

From Coverage to Care

Rural Health Clinic Technical Assistance Series Call

August 6, 2014, 2:00 pm ET

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen-only mode until the question and answer session of today's conference. At that time, to ask a question, press star 1 on your phone and record your name at the prompt. This call is being recorded. If you have any objections, you may disconnect at this time.

I would now like to turn the call over to Bill Finerfrock. Sir, you may begin.

Bill Finerfrock: Thank you, Operator. I want to welcome all of our participants. As the operator said, my name is Bill Finerfrock and I'm the Executive Director of the National Association of Rural Health Clinics, and I'll be the moderator for today's call. Today's topic is From Coverage to Care and our speaker is Cara James from the Centers for Medicare and Medicaid Services, Office of Minority Health. Cara's going to talk to us about this new initiative and how the Affordable Care Act can be made to work for you, as providers, and more importantly, your patients.

This technical assistance series is sponsored by the Health Resources and Services Administration's Federal Office of Rural Health Policy in conjunction with the National Organization of State Offices of Rural Health and the National Association of Rural Health Clinics. The purpose of the series is to provide RHC staff with valuable technical assistance and RHC-specific information.

Today's call is the fifty-seventh in the series, which began in late 2004, and during that time has been made available to over 15,000 combined participants on the RHC National Teleconference Network. As you know, there's no charge to participate in the call series and we encourage you to refer others who might benefit from this information to sign up to receive announcements regarding dates, topics, and speaker presentations. The Web address for that is www.hrsa.gov/ruralhealth/policy/confcall/index.html.

During the Q and A period, we will ask that callers please provide their name, the city, and the state that you're calling from. If in the future you have questions or topic suggestions you'd like to submit, send them to info -- that's i-n-f-o -- at narhc.org and put "RHCTA question or topic" in the subject line. All questions we will try and answer, if not during the call, shortly after.

With that, I'd like to turn the call over to our speaker, Cara James. Cara, the time is yours.

Cara James: Thank you, Bill. Thank you so much, everyone, for joining us this afternoon. As Bill mentioned, we're going to talk today about From Coverage to Care, which is recently a new initiative that was launched by CMS about a little over a month ago.

But before I launch into the conversation on From Coverage to Care, I just wanted to take a little minute because as Bill was doing the introduction and mentioned the CMS Office of Minority Health, I'm sure there's some of you who probably were saying, "I didn't know CMS had an Office of Minority Health." And this is really a new office that was created as one of the provisions of the Affordable Care Act that established offices of minority health in a number of the agencies, including HRSA and CDC, CMS, SAMHSA, NIH, and FDA, as well as the HHS Office of Minority Health. Our office in particular - we focus not just on individuals who are racial and ethnic minorities, but we also focus on the needs of people with disabilities and members of sexual and gender minorities as well.

You should think about each of these offices as resources to help you in the work that you're doing and in meeting the needs of your communities. As we know, geography is very much one of those areas that affects access to care and creates disparities based on geographic outcomes. So I just wanted to take a second before I launched into this to just share with you a little bit about our office and some of the work we have been doing and - as we have been started a few years ago.

So on our next slide -- on slide two -- we're here today, as I mentioned, to talk about From Coverage to Care. And as you all know, we've had millions of Americans who've gotten coverage through the marketplace or through the Medicaid and CHIP expansion, but we also have millions of Americans who are aging into the Medicare system who have previously been uninsured this year.

And as we think about the needs of those individuals, many of them - this may be the first time or the first time in a long time that they've had coverage, and they may not be familiar with their coverage or understand how to use it. Thinking about some of those new terms that may be unfamiliar to them - and I think that if we don't help to connect the newly insured to the healthcare system, then the additional goals of the Affordable Care Act of improving population health and reducing healthcare costs won't be realized.

And so From Coverage to Care really is an effort to help address just that gap. It's an effort to help educate consumers about their new coverage and to connect them with primary care and preventive services that are right for them so they can live long and healthy lives.

Over the course of the past year, we began work on this particular initiative and as a result have developed quite a number of resources that are available online and in hard copy, that include a primary document of our roadmap as well as discussion guide for our community partners and videos. In an effort to share the resources, we wanted to make sure that we were building on existing networks, that we are using community partners in some of our early work that I'll talk about in just a second.

