

Centers for Medicare & Medicaid Services
Champion Webinar on Health Insurance Literacy
Moderator: Angelica Gutierrez
May 21, 2014
2:00 p.m. ET

Operator: Good afternoon. My name is Lindsay and I will be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare and Medicaid Services Champion Webinar on Health Insurance Literacy.

All lines have been placed on mute to prevent any background noise. To download the presentation for today's webinar, please go to the box that says file share at the top left side of your screen. Click download file at the bottom of the box.

Once downloaded, you will be able to view the slides and save them to your computer. After the speaker's remark, there will be a question and answer session. If you would like to submit a question during the webinar, you can type it into the chat box, located on the bottom left side of your screen.

Thank you. Ms. Angelica Gutierrez, you may begin your conference.

Angelica Gutierrez: Hi, thank you, Lindsay. Hi everyone. Thank you for joining us today during our Champions for Coverage Health Insurance Literacy Webinar.

We also have our assister friends listening in, so thank you and welcome to all of you. Thank you for taking the time to tune in and listen to this important information that will be useful for you, your staff, and the individuals and families that you work within your community.

Again, my name is Angelica Gutierrez and I'm with the Partner Relations Group and the Center for Medicare and Medicaid services in the Office of Communication.

And I'm joined by two other colleagues here in the room. Stefanie and David if you want to briefly introduce yourself.

Stefanie Costello: Hi. I'm Stefanie Costello. I'm with the Office of Communication.

David Santana: Hello everyone. I'm David Santana and I am with the National Training Program.

Angelica Gutierrez: Thank you. So Stefanie, what we're presenting part of this webinar and David would be on hand to help answer questions as well.

So I'm going to go over a few housekeeping points. So the PowerPoint slides that you'll see today can be downloaded from your webinar screen on the top left hand corner with this also leaves on marketplace.cms.gov. You just go to the Get Training tab. Just go to the bottom towards the health insurance literacy section and you'll see this presentation as well as the one in Spanish. And then you'll see two versions, one has the talking point and one has – it's a clean PowerPoint without the talking point.

So there's a lot of information that will be presenting today. So Stefanie and I will not be going over every single detail in the presentation, otherwise, will be here for two hours easily.

So don't worry about taking copious notes like I mentioned, these slides are available in marketplace.cms.gov with more robust talking points there to help you when you're presenting to other people.

You will be able to ask questions through the chat function like Lindsay mentioned, we were trying to answer as many questions as possible throughout the call and forward the end of the presentation.

And one announcement that I want to make is that you wanted to call attention to a survey link that we included and Friday's Champion newsletter. This was also included in the April 29th newsletter for assisters. Our CMS division of training, these are the folks that have provided some of the supplemental health insurance marketplace training resources.

On the Get Training tab on marketplace.cms.gov is asking for you feedback on this material. So please if you can log in, take a few moments just to share

you feedback on the existing training materials, including the materials that you'll hear today and also your thoughts on additional training products that would help you to be more effective going forward.

And we can include this survey link in our follow up message to you all later on this afternoon, so please take a few moments to do that and one final announcement tomorrow, Thursday at 22nd, there will be special webinar from 1:00 to 2:00 p.m. eastern where CMS will share preliminary thoughts on the 2015 marketplace open enrollment period.

So for those of you that are navigators and CACs, you've probably already received this information. For Champions, again, we will e-mail this webinar information later on this afternoon after the call.

And I do welcome Stefanie and David anytime during my portion at the webinar, there's something that I missed or would like to clarify, please jump in and share with everybody on the phone.

So, now let's get started with the PowerPoint – and yes, we see a lot of people having a few issues getting, not issues but a slight delay with getting on the call. Just hang in there, tell your colleagues that this call will be recorded. So if there's anything that they missed, they'll be able to listen into that a week or so after the call.

OK. So the objectives of the webinar. This training module was created primarily to help those of you that will be counseling and assisting people who are applying for health coverage through the health insurance marketplace.

It's intended to be used as a train-the-trainer module that you, yourself can use to brush up on health insurance terms, but you can all share with your staff or your other networks, or can be tailored to support the educational information sessions that you may be offering for people that you serve.

This will aid you in ensuring that your audience can better understand, compare, and select and enroll in health coverage through the marketplace. So the module explains the issue of health insurance literacy. It describes key

topics that often requires clarification for consumers and provides the resources for use with your consumers.

It will be helpful for us that may not be helping directly with enrollment but also just as you're getting general questions from the people that you work with. It helps to have this information on hand.

And another reason why this information is important right now is that with the first open enrollment season behind us, there are millions of people who have little and/or experience with health insurance who now do have coverage. So this is a monumental achievement, so we know that this work continues to make sure that people know how to use new coverage and how to get the most out of their benefits.

Also, you're well positioned in your communities to be the motivating voice of why health insurance is important especially for those that have, yet to benefit from coverage and for those qualifying for special open enrollment periods and also in the upcoming 2015 open enrollment season that starts this November.

So what is health insurance literacy? So this is the degree to which individual have the knowledge, ability, and confidence to find and evaluate information about health plans, select the best health plans for them or their family according to their financial or health circumstances, and how do best use a plan once they're enrolled. So why is this important?

When you're deciding about health insurance, you have to go through several steps that involved many complex evaluations. So this is true for anyone, no matter how familiar you are with health insurance but if you can imagine, it's even more so important for those that have little or no experience with insurance.

