



From Coverage to Care

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Ashley Peddicord-Austin: Thank you for having us here. I know many of you are probably very familiar with Coverage to Care and, in fact, probably are already using it or adapting it. So today we're going to try and keep this different from the usual webinars that you would see, that CCIIO would host and try and get into a little bit of background and what brought it to here and then focus on the pieces that are most important for you as an assister.

So, first, a little bit of an overview just in case. Cover to Care was created with the idea that as people were enrolling in insurance, either the first time or the first time in a long time or the first time since they've had been a child maybe, or maybe someone who has had insurance for a very long time but hasn't really properly used it, people could use a little help in understanding what it is, why it's important, and how to actually use their coverage.

So C2C, as a reminder, is actually applicable to any type of consumer and any type of insurance, but the important pieces that we really like to stress are to actually make an appointment and then receive primary care and preventative services, hopefully with the end goal of having a healthier, better life. So a little bit about the development.

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Many of you are probably familiar with the roadmap, if you're not, it's on the chairs in front of you. I said that was the first piece that Coverage to Care created. Before we started it, we wanted to do a little bit of background and a little bit of research to think what was most important and what needed to be covered. So we wanted to make sure we focused on not just what is health coverage or health insurance but why it's important and how to actually use it, and stressing the pieces that consumers found most important and, also, most confusing.

So, first, we did an environmental scan to see what was out there and then we captured different perspectives from stakeholders; payers, providers, community organizations, many of which are probably ones like what you work for. And then next to develop the roadmap, and then we piloted in a few communities so we could actually test it out and get some feedback on how it actually worked. We took that evaluation and took all that feedback and turned it into the roadmap that we now have today.

In that spirit, we have always liked to have continuous feedback and incorporate that feedback into our new and next efforts. So we'll talk about a few of the ones today. Some of the responses that we've gotten back since piloting have turned into new resources or adapted resources. So, next, we'll just take a look at what is available.

To start, of course there is the roadmap to better care and a healthier you, and that is the one that is laid out here today. And it is going to be the one we consider our signature piece. It has eight steps that we'll talk

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about a little bit, but it is available in eight languages. Also in eight languages is the second one, Five Ways to Make the Most of Your Health Coverage. That's the piece, we'll go over in a little bit as well. But one of the ones that we're not going to be able to watch today but I hope that you'll take some time to watch at home is the animated video, and I'll show a screenshot of that.

We also have prevention resources, and I wanted to pull these on the slide because -- you can see one of them on the slide, but that turns out that they're pretty popular from our warehouse. I'm constantly reordering them. But the prevention resources build on step one of Put Your Health First and talk about what you can do to stay healthy outside of insurance coverage. But then we also get into actually using the insurance coverage to stay healthy, so focusing on what preventative services are available for a woman, for a man, for a child, for an infant, teens, et cetera. And then the others on the screen we'll get into in a little bit more detail today.

So first, of course, the roadmap, we do want to take just a second to go over it because it is an important piece for Coverage to Care. We do call it our "signature piece" and it's kind of the soup-to-nuts version. It walks through the eight steps, but it also includes a poster, some consumer tools, and these are all available as one-pagers as well. So the roadmap, you can see it's a little long, but if you want something a little shorter there are one-page versions, and all of those are in eight languages, so that is one thing that makes them a little bit more useful.

There is a Tribal version. If you work with IHS populations, Tribal groups, that has some details that are particular for those groups, and then there's also a customizable version, this is a PDF that has a place where you can

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actually go and add you own contact info, so you would have to print it, but then you can add in your info or local resources, or if you help somebody make an appointment you could add in that doctor's info. So those are some of the versions of the roadmap.

This is what I call the "actual roadmap." So it starts with step one, and I'll just quick label the eight steps because it's rather hard for you to see up. But, first, putting your health first, so that's that prevention piece. Why should I even bother with insurance, but why should I bother to try and stay healthy.

And then step two is where are we offer definitions for all of those terms, copays, deductibles. Things can get a little confusing for a consumer. They sometimes need to see it in writing. We offer all of those.

Step three, of course, is knowing where to go, so this is the important proper utilization. Why should I go to emergency room versus when should I go to primary care? It helps to address that.

Step four is finding a provider, the primary care provider that takes our coverage and actually making the appointment, and then step six, helping you be prepared, so what do I take to the appointment, what do I say to the doctors, it's helping consumers to think through those things ahead of time in case this is their first time or their first time as an adult.

