

Medicare Open Enrollment Outreach Wrap-up



January 2020

Open Enrollment GOALS

- Encourage people with Medicare to review and compare Medicare health & drug plans
- Promote the new, redesigned Plan Finder tool that makes it easier to compare coverage options and shop for Medicare health and drug plans
- Emphasize Oct 15 – Dec 7 dates

Key Messages

- Open enrollment is the time to review your current health and drug plans & make changes if you want
- Even if you're happy with your current coverage, you might find a better fit for your budget or health needs – you might be able to save money, get extra benefits or both
- Plans can change their offerings every year, and so can your health or finances so review to make sure your plan still works for you
- The new Plan Finder tool makes it easier to compare coverage options and shop for Medicare health and drug plans

Tactic	Why/How?
National TV, Radio & Print	Umbrella that reminds people it is open enrollment. Gets them in the door to compare and review plans. Keep call-to-action simple.
Digital Outreach	Includes search ads for people already actively looking, video ads, social, and display/retargeting ads. Reminds people to come back to Medicare.gov. Drives people to the Plan Finder.
Local Earned Media	Trusted source from local news sources who focus on customer service. Reminds people it is OE and get them to compare plans. Can carry additional messages, such as new tools. Drop-in articles for local newspapers and SMTs/RMTs.
National Handbook Distribution	Mailed to everyone on Medicare, trusted source of information, required by law. Some info is specific to each state/region. Includes coverage and plan comparison charts.
Email	Direct, highly trusted source of information, 26% open rate. More than 10.8M emails captured. Emphasizes Plan Finder.
Partner Engagement	Extends outreach from trusted sources, provides local help, uses events. Uses our materials and messaging.

General Market

- National broadcast (Network TV, Cable TV, Radio)
- National print
- National paid digital search, digital video, social, display

African American

- National broadcast (Cable TV, Radio)
- Local newspapers

Hispanic

- Targeted TV, radio, print
- National paid search, digital video, social, display

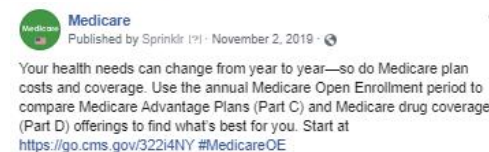
Overall Campaign Delivery

- Delivered a total reach of 96% of the 65+ population at least 14 times

Earned Media Highlights

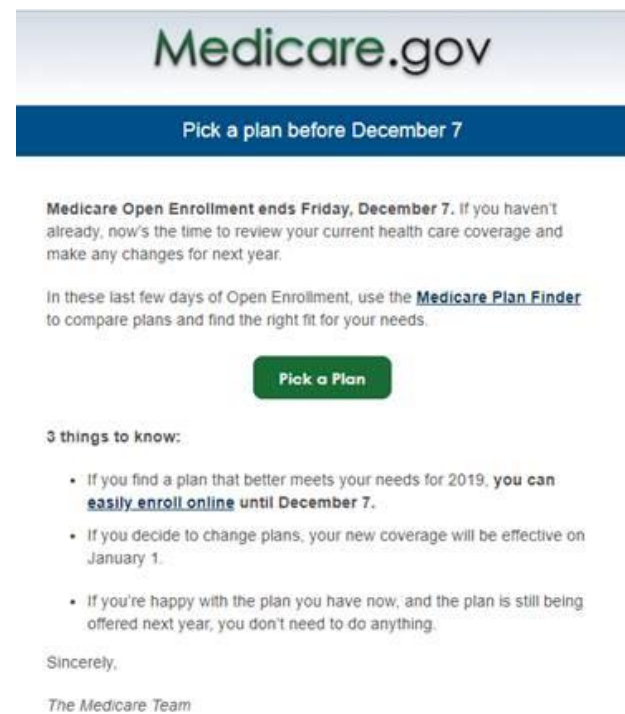
- Earned Media Tours with CMS Leadership
 - Resulted in 83 television and radio interviews which yielded almost 1,000 airings and over 100 million impressions
- The English and Spanish matte release resulted in 2,000+ placements in print and online publications.
- National Print and Online Placements
 - Media outreach conducted in the months leading up to Open Enrollment resulted in 12 placements in top national print and online outlets, with over 130 million impressions.
 - Examples include Costco Connection, Forbes, Money.com and Real Simple Magazine

- Facebook.com/Medicare
 - 422,859 followers
 - Added 4,590 new followers during OE
- Twitter
 - @MedicareGov
 - Hashtag #MedicareOE
 - 35,100 followers
 - Added 1,568 followers during OE



For the 2019 Open Enrollment period:

- Launched ability to segment based on whether a beneficiary is in Original Medicare or Medicare Advantage
- Tailored email messages based on certain coverage/plan situations
- Developed other targeted messages including emails to those without drug coverage to avoid the *Part D Lifetime Late Enrollment Penalty*
- Frequency: once/week; 3x during deadline week
- Audience: 10.8M on our various listservs
- Results: 105+ million emails sent; drove 1+ million Plan Finder completions



Samples from OE2019

For 2020:

- Continue to leverage data to segment and personalize emails outside of Open Enrollment to provide more relevant content to audiences
 - Develop use cases around preventive services (e.g., email reminders to those who may have missed their annual wellness visit or missed getting a flu shot in the previous calendar year)
 - Develop use cases for those identified as low income (e.g., email those in the QMB program about what to do if they receive a bill from their provider)
- Conduct additional A/B tests to refine and improve the Medicare outreach program and messaging
- Continue to grow our email list and drive beneficiaries to create Medicare accounts

eMedicare: Improving Compare Tools

January 22, 2020



Care Compare Vision

- Care Compare will redesign the eight existing compare tools into a single user-friendly interface with quality, price, volume, and other data for each provider setting.
 - The eight tools compare: Hospitals, Home Health Agencies, Nursing Homes, Hospices, Inpatient Rehabilitation Facilities, Long-term Care Hospitals, Doctors and Other Professionals, and Dialysis Facilities
- The new tool will empower patients and families to find the best care for themselves.
- Care Compare will exist on Medicare.gov, a website designed for People with Medicare and their families and caregivers.
- Care Compare will continue to evolve— we will continue to learn more about how we can better help People with Medicare and will improve the tool over time to better meet their needs.

Goals

- Deliver a facility and provider comparison experience for patients that helps them choose the care setting that works for their individual situation.
- Provide user friendly - easily to navigate, useful information including demographics (location and phone number), areas of specialization and quality measures.
- Influence health care quality improvement by providing quality information transparency to consumers.

