From Coverage to Care Implementation Plan

Michelle Mavreles

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The Patient Protection and Affordable Care Act (ACA) was created to provide healthcare to all Americans in an affordable manner to reduce healthcare spending and disparities in healthcare. However, simply having health insurance coverage is not enough. It is necessary for individuals to understand how to use their health insurance to access care and as a result reduce spending and disparities. The purpose of this project is to design an implementation plan for the initiative, From Coverage to Care, in the State of Georgia to help increase insurance consumers’ health literacy, ability to navigate the healthcare system and engagement in one’s health. Accomplishing these goals will help residents of Georgia live healthier lives, have better health outcomes and reduce healthcare spending. Bertram and colleagues’ (2014) implementation framework will be utilized to articulate a plan to implement the initiative From Coverage to Care throughout Fulton County. Bertram’s four-stage framework of implementation will help organize and plan the implementation process.
FROM COVERAGE TO CARE IMPLEMENTATION PLAN

by

MICHELLE MAVRELES

B.A., UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE

A Capstone Submitted to the Graduate Faculty
of Georgia State University in Partial Fulfillment
of the
Requirements for the Degree

MASTER OF PUBLIC HEALTH

ATLANTA, GEORGIA
30303
FROM COVERAGE TO CARE IMPLEMENTATION PLAN

by

MICHELLE MAVRELES

Approved:

Dr. Jenelle Shanley Chatham
Committee Chair

Dr. Iris Feinberg
Committee Member

July 17, 2017
Date
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Michelle Mavreles

Signature of Author
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Introduction to the Affordable Care Act

Before the implementation of the Patient Protection and Affordable Care Act more commonly referred to as the Affordable Care Act (ACA), it was estimated that 44 million Americans did not have health insurance (Obama Care Facts, 2017). An individual’s lack of insurance occurred for a variety of reasons, including unemployment, inability to get coverage due to a preexisting condition or unable to afford the monthly premium cost of insurance. Therefore, if an individual without insurance needed any form of medical care, they would have to pay entirely out of pocket or choose not to receive care.

The high price of health care services could easily deter someone from seeking preventive care and cause an individual to wait until a health concern escalates most likely to needing emergency care. Seeking emergency care is more expensive to the individual as well as the healthcare system and can lead to poor health outcomes for the individual (Baicker et al., 2012). Also, the high price of medical care for the uninsured can lead people to file bankruptcy (St. John, 2017). However, with the implementation of the ACA a drastic decrease in individuals who file bankruptcy has occurred (St. John, 2017). As a result of the challenges faced by many to access affordable health insurance, significant health disparities were evident in medical and mental health care access prior to the introduction of the ACA (Office of Disease Prevention and Health Promotion, 2017).

The Affordable Care Act (ACA) was signed into law on March 23, 2010, by President Barack Obama (Obama Care Fact, 2017). The ACA was created and enacted to provide healthcare to all Americans in an affordable manner to reduce healthcare spending and diminish the coverage gap that causes disparities in health care (Obama Care Facts, 2017). The ACA changed how individual consumers obtain and maintain health insurance. With the
implementation of the ACA, individuals have the option to purchase a health insurance policy from the Health Insurance Marketplace, including individuals who have a plan offered by their employer (Garrett & Gangopadhyaya, 2016). For individuals and families who qualify as having low income, premium subsidies are available to partially or entirely cover the monthly payment (Garrett & Gangopadhyaya, 2016). Not only does the ACA help reduce the cost of insurance coverage, but it also prohibits restrictions on covering individuals who may have a preexisting condition (Garrett & Gangopadhyaya, 2016) or a health problem, such as a chronic disease, that a person has prior to enrolling in an insurance plan (U.S. Department of Health & Human Services, 2017).