And then step seven I do always like to pause and highlight that one because we're always hearing that from people, I didn't realize I could do

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that. I never thought about whether after I went to the doctor, did I like the doctor. I just go back to them or I don't go back. So step seven is where we say, you know, did you feel like you're respected, did they treat you well, if you ask for special needs, whether it was accessibility or a language interpreter, were those needs provided for, and if not, maybe it's something that could be worked out, but if not, maybe you could find another provider. So just highlighting that is actually an option.

And then step eight is next steps after the appointment. So, of course, there's follow ups and prescriptions, as you can imagine, but we also like to take that as a chance to highlight that if you move are you going to do phone number, or your email changes, update that with healthcare.gov.

So, if you are familiar with the roadmap, or you're flipping through it right now, you'll probably notice the number one complaint that we get is it's rather long, it's a lot of words. So, we agree. What we did is try to pull out most essential pieces. So that if I enroll today what I do I need to know today immediately what to do, and what should I be doing? And so that's why we created the Five Ways. We wanted to keep the eight languages, so they're listed on the screen. But this is just kind of a quick reference. It's small. It's front- back. If you only have a couple minutes with someone or you just don't the brain power for all of that because you just finished enrolling them and maybe they don't want to hear almost 28 pages of a roadmap, this is something a little bit quicker that can help put some direction for a person.

Sometimes I kind of like to call this you get what you pay for, to help bring up the idea of, okay, you're enrolled but now what. So, first, is confirming the coverage. Maybe it's simple. You got the insurance card. If you didn't

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get the insurance card, maybe we need to call someone and do something about that. But it's also paying that premium.

Second is knowing where to go for answers. So a consumer may not know what a copay means. They may not be able to define it. They may not know what their deductible is, but do they know how to find out, do they know where to go? So the roadmap has glossaries. It has all of those terms. So this is where we also encourage someone to be able to identify where their health plan contact information is.

And then third, finding a provider, someone who takes the coverage. That would be an important piece, is looking at the provider directory so that we're not paying more than we have to. And then actually making an appointment. We left making an appointment piece of the Five Ways card because that's such an important piece that we tend to forget, and I'm guilty of that myself. But we find the provider, we have the coverage, but you are we actually using it? So make an appointment is an essential piece.

And then the last one is filling a prescription, and we highlighted filling prescriptions because we often hear from consumers, mostly from research, that once they enroll or they're in between insurance plans their most vital need is to fill a prescription, so knowing how to do that is very important. Where do they go is number one, but do they even have an idea of maybe how much their prescription might cost, and if they don't, how to find out.

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So we took the Five Ways and we want to do something a little bit different with it. So this is a piece that's brand new this year on how to maximize your health coverage. This is where I bring up that term of get what you pay for, because we try and put a little bit of different spin on it. We have a lot of PDFs, we have a lot of handouts, the Five Ways, the roadmaps, all the others, but this is a video. I think it's cute. It's short. It's animated. It's peppy, upbeat. It's only one minute, and then we have some 15-second cut downs in English in Spanish. But it takes the idea of the Five Ways and those essential pieces and spins it around a little and says you wouldn't buy a house and never move in. You wouldn't buy a car and never drive it. You wouldn't buy a TV and never take it out of the box. So why do you have health coverage and not use it? So we're trying to get people's attention. We posted it online a little bit. We have some graphics and things. But we hope that you'll also see it, take it, use it, post to it. Hopefully it will help get people's attention, maybe different people's attention in a different way.

Another piece I want to highlight for you all is our enrollment toolkit, and this a piece that we designed because we kept hearing from people that they could not afford to use their plan. They picked a plan, they enrolled, they met all those boxes, but then they couldn't actually afford to use it. So part of that problem has been identified as choosing the right plan. So that's why we created the enrollment toolkit.

At this point, most of you probably have some idea of how to approach this, or your organization might have a pretty good idea of how to address each of these chapters on your own. But sometimes it's good to have a little bit of written language there in front of you in case a consumer is not real sure why they need to bother or doesn't see the value in a plan or the value in different types of plans and thinking about the considerations of

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the copays and deductibles and weighing those different options. And this gives some, again, list terms. It defines copays and deductibles, but also metal tiers and the financial system sites. So it gets them to a lot more nitty-gritty that's applicable to the Marketplace plans outside of what's in the roadmap.

This is another one that's designed more for our partners than directly for consumers. But it's a toolkit and you can actually, if you want, you can take pieces of it and hand out some pages or hand out the whole thing to a consumer. But, again, the idea is to address the financial aspect to health literacy. Manage your Healthcare Costs is brand new this year. So if you're not familiar with it, please check it out. It's on our website. It's in the product ordering warehouse. But we walk through the ideas of understanding your health insurance costs, so what's involved, again, defining those key terms, copay and deductible. And then going into what your actual costs are. So this is what a copay means, but what is my copay.