We really learned that in terms of making sure that consumers understand and hear the messages that we want them to, they really need to come from trusted sources and you are those trusted sources in the community. So we wanted to make sure that we were building on those networks to enfold into the work that we're doing to both reach the newly insured but also, as I said, to help them understand and comprehend the materials that we have.

So on slide three, just again, we started this work over a year ago and we began by going out into the communities, talking to providers, payers, community organizations, consumers, policymakers, and other stakeholders to find out what they were thinking about doing in terms of helping to fill this gap as well as what they thought some of the challenges and the needs were going to be for consumers as they became newly insured. Taking the information, as I mentioned, we learned the importance of making sure the information comes from trusted sources; but we also heard a lot about understanding that consumers may not see the value of coverage in helping them to stay healthy, but they fully understand the importance of having coverage when you get sick.

So we used that information to develop a roadmap and an engagement strategy during our phase two, and then in January, when benefits became available for those individuals that had signed up for coverage through the marketplace, we began piloting those materials in four different states and in different communities within those states. And those states were California - Northern California, Southern Arizona, Mississippi, and Michigan in the Detroit area. We did some of our initial environmental scan up in the upper peninsula, but felt that during February and January, that may not be the best time to be trying to make it to the upper peninsula, as we might not make it back.

So we shared those resources, as I said. We gathered feedback from consumers, from providers, as well as our community partners on the value of the materials, on how they worked and how they were disseminated. And we gathered all of that feedback and then updated the material and launched the revised version on June 16. And those are the materials that are available currently.

You'll note when I talk about those four areas, they are very diverse areas. We picked them for their diversity, not just of the demographic population, but also for the availability of healthcare resources, for the mix of urban and rural areas, as well as support in terms of the expansion of Medicaid for the Affordable Care Act and whether or not they are state-based marketplace or federally facilitated marketplace; with the goal being that we hopefully would develop something that any community could take pieces of and have a benefit to their constituents.

On slide four, this just shows you all of our resources are available on marketplace.cms.gov/c2c. The primary document, as I mentioned, is a roadmap. We also have one page of our roadmap posters and some other consumer tools that include an insurance card, a table that distinguishes some of the differences between primary care and emergency care, as well as an explanation of benefits. We also have created each step as an individual PDF that can be downloaded or ordered, understanding that consumers may be at different places along their journey and wanted to make that available.

And then, as I mentioned earlier, we have a discussion guide for our community partners as well as video vignettes. Hard copies of the materials are available through our CMS Clearinghouse and on that Web site -- again, Marketplace.cms.gov/c2c. You can find instructions on how to order the resources that are available. I will say we are having a little bit of a hard time keeping the resources in stock, but we are continuing to stock them up as soon as we can, and so you can get a notification if something is out of stock that you are interested in.

On slide five, as we go through the roadmap, we're hoping that you will use this to start a conversation; or if you're already engaged in those, that this can help you in those conversations that you may be having with the consumers that you're reaching, that you use the roadmap and discussion guide as a tool that helps them understand, particularly, their new coverage and the importance of getting the primary care and preventive services that are right for them. You will help them to understand that. You'll see -- if you haven't already noticed -- the roadmap has a lot of information in it. It is not our expectation that consumers would sit down and read through the roadmap on the first go-round and understand everything that is there; but that really this will be a tool that they can

refer back to and a resource that they can use along their journey, as we say, to better health and well-being.

We also encourage you to take the roadmap and to personalize it and customize it to the resources that are available in your community. There is space that you'll see on the first two pages of the roadmap. We've left some blank space for you to add your information about your organization. If you are interested in co-branding, that is also something that is available through the product-ordering warehouse in terms of being able to add more information about your organization. And I will talk a little bit later about some of the things that we're also doing in terms of next steps that may be of interest to you to provide some opportunity.

