



FROM COVERAGE TO CARE



**A Roadmap
to Better
Care and a
Healthier You**

Congratulations on taking the first steps to better health!

WELCOME to *A Roadmap to Better Care and a Healthier You!* This roadmap walks you through a step-by-step guide on what having health insurance means, how to use your card, and how to set up your first visit with a health care provider such as a doctor or a nurse practitioner. It also provides information on what to expect during that first visit, what to look for in a provider that works for you and your needs, and how to keep up regular health care visits. You can use the Roadmap from start to finish or jump to a section you want to read for quick reference. This guide includes a glossary to help explain insurance terms. Also, you can use the checklist at the end of the Roadmap to track your health screens and visits.

Get started on leading a healthier life now...

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Your ROADMAP to health



1



Start here

Put your health first.

- Staying healthy is important for you and your family.
- Get a regular check-up.
- Keep all of your health information in one place.

2



Understand your insurance plan.

- Check with your insurance plan to see what services are covered by your plan.
- Be familiar with your copayments, deductibles, and coinsurance.
- Know the difference between in-network and out-of-network.

3



Find a provider.

- Ask people you trust.
- Check your plan's provider network.
- If you are assigned a provider, contact your plan if you want to change.
- Do research on the internet.

4



Make an appointment.

- Mention that you are a new patient.
- Provide the name of your insurance plan.
- Tell them the name of the provider you want to see and why you want an appointment.
- Ask for days or times that work for you.

5



Be prepared for the first visit.

- Have your insurance card with you.
- Make a list of any medicines you are currently taking.
- Bring a list of questions and things to discuss with the provider and write notes during your visit.
- Bring someone with you to help if you need.

6



Decide if you like the provider.

- You should feel comfortable with who you see.
- You should understand and be able to communicate with your provider.
- Remember: It is okay to change to a different provider!

7



Next steps after your appointment.

- Follow your provider's instructions.
- Fill any prescriptions you were given.
- Schedule a follow-up visit if necessary.
- Contact your insurance plan or provider with any questions.

What is a provider?

Throughout this booklet, we use the term **provider** to mean a medical professional. In many cases this will be a doctor, but a provider can also be a nurse practitioner or other medical professional you see. A **network** consists of the facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services. This is often referred to as in-network.



Put your health first.

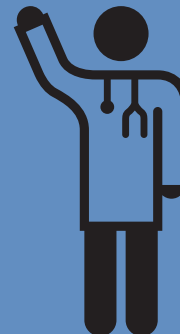
Why does health matter?

There's no substitute for having a healthy lifestyle. In short, getting healthy and staying healthy is important. Staying healthy also means you'll be there for your family and friends for many years to come.

What can I do to make sure I am putting my health first?

- **Make time for exercise**, relaxation, and regular check-ups with your provider.
- **Take an active role in your health.**

Learn more about what you can do to stay healthy, and share what you learn with your family, friends, and neighbors.



Why is routine health care important?

You probably take your car in for recommended services even when there isn't a problem. When it comes to your health, you need to do the same. Just like with your mechanic, having a provider who is familiar with you and your health needs will help ensure that things are running as they should for as long as possible. Regular check-ups are a key part of staying healthy.

A regular check-up is also a time to talk with your provider about how you can become healthier: Should you improve your diet? Exercise more? Stop smoking? Your provider may have ways to help you achieve your health goals.

Keep all of your health information in one place.

Include the names of your providers, what medicine you take and why, and information about your insurance.



Understand your insurance plan.

In many cases, health insurance may help to pay for your medical services and expenses. Insurance companies offer a variety of insurance plans and each plan works a little differently. It is important to check with your insurance company to make sure you know how your plan works, what services your plan covers, and how much different services will cost. The questions below can help you understand what you will pay for different types of services and providers.

- What is my copayment?
- How would my copayment be different if it was for an out-of-network provider?
- What would I have to pay for prescription drugs?
- Is there a limit on the number of visits to a particular provider such as behavior/mental health or physical therapy.
- What is the cost for an emergency department visit under my plan?