The other piece of it that we like to bring for manage your health care costs is understanding the value that also comes with your insurance, so you know what you copay is, but do you know what services are available that don't have a copay or what actually comes with your plan, so talking about preventative services and essential health benefits as part of that financial conversation and saying, you know, maybe you don't have the money to pay down your deductible, but you can go get a preventative service or think about what comes with your plan, and thinking about the plan as a whole. And then planning for your health-care costs.

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So we know that, you know, somebody enrolls but maybe they can't afford the deductible. So thinking about that ahead of time and helping them figure out their costs gives you some tools to do that. So it gives you trackers for spending coming in, or spending going out, what's coming in, and then figuring out what's left at the end of the day so you can really see visually what you can afford for a copay or, eventually, deductible. And then it gives some information on how to pay your premiums.

This piece, I would say, we based it off Consumer Financial Production Bureau's, "My Money, My Goals. We know that a lot of people come back to our assisters and they come back to other community groups with financial problems, financial questions, but most of you are probably not financial advisors, and neither are we at CMS, so we hadn't really got into a lot of that yet. But the CFPD did, with My Money, My Goals. So we took that very long resource and just kind of weeded out the pieces that were applicable to health coverage in affording to use health coverage. So this piece is how we help address that financial issue of actually affording to use the care.

It's a little bit of a long one, but you can use what pieces are most needed, all or none. The only page I'll show you out of that book today is one that maybe you people could use regardless of whether they had financial questions, and that's my health insurance costs, where you can just -- it's similar to what's in the back of the roadmap, where you can write down your information, but it also offers someone a place where they can put a little bit more than what's on their insurance card, and maybe even write a few extra details if they wanted to. So it's just one page that's in the book if you might find that useful.

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So, now that we covered some of our main resources for consumers, we wanted to turn the conversation to how you can get involved, and, essentially, we'll open it to our panel. So Coverage to Care, of course, relies on our trusted community partners. Nobody wants to hear from me, who is the consumer. They don't want to hear from CMS. So they want to hear from you guys. They want to hear from other people in their community that they trust and know and already are working with, so we do rely on you. We all rely on community organizations like these. We regularly see them order our products. We have for a couple years now. So think about who in your community might be good to work with. There may be a group, oh, my county health department does do a lot, or there's a library that has lunch and learns every week. Maybe we can be one of those. Think through what community groups near you actually are doing things, that maybe you can get in on that. We tend to find that some places are already doing events. A lot of times, that's the easiest way to do something.

So, to frame the conversation, how do use Coverage to Care resources? How do you even start that? Well, first, you start the conversation, maybe with the roadmap. Maybe you can sit down with a person if you're doing a one-on-one conversation, of course, and talk with them and figure out which step they need most. Are they going to need all eight steps or are they pretty good but maybe we need to delve into step four and how to find a provide a provider, so you can give the roadmap to consumers,

Get the other resources too, if you'd like to allow them a reference point to help them understand it and help them walk through it. But personalize it. You know your communities, so take these materials and use them as you see fit. Maybe you need to only do a couple steps. Maybe they need something more interactive. Maybe you take messages and work them

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into something else that you have planned, or maybe you take our language but you put a little spin on it and make it applicable to your state. Maybe the way we wrote the roadmap won't make sense for your community, so feel free to change it and use that language.

We do try and offer a little bit to help you because we know this is a pretty daunting job to approach health literacy and actually using coverage, so we created the partner toolkit. It does have sample language. It has language you can use in email blurbs, listservs, and social media. It includes posts and graphics, and this is in English and Spanish, so you can take that language and use it. Use it as you see fit. Copy it. Edit it. It's there. It's written to help make your job a little bit easier, but then we also get into some ideas and ways you can collaborate. We took these from real-life videos, things that actually had been told were working and working well, and then think about how you can do that and then collaborate. We also offer a PowerPoint presentation that walks through all eight steps of the roadmap, and that is, again, clear written slides, written script. Take it and use it for your own.

I do have to say that we call this a "partner toolkit," and we use the word "partner" all the time, but probably technically I should say collaborator, because our partnerships are informal. But the partner toolkit gets into a little bit of what that entails. But it's an informal thing. You don't have to sign up or do anything. It's just using these resources as you see fit.