Today's Current Compare Tools on Medicare.gov

Challenges:

Eight existing tools independently developed over many years: (Hospital, Home Health, Nursing Home, Hospice, Inpatient Rehabilitation, Long-term Care Hospital, Doctors and Other Professionals, Dialysis Facilities)

- They have different look-and-feel from each other and have been updated at varying times
- They try to serve many purposes, stakeholders, and consumers
- They have a great deal of information that can be a bit overwhelming
- Each tool has a unique set of patient advocate and industry stakeholders

Future: Care Compare

- Provides a **unified consistent look and feel across care providers and settings**
- Displays **quality, price, volume, and other data** that beneficiaries can access to make healthcare a decision.
 - The updated tool will not impact how quality and other information is collected or measured
- This effort is driven by **user research** to improve navigation, display and present information using **understandable** language.
- Support informed decision making by **helping beneficiaries identify care providers that meet their individual needs**.
- Available on Medicare.gov and mobile optimized

Consumer Feedback

Medicare Tools – Overall features beneficiaries find appealing:

- Simple, clear design and interface
- Side-by-side comparison of provider facilities
- Filtering capabilities (user decides what is important to know and compare)
- Use of star ratings to represent quality or performance

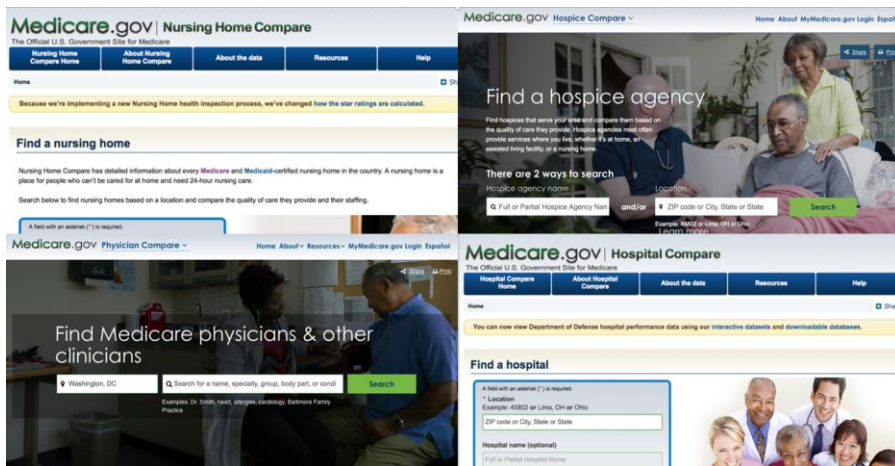
Quality – When considering quality, these are the factors beneficiaries think of:

- **Interactions and relationship with care providers (doctors or other professionals):** i.e., perception that provider really cares, is attentive and compassionate, is a “good listener,” spends enough time with patients
- **Patient experience in the practice or facility:** i.e., seems to run smoothly overall, operations are well organized, communication is good, staff treats patients well
- **Positive health outcomes:** e.g., patients stay well or get better, successful disease management, surgeries, or other procedures
- Information is “rolled up” or a composite

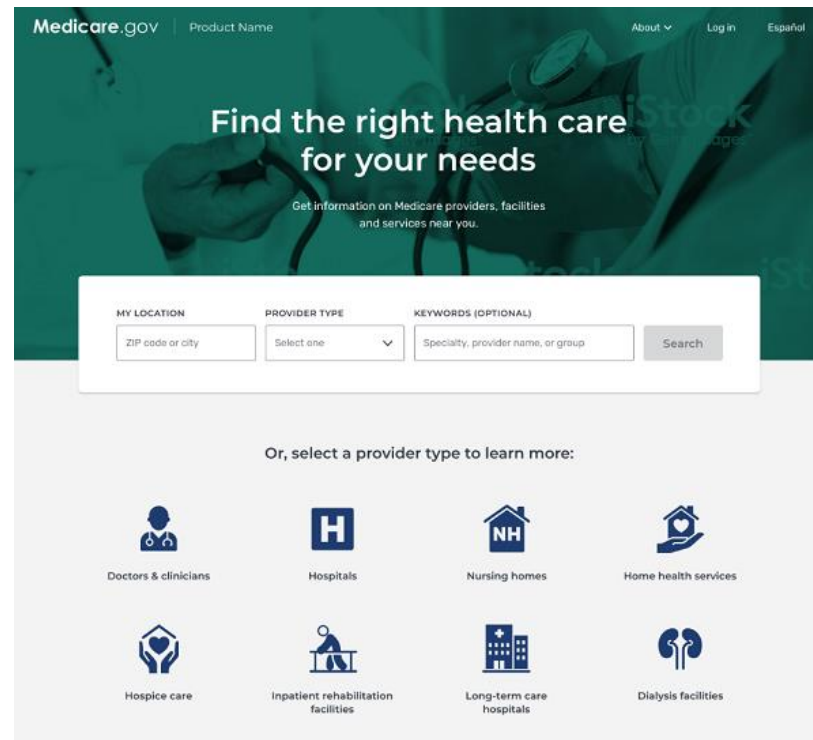
Delivery Approach

- **To ensure user and stakeholder needs are met, Care Compare will be rolled out in phases.**
 - Stakeholder preview & feedback – Jan 2020
 - Public preview & feedback – spring 2020
 - New tool will run in parallel with existing tools
 - Sunset eight compare tools – fall 2020

Care Compare: DRAFT Landing Page



Current experience:
eight varying tools



DRAFT Landing Page

Care Compare: DRAFT Results Page (desktop)

Español | A A | Print About Us | Glossary | CMS.gov | Medicare.gov | MyMedicare.gov Login

Medicare.gov | Nursing Home Compare

The Official U.S. Government Site for Medicare

[Nursing Home Compare Home](#) [About Nursing Home Compare](#) [About the data](#) [Resources](#) [Help](#)

Home → Nursing Home Results [Share](#) [Print all results](#)

Nursing home results

94 nursing homes within 25 miles from the center of 20001.

Choose up to 3 nursing homes to compare. So far you have none selected.

[Compare Now](#)

Viewing 1 - 20 of 94 results

Nursing home information	Overall Rating	Health Inspections	Staffing	Quality measures	Distance
UNIQUE REHABILITATION AND HEALTH CENTER LLC 901 FIRST STREET NW WASHINGTON, DC 20001 (202) 535-2011	☆☆☆☆	☆☆☆☆	☆☆☆☆	☆☆☆☆	0.6 Miles

[Add to compare](#)

[Add to My Favorites](#)

[Go to map view](#)

Modify your search

Location
 ZIP code or City, State
 20001
 Within 25 Miles
 State
 Select a State
 County (Optional)
 Select a County

Nursing home name
 Full or partial name

[Update search results](#)

Filter by:

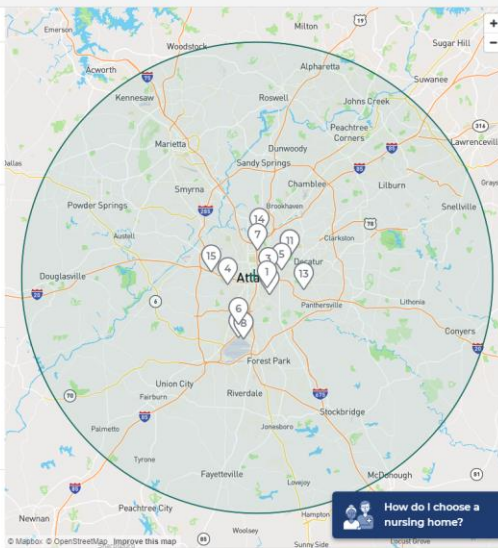
Medicare.gov | Find a Provider About Login Español

MY LOCATION: Atlanta, GA PROVIDER TYPE: Nursing homes NAME OF FACILITY (OPTIONAL): Facility name [Search](#)