On step six, you'll see the very first page -- this is the actual one-page roadmap that lays out each of the eight steps that we have. We talk and encourage consumers to start and put their health first. And again, this is going back to that feedback that we learned in the very first phase of our project about the importance of getting primary care and preventive services that consumers may not think about utilizing their coverage to stay healthy; but that they can and making sure they understand the importance of that and maintaining a healthy lifestyle.

On our second step, we have "understand your coverage," and that is where we talk about some of the important terms and discussion points and decision points that consumers can make about receiving care in-network or out-of-network and some of the cost implications of it.

Step three focuses on "know where to go for care." And I'll talk a little bit about that, but really emphasizing the importance of utilizing primary care and preventive services for regular care rather than the emergency department.

Step four provides tips on how to find a provider, and there we'll go through some of those in terms of ways in which consumers can learn about providers in their network.

Step five is to make an appointment, helping consumers understand how to go through that process; and then be prepared for that visit on step six, including some conversation and questions that consumers should be able to answer when they leave their provider's office to make sure they understand what their care needs are and their instructions.

And then step seven is to decide if the provider is right for you. We really want to encourage patients to start a long term engagement with their provider; and to be able to do that, trust is an important piece of that, and having good communication between both the provider and patient -- as well as the families -- to making sure that consumers are following up on the things that they should be doing; but also that there's someone they can work with to achieve their health and wellness goals.

I will say on this step, in our pilot phase, we did hear some concerns about consumers who may be just changing from one provider to another if that is an option in their network. And so we toned down this language a little bit because consumers found this step very empowering. For some of them who may have not had very positive experiences, as one consumer put it, if they would have known they would have had options, it really could have made a difference for them in their past.

And then on step eight, we talk about those next steps after your appointment, making sure to follow up with what the provider said, as well as paying their premiums and any bills, if they have them.

So now I'm going to go through just a couple of the steps to show you some of the information that's included in there, as well as ways in which you could potentially utilize the discussion guide to have that conversation with the consumer. So on slide seven, we - just an example of that step two, "understand your health coverage." And we want to reiterate some of those key points for consumers - is that they should really make sure that they check with their insurance plan or state Medicaid and CHIP program to see what services are covered so that they understand what their available coverage benefits are; that they become familiar with their costs in terms of premiums, copayments, deductibles, and co-insurance; and that they know the difference between in-network and out-of-network as that has caused implications.

Throughout the pilot, one of the things that we did here is that people wanted us to make sure that we provided more information about the cost implications and financial implications related to care that consumers receive. So you'll note throughout the roadmap that we have little cost tips on - to help consumers understand some of those differences. And so in this section, we do talk about some of the in-network and out-of-network and the premiums.

You'll see on slide eight also included in step two is an example of an insurance card and some of the key terms to help consumers become familiar with that information and where to find it on the card, understanding that if they need it in

so many instances in terms of making an appointment, filling a prescription, you name it. So it's an attempt to help them become familiar with the key components of their coverage.

We also emphasize that in some cases, a consumer may not have received an insurance card, but they should have received this information from their plan and still be able to find it.

On slide nine, you see an example of a cost table. And there we show how - an example of having a baby and managing type 2 diabetes -- deductibles, copayments, and co-insurance can come together as well as their insurance in terms of what they pay and what the health plan would pay. Again, emphasizing these are not real costs, but just an example to help consumers understand how all of these pieces come together.

On slide ten, on step three, we have an example there. This is where to go for care. Again, really trying to emphasize the importance of utilizing the emergency room only as a life-threatening situation, and that primary care is preferred when it is not an emergency. We do understand that for some consumers, there are issues of healthcare access in terms of providers and we are sensitive to that, particularly in some rural and frontier areas; but again, to the extent possible, we really want to encourage consumers to engage with their primary care provider for non-life-threatening situations.

On slide eleven, you'll note there the table that we've developed in terms of primary care and emergency care differences. This has been a very popular piece of our materials that people have been ordering. It shows some of the differences between the financial implications that individuals may have if they go to the emergency department for a non-life-threatening situation; in terms of differences between copays; but also to the extent that they may be responsible for much more of the bill when they leave.

We also talk about wait times and the ability that you have with a primary care provider to make an appointment, as opposed to waiting around and being seen when you are - when they can in the emergency department.