The more you know, the better your decision will be at the end of the day because you're able to distinguish between different options. You'll know what you're paying for. You'll know that what you select is affordable for you and your family. And it covers the health services that you may potentially need in the future.

After enrolling in a plan, you also want to make sure that you're getting the most out of your coverage by accessing services you need right away when you need them, but also making sure that you taking the full advantage of the preventative benefits at your disposal.

So, and some high degree of health insurance literacy results in better health outcomes that improves quality of life and reduce the avoidable costs which is even more critical for those families and individuals and families with limited financial resources.

Just one thing that I want to point out that culture and language may also influence that access to health care as well as help you view illness disease or causes and how we can for those diseases. This is the same on the provider side as well as the patient. So we should be mindful of the extent that culture competency of providers to treat and a way of people who maybe different from them.

We all look through the world – at the world through our own limited set of values. And this is true with the provider and patient relationship. So if you do hear of any situations where the people that you're serving are not as comfortable with our provider, they do have the option to search around for the providers that they feel comfortable with.

So minimum essential coverage. I won't go too much detail about this. But people who have employer coverage or these other types of coverage that you see on the screen, you don't have to do anything as well as the next screen.

OK. I hope you can still see the PowerPoint. But the next, going to slide six, again, if you don't have minimum essential coverage, people don't have to enroll through the marketplace.

Now on slide seven, to be eligible for the marketplace, you must live in the states or the service area of the marketplace. This is not anything new. This is the way the health insurance has worked for a while. You also must be a citizen or national of the United States or noncitizen who is welcome to

present in the United States. And there are more details about the function through [healthcare.gov](https://www.healthcare.gov).

If you go to [healthcare.gov](https://www.healthcare.gov), you can search for “immigration” and it will give you more details about the eligibility status. Also, if someone is incarcerated, they can still apply for Medicaid or the children's health insurance program at anytime.

But for the purpose of the marketplace, incarcerated means serving a term in prison or in jail. It does not include the people that are on probation, on parole, or home confinement. OK. We are getting few chat questions that we can see in the slide. Crystal, if you can help us with that, if not I will name the slide number, so if you're able to download the slide, please follow along with me.

So now we're – we're still in slide seven. We just wanted to let you call attention that there are no waiting periods to get coverage through the marketplace, like there is with Medicaid. So, you don't have to be here for a set amount of time in order to be able to purchase coverage through the marketplace. And also, if you have a student visa, you may be eligible for coverage through the marketplace but not for Medicaid or CHIP. I'm on slide number eight now, title Medicaid and CHIP.

So the health care law provides state with additional federal funding to expand their Medicaid programs to adults under 65 who make up to 138 percent of the federal poverty level. Children 18 and under are eligible up to that income level or higher in all states.

So before, you know, pre-Medicaid expansion option only parents with children were eligible for Medicaid coverage. So if the states is expanding coverage, this includes adults even if they are single and don't have children.

For 2014, if your state is expanding Medicaid, you'll probably qualify if you make up to about \$16,000, a little bit over \$16,000 a year for one person this amounts to about \$32,224 family of four plus the 5 percent income disregard. Children and families with household income up to 133 percent of the federal poverty level are eligible for Medicaid.

And all states that previously covered these children with the CHIP program continue to received the enhance CHIP matching rate. Unfortunately, in states that don't implement Medicaid expansion. People between the states Medicaid ceiling -- and this can vary by state -- and 100 percent of the federal poverty level are not eligible for Medicaid or the new premium tax credit.

However, these individuals are not subject to a fee if they have not attained coverage through the marketplace. So otherwise, eligible applicants with income above 100 percent of the federal poverty level can receive a premium tax credit to help lower the cost of the monthly premium.

If you want more information about Medicare requirements, you can, again, check out [healthcare.gov](https://www.healthcare.gov) and just search for “Medicaid requirements” or “Medicaid eligibility.”

Stefanie Costello: We are aware that the PowerPoint is blank and we're working on trying to resolve the issue and bring it up. So if you do not see anything on your screen, we encourage you to go to marketplace.cms.gov and download the presentation or download it from here and we're working at getting it back up as quickly as we can. For now, you can just follow along and Angelica will mention the slide number.

Angelica Gutierrez: OK. Thank you, Stefanie. We apologize for that. But again, the exact information that you would have been seeing on your screen is available for download on marketplace.cms.gov. And again, the webinar will be recorded. So you can access to this at a later time.

One final takeaway from here on slide eight is that when in doubt, fill out the marketplace application or [healthcare.gov](https://www.healthcare.gov) and you can find out if you qualify for Medicaid, and if you don't qualify for Medicaid, with that same application, you'll find out if you qualify for other cost assistance. So now we're on slide nine, “Who are the Uninsured”. I won't spend too much time on this but this is a national demographic analysis that showed some stats about the uninsured. But of course, it is anticipated that there are unique differences and demographics in your specific community.

And we're just including this information to set the context for the communities we've worked with and to serve as a reminder that the information you present in the field should be easy to understand, straight-forward and understandable to the lay person. So, that's just a few bits of information, but you can also access full demographics on information about your community if you visit one of the links. Again, it will be on the PowerPoint that you're able to download for more detailed information about your community.

OK. So, slide number 10, "Explaining the Value and Having Health Insurance". One of the key components to insuring the uninsured is increasing health insurance literacy. So for many, the first step toward getting coverage may be understanding the value of health insurance. We'll talk about it more in the following slide.

On slide 11, "Qualified Health Insurance," qualified health plans cover essential health benefit, so the Affordable Care Act established essential health benefit which are standard essential benefits that all people who are purchasing coverage through the marketplace will have.