Here are some key words that you may hear and what they mean. Other words are described in the back of this book. If you are not sure if these apply to your plan, you should ask your insurance company.

- A **Network** is a group of providers that your insurance company works with most often. If your insurance plan includes a network, you may have to pay more to see a provider who isn't in your plan's network. This is why it is important to find a provider who is in your network. You can contact your insurance company to find out which providers are in your network.
- **Deductible** is the amount you must pay for health care or prescriptions before your prescription drug plan, or your other insurance begins to pay.

For example, if your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

- A **Copayment** is an amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription.
- **Coinsurance** is the amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

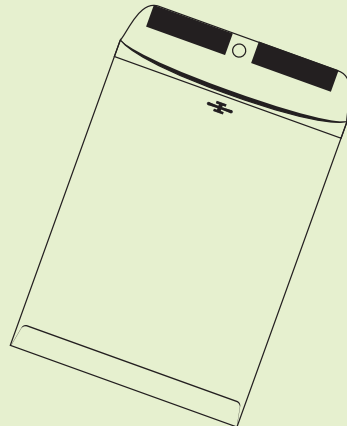




Your Insurance Card or Other Document

When you got coverage, you probably received a membership package with information that relates to your insurance plan and coverage. You may want to become familiar with this information because you will need it when you see a provider or if you call your insurance company to ask a question.

You may have received a card or other documentation from your insurance company as proof of your insurance. Your card may look different than this one, but cards generally have the same information on them. Some insurance companies do not issue such cards. If you did not receive a card, contact your insurance company to see if you should have one. If you were not issued an insurance card, the information below should have been provided to you in document form from your insurance plan.



The following information may be included on your insurance card or other document from your insurance company:

Member name and number: Your name is printed along with your member number. If your spouse or children are also on your insurance plan, your member numbers may look very similar.

INSURANCE COMPANY NAME	
Coverage type	Member Name: Jane Doe Member Number: XXX-XX-XXXX
Effective date	Group Number: XXXXX-XXX
Prescription Group # XXXXX	PCP Copay \$15.00 Specialist Copay \$25.00 Emergency Room Copay \$75.00
Prescription Copay \$15.00 Generic \$20.00 Name brand	Member Service: 800-XXX-XXXX

Phone numbers: These can be used to call your insurance company if you have questions about finding a provider, or what your health insurance covers, for example. In some cases, these phone numbers may be on the back of your insurance card.

Group number: This number is used to track the specific benefits of your health insurance plan. The group number and member number are used to identify you.

Copayment and coinsurance: These are the amounts that you pay for some covered services under your plan.



Find a provider.

Choosing a provider is one of the most important decisions you'll make about your health care.

Finding the right provider takes a little bit of homework because there are many to choose from. Remember, not every provider is right for you, so take time and select one that meets your needs!

Step 1: Find the names of some providers near you who are in your insurance plan's network.

Contact your insurance company, look on your health insurance company's web site, or look in your insurance handbook to find out which providers are near you and will accept your insurance. Your friends and family may have suggestions, too. You can also check with the medical association in your county or state.

In some cases your insurance company may assign you to a primary care provider. Usually you are able to change providers if you don't like the one they assigned you. Contact your insurance company for more information.

Step 2: Ask around.

- Are there providers that you hear good things about? What do people like about each provider? Are there things they don't like?
- Sometimes you can look up providers on the internet and see what other people say about them and what it is like at that office.

Sometimes it takes more than one visit to figure out if a provider is the right one for you.

Step 3: Narrow down your choices.