We also talk about -- towards the bottom of the table -- understanding that when you go to the emergency department, the provider really is going to focus on the particular issue that brought you into the emergency room, and may not be concerned with other issues that you may have; whereas your primary care provider may check more than just the issue that brought you in.

And then on step eight -- on slide twelve, that is -- step eight is the next step after your visit. Again, we encourage consumers to write down their providers' instruction and healthy tips to make sure that they understand what the instructions are that they have been given when they leave, if it's requiring them to schedule a follow-up visit or to fill a prescription, that they make sure that they do that. We also encourage them to review any documents or bills that they receive and contact their plan or state Medicaid or CHIP program if they have questions.

On slide thirteen, you'll see our attempt to take an explanation of benefits and put it into English. It is something that we all struggle with, even those of us that are in the field; but again, helping the consumer to understand that this may be something they receive and that while it is not a bill, it does not mean that they will not receive one. It has the summary of the charges that they've had and what the plan has paid, and what they may be responsible for.

Again, in this section, we also emphasize the importance of having the consumer continue to pay their premiums if they have them so that they can maintain continuity of coverage; as well as paying their bill because, again, there are cost implications and sometimes access implications if consumers do not pay their bills from their providers.

On slide fourteen, it shows you a list of some of the other resources that we have included in the roadmap. There is a glossary of some health coverage terms. We have a resource list towards the end that includes some resources from some of our other federal partners, such as the Agency for Healthcare Research and Quality, that have developed some tools for patient engagement, helping consumers with their medication management, and also engaging in conversations with providers.

Towards the back of the roadmap, you'll find a personal health tracking checklist, which lists some of the preventive services that consumers may be right for them as well as a link to [Helpfinder.gov](https://www.helpfinder.gov), where consumers can put in their age, sex, and pregnancy status and find a list of the preventive services that are recommended for them to help them in their conversations with their provider.

Lastly, on the final page, we include some information space for them to track information related to their coverage, as well as contact information for their provider so they can have that at the ready if they need it.

So these are some of the things that we have in the roadmap and how you may utilize that discussion guide to have that conversation with the consumer. On slide fifteen, again it shows you that the resources we have are available on our [marketplace.cms.gov\c2c](http://marketplace.cms.gov/c2c) Web page. And we have a lot more that we are continuing to work on. The roadmap is currently available in English. We have the pilot version that we used in Spanish that has been available and are working to finalize and get up the new version of that in Spanish. We also have developed our video vignettes, which go through each step of the roadmap in another format. We are working to make that available on a DVD so that you may order that, if you want, to share in your clinics with consumers as well as to make a loop.

And on slide sixteen, it just shows you an example of one of those videos. You can click on it. They're all, relatively speaking, very short.

So as we get to slide seventeen and we think about what you can do to help out, we encourage you to share the Coverage to Care resources. We also encourage you to customize those resources to your state, to your local area, and to your organization. You may want to consider -- if you have assisters in your organization or are working with them -- incorporating that into the training.

We've found that for, particularly, step two, during the pilot a number of people said that they wished they had had that information as they were selecting their coverage and enrolling in their coverage. So maybe making sure that assisters can help out with that, again, as one of those trusted sources that people come back to even after they have signed up for coverage can be helpful.

We encourage you to think about making - if it makes sense, collaborating with state Medicaid and CHIP offices to tailor resources, to talk about those specific benefits for individuals in Medicaid and CHIP. As you are providers and working with the providers, helping to engage them on these issues. In the provider community, I will say that during our pilot we actually found it was more helpful working with some of the office patient educators as well as patient navigators and social workers, who had a little bit more time to go through the material with the consumers.

But we also want providers to understand and the office staff to understand that these may be newly insured individuals who may be very unfamiliar, and there may be an education component that needs to happen in order for them to truly make the most of their healthcare and to achieve those health outcomes that we're looking for.

We also encourage you to support the data collection evaluation. Let us know what's working. Let us know what other resources would be useful for you if there are gaps in the materials that we have. We are seeing this- we do see this as an ongoing initiative and are continuing to develop additional resources, and to put out other supports. So please let us know what would be useful in helping you to do your work.