Filter by: Distance: 25 mi. Medicare's overall rating

Showing 1 - 15 of 61 nursing homes & skilled nursing facilities

- Legacy Transitional Care & Rehabilitation**
1.1 mi
460 Auburn Avenue N.E.
Atlanta, GA 30312
(404) 523-1613
Medicare's overall rating: ☆☆☆☆☆ Below average [Compare](#)
- A.G. Rhodes Home, Inc, The**
1.3 mi
350 Boulevard, S.E.
Atlanta, GA 30308
(404) 688-6731
Medicare's overall rating: ☆☆☆☆☆ Above average [Compare](#)
- Westminster Commons**
2.2 mi
560 St Charles Ave, NE
Atlanta, GA 30308
(404) 874-2233
Medicare's overall rating: ☆☆☆☆☆ Much below average [Compare](#)
- Sadie G. Mays Health & Rehabilitation Center**
3.2 mi
1821 Anderson Avenue NW
Atlanta, GA 30314
(404) 794-2477
Medicare's overall rating: ☆☆☆☆☆ Below average [Compare](#)



[How do I choose a nursing home?](#)

Current - Nursing Home Compare

DRAFT – Care Compare

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Care Compare: DRAFT Provider Profile Page

The screenshot shows the Medicare.gov Hospital Compare interface. At the top, there's a navigation bar with links like 'Español', 'About Us', 'Glossary', 'CMS.gov', 'Medicare.gov', and 'MyMedicare.gov Log In'. Below this is the 'Medicare.gov | Hospital Compare' header. A secondary navigation bar includes 'Hospital Compare Home', 'About Hospital Compare', 'About the data', 'Resources', and 'Help'. The main content area is titled 'Hospital profile' and features a 'Back to Home' button. A horizontal menu lists various categories: 'General information', 'Survey of patients' experiences', 'Timely & effective care', 'Complications & deaths', 'Unplanned hospital visits', 'Use of medical imaging', and 'Payment & value of care'. The 'General information' section is active, displaying details for 'INOVA FAIR OAKS HOSPITAL' at 3600 JOSEPH SIEWICK DRIVE, FAIRFAX, VA 22033, with a phone number (703) 391-4170. It shows an overall rating of 4 stars and a distance of 5.2 miles. A map of the Washington, D.C. area is included. A 'General information' list on the right highlights features like 'Acute Care Hospitals', 'Provides emergency services', and 'Able to receive lab results electronically'.

Current – Hospital Compare

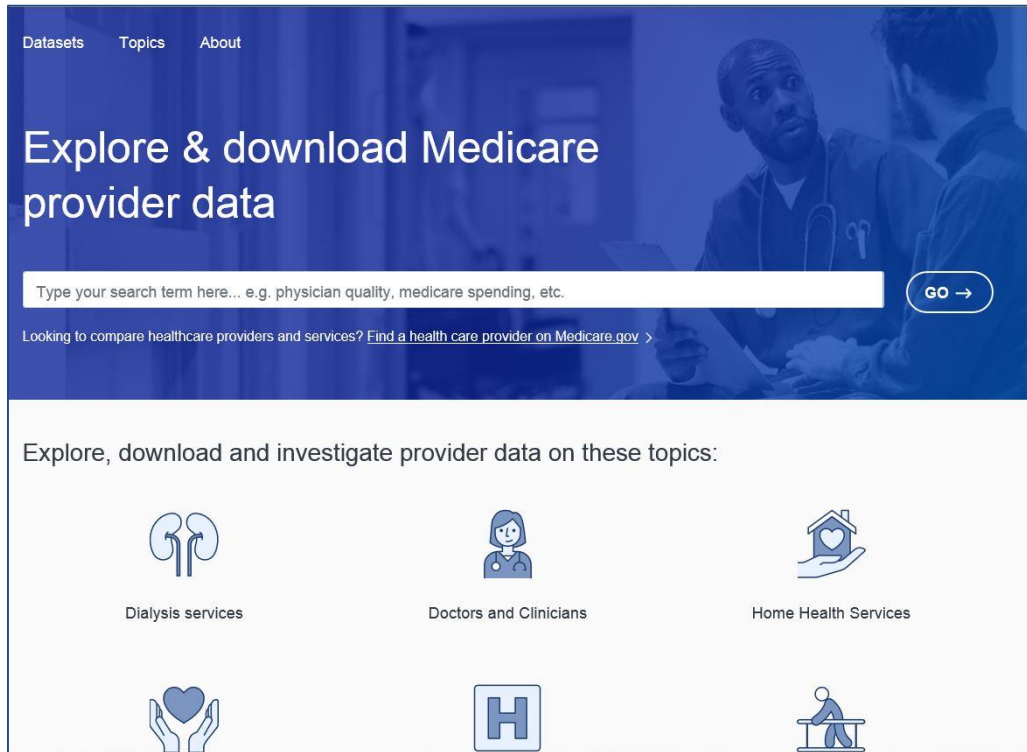
The screenshot displays a draft version of the Medicare.gov Care Compare page for Inova Fair Oaks Hospital. The top navigation bar includes 'Medicare.gov', 'Find a Provider', 'About', 'Login', and 'Español'. A 'Back to search results' link is present. The page title is 'Hospital Inova Fair Oaks Hospital'. The location is listed as 3600 Joseph Siewick Drive, Fairfax, VA 22033, and the phone number is (703) 391-4170. Medicare's overall rating is shown as 5 stars, with a 'Learn more' link. Below this is a horizontal menu with 'Ratings', 'Quality Indicators', 'Details', and 'Locations'. The 'RATINGS' section features 'Medicare's overall rating' (5 stars) and 'Patient survey rating' (4 stars). Explanatory text for each rating is provided, along with links to learn more. A 'View Survey Details' button is located at the bottom right.

DRAFT – Care Compare

Provider Data Catalog for Clinical/Industry Stakeholders

- Allows variety of stakeholders – including industry, researchers, partners, developers, and the media – to **easily access available quality, price, and volume data sets**.
- All data sets will be made available via **API** to third party developers.
- **Will be accessible on data.CMS.gov** and will replace the data that is currently on data.medicare.gov.

Provider Data Catalog: Landing Page

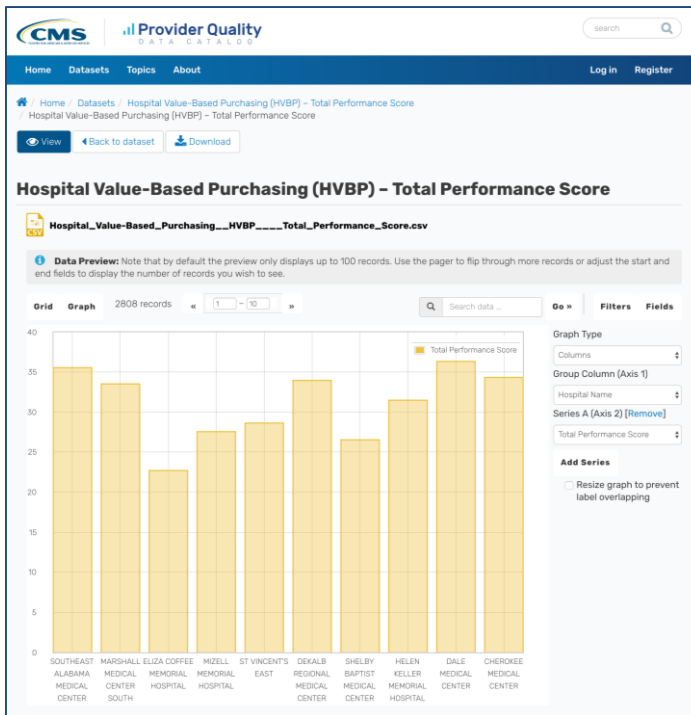


DRAFT – PDC Landing Page

- “Explore the data” button may be replaced with a search field, pending testing.
- Most used data sets will be featured with icons to support ease of use.