And this is the product ordering website. Unfortunately, this got updated -- fortunately it was updated, but that was after our slides were already done. So it looks a little bit more modern today. But you do just create an account. Anybody can do that. It's free. And coming soon we'll be working

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on our collaborations, of course, as we always are. We have a behavioral health piece coming soon that's going to be a companion piece to the roadmap, and then a template, a little bit more than what we showed earlier, to really get into what my particular health care costs are, something quick and easy, short, that the consumer might hopefully be responsive to.

We do have a listserv, if you're interested. And this is a slide I wanted to kind of end on for a second, which has our website. Everything is on our website the partner toolkit, the Five Ways, the animated video, and that's our email. I'm happy to take any questions by email, whether it's for me or these guys, I'll pass them on. But check it all day long. So feel free to send us something, and I'm happy to help point you in the right direction.

And at this point, we do want to open it up to our panelists. So with us today, they've been semi-introduced already, but I'll go through their names again. And so we have with us from the Epilepsy Foundation of Florida, we have Monica Gonzalez and Islara Souto, and they work as the statewide navigation project director and navigation project manager, respectively. And Chante Truscott is here with us. She is the navigator program manager for the Community Action of Nebraska. I keep wanting to say Community Action Agency, because I -- yeah. You understand. So, thank you, ladies, for being here with us today.

If we could start, maybe, Chante, if you would start with a description of your organization.

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Chante Truscott: Yes. So we are -- Community Action of Nebraska is the statewide association for all of the community action agencies in the State of Nebraska, which there are nine of them. And if you're not familiar with community action agencies, community action just provides a whole myriad of services to underprivileged, underserved individuals from all different walks of life, whether it's elderly, youth and children, underinsured that we're talking about here, low income. So, as a navigator grantee, we just kind of plug in those services for health care into some of the things that we're already doing. Community Action is a nationwide organization but I just represent our state association in Nebraska.

Ashley Peddicord-Austin: Thank you. And for the Epilepsy Foundation?

Monica Gonzalez: The Epilepsy Foundation is now in its 45th year, serves -- well it's the leading agency for epilepsy services in the State of Florida. We serve 36 of Florida's 67 counties. Currently we have a staff of about 61 navigators working out of five regions to cover those counties. And our target populations also are the underserved and the underprivileged. We do a lot of work with immigrants, Tribal, the justice-involved population, farm workers and migrant workers, those living with HIV/AIDS, so we have a lot of our navigators that come from within these communities serving those communities, and our Coverage to Care materials are basically guided to those populations.

Ashley Peddicord-Austin: Thank you. So the next question we'll pose to each organization is to just tell us a little bit about how you've used Coverage to Care and how you approach that. Chante, do you want to start?

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Chante Truscott: Sure. So, for us, because we do provide wraparound services in all of our programs, we have really catered our Coverage to Care materials to meet that need. So we really take a case management approach to everything that we do. So even if you're coming in to get assistance with rent, or you're getting assistance with your prescription, or whatever the case may be, however you come into the agency, we kind of have the model that it's no wrong door, right, so we make our Coverage to Care materials really cater to that. So it's that case management approach that you don't just come in for one thing and we never see you again.

We want to ensure that we're taking that next step, so we partner a lot with, like, our public health organizations, as well as some of our agencies also our federally qualified health centers. So we have a little bit of an advantage, and we're able to really walk people across to their first appointment and to really follow up because of that case management approach. So we integrated the Coverage to Care materials into some the things that we're already doing. So when we get an intake in, even if you're not seeing a navigator, if something happens where if they're talking about health care or prescriptions or that's why they're needing help with rent because they can't pay their medical bills, it's like a, you know, a little bell goes off for that intake or community support worker, that they need to sit with a navigator so that the navigator can then work together with that case manager to ensure, like, each one of those -- I call it a "bus stop," that each bus stops where it needs to stop, to ensure the consumer is not getting in that same pattern over and over again. So we really integrate it into some of the work that we're already doing by just framing some of that same language and making sure that they, again, no wrong door.

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Ashley Peddicord-Austin: And I imagine the Epilepsy Foundation is somewhat similar but a little bit different for Florida.

Monica Gonzalez: Something similar and a little bit different, and we do it in three different ways. So we incorporate our Coverage to Care when we are providing that in-person navigation assistance the first day that we navigate that consumer. They go home with Coverage to Care CMS materials, always in the language that they've been navigated in. We use the Coverage to Care materials on our social media. We've even developed a health news blog that incorporates a lot of the Coverage to Care materials in it, and then we developed our own Coverage to Care workshops. And these were actually based on the CMS Coverage to Care materials that was modified to meet the needs of the audiences in our target populations. So the literacy levels were lower. We had a lot more graphics involved with it.

