-facilitated and State-Partnership Marketplaces
  - 1-800-318-2596 (TTY 1-855-889-4325)
- Customer service representatives available 24/7
- Help with eligibility, enrollment, and referrals
- Assistance in English and Spanish
  - Oral interpretation for 240+ additional languages
- State-based Marketplaces have own call centers
Resources: Marketplace.cms.gov

- **Healthcare.gov Earned Media & Public Awareness Toolkit:**
  - Drop in articles, PSA scripts, talking points, social media

- **Print Materials for Consumers/Events:**
  - Posters, fact sheets, brochures, postcards, infographics

- **Order CMS Publications for FREE:**
  - ProductOrdering.CMS.hhs.gov
Families

- Federally-funded health centers are required to provide primary health care services to all residents, including undocumented immigrants
  - Find a Federally-funded health center in your community at: FindaHealthCenter.HRSA.gov/

Stay Connected

Stay connected with the Marketplace

- **TWITTER:** @HealthCaregov / @CuidadoDeSalud
- **FACEBOOK:** Healthcaregov or CuidadoDeSalud
- Sign up to get email and text alerts @ [HealthCare.Gov/Subscribe](http://HealthCare.Gov/Subscribe)
  - [CuidadoDeSalud.gov](http://CuidadoDeSalud.gov) en Español
- Updates and resources for organizations are available @ [Marketplace.CMS.Gov](http://Marketplace.CMS.Gov)
Su Familia
The National Hispanic Family Health Helpline
1-866-783-2645
SuFamilia@hispanichealth.org
Purpose
• Provide free, culturally appropriate, bilingual, and confidential health information
• Health system navigation
• Health care provider referrals
• Health insurance coverage enrollment assistance

Operations
• Staffed by Health Promotion Advisors (HPAs)
• HPAs are Certified Application Counselors
• Hours of Service: 9:00 – 6:00 Eastern, Monday - Friday
Case Management Model
• Tailored assistance
• No time limit on calls
• Identification of best health care referrals
• Culturally proficient health centers, screening locations, and other local resources
• Organizations that assist with medical bills, specialty medical/surgical treatments, and prescriptions
• Social services

Tobacco and Cancer Services
• Guidance on reasons to avoid tobacco and screen for cancer
• Local tobacco cessation and cancer screening services
• NCI’s 1-855-Dejalo-Ya and 1-800-Quit Now
• ACA’s bilingual Cancer Management Hotline 1-800-227-2345