Coverage under the ACA also requires coverage for preventive services, such as a yearly physical exam, cancer screenings and the administration of immunizations (HealthCare.gov, n.d.). The inclusion of preventive services covered by health insurance is intended to encourage individuals to be more proactive in reducing the occurrence of medical conditions that may require long-term medical care and therefore higher medical costs. By shifting the healthcare system towards primary (i.e., preventing disease in the general population) and secondary prevention (i.e., decreasing the impact of those with the disease or condition), versus focusing primarily on tertiary prevention (i.e., long-term management of those with the disease or condition), the ACA has the potential to reduce health care costs and improve the overall well-being of the nation (Institute for Work and Health, n.d.).

Populations Impacted by ACA

As of 2016, the ACA brought the uninsured rate down to a record low of 8.6% by helping 20 million individuals obtain health insurance (Avery, Finegold & Whitman, 2016). The implementation of the ACA has impacted a variety of people, including diverse racial and ethnic
groups, to individuals across a wide range of income levels and educational attainment (Avery, Finegold & Whitman, 2016). The uninsured rate among different non-elderly race and ethnic groups dropped significantly since the implementation of the ACA in 2010 (Avery, Finegold & Whitman, 2016). Between 2010 and 2015, uninsured rates among Asians decreased from 19.4% to 8%; Blacks from 27.1% to 14.5%, Whites from 16.3% to 8.8%, and Hispanics from 43.3% to 28.1% (Avery, Finegold & Whitman, 2016). People who gained health insurance coverage from 2010 to 2015 were more likely to be male; Hispanics continued to have the highest uninsured rate (Garrett & Gangopadhyaya, 2016).

Adults with lower incomes were significantly affected by the implementation of the ACA. Non-elderly adults whose income fell below 250% of the Federal Poverty Level (FPL) had greater decreases in uninsured rates compared to adults with higher incomes (Avery, Finegold & Whitman, 2016). Adults between 125% and 250% of the FPL noticed a decrease in uninsured rates from 37.9% in 2010 and 22.4% in 2015 (Avery, Finegold & Whitman, 2016). There was also a significant educational attainment distinction among individual who gained health insurance from 2010 to 2015. Eighty-seven percent or 16.3 million adults who gained coverage did not have a college degree compared to 13% or 2.2 million adults who gained coverage had a college degree (Garrett & Gangopadhyaya, 2016).

**Navigating the Health Care System**

Regardless of access to health insurance, the United States’ health care system can be quite confusing and difficult to navigate, which can be exacerbated for those with low health literacy (Martin & Parker, 2011). Health literacy is an individual’s ability to access, understand and use health information to make decisions regarding health (Martin & Parker, 2011). Around the time of the initiation of the ACA, it was estimated that approximately 53% of uninsured
adults had basic or below basic health literacy skills (Martin & Parker, 2011). Basic health literacy refers to an individual who can perform simple everyday activities that require literacy or reading tasks (Kutner et al., 2006). People with basic health literacy can understand short texts that contain common language, understand information in simple documents, and identify numerical information and use that data to solve one step mathematical problems (Kutner et al., 2006). Below basic health literacy refers to an individual who is nonliterate in English or has no more than the simplest literacy skills (Kutner et al., 2006). People with below basic health literacy can locate and identify information in short texts, follow instructions in simple documents such as charts and tables, and perform simple mathematical addition when the information is familiar (Kutner et al., 2006). Individuals with below basic health literacy are more likely to face health management challenges and poorer health outcomes due to these literacy challenges (Martin & Parker, 2011). For example, if an individual is unable to identify an appointment time on a document or comprehend medication instructions the person, is likely to have a difficult time managing appointments and timing of prescriptions, which can influence one’s overall health status.

Politi and colleagues (2014) conducted a study examining 51 uninsured adult’s knowledge about insurance terminology through the use of a semi-structured qualitative interview. Study participants consisted of a majority of low-income and African American individuals whose health literacy was assessed using the Rapid Estimate of Adult Literacy in Medicine Short Form (REALM-SF). The REALM-SF is a literacy measure that assesses an individual’s literacy skills using a 7-item word recognition test (Agency for Healthcare Research and Quality, 2016). A score from 0 to 7 is assigned based on how many words a person can correctly identify (see Table 1). The score a person obtains correlates with an academic school
grade and provides insight into the materials an individual will be able to use (Agency for Healthcare Research and Quality, 2016).