We did it in the languages of the populations that we're currently serving, so we have our materials and lesson plans in Spanish, and English and Creole and Portuguese. And all of these materials are really made at a level for people that have limited English proficiencies in the languages that they can really, really truly understand, and they're facilitated by navigators that come from within those communities. So it's something that -- the people come away with a greater understanding of what we're actually trying to teach them. Our materials in our lesson plan comes with an assessment tool and retention tool, so people actually take a quiz at the end so we can actually monitor what they've learned and make sure that they're coming away with more knowledge than when they came to us. And we incorporate a lot of the preventative healthcare benefits in our Coverage to Care workshops so that people are really informed about using their Coverage to Care. So those workshops really serve us as a

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retention and utilization and reenrollment tool, so people are taught to use their coverage.

Ashley Peddicord-Austin: So, have you seen an effect from using the tool, from either the assessment tool or otherwise?

Monica Gonzalez Both. Because the assessment tools give us -- we can gauge what they've learned, and if the facilitator has been effective in teaching them what they're -- you know, what the preventative healthcare benefits are, what the terminology is, you know, how to use their healthcare coverage in our healthcare system. Many of these consumers, we have to remember we're dealing underserved, underprivileged, a lot of immigrant population, a lot of people that recently arrived. They don't know how to navigate our healthcare system, let alone the terminology, so we incorporate a lot into that. And we can actually assess their knowledge before they even leave that work room. We actually have tests that we keep, so we're keeping track.

And a lot of these consumers make appointments right then and there, because when we facilitate a Coverage to Care workshop we usually have two to three navigators that are in the same room at the time, one facilitator, and one or two actually providing in-person assistance for people who have questions and for people who need to make an appointment right then and there.

Ashley Peddicord-Austin: That's awesome. And, Chante, can you tell us a little bit about effect that you've seen with Nebraska.

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Chante Truscott: Sure. Because of the case management model that we have, we frequently have the clients that are coming back for a different number of reasons. So I think when we kind of started the conversation, even the thoughts about Coverage to Care, I remember specifically having a consumer that I specifically enrolled and she was in talking to a case manager and I just happened to be walking by. And one of the things that they asked was about health insurance, and she said, "Oh, no, I don't have health insurance." So I had to kind of back up, "Yes, you do, you do have health insurance."

Just even, you know, as Monica said, just even hearing the words "health insurance" and what that means, like she just knew I don't want to pay a penalty. So whatever I need to do to not pay a penalty, I'm going to do that. So that had us take the approach of when they come back for their other appointments that we're following up with them saying "Did you go? Are you taking your prescriptions? Are you still utilizing the emergency room for your care," and really seeing that change in mentality?

So we don't have a formal tracking system like Monica just talked about, but in our case management model we have to document progress that clients are making through our system. So we're not just handing things out, we're really make an impact on the way they live. So, based on those reports and how their spending habits are changing, and how often they're coming back for assistance, we're able to see the effect of coverage to material materials and our approach to Coverage to Care is really helping.

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Ashley Peddicord-Austin: So I think a lot of people in this room could probably understand that perspective of, no, I don't have health insurance. Yes, you do. And I think you kind of described it once as a lifestyle change.

Chante Truscott: Yes. Right.

Ashley Peddicord-Austin: Just actually using the care and understanding not what health insurance is but what it means.

Chante Truscott: Right. Yeah.

Ashley Peddicord-Austin: And so are consumers learning? Are you seeing changes like that?

Chante Truscott: So we're definitely seeing the changes. So we're one of the community groups that uses My Money, My Goals, so we're able to help track with budgeting, because some of other agencies also offer programs where we help our clients buy homes or start businesses or things like that. So they have to show progress in some of those lifestyle changes, that the emergency room is not my healthcare because I have a primary care physician, I'm utilizing preventative care, because of the impact that that makes on my finances down the line. So just being able to see their approach that this was not something just to do a checkmark on a box to not have to pay a penalty. This is really changing the way that I handle everything, my finances, my health, my planning for my family, so being able to see that.

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So we don't see probably as many clients as many some of the agencies because of our case management approach. But being able to have that one-on-one touch really does make the difference in being able to see how the Coverage to Care specifically has made a difference.

Ashley Peddicord-Austin: That's interesting. And what would you say from Epilepsy Foundation?

Islara Souto: Yes, I think that we definitely see a difference in Coverage to Care in our consumers, especially in the areas that are smaller, a little bit more tight knit, and they have that trust with the navigator, and, you know, they'll come back and say, "Hey, you know, because of you I realized that I have these benefits that I never knew I had access to. I went and got a screening, and now, you know, I'm healthier." So there's these conversations that are taking place between the consumers and the navigators to follow up and letting them know how their healthcare is going. So we've definitely seen an effect there.