So now you don't have to worry about, OK, does this plan cover the same essential benefits as the next plan? Yes, they do. So that is one thing that you can communicate with people that there are standards for that. And then I'll let you look at the list in further detail, so this includes ambulatory and I'm pulling out my slides here's so I can follow along with you all just well.

OK. So now slide number 12, communicating the value of health insurance is another point to drive home with individuals and families. So health insurance does more than just provide protection from high medical bills to catastrophic event.

So it will ensure access to the care immediately when you need for the everyday stuff that happens on those (inaudible), those colds, that can impact a person's daily function and they can turn into something worse than if you leave it unattended. Health insurance also covers the services for specialty care such as ear, nose, and throat doctors and so forth.

Slide 13, “Value: Inpatient, Emergency, and Follow up Care.” So, another reason why health insurance is valuable is that, it provides coverage for emergency care from protection from high cost when something bad happens. So, no one plans and wants to get sick or hurt but at one point or another, all of us are going to have to get treatment for an injury or illness, and health insurance will pay for those costs. So, as you probably know, emergency care is care for an illness, injury, or symptoms so serious that a reasonable person would seek care right away.

So, in an emergency, people can go to the emergency room, they can get care and this is regardless if this hospital is outside of your plans network. Some people may think that they don't need health insurance because they are healthy. And if something bad happened, the hospital emergency department would turn them away if they couldn't pay.

OK. So that is one reality, however, you may be healthy now, but the onset of a sudden or serious illness such as cancer, diabetes, or a traumatic event just as ski accident or car crash can lead you with staggering medical bill. So the average cost of a three-day hospital stay is about \$30,000, the cost of fixing a broken leg can cost up to \$7,500. Having medical insurance can help you – can help protect from an unexpected cost like this. Also the future costs of medical treatment are completely unpredictable.

For example, on August 30th, the day right before marketplace open enrollment started. I got into a bike accident, pedaling home from work when evening. I landed in the E.R. I had one less tooth in my mouth and other lovely mouth injuries.

Having health insurance paid me over \$10,000 and this is only for the E.R. visit. It did not include the intensive follow up care that I had to seek with my dentist, that I'm still seeking with my dentist, my primary care doctor and ear, nose, throat specialist and more.

So I tell people, I've never been more grateful and fortunate in my life to have health insurance. So, this is – I'll point to drive home not even though you can

seek care at an emergency room. What about that follow up care that you need? Health insurance will help you pay for that.

So now, I'm on slide 14. The preventative and clinic care management, so having health insurance can also help prevent bad things from happening in the first place by paying for preventative services such as flu shots, and screening mammograms.

These services can treat problems early so that they don't escalate into something more serious. And a lot of these – the health care law makes these preventative services free, without a copay.

Also chronic care management is covered, such as for diabetes or asthma. So now on slide 15, for “Cost Savings”, for many consumers, they cannot reasonably assess what they are – what they get from having health insurance. Is it worth having health insurance? The fact is that even when you do pay out of pocket to meet your deductible, having health insurance can lower your costs and that's because insurance companies negotiate the rate with providers and that's the rate you will pay.

So people without insurance, on average pay, 40 percent more for the health care services, and also preventative services are subject to the deductible in the marketplace health plans. OK. I'm going speed things up here, so we have enough time for everything.

So slide 16, without minimum essential coverage, when an uninsured person requires urgent medical care and doesn't pay the bill, everybody ends up paying for the price. So this is why we're requiring people to get health insurance, and those that are not able to pay, make qualify for hardship exemption. You visit healthcare.gov, you can search for “hardship exemption” to get more details on that.

Slide 17, how much is the fee? You'll see on the chart on your slide that this is capped at 1 percent of your yearly household income or its \$95 per person or for children and \$47.50 for children under 18. And there are more details in your slide regarding how this is calculated and there are certain restriction how much a family will pay if they chose to go without health care.

So slide 18, “Explaining How Insurance Works”. It just basically, this is a contract between you and your insurance company, you buy a plan, the company agrees to pay for part of your medical expenses when you get sick or hurt and you can pay monthly premium.

So we will explain this in detail a little bit more. So, in the next few slide, which will explain HMOs, EPOs, so these are Health Maintenance Organizations, Exclusive Provider Organizations, Preferred Provider Organizations, and Point of Service Plans.

This is on slide 19 and 20. There are more details there letting you know what the differences are between those plans, but these are all offers through the health insurance marketplace. And again, it's up to a family's on discretion and decision making as to what plan fits them, the health care needs and budget better.

Slide 21, on “Catastrophic Health Plan.” So these are different from the HMOs, the PPOs, and so forth. So this another type of health coverage that generally have lower premiums, they protect against high out of pocket costs and cover three annual primary care visits and preventative services at no cost. So, the people that are eligible for this are those that are under 30 and for those that might have received or that are eligible for a hardship exemption because it was determined that they could not afford health coverage. So again, more details on catastrophic health plan in the PowerPoint and in talking points.

Slide 22, “Explaining How to Choose a Health Plan”, there are again, more details are included but before you start shopping for health insurance, you can consider these different variables on what fits your budget and your family's needs best.

So in general when choosing at health plan, keep this in mind that the lower the premium, the higher the out of pocket costs. And the higher the premium the lower out of pocket costs.

And slide 23, “Comparing Health Plans,” again, Stefanie will go over some of these items more in detail, but you want to make sure that you're – the people that you're serving know what services, what network providers are available if you buy certain types of drugs to make sure that they are covered and so forth.