Finally, on slide eighteen, again where you can get the resources is [Marketplace.cms.gov\c2c](https://marketplace.cms.gov/c2c). And if you have questions or thoughts after we leave here today, please feel free to email us at Coveragetocare@cms.hhs.gov.

Thank you. And I guess with that, we can open it up to questions.

Bill Finerfrock: Thanks, Cara, and I appreciate that greatly. On a personal level, you reminded me I have to call my doctor about renewing my prescription. So it had an immediate impact.

We're going to open it up. Operator, if you would, give the instructions for folks who want to ask questions. And then hopefully as they're getting in the queue, I have a couple that I'll tick it off with. But if you want to tell folks how they can go ahead if they have a question they want to ask, they can open up their line.

Coordinator: Yes, thank you. We will now begin the question and answer session. To ask a question, press star 1 on your phone. Unmute your phone and record your name clearly when prompted. One moment, please, for any incoming questions.

Bill Finerfrock: Okay. And while we're waiting, why don't I go ahead with that? And I don't know whether you can address this or not, but one of the issues is the use of essential community providers. Do you have any information on the role of essential community providers? Many rural health clinics are designated as essential community providers. Is that something that you could address, or is that not something in your scope?

Cara James: So if I - if you could just rephrase the question a little bit - just asking about how we're utilizing the essential community providers?

Bill Finerfrock: Sure. Yes, under the Affordable Care Act, the health plans are required to contract with a certain percentage of essential community providers. And rural health clinics, although not specifically named, do meet the requirement that you predominantly care for low-income or uninsured individuals. But some RHCs still find it difficult - or how do they approach a plan to make sure that they know

that they're an essential provider? Is that something that's part of the materials, or are there other places they could go to get information on that?

Cara James: Right. So that is not part of the materials. That is something - it is not unique to the rural health clinics. We have also heard that from some of the other urban Indian health centers. That is actually more in the wheelhouse of our colleagues over in our Center for Consumer Information and Insurance Oversight, which is CCIIO. But I can take that back to them and follow-up with you if they have developed additional resources.

Bill Finerfrock: Okay. Alright, that's great. And I think you mentioned that the materials are available in - some are in Spanish and you're working on some of the newer stuff in Spanish. Are there other languages in which materials are available or are contemplated to be made available?

Cara James: Yes is the - yes, coming soon - is the answer. We are very much looking at the languages of which we have high utilization from Healthcare.gov and Marketplace during open enrollment. Those materials are going to be, quite honestly, a couple of months off as we're sort of just closing our fiscal year starting up new stuff. It's just going to take us a minute to get those together.

Bill Finerfrock: And when those are available, should folks just periodically check in on Marketplace.cms.gov\c2c or is there a listserv or something that they can get on that they can receive an announcement? What's the best way to keep track of that?

Cara James: Excellent question, and I didn't even pay you to say that one. On the Marketplace.cms.gov\c3c, you will find a link to sign up for our listserv. That is the way in which we will be letting people know about additional materials as they become available. You are also free to check back periodically, but if you would like the immediate update, the listserv is the best way to get that information.

Bill Finerfrock: Great. Operator, do we have any questions from our audience?

Coordinator: Yes, we have one question. (Heather) from Connecticut, your line is open.

(Heather): Hi. I was just wondering - I see that you have this video series on page sixteen. It occurs to me that a lot of the provider/physician waiting rooms and hospital waiting areas have a type of closed circuit TV broadcast. Have you considered having this explanation of the roadmap available so that providers can have this in their offices?

Cara James: Thank you, (Heather), for that question. And yes, that is exactly what we're working on now. We had to - from the launch, we had to reshoot the new step that we added, so we are in the process of finalizing the DVD's to make those available for people to play in their waiting rooms or if they want to have the loop and download that, that we will have that available as well. But that is one of those forthcoming and one that's probably - maybe the first or the second announcement that would come out on the listserv.

(Heather): Terrific. Thank you.

Cara James: Thank you.

Bill Finerfrock: Do we have other calls on the line, Operator?

Coordinator: I'm showing no further questions at this time.