Table 1: REALM-SF Scoring

<table>
<thead>
<tr>
<th>Score</th>
<th>Grade Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>3rd grade and below</td>
</tr>
<tr>
<td>1-3</td>
<td>4th-6th grade</td>
</tr>
<tr>
<td>4-6</td>
<td>7th-8th grade</td>
</tr>
<tr>
<td>7</td>
<td>High School</td>
</tr>
</tbody>
</table>

Participants were selected from three different counties in Missouri from recruitment sites that were known for having high rates of uninsured individuals (Politi et al., 2014). A semi-structured interview guide was developed by researching terminology and health insurance plan information that people commonly misunderstood. Participants were asked a variety of questions with many open-ended questions, such as inquiring about previous experience with health insurance and if they were familiar with certain terms. Additionally, researchers read passages which they asked questions about and provided responses for participants to choose from. Participants were also asked in an open-ended manner what is important to them in an insurance and to rank predetermined responses based on a Likert scale.

The study found that 47% of participants had inadequate or marginal health literacy. Additionally, most study participants had little understanding of standard health insurance terminology (i.e., coinsurance, deductible, out-of-pocket maximum, prior authorization and formulary). Individuals who reported having previous experience with insurance demonstrated a better understanding of insurance terminology; however, they found some similar terms to be
unclear. For example, similar terms that participants confused included urgent care versus emergency care and coinsurance versus copayment (Politi et al., 2014). Having limited health literacy is a barrier to understanding and using health insurance coverage effectively to obtain proper medical treatment.

Language barriers can also hinder the understanding and use of health insurance coverage. In the 2000 US census, approximately eleven million individuals reported that they either did not speak English well or that they did not speak English at all (See Table 2) (U.S. Census Bureau, 2001, 2003). Patients reported that having a limited English vocabulary can hamper one’s ability to understand a medical situation such as a medical diagnosis or treatment plan (Graham et al., 2008). Not being able to communicate, express concerns and ask questions about health topics and the healthcare system can increase the challenges associated with navigating the US healthcare system.
Table 2: English Ability in the year 2000