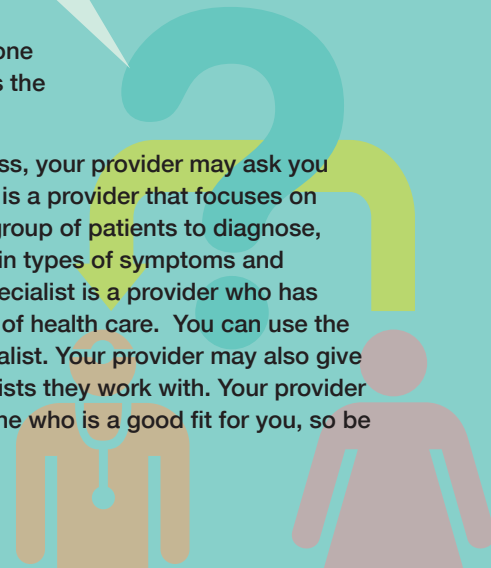
Once you have found a few providers that you think might work, call them and ask the office staff these questions to help you decide:

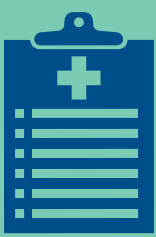
- Is the provider accepting new patients? **Some providers will not accept new patients to make sure that they have enough time to see their existing patients.**
- Is the office close to your home or your work? **Will it be easy for you to get there?**
- When is the office open? **Are there evening or weekend appointments offered?**
- Does the provider or someone in the office speak your language? **Does the provider understand, respect, and value your cultural or religious beliefs related to health?**
- Which hospital(s) does the provider use? **Are you comfortable with the possibility of being treated at that hospital?**

Step 4: Give them a try!

Sometimes it takes more than one visit to figure out if a provider is the right one for you.

If you have a more serious illness, your provider may ask you to see a specialist. A specialist is a provider that focuses on specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care. You can use the same four steps to find a specialist. Your provider may also give you the names of a few specialists they work with. Your provider may be able to help you pick one who is a good fit for you, so be sure to ask.





Make an appointment.

What you might want to say

- Tell them your name and if you are a new or existing patient.
- Tell them why you want to see the provider. Note: a “physical” can also be called a “check-up” or “wellness visit.”
- If there’s more than one provider in the office, tell them which provider you’d like to see. You may have to wait a little longer for the appointment if you request a specific provider.
- Ask for days and times that work for you. If a weekend or evening fits your schedule better, ask if they have any appointments at those times.
- Ask if there are any forms they can send you before your visit. This will give you more time to fill them out and to find out answers you may not know. The office may mail or email the forms to you to fill out at home. Make sure to bring these forms with you to your visit.
- Ask what else you should bring to the visit, like medical records you may have or a list of the medicines you take.
- Ask about the cancellation policy in the event you need to cancel or change your appointment.

What to expect when you call

- » They might ask you a lot of questions. They may ask you for your name, date of birth, address, Social Security number, and information about your insurance. You should have your insurance card or other documentation with you when you call.
- » You may have to wait a few weeks for a regular check-up, especially for your first visit.



Be prepared for the first visit.

Each provider and provider office works a little differently. In this section, we describe what you may want to bring with you to your visit, what you might expect, and how this visit may differ from other visits you have had with other providers in the past.

What to bring to your visit:

- Insurance card or other documentation
- Photo identification (driver's license, passport, etc.)
- Any papers or forms that they sent you ahead of time to fill out
- Health information that would be helpful to your provider in understanding your health history and your family's health history such as medical records
- A list of any medicines you are taking, including
- dosage and frequency. Include prescriptions, other
- medications you take regularly (like aspirin),
- herbal remedies, and vitamins. If you are
- allergic to any medications or have
- allergies, let your provider know.
- Any prescription refills that you need
- Your copayment, if any. See your insurance card or other documentation.
- Questions or concerns you have about your health— write them down so you don't forget to ask.
- You may want to bring someone with you to help you talk to the provider.

Many providers charge a fee if you're late or don't show up for your appointment. If you can't make your appointment, contact your provider's office as soon as possible.

Checking in:

For your first appointment with a provider, it is important to show up early! You may need to provide additional information.