And slide 24, when you can enroll in the individual market, we – there will be more details in the upcoming open enrollment period is from November 15, 2014 to February 15, 2015. Before then, people may be eligible for special enrollment period and you can get more details on that by going through healthcare.gov and searching for “SEP” or “Special Enrollment Period”. And keep in mind that for Medicaid and [the Children’s Health Insurance Program] CHIP, people can enroll at anytime.

Stefanie Costello: Thank you Angelica. Again, my name is Stefanie Costello. Starting by some people's chat, I just want to reiterate that this slide deck should be back online soon. Hopefully, you can see this, we'll advance to slide 26.

I wanted to let you know that this is an overview of health insurance literacy. It's designed to be a comprehensive look for those folks who might be enrolling in health insurance and for those who already have health insurance. Some of these slides might be helpful for those who don't have insurance yet, or are looking to sign up. It could also be that other slides are going to be for those who already have insurance and need to know how it works. That being said, they are designed for you to take what you want or need and we're going to go through all of them just so you can understand what this presentation is about.

We are working on the connectivity issues of PowerPoint and we are on slide 26. This one is for individuals who are American Indians, or Alaska Native, there are certain procedures that they have to go through and policies that work for Native Alaskans and American Indians such as they don't have to pay out of pocket expenses if they have a certain amount of income.

And they might not have to enroll by the deadline because there's a special enrollment period so they can enroll at anytime. If you're working with this

population-know that there is going to be certain policies for them. And if you are doing a presentation to this population you need to make sure that you pay attention to policies specific to that population.

So moving on to 27, slide 27, this is messaging for college students. This is very important right now as many students are graduating from universities and colleges and they might have been covered under their school health plan or perhaps their aging off of their parents plan.

It's important to know that those folks who are graduating from school or who are aging out at age 26 have several different options. If you're graduating from school, you need to remind people that they no longer have the student health plans, they can go into the marketplace. They can get a catastrophic plan or they can go on to their parents plan if they are under age 26.

In the next couple of months, you might want to reach out to universities or have some special information geared towards college students because they might be coming and looking for information during the special enrollment period. So the next slide is slide 28, most of you on the call are an in-person assister or have close relationships to in-person assisters. So we're not going to go over this but if you do use this slide when you're giving this presentation in your community, make sure to give your local information so that folks know where to go to find their local in-person assister.

The next slide 29, is getting help in other languages other than English. It's important to let people know that the marketplace is available and services are available in over a 150 different languages by calling the call center. I'm sure many of you have done this over the past enrollment period.

We also have a number of publications in different languages. This is something we really want to get the word out about. I'm not going to read through all the languages but you can see among the slide. If you access this link, then there are over 30 languages including applications in those languages. They are meant to be a tool for folks who need them for enrollment and we encourage you to go to marketplace.cms.gov to look at all of the different languages.

Summer time is a great time to be reaching out to populations in your area that might benefit from knowing about these resources. So now we're going to get to the meat of how health insurance works and you can use these slides going forward to tell individuals about health insurance.

So again, this presentation is for folks who are just enrolling in health insurance or who are recently insured. Health insurance terminology is going to be new and we want to make sure that they understand everything. One of the first questions, and I'm sure you might already have received this, is: "how much will it cost?" We have to explain to people that: it depends and that might not be the answer that they want to hear. You are going to have to take the time to go over it with along with the different types of cost. Specifically, these different types of costs and the definition of these terms. And some of these terms are: premiums, deductibles, copayment, coinsurance, and out of pocket limit.

The next thing you're going to have to explain to them is that every month, they're going to be paying a monthly premium. We need to explain this concept, this is not a one time thing that they're going to have to pay this premium every month, and if they don't pay it then they will lose their health insurance.

This is something that they need to know from the beginning as well as for someone who comes in and asks you how to use their health insurance. That is make sure they know to pay every month. Now the payments may be paper check, they can be cashiers check, money orders, electric fund transfer, or prepaid debit card. Some insurers might also accept credit cards or debit card payments online.

But you're going to have to let your clients know that they have to check with the plans if this is the case. They need to know that they cannot give cash through the mail that there are certain ways that they need to pay them. This might be new information to them.

Some of your clients might be underbanked or unbanked, so you're going to need to make sure that they have resources to be able to pay this monthly premium.

Moving on to slide 32, this is a nice little graphic you can use to explain how cost-sharing works. This is what you can use to explain each of those terms we talked about earlier, deductibles, copayment, coinsurance, and out of pocket limit and I apologize for those who can't see it, but it's basically a picture of a woman Jane is on one side and the health plan is on the other side of a teeter-totter.

The first example is that Jane is going to pay 100 percent of the costs and the health plan is going to pay nothing. This shows that if she has not reached her \$1,500 deductible then she's going to pay 100 percent. If she goes in for an office visit, then the cost will be a \$125. Jane is going to pay all \$125 and the plan is going to pay nothing.

So to this point, you can explain what a deductible is: that in addition to a monthly payment, the health plans often require you to meet a yearly deductible. A deductible is the amount you must pay for covered care, before your health insurance begins to pay its share.

Consumers need to realize that not only do they have their premium, but they might have additional costs along the way. The next example for Jane is: what if she reaches her \$1,500 deductible? Well, then the coinsurance might begin.

And at this point, you can explain that coinsurance is the percent of allowed charges for covered services that you are required to pay after you have fulfilled the deductible. So for example, the health insurance plan may cover 80 percent of charges for a covered hospitalization leaving Jane responsible for the other 20 percent.