Provider Data Catalog: DRAFT Data Visualization Example

- Users will be allowed to interact with and visualize data that is important to them.



DRAFT – PDC Dataset Visualization

Next Steps

- Engage a wide variety of stakeholders for feedback.
- Continue user research with People with Medicare, caregivers, and informational intermediaries (e.g., discharge planners).
- Refine designs for Spring 2020 launch.



THANK YOU

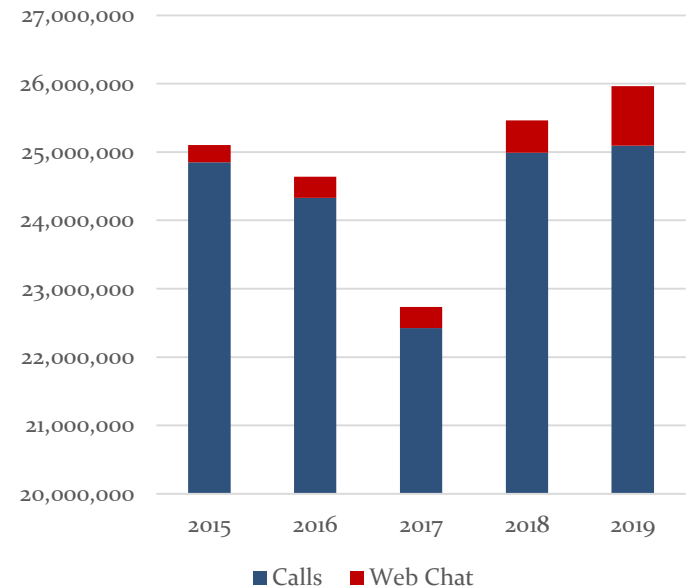
1-800 MEDICARE OEP Review

January 22, 2020



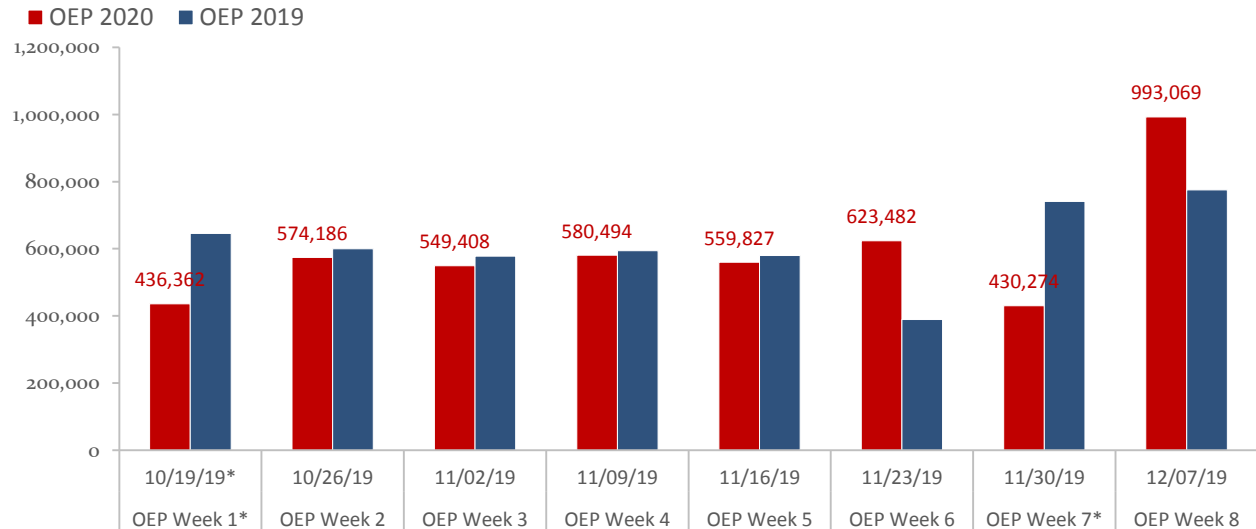
1-800 MEDICARE (Overview)

- Mission - To provide unbiased, scripted responses to general Medicare and claims-related inquiries across multiple communication channels from beneficiaries, their families and caregivers, and other individuals and entities that support CMS.
- 24-hour, 7-day a week, toll-free call center
- In addition to English and Spanish, the call center provides assistance in more than 150 languages through an interpretation and translation service.
- Even with the growing Medicare population, the call volumes at 1-800 MEDICARE have remained steady throughout the years



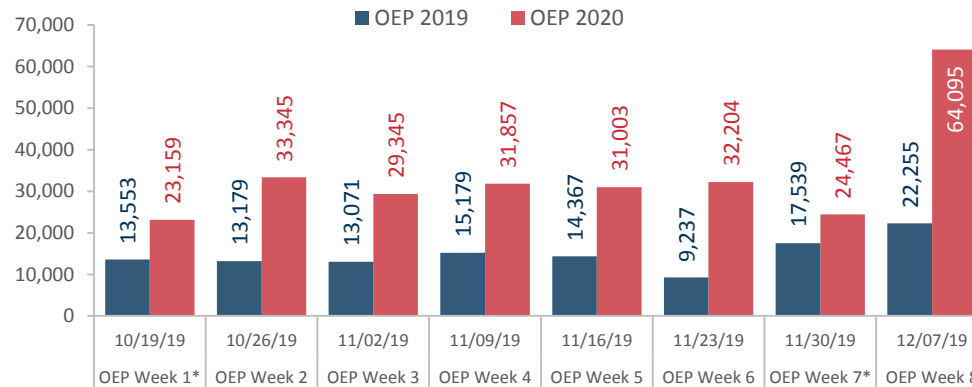
1-800 MEDICARE (OEP)

- Overall, there were 4,747,102 calls to 1-800 MEDICARE during the Open Enrollment Period
 - Down by 3% with about 156,000 fewer calls than in OEP 2019 (4,903,737)
 - The forecast expected volumes to be lower than last year by a larger margin because last year's volumes included many calls related to the new Medicare cards that were still being mailed to beneficiaries.
- This year the Thanksgiving holiday fell during OEP Week 7. Most years it occurs during Week 6, allowing two weeks after the holiday for final enrollments before the deadline. This year there was only one week after the holiday, prompting higher volumes during OEP Week 8.
- Overall, customer satisfaction scores remained high throughout OEP and we ended with 93.4%, about the same as last year (2019) where we had a 93.8% CSAT score



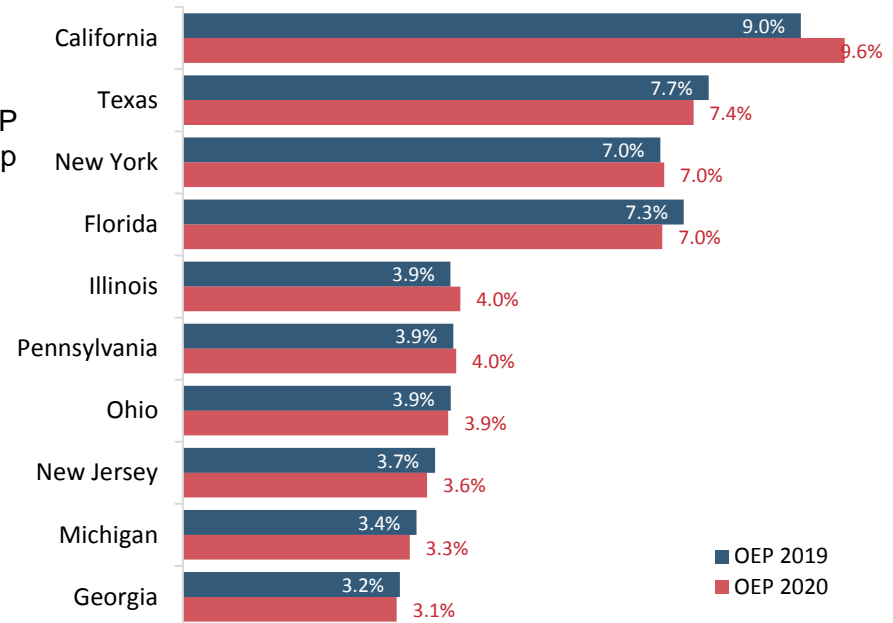
1-800 MEDICARE (Web Chat)