When you get to your provider's office, check in with the front office staff. There is usually a place to sign your name to let them know you are there. The front office staff may ask you to:

1. Show them your insurance card **and** identification. They will make a copy for their records so they can bill your insurance company.
2. **Fill out some forms about your health.** If you filled them out at home, give the papers to the front office staff.
3. **Read over their privacy policy.** Your provider's office has to show you how they will keep your information private. It is required by law.
4. **If you have a copayment for the visit,** they may ask for you to pay it when you check in, or they may collect it at the end of your visit.



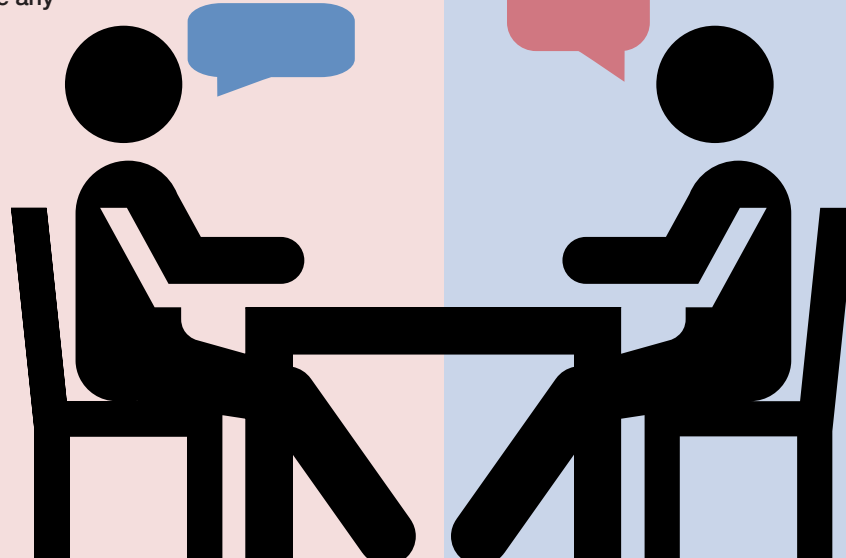
REMEMBER: You should expect to be treated with respect and your privacy maintained. If you're not happy with how you were treated, then this office may not be the right place for you.

Don't be shy!

Your provider is there to help you stay healthy. They can provide better care if you talk with them about your health and any concerns you have. You should also ask questions to make sure you understand what the provider tells you. If your provider says something that doesn't make sense, speak up!

Asking questions like these may help you:

1. How is my health? What can I do to stay healthy or get even healthier?
2. Do I need a test or a health screen? What is the test for? What will the results tell me? When will I get the results? How will I get the results?
3. What is my diagnosis? What does that mean for my health?
4. What are my treatment options? What are the benefits of each option? Are there any alternatives?
5. What is the medication for? How do I take it? Are there any side effects? Are there any interactions with food or other medicines? If you have any allergies, ask your provider if it will affect you.