In this example, the hospital visit costs \$10,000, the insurance will pay \$8,000 and Jane will pay \$2,000. In the third and final image she reaches her out of pocket limit. "Out of pocket limit" is another term. Out of pocket limit is the most you will pay during a policy period.

Letting the folks know who are insured that they have an out of pocket limit with each of their plans. For Jane it is \$5,000. Jane has been to the doctors and she paid her \$5,000 limit. As you can see we're in the third little graphic.

The office visit costs \$200 but she's reached her out of pocket limit, then Jane is going to pay nothing and the plan is going to pay 100 percent. So this is just a little graphic you can use with your clients during the presentation to explain some of the key terms and how they work in practice.

The next slide is about third party premium cost-sharing payments. This is a little weedy, so in short HHS discourages the practice of hospitals, other health care providers, and other commercial entities to support premium payment in cost-sharing obligations with respect to qualified health plans purchased by patients in the marketplace.

HHS encourages insurers to reject such third party payments, this of course is not applied to certain payments explained on the slide above like Indian Tribes, state or federal government program or private not for profit foundations. It may be based on financial status and not health status. You can go over this with your individuals explaining what a third party premium is and that it is going to be something they might not to worry about.

The next slide, slide 34 is the marketplace affordability. Hopefully, you've already enrolled these folks, and they understand this section. But it is a good idea after they enrolled, to reiterate the fact that the marketplace is affordable and that they probably received a premium tax credit and that they might also have received cost-sharing to lower out-of-pocket cost. You really want to make sure that they understand these two pieces and the implication for them.

This next slide 35, you're going to want to explain what the lower premium costs are with this premium tax credit and what it means for the consumer. The premium tax credit is generally available to people with incomes between 100 percent and 400 percent of the poverty level.

You're going to want to stress this to folks that have not enrolled in insurance yet, if they have already enrolled, then they should know this information, but this slide would be really good for those not enrolled in insurance yet.

The next slide, slide 36 is a really clear way of showing consumers exactly how to use the premium tax credit. Now, because, this is a tax credit, they can use it in advance. You might know that the tax credit can be paid directly to the plan and that fact is something that consumers are going to need to know.

Now consumers will pay the difference between the premium and the advance tax credit. This of course will happen every month. The second option for consumers is that they choose to receive it later when they file their taxes, so they might not want advance payments. What does that mean?

That means that they're going to pay their entire monthly premium in that, they're going to claim the full amount on the tax return, so instead of getting it throughout the year and paying it to the plan, they would actually pay the entire monthly premium out-of-pocket, and they would get the entire amount of the tax credit at the time they file their taxes.

Now, you need to make sure that the consumer knows that the marketplace that will provide documentation to the tax filer and to the IRS that will support the reconciliation process in the same way that an employer or a bank provides the form W-2 or 1099. So you can use these forms as examples that consumers might already be aware of and used to.

Is also important to remember to report changes and understand that this is an advanced tax credit and is going to come up again when they go to file taxes during the next tax filing season.

The next slide is explaining networks, slide 37. An individual when they're picking a plan needs to know about networks so they have to understand what a network is. A simple way to explain it is that that a network is the facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

Each insurance plan is going to have a network and you can let consumers know that this includes their doctors, their primary care, their specialist, therapist, nurse practitioners, their hospitals; it's not just doctors who are in hospitals. Certain pharmacist can be in network as well as labs.

If they're curious about that, you can actually walk them through going to the plan's website or walk them through calling the plan and that will let them know which providers are in their network. There's a breakdown of this in further detail on slide 38.

So within in-network, folks are going to need to know that there is the "In preferred network" and the "In nonpreferred network." The "In preferred network" is seen with this little graphic. It lets people know that if they choose a provider "in preferred network" then there's going to be a smaller group of providers that are "preferred" and they will agree to a lower rate, so there's only one dollar sign. Meaning preferred is the cheapest option.

Now, if they're "In network" but it's a nonpreferred provider that might cost them a little bit more, so now we have two dollar signs. Now there's a third set of providers out there and these are going to be providers that are "out of network."

Now depending on the plan, you're going to have to explain to the consumer that there is a possibility a discount will not be offered for out-of-network" and that they may have to pay 100 percent out of pocket, or it could be that the plan has certain discounts for out of network.

But in general, the out of network is going to cost the most money, so you can see that it has four dollar signs. This is an easy way to explain to folks that they need to pay attention to the type of providers when they're making their appointments and they need to look for the "In preferred network" for the cheaper provider and make sure that they're asking those questions when making appointments and picking doctors.

So the next slide explains formularies and tiers. For the most part, what we want to stress here is if they're new to getting prescription drugs we want to let

them know that the copayment is cheaper for tier 1 drugs, the costs go up and the more expensive drugs are in tier 3 specialty drugs.

Now, most plans are going to have copayments, but people will still have to pay for prescriptions. But we want to make sure consumers know about generic drugs, because the word generic could scare some folks who weren't used to it in this context.

A generic drug is the same as its brand-name counterpart in safety, strength, quality, the way it works, how it's taken, and the way it should be used. Generic drugs use the same active ingredients as brand-name drugs. Generic drugs are thoroughly tested and must be FDA approved. Today, almost half of all prescriptions in the United States are filled with generic drugs.

We want people to know that when it comes time for them to receive medication the generic drugs are safe and they are simply the most cost-effective choice. Note that is something that you're going to need to educate you consumer about.