- Overall, there were 281,644 chats made during the Open Enrollment Period
- Chat volume increased from last year (132,053)
 - Other reasons for chatting included, Medicare premium questions, MyMedicare enrollment and registration questions, and Medicare coverage questions
- Almost 60% of the chat volume was authenticated chats (vs. general/anonymous chats)



1-800 MEDICARE (Calls By State)

- Similar to last year, Californians called more than residents of any other state, California accounted for 10% of all overall volume, slightly higher than OEP 2019 when calls from the state made up 9% of the total.
- Out of the top 25 states, Virginia and California saw the largest year-over-year increases (up 6% and 4%, respectively).
- Arizona and Missouri experienced the biggest year-over-year decreases (down 20% and 9%, respectively).

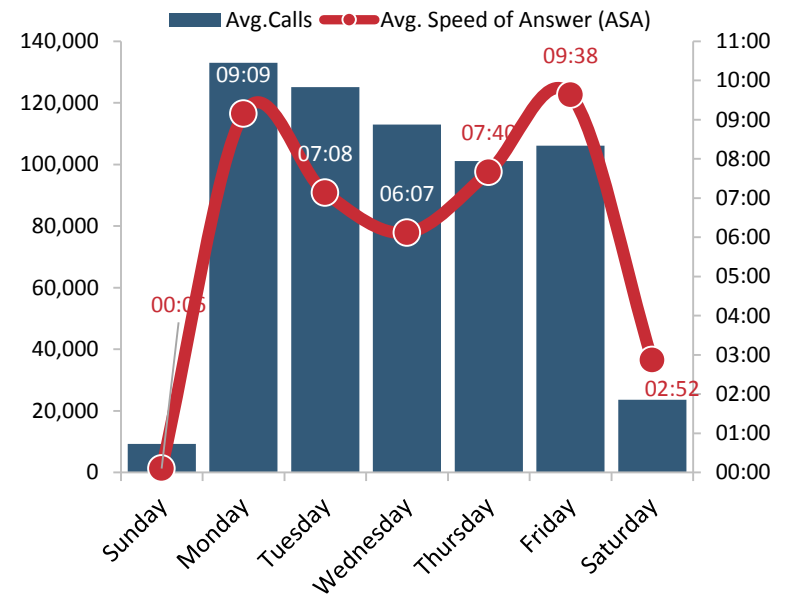


- Interval call volumes generally followed the expected patterns, with volumes building quickly in the morning hours then slowing slightly before the early afternoon climb and peak, generally around 2 p.m.
- The average speed of answer (ASA) pattern closely followed the volume pattern, with an additional increase in the evening hours, usually starting around 8 p.m.

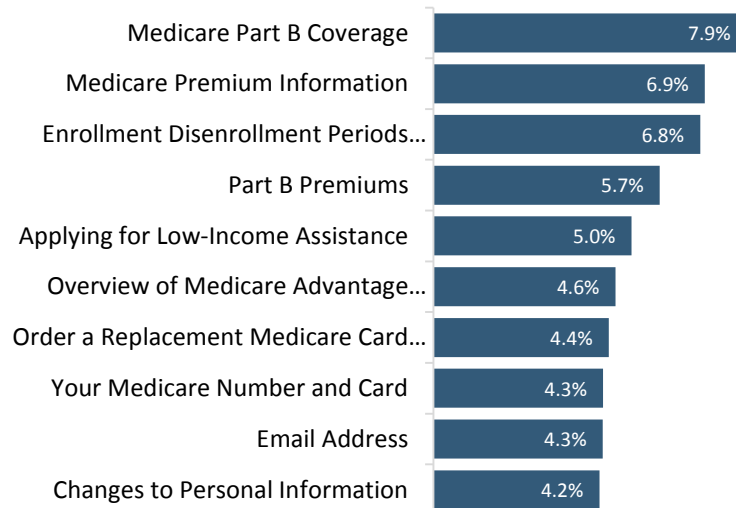


1-800 MEDICARE (Call Arrival Patterns)

- Daily call volumes during OEP saw Mondays having the highest daily average, followed by Tuesdays, then Wednesdays, then Thursdays. This is a typical pattern most weeks of the year.
- Normally, Friday volumes are lower than Thursdays; however, because this year's enrollment deadline was on a Saturday, the high end-of-enrollment volumes on Friday, December 6 contributed to average Friday volumes being higher than Thursday's average.
- Excluding the final week of OEP, ASA was highest on Mondays (6:38) with all other weekdays (Tuesdays-Fridays) averaging between 4:25 and 5:38. Very high ASA on the final days of OEP drove day-of-week averages notably higher, especially for Thursdays and Fridays (up to 07:40 and 09:38, respectively).

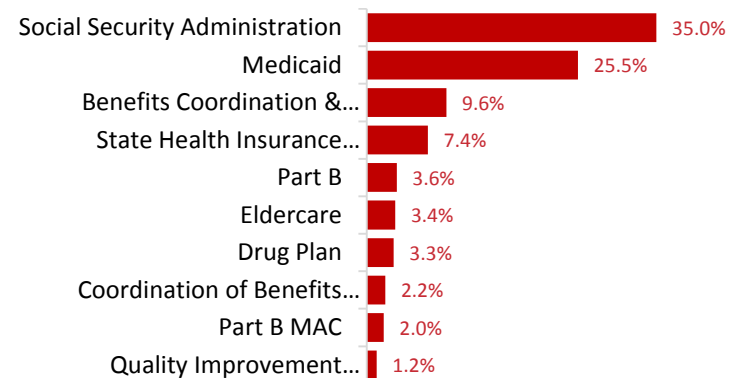


1-800 MEDICARE (Call Topics and Referrals)