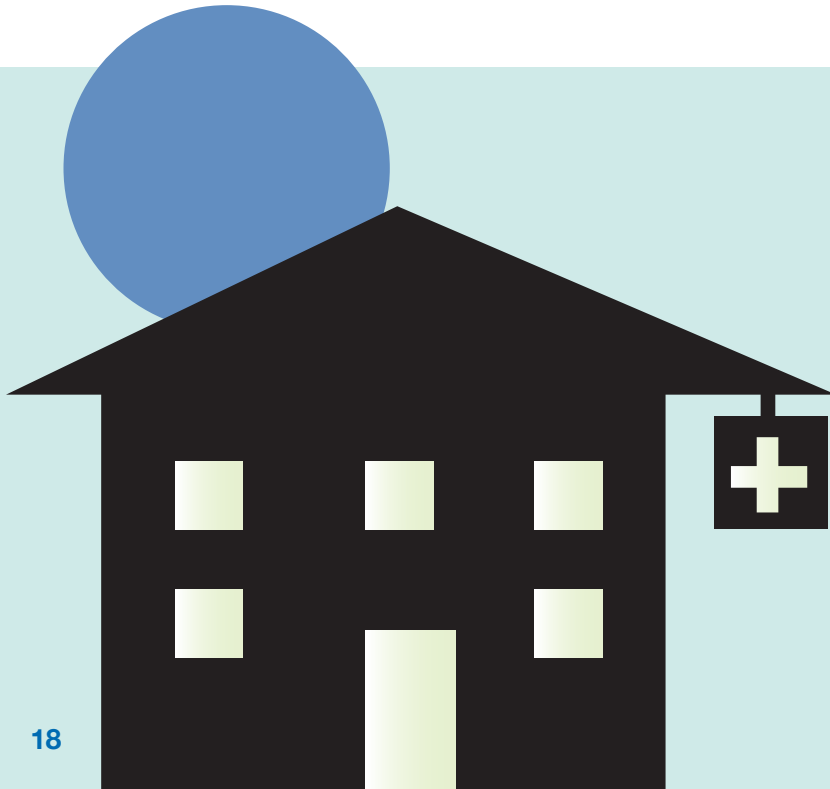
You should be able to answer the following questions before you leave your provider's office:

1. How is your health? If you have a health condition, what is it? What will happen if you don't take care of it?
2. Do you know what to do to get healthier? What tips did the provider give you to stay healthy? What should you do at home, at work, or in your community to get healthier?
3. If you have to take medicine, do you know how much to take and when to take it?
4. What are you supposed to do next (for example, blood work, additional testing)? Where do you go to get it done? When do you need to see your provider again?
5. What should you do if you have questions once you get home?

If you don't know the answers to these questions, speak up! Ask the provider to explain the information to you in a different way. Ask your provider if he/she has written materials available for you to take home and read. You can use the table in the back of this book to help you keep track of your health. Don't leave the provider's office until you understand your health.

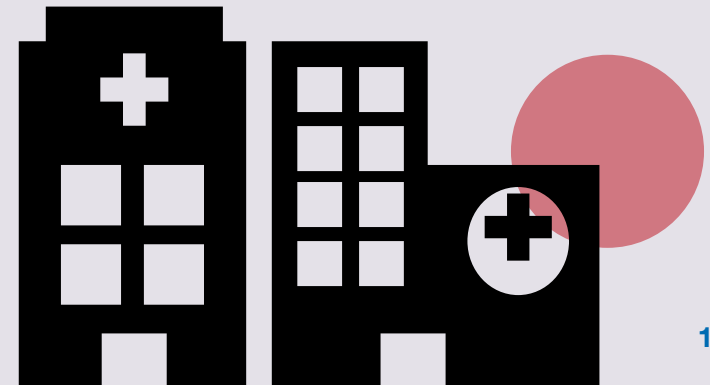
If you have an emergency or life threatening situation, call 9-1-1

While you can get health care in a number of places, **there are some potential differences** between visits to the emergency department or urgent care and visits to your provider's office. See some examples on the next page.



Differences between visits to the Emergency or Urgent Care and visits to your primary care provider's Office.

PRIMARY CARE PROVIDER	EMERGENCY DEPARTMENT/ URGENT CARE
You go when you feel sick and when you feel well	You go only when you are very sick or have a life-threatening situation
You will usually see the same provider each time	You will see the provider who is working that day
Provider will check all areas of your health, and may focus on areas that you weren't concerned about	Provider will check mainly the problem/illness that brought you to the emergency department or urgent care center
You may have a shorter wait time in the office and a longer visit with your provider	You may have a much longer wait time and your interaction with the provider may be shorter
Provider will be able to access your complete health record and help you with your health over the long term	The provider who sees you may or may not be able to access your full health record or health history
It's important to remember that you may have a higher copay or coinsurance for visits to an emergency department or urgent care.	





Decide if you like the provider.