Bill Finerfrock: If you - again, if you have questions, please use the opportunity to call in. I think you made reference to this, Cara, but if you could - I'm not sure if I heard specifically or not, but have you found in your analysis, your research, who the best person or most appropriate person would be to engage the patients with this information? Is it the provider? Is it someone who's on the administrative billing? Is it at the front desk, the receptionist -- whoever is signing patients in? Is there a kind of best practice from the experience as to where the most effective contact point is with the patient on this stuff?

Cara James: I think that's a great question, and I think it depends in part of the model of your practice. But we did find, in terms of passive versus active dissemination of the information, that in some provider groups that we were looking at, they just put the information in the waiting room. We don't really have a sense of a peg for that information, whereas we had other practices in which they had a health educator or someone else -- a social worker or someone who could do a little bit more one-on-one with the consumer, understanding that there's a little bit more time intensive.

We found that with the providers, that they really were just short of time and that this wasn't something that they could fully engage with the consumer. But I think to the extent that there is opportunity for that one-on-one where there's a little bit of back and forth -- that tends to be a more effective dissemination strategy, particularly for comprehension.

Bill Finerfrock: Okay. Operator, do we have any other questions, yet?

Coordinator: I'm showing no questions at this time.

Bill Finerfrock: Okay. Aaron, did you have anything or Cara, is there anything that, after you've gone though, you wish you had said that you didn't have an opportunity to get out there?

Cara James: I think in follow-up a little bit to the question you just asked about the best practices for dissemination, one of the other things that we've encouraged some of the other community partners to do is to think about ways in which they might be able to partner with local providers to share that information. So to the extent that there are opportunities to build those networks with some of the local community-based organizations, that is something I would encourage people to take advantage of because, again, a lot of the healthcare is very local and making sure that the information's getting to those trusted sources.

In our pilot, we utilized a variety of community-based organizations, so we didn't focus just on those that are health-based, in part, because we thought a little bit that those organizations and the consumers that they worked with specifically already had a connection to some extent to the healthcare system if they're a health organization.

So we also looked at local YMCAs, faith-based organizations, Headstart, and others to think about ways in which we could reach consumers wherever they are to help them get connected and to understand the importance of it. So we just really encourage those partnerships if you don't already have them; and if you do already have them, to even consider ways in which you might strengthen them to help consumers understand and connect.

Bill Finerfrock: Okay. Aaron, did you have anything you wanted to add?

Aaron Fischbach: I do not. Thank you.

Bill Finerfrock: Again, last call to the audience if there's any questions. If not, then I think we can wrap this up. I want to remind everyone that a transcript and a recording of the call will be available if you know folks, colleagues, who were unable to listen in today and want to listen to this recording at a later date, or you want to go back if you weren't sure if you heard something. A recording of the call and a transcript will be available, hopefully in the not too distant future. We have a process we have to go through to get that up and posted.

But I want to thank everyone, and especially Cara, for the time that you took. I also want to apologize. Cara is a PhD. I should have referred to her as Dr. James and I apologize for not acknowledging your educational achievement.

But thank you for the time that you took and the information you shared with the audience today. I think it was very valuable. I hope it's information that folks will think about and try to make some of this information available to your patients. It will be, in the long run, your best interests, their best interests to know what exactly they have available to them, what options they have, and what choices they have in our healthcare delivery system as we move forward.

If you have -- as I said earlier -- suggestions or topics, that you would like to have us consider for an RHCTA call, please do so. Our next Rural Health Clinic Technical Assistance call will be in a little over two weeks, so it will be on August 26. The topic of the program will be the Reach Out and Read initiative. There's been some discussion on the RHC listserv and we've been able to arrange a speaker who's going to talk to us about this initiative and how it can be incorporated into your rural health clinic. Details on that call will be distributed tomorrow. That will include the time and the call-in number, as well as some more information on that. So look for, in your inbox tomorrow, a message about that.

Thank you again, Cara, for the time you took and for our audience for listening in. That concludes today's call.

Cara James: Thank you.

Coordinator: Thanks for your participation. This concludes today's conference call. You may disconnect at this time.

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