<table>
<thead>
<tr>
<th>Language spoken at home</th>
<th>1990 Rank</th>
<th>Number of speakers</th>
<th>2000 Rank</th>
<th>Number of speakers</th>
<th>Total</th>
<th>Very well</th>
<th>Well</th>
<th>Not well</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States (X)</td>
<td>(X)</td>
<td>203,458,777</td>
<td>(X)</td>
<td>262,375,152</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English only (X)</td>
<td>(X)</td>
<td>198,600,798</td>
<td>(X)</td>
<td>215,423,557</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total non-English (X)</td>
<td>(X)</td>
<td>31,644,979</td>
<td>(X)</td>
<td>46,951,596</td>
<td>25,631,188</td>
<td>10,333,566</td>
<td>7,620,719</td>
<td>3,366,132</td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td>1</td>
<td>17,239,172</td>
<td>1</td>
<td>28,101,052</td>
<td>14,349,796</td>
<td>5,190,408</td>
<td>5,130,400</td>
<td>2,801,448</td>
<td></td>
</tr>
<tr>
<td>Chinese</td>
<td>2</td>
<td>1,249,213</td>
<td>2</td>
<td>2,022,143</td>
<td>652,689</td>
<td>956,381</td>
<td>405,597</td>
<td>162,226</td>
<td></td>
</tr>
<tr>
<td>French</td>
<td>3</td>
<td>1,702,176</td>
<td>3</td>
<td>1,643,838</td>
<td>1,228,800</td>
<td>260,458</td>
<td>138,002</td>
<td>7,573</td>
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</tr>
<tr>
<td>German</td>
<td>4</td>
<td>1,547,099</td>
<td>4</td>
<td>1,382,613</td>
<td>1,078,997</td>
<td>219,362</td>
<td>79,535</td>
<td>4,719</td>
<td></td>
</tr>
<tr>
<td>Tagalog</td>
<td>5</td>
<td>643,251</td>
<td>5</td>
<td>1,224,241</td>
<td>827,559</td>
<td>311,465</td>
<td>79,721</td>
<td>5,496</td>
<td></td>
</tr>
<tr>
<td>Vietnamese1</td>
<td>6</td>
<td>507,069</td>
<td>6</td>
<td>1,009,627</td>
<td>342,594</td>
<td>340,062</td>
<td>270,950</td>
<td>55,021</td>
<td></td>
</tr>
<tr>
<td>Italian</td>
<td>7</td>
<td>1,306,648</td>
<td>7</td>
<td>1,006,370</td>
<td>701,220</td>
<td>195,901</td>
<td>99,270</td>
<td>11,979</td>
<td></td>
</tr>
<tr>
<td>Korean</td>
<td>8</td>
<td>828,476</td>
<td>8</td>
<td>894,983</td>
<td>381,168</td>
<td>268,477</td>
<td>228,392</td>
<td>30,023</td>
<td></td>
</tr>
<tr>
<td>Russian</td>
<td>9</td>
<td>241,796</td>
<td>9</td>
<td>706,242</td>
<td>334,891</td>
<td>299,057</td>
<td>148,671</td>
<td>43,623</td>
<td></td>
</tr>
<tr>
<td>Polish</td>
<td>10</td>
<td>723,452</td>
<td>10</td>
<td>667,414</td>
<td>387,694</td>
<td>167,233</td>
<td>95,032</td>
<td>17,455</td>
<td></td>
</tr>
<tr>
<td>Arabic</td>
<td>11</td>
<td>555,150</td>
<td>11</td>
<td>614,582</td>
<td>403,397</td>
<td>140,057</td>
<td>58,956</td>
<td>12,533</td>
<td></td>
</tr>
<tr>
<td>Portuguese2</td>
<td>12</td>
<td>429,880</td>
<td>12</td>
<td>584,630</td>
<td>330,443</td>
<td>125,464</td>
<td>90,412</td>
<td>28,311</td>
<td></td>
</tr>
<tr>
<td>Japanese</td>
<td>13</td>
<td>427,657</td>
<td>13</td>
<td>477,997</td>
<td>241,707</td>
<td>146,613</td>
<td>84,018</td>
<td>5,659</td>
<td></td>
</tr>
<tr>
<td>French Creole</td>
<td>14</td>
<td>187,668</td>
<td>14</td>
<td>453,368</td>
<td>245,857</td>
<td>121,913</td>
<td>70,961</td>
<td>14,837</td>
<td></td>
</tr>
<tr>
<td>Greek</td>
<td>15</td>
<td>388,260</td>
<td>15</td>
<td>365,438</td>
<td>262,651</td>
<td>65,023</td>
<td>33,346</td>
<td>4,216</td>
<td></td>
</tr>
<tr>
<td>Hindi</td>
<td>16</td>
<td>331,484</td>
<td>16</td>
<td>317,057</td>
<td>245,192</td>
<td>51,929</td>
<td>16,682</td>
<td>3,254</td>
<td></td>
</tr>
<tr>
<td>Persian</td>
<td>17</td>
<td>201,935</td>
<td>17</td>
<td>312,085</td>
<td>196,041</td>
<td>70,000</td>
<td>32,958</td>
<td>10,175</td>
<td></td>
</tr>
<tr>
<td>Urdu4</td>
<td>18</td>
<td>(NA) 15</td>
<td>18</td>
<td>282,900</td>
<td>180,018</td>
<td>56,736</td>
<td>20,817</td>
<td>5,229</td>
<td></td>
</tr>
<tr>
<td>Gujarati</td>
<td>19</td>
<td>102,418</td>
<td>19</td>
<td>235,088</td>
<td>155,011</td>
<td>50,637</td>
<td>22,522</td>
<td>7,818</td>
<td></td>
</tr>
<tr>
<td>Armenian</td>
<td>20</td>
<td>149,694</td>
<td>20</td>
<td>202,708</td>
<td>108,554</td>
<td>48,469</td>
<td>31,886</td>
<td>13,817</td>
<td></td>
</tr>
<tr>
<td>All other languages</td>
<td>(X)</td>
<td>3,182,546</td>
<td>(X)</td>
<td>4,485,241</td>
<td>2,831,711</td>
<td>1,060,061</td>
<td>479,969</td>
<td>113,509</td>
<td></td>
</tr>
</tbody>
</table>