Moving on to slide 40, "Explaining Rules Plans use to Manage Access to Drugs"-this one is a little specific. So we're going to skip over this slide. If you are presenting this to folks who need this information then there are extensive talking point with slide that you can go over it with them.

Moving on to slide 41, we need to explain how to use the health insurance, we've explained to them the basics and perhaps they have their health insurance for the first time. So the first step for seeking care- either preventative or if they are sick, they're going to call the doctor's office, and they're going to confirm: first of all that the doctor accepts their insurance. You might have to help them call the doctor.

They say, "Do you accept my insurance?" Once the consumer knows that the doctor accepts the insurance, keeping in mind that they have checked to make sure they are in-network they can set up an appointment, and you're going to have to let them know that they need to take their health insurance card with them. Also at the doctor's visit, there is possibility that they might have an additional payment-they might have a copay.

You should also stress that they need to take advantage of preventative benefits because a lot of them are free. If they are unsure of costs, then they can call their insurance plan. This is where they go if they have question with costs or if they need to check for in or out network providers.

They can contact the plan if they want to change their primary care doctor. So, in general if they are not happy with their primary care doctor, they have the right to change it- but they need to call the plan and let them know.

Moving on to slide 42, this is an example of an insurance card. The card will also be the same for anyone even if they get the tax credit or not. So you shouldn't be able to look at this card and know if they receive the tax credit. It's not going to have a big red stamp that says "purchased at the marketplace."

It is just like everyone else's card. Now, with this card, you're going to have to educate folks on how to use it-especially if they've never had an insurance card before. Some important things you want to let people know about: number one; protect your insurance card. Number two; do not let anyone else use your cards.

If they let someone else use your card, you could lose your coverage for yourself or your family. It's just your card. Now, don't provide your insurance information to anyone who contacts you directly if you did not contact them first.

The last one is you're always going to want to take your card with you if you're going to the doctor or getting a prescription filled. Now if you have questions, you can let them know that the direct number to their plan and the website are printed on the card. They have a member service number and they can call it even if they don't have the internet-they can get the number from the card- it's right there.

Explaining how bills get paid, is the next slide, slide 43. Now this is something that's going to be new to them because they're paying their

premium, they might think that everything is covered-everything is going to be free.

When they go to the doctor, they're going to of course confirm that the doctor is an in-network or out-of-network. When they receive the bill, they might have a copayment that they pay and they might also have additional charges on the bill. Now, they're also going to receive something called an explanation of benefits; this is going to be new to them.

You're going to let them know that this is going to be sent by the plan and will list the services that they received and the cost and what the insurance plan paid. This is not a bill. This is their explanation of benefits. They will also receive a bill. They're going to want to make sure to reconcile those two documents and then if they have any questions, let them know they have the right to call the plan and ask, they have the right to appeal and work with the plan if they have any issues.

Now, in our next slide, slide 44 is explaining the marketplace appeal process. This might be very familiar with navigators and CAC, so we're not going to go into this too much. So one thing I do want to stress is that, there if someone who's appealing a cost associated with their service, they need to go to the health insurance plan. So you need to let them know that, they need to go to the plan, there are few links, a cost associated with health care service.

Now, if they want to appeal the marketplace, plan itself, their eligibility with the marketplace, the tax credit, or Medicaid. Then they need to go to the marketplace appeals process, of course they can work directly with you all as navigators or as a CAC. It is important that they have information on how to do that you will need to give them specific information.

Now slide 45, there are two ways to appeal. One is by writing a letter to the marketplace or by completing in mailing in appeal request form that is located at healthcare.gov/can-i-appeal-a-marketplace-decision. There are expedited appeals available in certain circumstance. It would be good to familiarize yourselves with those.

Slide 46, explain how to protect yourself from fraud. Now this is really important because we don't want folks to have their health insurance and then become a victim of fraud. So we want to help people know that they should always look for government seals, logos and information from navigators and assisters should all have displayed certificates.

All their personal information needs to be protected and then as consumers, they have the right to report anything suspicious to the health insurance marketplace. Or report it to their navigator or CAC.

Slide 47, it's important to let them know that at any point during the year, they need to be able to report changes about their household or circumstances. This is because it can impact their eligibility into the marketplace. It can also impact how much money that they're receiving with the advanced tax credit.

We don't want folks to end up having a surprise at tax filing that they owe money even though they've been receiving this tax credit. It could be vice versa that they end of getting more money back but we want to on the safe side here.

When you're enrolling folks and you're talking to them about using health insurance, you have to express that they have to update their marketplace related info at healthcare.gov with any of these issues. I'm not going to read them all out loud and I think you're aware of them but you need to drive home that is important because it will impact them at tax time.

It could even take them off of the marketplace onto Medicaid or perhaps they won't receive tax credits anymore, so we want to make sure that everyone has the insurance that they deserve. Slide 48 describes where to report these changes-either to the call center or online at healthcare.gov.

To report changes, you can also do it yourself for example if you've moved within the state. You can update your home address, you e-mail address or phone number.

Now, slide 49 talks about the “Coverage to Care Road Map”, this is a really great resource. If you've not received it yet or learned about it; you can access it on marketplace.cms.gov and it's called “coverage to care.”

This is a brochure with the road map, it talks about the different ways you can go step by step about having insurance, how to use your card, how to setup your first visit, questions you should ask your provider, what to expect during the first visit. It is a great roadmap and I encourage all of you to look at. The final versions should be released in June.