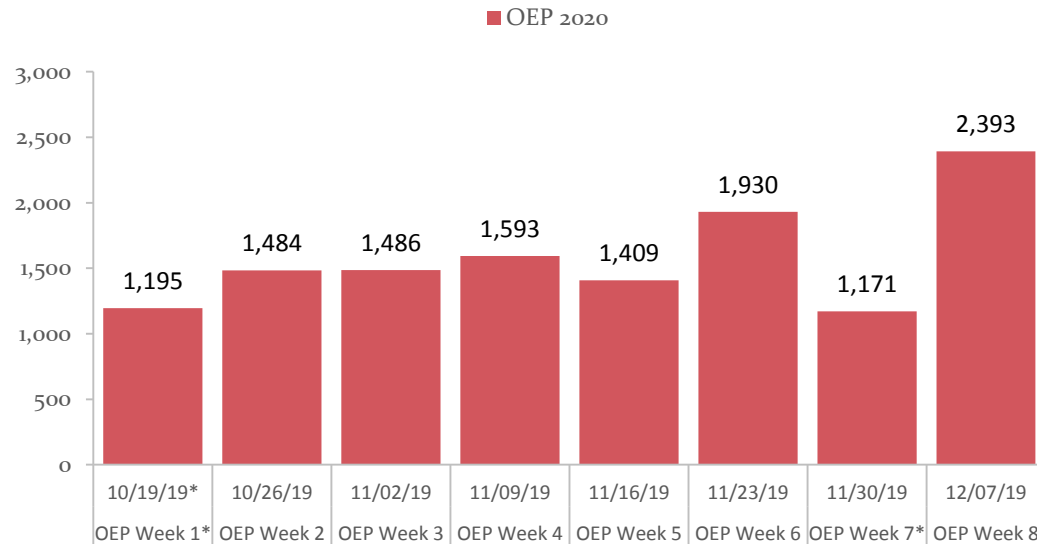
- The most frequent topic was Medicare Part B Coverage, logged on approximately 8% of all calls. These are inquiries about services covered under Medicare Part B, including questions about coverage guidelines and cost. Common Part B services for which CSRs use this script include dental care, eye care, outpatient diagnostic tests, and physical therapy.
- CSRs used the Medicare Premium Information to answer beneficiary inquiries about Medicare premiums, including questions about the Medicare premium billing notice.

- The Social Security Administration (SSA) was the top referral during OEP, representing 35% of all referrals logged. This was lower than last year when 42% of referrals were for beneficiaries needing to update their mailing address information due to the mailing of new Medicare cards.



1-800 MEDICARE (SHIP Line)

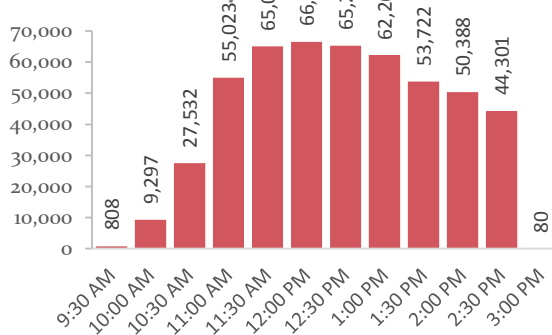
- State Health Insurance Assistance Program (SHIP) agents have a dedicated toll-free number they can call for Medicare support. There were 12,661 calls offered to this special IVR during OEP.
- The SHIP agents most often needed specific information or had questions about plan premiums (35%), drug costs (31%) and copays and deductibles (24%). CSRs also helped with plan comparisons on 22% of these calls



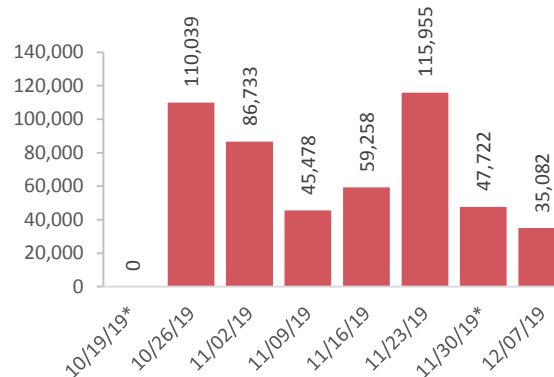
1-800 MEDICARE (Voice Call Back/Virtual Hold)

- Throughout OEP, Voice Callback was offered to 500,267 callers. A total of 242,969 callers (49%) took advantage of the service and successfully scheduled a callback and 225,484 callers (93% of those who scheduled a callback) successfully received and accepted the callback.
- The week ending November 23 had the most VCBs offered (5% more than the week ending October 26). Tuesdays were the day of week with the most VCBs offered, and the noon to 1 p.m. intervals were the busiest for VCBs offered.

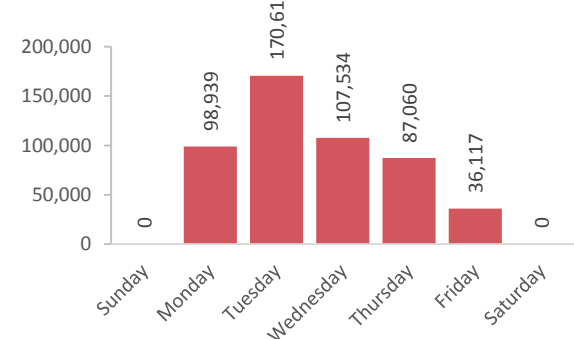
Callbacks Offered (30-Min Interval)



Callbacks Offered (by Week)



Callbacks Offered (by Day of Week)





1-800 MEDICARE

- Questions?



From Coverage to Care: How to Use Your Health Coverage



***Ashley Peddicord-Austin
CMS Office of Minority Health***

January 22, 2020

“Working to Achieve Health Equity”

Agenda

- Welcome & Logistics
- CMS Office of Minority Health (CMS OMH) Overview
- Helping Consumers Make the Most of Their Health Coverage
- Resources and Helpful Links
- Question & Answer Session
- How to Get Involved

Overview

CMS OMH

Mission

To ensure that the voices and the needs of the populations we represent (racial and ethnic minorities, sexual and gender minorities, and people with disabilities) 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.

From Coverage to Care (C2C)

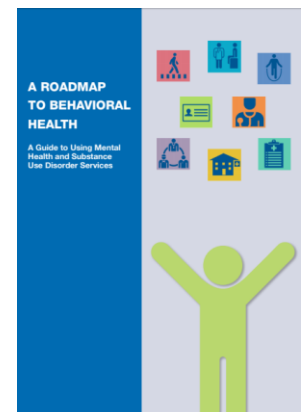
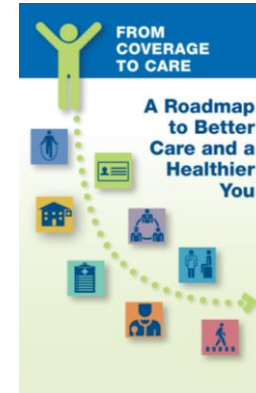
What is C2C?

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

- Roadmap to Better Care and a Healthier You
- 5 Ways to Make the Most of Your Health Coverage
- Roadmap to Behavioral Health
- Manage Your Health Care Costs
- Enrollment Toolkit
- Prevention Resources
- Partner Toolkit and Community Presentation



C2C Webpage

go.cms.gov/c2c

[En Español](#)

[CMS Equity Plan for Medicare](#)

[From Coverage to Care](#)

[C2C Consumer Resources](#)

[Prevention Resources](#)

[5 Ways to Make the Most of Your Coverage](#)

[Roadmap to Better Care](#)

[C2C Partner Resources](#)

[Get Involved](#)

[Connected Care: The Chronic Care Management Resource](#)