Your health is a personal matter and you should have a provider that you like and feel comfortable talking to.

Remember:

- Finding a provider that meets your needs is important.
- If you're not comfortable with your provider, it's okay to look for another provider.

Yes?

No?

After your first visit, consider this:

- Did your provider answer your questions?
- Did your provider and you communicate effectively? Were you able to understand each other?
- Did you feel that he or she listened to your concerns?
- Did you feel that your health needs were addressed?
- Did you feel comfortable in the office interacting with providers, nurses, and other staff?
- Is this a place where you would feel good about going back?

If you answered **“No”** to any of these questions, consider the following:

Why didn't you like the provider? Thinking about these will help you find a provider that meets your needs.

- He or she didn't understand my health needs
- He or she didn't answer my questions
- He or she didn't speak with me in a way that I understood
- He or she didn't understand what my family is like
- He or she didn't understand what my culture or background is like
- He or she didn't speak my language and didn't have a translator
- He or she is okay but not in a place that is convenient for me

Given your answer(s) to above, where else could you go?

- Is there another provider that you might try in the same office or clinic?
- Is there another provider at another office or clinic that you can try?

If you answered **“Yes”** to each of these questions, then you have a provider that works for you!

Yes



Finding a provider that fits you is important.

No



If you are not comfortable with your provider, it is okay to look for another provider.



Next steps after your appointment.

Now that you found a provider, where do you go from here? It's not enough to have one visit. Remember, seeing your provider regularly is important to stay healthy. Make your next appointment with your provider.

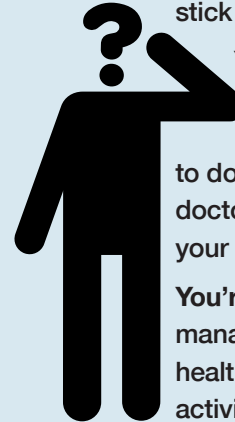
REMEMBER:

There is no substitute for having a healthy lifestyle. It is important to eat well, exercise, and reduce stress. Then when you visit your provider again, you are more likely to need only a tune-up and not major maintenance!

Stay in touch with your provider! Keep in mind that you should still see your primary care provider on a regular basis, even if you see a specialist for an illness. Your provider can help answer questions you have about your health, figure out when you need to come in for a visit, and even change any medication you are on if it's making you feel sick. They are there to help you—use them!

It's important that you follow through with what your provider recommended you do to stay healthy. For example, if your provider told you to go to a specialist, take a prescription, or get a test, did you do it? If not, is it because:

You forgot? Do you need a reminder? Put it on your calendar, stick a note on your fridge, or use a smart phone app.



You are not sure that you know what you're supposed to do? That should never hold you back. Talk to your provider about what you need to do, or have someone you trust come with you to the doctor and help you understand. Don't be shy. This is your health.

You're too busy? Getting busy happens. We are all managing families, jobs, and other things, but your health is important if you want to keep doing your usual activities. It may be possible for you to schedule a follow-up visit after hours or on the weekend. Check with the health provider to see if that's possible.

You didn't have the money? If you were asked to get a prescription or a test, there may be some opportunities to lower the cost. Your provider may be able to help you and you should not be afraid to ask. They may be able to give you a cheaper medication, or you may be eligible for programs to help with the cost of your care.

You are scared? Many people are scared to see their provider or to get a medical test because they are worried about getting bad news. It's important to remember that by getting health tests and seeing your provider regularly, your provider is more likely to find any illnesses you may have early on and treat it before it gets worse.

GLOSSARY OF INSURANCE TERMS

Appeal

An appeal is the action you can take if you disagree with a coverage or payment decision by your health plan. You can appeal if your health plan denies one of these:

- Your request for a health care service, supply, or prescription drug that you think you should be able to get
- Your request for payment for health care or a prescription drug you already got
- Your request to change the amount you must pay for a prescription drug

You can also appeal if you're already getting coverage and your plan stops paying.