We might also have a Coverage to Care specific call set in the next few weeks. Once we have that date set, we will let you know but you're going to get more in depth presentation on “coverage to care.”

Now, if you would like to get additional resources slides 50 and 51 have those additional resources. These are the glossary's health terms, toolkits, things with Spanish, all of that. We encourage you to click through these links and get the glossary which will help you be able to give this presentation as well and to provide additional assistants to customers.

That is it for today, we now have some time to go over questions that came through the chat. Right now, we apologize that this slide did not work, again, if did not work, you can go to marketplace.cms.gov and downloaded the presentation. We will try to send out an e-mail after this call with instruction or how to download the PowerPoint. But now I think we're going to go through and answer some of the questions that have come through chat.

Angelica Gutierrez: So, there's a few documents that David wishes to expand on. We've heard a few of you mention that some providers are not accepting the health insurance from consumers that you work with even though they are on approved health insurance plans listed as in-network providers. David-if you want to tell us a bit more about. I think that people have been experiencing this issue.

David Santana: Right. So, if a consumer is enrolled in his plan and they see that the provider is in the in-network plan, they're listed as participating provider. If you call

the provider and the provider is saying that they are not accepting plan then the question maybe that they're not accepting new patients. Many providers may not be accepting new patients because they already have a sufficient number of individuals that they could treat.

If that's not the case of the providers, many are saying, well, I'm not participating with that plan. I'm not taking that plan, then you're next set will be to contact the plan and ask them about the provider who has listed just to make that they double check that they are in-network.

One other thing is that we need to explain to individuals is the fact that, providers enter into agreements with insurance companies, however, those agreements are not forever, and those agreements could be terminated, so they enter to this contract with an understanding that it could be terminated.

There may be providers that comes in and out of the private plan. So this is not new to the marketplace, it's has always been the case in terms of provider participating on private plans and so forth. So first step would be, you know, finding out why the providers are not taking the patient- is it because they are not accepting new patients, there are at a capacity or is because they're not participating in their plan.

If that's the case, I would call the client to make sure that, you know, that they double check and make sure that provider is still in the plan maybe the client can contact the provider and get that squared away. If that's the case of the provider, it's no longer with the plans, then they – you could look at the list of providers under the plan and pick a new provider.

Angelica Gutierrez: I think it will be helpful even though we were running out of time. A few participants mentioned that some people, automatically chose the bronze plan because it was the cheapest, the cheapest monthly premium. So, how is this that we can best explain the other options that may be more suitable for families and not just go with the smallest monthly premium?

David Santana: And this is a great question, so additionally, individuals that gravitate towards the plan that they see that they would save the most on a monthly premium. And again, this is not something unique to the marketplace.

The best way that we can go about, ask the individual when we help them is to ask the individual what is their medical need? Then so, under the family medical needs. So in order to be able to choose the best plans to accommodate your needs, you need to know what your status is in terms of how much of the medical service is you would need. What is your medical condition and your family medical condition?

Explain to them that if there is a medical condition, a chronic condition that you would be utilizing a lot of services, they will need more services. They have to give a series of considerations to buying a plan that will cost them a little bit more monthly, but when they receive the services, they will pay much less out of pocket, and of course, the maximum out of pocket will be much lower for plans that have higher monthly premiums. So, they have to do the comparison and do your homework to make sure that they choose the best plan that they don't end up in the plan that will not serve them well.

Female: To clarify the first question, I think what folks in the chat are saying that they've heard that there are certain doctors who are rejecting marketplace purchased insurance. They look at a code on the care or through asking the patient if they enrolled to the marketplace. And that if they find out that patient has enrolled through the marketplace then they are not letting them come into the practice.

David Santana: That it hasn't enrolled?

Female: So, there could be someone who's in a plan, an insurance plan and they enrolled to the marketplace and the provider can tell that they've enrolled to the marketplace and they're telling that patient that they're not accepting them because they've enrolled in the marketplace.

David Santana: And I think what the issue may be is that, you know, that this is large players and health insurance, this large health insurance companies, they do have

different plans, offering plans to employers, offering plans to the individual market outside of the marketplace and also plans in the marketplace.

Those plans do have unique I.D. number, they are different. So they provide equip the I.D. number on the card and determine that is the plan that they may not be participating on. And again, if that is the case and you see that the providers listed on the plans of network, you need to fall the plans by the – what the is the issue with the providers. If they're listed as a participating providers for that specific plans, then it's something in the plans they should follow up with the provider, and innovate the providers are not participating then you need to go about choosing (inaudible). And the plans can help you with that as well.

Stefanie Costello: I think everybody, is that clarify to some folks?

Angelica Gutierrez: Also another question came through about this is early on in the chat that for college students that are fresh out of college, they don't have a job yet, what options to do they have for health coverage? And one of them of course they can stay – if their parents were covered, they can stay in their parents plan until age 26.

And are there other options, David is there an options for students that may to see graduating and they've may not have enough funds to enroll in the Marketplace.

David Santana: Right. They just graduated and do come out and really haven't had any earnings and you don't have a job and you don't have earnings, so you wouldn't be filing taxes, you are – you age out of your parents health insurance, it depends on the states that you live. You can see about if the states have extended the Medicaid program, you could see if – plans for Medicaid in your state under the Medicaid expansion.

And you would not, I mean, of course, if you don't have a job, you don't have earnings, you would not, and you don't live in a Medicaid expansion state and you would not be subject to the shared responsibility payment for not having health insurance. So that's another option that they – you would have to apply

for that hardship exemption. Not a hardship exemption but basically, you don't have any earnings. You won't be subject to the penalty.