From Coverage to Care



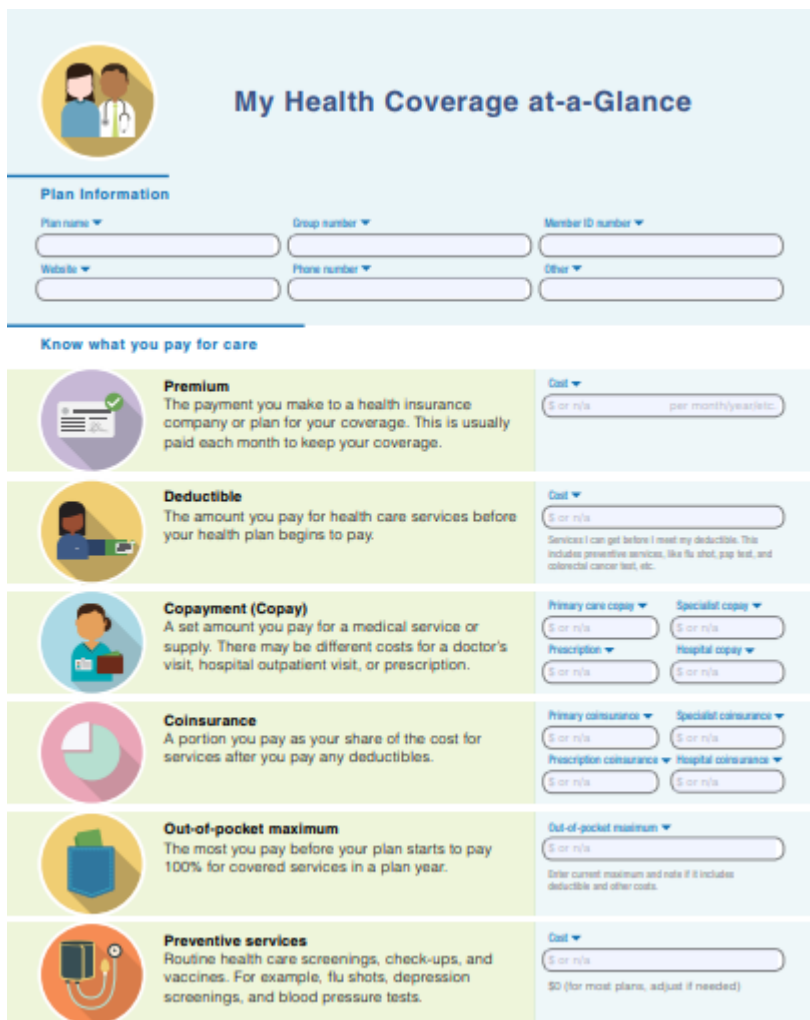
Spotlight

New Languages for C2C Prevention Materials

Prevention is an important part of the *From Coverage to Care* (C2C) journey. The C2C's suite of prevention materials are now available in eight languages.

[View Materials](#)

My Health Coverage at-a-Glance



The form is titled "My Health Coverage at-a-Glance" and features a header with a family icon. It is divided into several sections: "Plan Information" with fields for Plan name, Group number, Member ID number, Website, Phone number, and Other; "Know what you pay for care" with a sub-section for "Premium" (payment to health insurance); "Deductible" (amount paid before coverage begins); "Copayment (Copay)" (amount paid for medical services); "Coinsurance" (share of cost after deductibles); "Out-of-pocket maximum" (most paid before 100% coverage); and "Preventive services" (routine health care screenings, check-ups, and vaccines). Each section includes a brief description and a "Cost" field with a dropdown menu for "\$ or n/a".

My Health Coverage at-a-Glance

Plan Information

Plan name ▼ Group number ▼ Member ID number ▼

Website ▼ Phone number ▼ Other ▼

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 ▼
\$ or n/a per month/year/etc.

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

Cost ▼
\$ or n/a
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 ▼ Specialist copay ▼
\$ or n/a \$ or n/a
Prescription ▼ Hospital copay ▼
\$ or n/a \$ or n/a

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

Primary coinsurance ▼ Specialist coinsurance ▼
\$ or n/a \$ or n/a
Prescription coinsurance ▼ Hospital coinsurance ▼
\$ or n/a \$ or n/a

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 ▼
\$ or n/a
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 ▼
\$ or n/a
\$0 (for most plans, adjust if needed)

- Response to requests for personalized information.
- Gathered feedback from partners.
- Customize to the consumer

Includes:

- Plan Information
- Know what you pay for care
- Know where to go for care
- Dates to remember, notes

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

Free Preventive Services Flyers

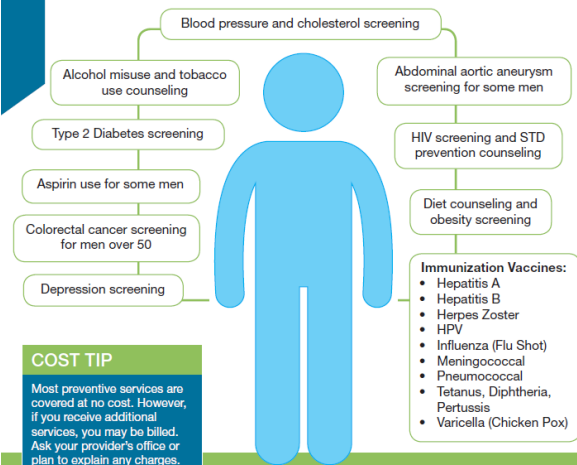
COVERAGE TO CARE >>> Prevention

MEN

Put Your Health First

Get the preventive services that are right for you!

Take advantage of these and other services available at no cost to men under most health coverage, thanks to the Affordable Care Act.



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.cms.gov/c2c.

CMS Product No. 11965
April 2016

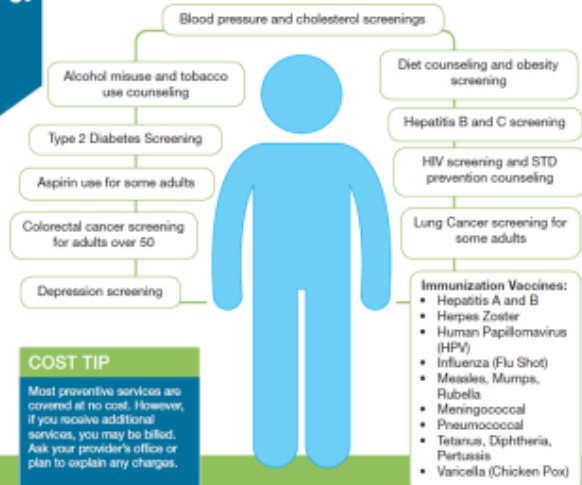
COVERAGE TO CARE >>> Prevention

ADULTS

Put Your Health First

Get the preventive services that are right for you!

Take advantage of these and other services available at no cost to adults under most health coverage, thanks to the Affordable Care Act.



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.cms.gov/c2c.

CMS Product No. 11943
April 2016

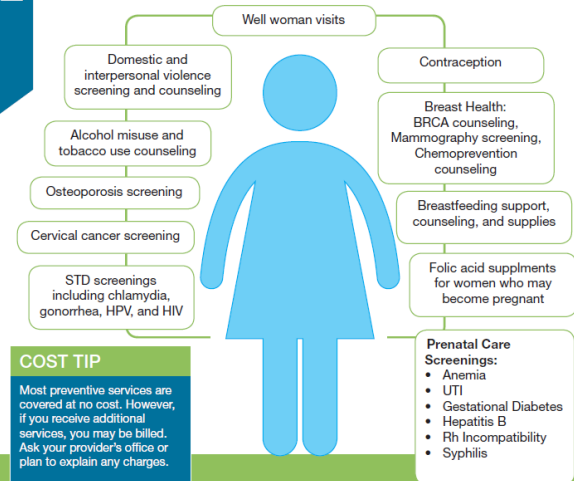
COVERAGE TO CARE >>> Prevention

WOMEN

Put Your Health First

Get the preventive services that are right for you!