Ashley Peddicord-Austin: Okay. So how is -- and this is question is for both of you, but, you know, how would you see an effect from this. This is a lot of work, to do health literacy, to connect people to health care. The efforts that you're describing are a lot of effort. So, you know, how do you measure that to see if you're really having success? Is it worth it? You know, is this a best practice for you or is this to be determined, or how would you speak to that part?

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Islara Souto, Epilepsy Foundation of Florida

Chante Truscott, Community Action of Nebraska

Monica Gonzalez: I would say it's one of our best practices. Most definitely one of our best practices. And if you really teach the consumer how to use their coverage, they're going to see the value and benefit in it. They're going to want to keep. That's why I'm saying it's retention. Once they use it they want to keep it and they're going to want to reenroll and they want to continue on having a healthier life.

Ashley Peddicord-Austin: Chante.

Chante Truscott: I would say, for us, one of the terms that we use frequently in the community action world is transitioning to independence, so being able to see that some of the habits are being changed. And for us it is a best practice and something that you have to do for the consumer, because otherwise you're just helping them get health insurance, and it's so much more than that. It's adding -- it's helping them accumulate wealth because they're not adding up these emergency room bills, and, again, preventative care, because a lot of the population that we see, they're suffering from long-term illnesses because it wasn't handled on the preventative end. So being able to see those changes being made, I think, for us, is a mandatory best practice because of the way that we do business. And just to even talk at a funding level, you can't keep getting money to transition people into independence and not transition them. So, yeah, definitely, it's a mandatory best practice.

Ashley Peddicord-Austin: Okay. So I'm sure that didn't come overnight. Can we talk a little bit about what worked and then what didn't work? Chante, you want to start.

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Chante Truscott: We tried something that Monica talked about, like, just holding our Coverage to Care workshops. And for our population, they don't come for that. You have to give some kind of incentive or partner with something else. So we have really seen -- and that was definitely, you know, trial and error. You know, we tried in year two to, let's do these Coverage to Care, because it really is a great concept to be able to give that information one on one and be available. But then we have to realize, again, our population. You have to pair it with something else that's required. So you require it for whatever their case management service may be in order to get their next assistance payment, and then you pair it with your Coverage to Care workshop or an appointment, or even just five minutes to go through, you know, one of those shorter tools. That has really been beneficial for us. And then that little sneak peek at required appointment does give them the opportunity to come back.

And we have a lot of clients that are long term because of the different services that we provide. So just being able to build that relationship and then deliver the Coverage to Care has really been beneficial for us, because there's a trust that's developed based on some of the other things that we do; that they understand that when we're sharing Coverage to Care that it's not just because, you know, it's something we get paid for, it's really in their best interest as a consumer and as a patient.

Ashley Peddicord-Austin: And what about more internally? So keeping track of all of this, you have a large state a lot of people.

Chante Truscott: Yes. So, for us, again, it's some of our internal reporting that we do. So, HIOS helps with that and having to report on those things, but, also, we develop internal work plans on how we're going to utilize some of those

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materials. So that's more of a newer concept for us, is working on our internal work plan for each specific agency, not just for Community Action in Nebraska as a whole. So that is a work in progress of seeing how that's working. But, again, we've been a grantee since year one, so we think that this will be a good move.

Ashley Peddicord-Austin: And I think one once I told you about consistency so having that throughout, I'm sure there's a lot more to Coverage to Care that you have to worry about being consistent, but having that piece is just --

Chante Truscott: Right. Being able to share that piece consistent information across the board and not having to reinvent the wheel, because we do have nine agencies, and we cover the entire State of Nebraska, which is 91 counties, it's very important, and we don't have as many navigators as I've heard people say, unfortunately. So being able to have consistent, easily accessible information to utilize for consumers helps with reporting, as well as delivering the information as well.

Ashley Peddicord-Austin: Okay. Thank you. And for the Epilepsy Foundation?

Islara Souto: Well, we've developed retention tools that we built into our own materials; that, you know, we took the materials and kind of changed a literacy level and took pictures to grab your attention, and within that book we have a word search and then we have an assessment test, so the consumer gets to take that home with them and they can look it over, whatever, and then the actual practice of circling the words and learning by doing that, as well as, then, you know, after the presentation, taking the assessment test. And then, you know, when we grade them, we know how well not only did

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our navigator do in presenting and communicating this to them but, you know, how well they were able to retain it and see if we need to make any changes, maybe modify some things if there was some consistency in, like, maybe they kept getting one thing wrong or inaccurate and, you know, maybe we need to tweak something. So, yeah, that definitely helps us in assessing the outcome.