Angelica Gutierrez: And then we have a question coming through about incarceration status, so you can look up on page seven of the slide deck, there's some information there about people who are incarcerated. Basically, you are eligible for the marketplace if you are not incarcerated other than incarceration pending the disposition of charges.

It's important to note that if someone is incarcerated, they can still apply for Medicaid or the CHIP program at anytime, for purposes of the marketplace incarcerated means serving a term in prison or jail. Incarceration does not mean living at home or in a residential facility under supervision of the criminal justice system, or living there voluntarily.

In other words, incarceration doesn't include being on probation parole or home supervision which I think was the questions ask. So you're not considered incarcerated if you're in jail or prison pending disposition of charges. In other words if you haven't been convicted of a crime.

So it's important to understand the marketplaces definition of incarcerated for eligibility in the marketplace. And we understand that we're going over time a bit, so for those of you that can stay definitely step with us, we're just trying to get through some of the questions that you're all asking.

David another questions came in saying, our insurance companies. Do they do have to accept Indian health service as a provider?

David Santana: Right. Insurance company operating within those areas do has to accept any health service at the provider's services. And that goes along with all the other probation that, you know, in their medical programs and so forth, prescription (inaudible) and all of their programs. So they do have to accept payment.

Angelica Gutierrez: Another question is what is the best place for a consumer to find out what applies towards the deductible? So I think that was a little bit of confusion of what is it, what applies for that, is there somewhere consumers can look in their health insurance policy as to what account?

David Santana: Right. So, when you go and choose a health insurance policy that you think you accommodate your needs, is that health insurance policy will have book label with explanation specifically outlining what type of services will be applied towards your yearly deductible.

Likewise, you could basically tell an individual besides preventive services that are rated A to Z, usually everything else that could be applied towards the deductibles. So the only thing that the law said the individuals could get that would not be subject to a deductible is the preventive services that the laws says they could get at no cost. But anything else could be applied but again, it's helpful to see the plans benefit brochure and they would explain in there things that are or not applied for their deductible.

Stefanie Costello: We have a follow up question about incarceration, so for Nicky and others. So if the person is like on house arrest or is there halfway house, if there living – on the residence facility under supervision, then that doesn't --they are not incarcerated.

So incarceration does not mean living at home or in a residential facility under supervision of the criminal justice system. So, for the marketplace, you actually need to be in prison or in jail.

Angelica Gutierrez: And one of the questions that came in through e-mail before the call mentioned, how can we help folks who lack access to the internet to learn about their insurance. So we'll go over a few points, if you all want to chime in web chat as to how you have taught people in your community who do not have internet access.

How (inaudible) communicate this information about insurance. So a lot of what we've experienced with our partners and champions and assisters is that a lot of in-person contact is more effective with people without access to internet.

Informational sessions, (inaudible) you look community center or as churches, flyers mailed to people, radio talk shows resonate well within not just on the Latino community but I did speak with the Champion that on those rural

communities and the Latino communities, you know, providing information over radio talk shows reaches a wide breadth of people, also one Champion mentioned that they were planning on sending a marketplace announcement through the water bill, and in fact, (inaudible). Again, I mentioned faith-based early on but engaging the leaders in these faith-based communities to provide information to people during gatherings, during service, weekend events and so forth.

Also if you're trying to accommodate people who are working families and who have kids, if you offer information sessions at your agency. If, you know, if possible providing a light dinner or snacks and child care go a long way to get people there to listen about this information.

Anything else that I might have missed or?

Stefanie Costello: People said at communities, they do lunch and learns where they offer lunch, and they learned about it, they've worked with libraries, they've worked with churches, there's a lot of information about faith-based, and then, anywhere where folks are going to be gathering, is a good place to do it.

Angelica Gutierrez: And a lot of the materials are available on marketplace.cms.gov. But you can reproduce and share as wide as possible because this is a wide group of people that and do not currently have access to the internet but we can reach out for them to various manners.

Another question that came up – and thank you everybody for chiming in via chat. Another question came up about can whether there is – so are there specific family planning services that health insurance plans offer. If you go to healthcare.gov and it's just – I know we're going overtime, so thank you for sticking with us -- but you can look for preventative benefits or preventative health services for women. If you search for this on the top right hand corner of healthcare.gov it will give you links that are created specifically for consumers that lets them know what family planning coverage or preventative services they have. There is also an article “What if I'm pregnant? Or plan on getting pregnant.” That explains information, as well as on birth control on family planning benefits, and so forth.

Female: I think that's it. Yes. So again we apologize for the technical difficulties will send an e-mail out after this – with some of the announcements about that we made at the beginning as well as links to the, as well as links to the PowerPoint so you can download yourself. We have two versions, one with talking point and one without talking points. And we encourage you to use these throughout your community and draw attention to some of the points that are going to be important for customers who are just getting health insurance.

And we do want to remind you again about the call tomorrow, on Thursday and Champions, will send out the confirmation there. For CAC navigator, you should receive that already this week. But we thank you for joining and we hope you have a great rest of the day. Thank you.

Operator: Thank you for participating on today's Champion Webinar: Health Insurance Literacy Conference Call. This call will be available for replay beginning at 5:00 p.m. Eastern Time today, Wednesday, May 21st, 2014 through midnight on May 23rd, 2014. The conference I.D. number for the replay as 44-812-468. The number to dial for the reply is 855-859-2056.

This concludes today's conference call. You may now disconnect.

End