Take advantage of these and other services available at no cost to women under most health coverage, thanks to the Affordable Care Act.



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.cms.gov/c2c.

CMS Product No. 11945
April 2016

How to Maximize Your Health Coverage

Animated Video “How to Maximize Your Health Coverage”

All videos available in English and Spanish.

Shorter Series:

- Confirm Your Coverage
- Know Where to Go for Answers
- Find a Provider
- Make an Appointment
- Fill Your Prescriptions

Roadmap to Better Care and a Healthier You

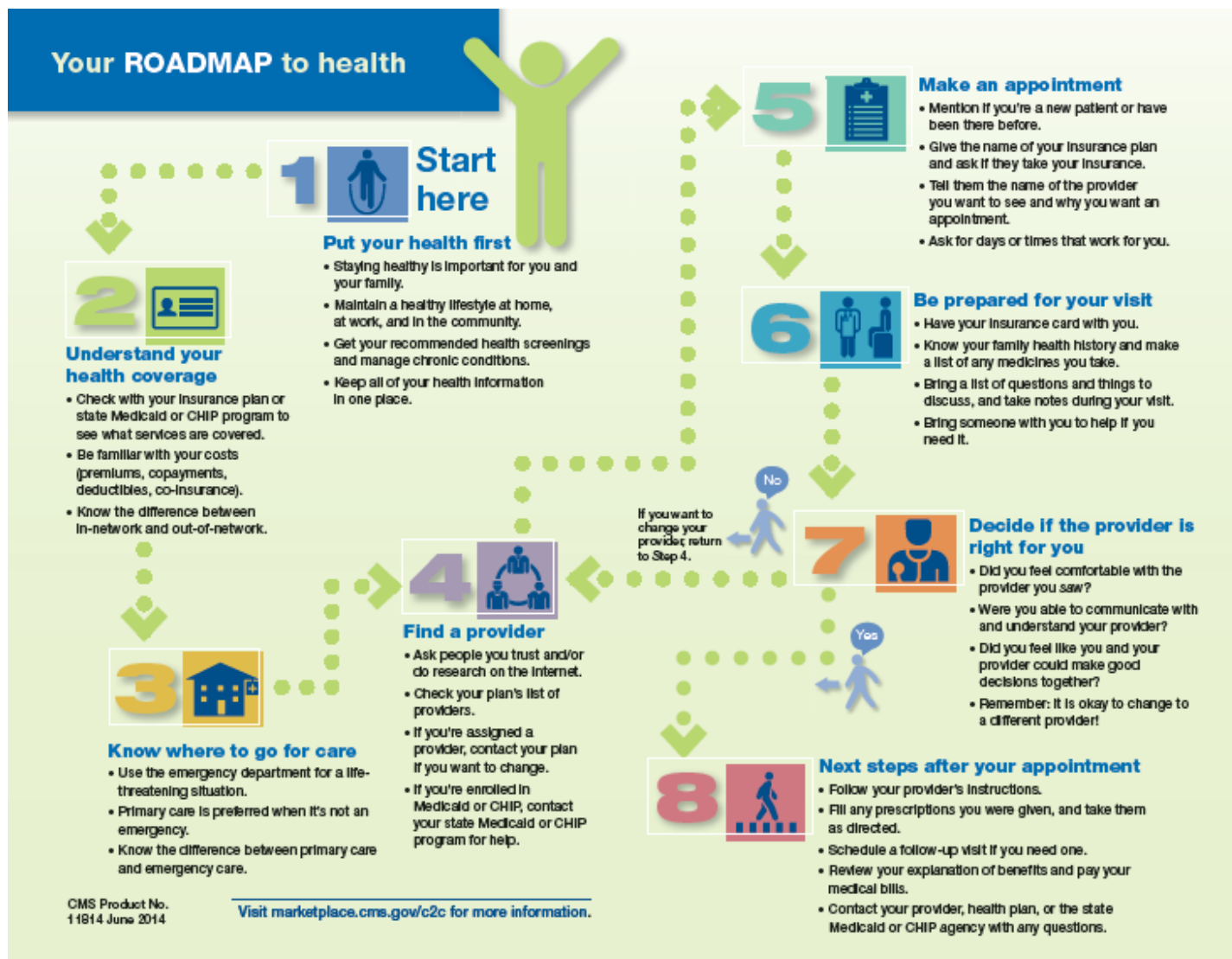
Roadmap to Better Care and a Healthier You

- 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
- Tribal version
- Customizable version



go.cms.gov/c2c

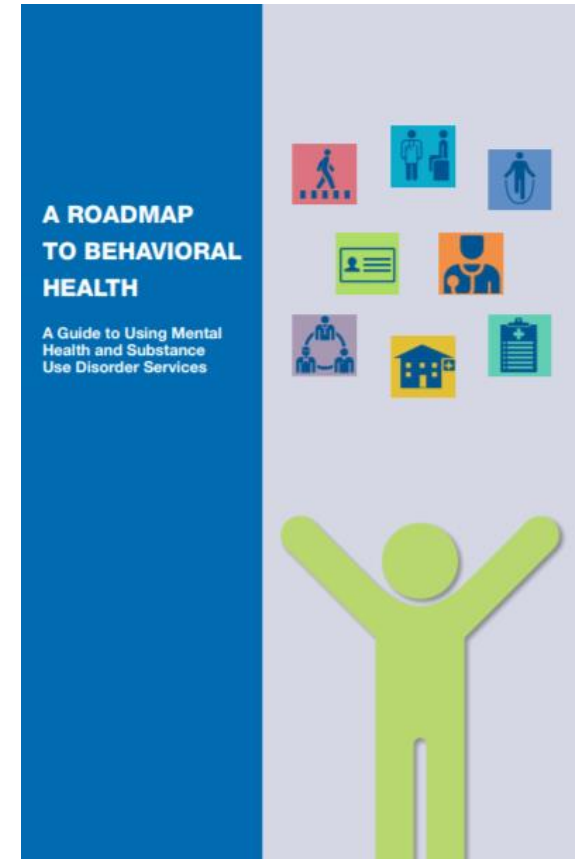
From Coverage to Care Roadmap



Focus on Behavioral Health

A Roadmap to Behavioral Health

- Should be used with the *Roadmap to Better Care and a Healthier You* to understand how to use health coverage to improve mental *and* physical health.
- This guide adds to the 8 steps of the Roadmap to give important information about behavioral health.
- Also available in Spanish.



Roadmap to Behavioral Health

- Step 1: Understand Your Behavioral Health
- Step 2: Learn About Health Insurance
- Step 3: Where to Go for Health and Treatment
- Step 4: Find a Behavioral Health Provider
- Step 5: Make an Appointment with a Behavioral Health Provider
- Step 6: Prepare for Your Appointment
- Step 7: Decide if the Behavioral Health Provider is Right for You
- Step 8: Next Steps to Stay Healthy on the Road to Recovery



How to Get Involved


Using C2C Resources

- **Start the Conversation.** Use the Roadmap 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.

How to Get Involved

- 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.
 - All available in English and Spanish.
- Use the C2C Community Presentation.
 - Overview of the Roadmap and all 8 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.

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

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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
- Justice System



Username:

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Password:


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Thank You!

Visit our website:

go.cms.gov/c2c

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CoverageToCare@cms.hhs.gov

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<http://bit.ly/CMSOMH>