Coinsurance

An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

Copayment

An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription.

Deductible

The amount you must pay for health care or prescriptions before your prescription drug plan, or your other insurance begins to pay.

Excluded Services

Health care services that your health insurance or plan doesn't pay for or cover.

Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

In-network Coinsurance

The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network coinsurance usually costs you less than out-of-network coinsurance.

In-network Copayment

A fixed amount (for example, \$15) you pay for covered health care services to providers who contract with your health insurance or plan. In-network copayments usually are less than out-of-network copayments.

Network (also referred to as in-network)

The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

Out-of-network

A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to use them.

GLOSSARY OF INSURANCE TERMS (continued)

Out-of-network Coinsurance

The percent (for example, 40%) you pay of the allowed amount for covered health care services to providers who don't contract with your health insurance or plan. Out-of-network coinsurance usually costs you more than in-network coinsurance.

Out-of-network Copayment

A fixed amount (for example, \$30) you pay for covered health care services from providers who don't contract with your health insurance or plan. Out-of-network copayments usually are more than in-network copayments.

Out-of-pocket Maximum

This is the limit you must reach (using the deposit from the plan and/or your own money) before your plan will cover your expenses. The out-of-pocket maximum includes the yearly deductible and may also include any cost sharing you have after the deductible.

Preauthorization

A decision by your health insurer or plan that a health care service, treatment plan, prescription drug, or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval, or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Premium

The periodic payment to an insurance company, or a health care plan for health or prescription drug coverage.

Preventive Services

Health care to prevent illness or detect illness at an early stage, when treatment is likely to work best (for example, preventive services include flu shots, Pap tests, and screening mammograms).

Primary Care Provider

The doctor you see first for most health problems. He or she makes sure you get the care you need to keep you healthy. He or she also may talk with other doctors and health care providers about your care and refer you to them. In many health plans, you must see your primary care doctor before you see any other health care provider.

Specialist

A physician specialist focuses on specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.





HELPFUL LINKS

Getting Coverage

How to get coverage through the Health Insurance Marketplace
<https://www.healthcare.gov/blog/4-steps-to-getting-covered-in-the-health-insurance-marketplace/>



How much will health insurance cost?
<http://kff.org/interactive/subsidy-calculator/http://kff.org/interactive/subsidy-calculator/>



What plans are available my area?
<https://www.healthcare.gov/find-premium-estimates/>



Contact Your Insurance Plan

Contacting your health plan's customer service phone number
<http://marketplace.cms.gov/getofficialresources/publications-and-articles/contact-health-plan.pdf>



Value of Prevention

Understanding prevention and the Affordable Care Act
<https://www.healthcare.gov/prevention/>



Finding a Provider

Reviews and ratings of local providers
<http://www.healthgrades.com/>



Planning Your First Visit

Steps to help you plan your first visit
<http://www.ahrq.gov/patients-consumers/patient-involvement/ask-your-doctor/questions-before-appointment.html>



Questions to Ask Your Provider

Topics and questions to discuss with the provider during your visit
<http://www.ahrq.gov/patients-consumers/patient-involvement/ask-your-doctor/questions-during-appointment.html>



Patient-Provider Relationship

The importance of communicating with your provider
<http://www.ahrq.gov/patients-consumers/patient-involvement/ask-your-doctor/videos/index.html>



Tracking Your Medicine

Patient guide and wallet card to keep a record of all medications
<http://www.ahrq.gov/patients-consumers/diagnosis-treatment/treatments/safemeds/yourmeds.html>

Personal Health Checklist

Health visit or test	Date completed	Result	Notes (Is this result good or bad? What should I do about it?)
Physical exam			
Blood pressure			
Cholesterol			
Diabetes (blood sugar)			
Height			
Weight			
Body mass index (BMI)			
HIV/AIDS and other sexually transmitted disease			
Pap test and pelvic exam			
Mammogram (x-ray of the breast)			
Colorectal cancer (colonoscopy)			