Ashley Peddicord-Austin: Thank you. I've got to see the word search. So, and how about more for the other half of it, where internally you can look at how you're doing and those sort of messages, but how about for the consumer side, did it work the first time you tried to do Coverage to Care or did you have to adapt it?

Islara Souto: No. And we thought everybody was going to come by the masses, you know. We're offering free health literacy classes, you know, especially in a world where in ours, and where Monica and I are in Miami, but in Florida as well, we have so many different cultures and, you know, people coming from different countries, where their healthcare is different than ours and it's just a complete, you know, what do I do where do I go, how do I find a doctor. So we thought people were going to come by the masses, and nobody showed up. So we definitely have to find those partnerships where they already have something that they're offering to the community, that the community is attending, and then, you know, try to get in there and, you know, work yourself into a 20-minute presentation to a captured audience that you have.

Ashley Peddicord-Austin: Can you tell a little bit more about that, like how you found partners, examples maybe of type of events that they were doing or just

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to help people know. Maybe they're trying to think of somebody they could partner with.

Islara Souto: Well we have the mom care groups that they already have, you know, these classes and courses that they're giving to be soon to be new or new moms, and they allow us to come in and give presentations there, because, you know they're going through a step or they're going to need to know how to find providers or maybe gain access for the first time or change, you know, after the birth of the baby.

Monica Gonzalez: I think, though, one of the things that would be helpful to all the assister organizations -- I want to jump in here and tell them this -- is identify the population that you want to serve; right? Develop a lesson plan for that population, and then identify what agencies are serving that population and go to them with your lesson plan, letting them know, this is what I want to offer your constituents, this is what I want to offer the community that you're serving, because it's not always about providing Coverage to Care to consumers that you yourself have enrolled. It could be consumers that have been enrolled by other assister organizations, by insurance agencies, self-enrolled, or that don't have any insurance at all and are thinking about it. Those partners, those collaborations that you develop are key in making those Coverage to Care workshops successful. Without those partners, you know, it just doesn't happen. It's not as fruitful. It's not as successful.

Chante Truscott: And I would want to piggyback on that too, because, truthfully, we found in Nebraska, nobody wants to do what we do, so they are willing to let you come in and talk about your subject matter, but the things that you're an expert on, they're willing to do that. They don't want to talk about

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health insurance. I don't know if your state is like our state, but this is a very hot topic that everybody does not want to be involved in. So for you to come in and say, "I will take this on for you," it's like they welcome you to come in. Keep it short, to the point, and stick to what you know, and other agencies will invite you to come in to have those conversations.

Ashley Peddicord-Austin: That's great. And how do you find them? So you can identify populations, I mean, you can Google, you can know your area a little bit, but are there other ways to approach people or to think about, you know, how do you actually initiate that?

Chante Truscott: We have, I think, fortunately, a really great coalition in Nebraska of agencies that really serve our population from different angles and different aspects. So some of the different associations we're a part of, as well as we have a great coalition called "Enroll Nebraska" that consists of assisters, hospitals, schools, all different, like just a cross-section of the community. So they kind of come to us through that group.

But then for us in Community Action, we partner internally, so some of our other programs are WIC programs, where they're those new moms who may need to find a new provider and things like that. So we do a lot of internal collaboration, because, again, the navigators are the health care experts, but then also externally utilizing some of the resources that are already there from the services that we provide, and then, again, from that enroll Nebraska group, that encompasses a huge cross section of different groups of people that may need the services.

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Ashley Peddicord-Austin: So we have one more question for each group, and that's to offer any recommendations to the audience about, you know, from your lessons learned, your best practices, your trial-and-error partnerships, what recommendations would you make to assisters who maybe want to try to use Coverage to Care?

Islara Souto: Definitely know your demographic and cater to them.

Ashley Peddicord-Austin: That's a good one, yes.

Monica Gonzalez: When you are giving one of these or facilitating one of these workshops or presentations talk with the audience. Don't talk at them. Make it something that is really interactive and will stick to them.

Chante Truscott: And I would also say just look at the consumers as a partner, and a partner in increasing their healthcare and their healthcare literacy, and it makes that a much easier conversation, because when you can bring it down to their level, where you're partnering with them that works both for you and for them.

Ashley Peddicord-Austin: This is great. Thank you, ladies. We'd like to spend a little bit more time, but we also want to turn to our audience a little bit to do some polling questions. So, I know you guys have done, I think, one of these before, so if you pull up your laptops, and we'll give you a second for this first one, either your laptop or your cell phone. And we're going to now look at -- we have a couple polling questions, so the first one is on the screen and it's just to ask you which C2C resource do you use the most?

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There's some of you already doing it. A roadmap; B, 5 Ways; C, the enrollment toolkit; or, D, other? And as it looks like it stops, I'll move on. It seems pretty overwhelmingly be A, roadmap. That makes some sense. So we'll close that one for the next one. I think I hit it, but maybe I didn't. Here we are.

When do you use Coverage to Care? So this would be the time. Is it during, immediately after enrollment; B, within the first couple months; C, a little bit later in the year, maybe as a follow up; D, a combination; or, E, you don't use Coverage to Care, or you haven't previously. It seems to be A, during or immediately after enrollment. That's good. This is really good information for me, by the way, so thank you.

All right, number three, what is the most common reason a consumer returns to you with questions after enrollment? We know that they do this a lot, so A, it's co-pay or deductible; B, questions about networks or finding a provider; C is they can't afford their plan; and D is something else. Seems to that a lot of a little bit of split here. But most of us it's A, copay or what their deductible is. Oh, maybe not. Yeah, we're going to give this one a minute to let these come in, huh? This is interesting. It's pretty split. So I think that means people are coming back to you guys with a lot of questions, which speaks to the level of our ground services and all the various things your agencies have to cover. So, of course, now we're headed towards D, something else, and that makes sense as well. Probably a combination for a lot of people.

Wow.

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I'm trying to move to the next one. There it is. How do you use Coverage to Care resources? So this would be use or how do you offer. It could be face to face, A; B, you include it with other materials that they might take home; C, you offer it only if they ask for help with this area; D, social media; or, E, a combination. My suspicion was that it was going to be E, but we'll see. This is another one that we look kind of split.

Yeah.

Yeah.

It looks like a combination.

A combination, and A and B seem to be pretty popular as well.

Yeah.

All right. So this is one where there isn't an ABC, you just would type in your response. So if C2C offered more resources, what topic would be most helpful? So we mentioned very briefly earlier that we're working on behavioral health. We've done some financial pieces, but is there a particular topic that, you know, there's a gap in our resources or there's a gap in knowledge with consumers that what would be most useful. I think we're still getting a few of the last polling questions. But you just typed in, so we'll wait for a second before we start to see a few ideas. Well it may be that it's not working properly or maybe we're stumped. I don't know.

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We'll give it one more second if you have any ideas on a particular topic, financial, networks, behavioral health, you know, just to spike some ideas to you.

But, so, we're looking at the next one. It seems to be working again. So which of these would be most helpful to your organization? A is online, digital friendly info; B is printed material, so something you can have on your hand like the roadmaps on your chair; or, C, more messages, so the sample language and other ideas and things that you could work into your own materials? It seems to be printed. And, yeah, we hear that a lot from people, that they have to have the paper copies, and things even it being 2017. So, I'll take this as a reminder that all coverage to care materials, like other CMS materials, are free, and they ship to you for free.

Our next one, consumers will better understand coverage if they hear about it from our office and from, A is providers; B, their insurance company; or, C, another community partner? So this is going to help us figure out who do we need to target from our end. Obviously, all of these would be good answers and good approaches, but I'm curious what your thoughts are. Interesting. So we're pretty split on this one as well. Providers and insurance companies seem to be very common here, so we'll give it one more second. All right, pretty split. We'll move to the next one to make sure we have time.

But which consumers receive health literacy or C2C information? So, A would be everyone; B is those who are newly enrolled; or C are the ones who ask for it or ask for additional help? It seems to overwhelmingly be A here.

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And then we have one last question, and this was one that I was personally curious for this day and age, do you have a social media presence? So A is yes, and we share information, including health literacy and including C2C; B is yes, but we don't post on health literacy or C2C; and then C is we don't use social media, no social media presence. It seems to pretty overwhelmingly be A. So it seems those in this room do use social media and do talk about health literacy in connecting to care, so that's good to know. And we don't have our own social media handles or anything, but we do sometimes utilize healthcare.gov for patients and for consumers, and sometimes Coverage to Care will also post on the CMS Twitter handle as well, but those or more for you all than a consumer, in case you're interested.

And that ends the polling, and, also, we're near the end of our session, so I just want to take a moment and re-share our information and our e-mail in case you have any questions or you want to contact us, but mostly, thank you to our panel. Thank you, ladies, and thank you all for being here.