NA Not available. X Not applicable.

1 In 2000, the number of Vietnamese speakers and the number of Italian speakers were not statistically different from one another.
2 In 1990, the number of Portuguese speakers and the number of Japanese speakers were not statistically different from one another.
3 In 1990, Hindi included those who spoke Urdu.

Note: The estimates in this table vary from actual values due to sampling errors. As a result, the number of speakers of some languages shown in this table may not be statistically different from the number of speakers of languages not shown in this table.

Source: U.S. Census Bureau, Census 2000 Summary File 3.

Addressing Health Literacy Needs for the Newly Insured

While the implementation of the ACA has substantially increased the access and acquisition of health insurance, it is necessary to ensure individuals who become newly insured know how to access the care they need to achieve optimal health outcomes. Just having health care coverage is not enough. An individual must know how to use their health care coverage and navigate the health care system.

The implementation of the ACA has decreased the uninsured rate in the United States by providing affordable health care to a wider range of individuals. However, it is imperative that people know how to access medical services to get the care they need. One barrier that must be addressed to achieve this goal is health literacy. Health literacy can influence the choices individuals make regarding their health. For example, if a person receives information about insurance plans that contains unknown words and is hard to comprehend, the person may not make an optimal decision due to challenges related to reading and understanding necessary information. Therefore, it is critical to implement a program that takes health literacy into consideration by reviewing terms and explaining how to navigate the healthcare system.

Health Literacy Strategies and Programs

Health literacy interventions have been applied and examined in populations with specific chronic diseases or illnesses. For example, research has been conducted surrounding the health literacy of individuals with diabetes. Findings indicate that people who have low health literacy and diabetes have a greater chance of experiencing complications (Kim & Lee, 2016). Several strategies have been developed to address the health literacy disparity. These strategies include encouraging providers to use simple language, focusing on actions, limiting the number
of messages at a time, using pictures, checking patient understanding and recognizing cultural differences (Kim & Lee, 2016; The Office of Disease Prevention and Health Promotion, 2015).

Kim and Lee (2016) reviewed several health literacy studies among patients with diabetes and found that there are four intervention strategy categories commonly focused on by programs: written communication, spoken communications, empowerment and modifying communication to the individual’s language and cultural practices and beliefs (Kim & Lee, 2016). Most often written communication strategies are a key focus in how materials are designed to be easy to read for patients (Kim & Lee, 2016). Findings indicate that using easy to read materials increased cognitive and psychological outcomes among diabetes patients, but did not increase a person’s health status long term (Kim & Lee, 216). However, using strategies from the spoken communication category were recognized to increase both cognitive and health outcomes. Therefore, for patients to obtain the best health outcomes using strategies such as teach-back and simple communication with follow-up is essential (Kim & Lee, 2016).

Health literacy is important to incorporate into health research as well as the design of programs. There is an association between literacy skills and health outcomes (McCormack et al., 2017), therefore, it is necessary to facilitate health literacy at the individual level as well as a societal level. In fact, the US Department of Health and Human services included health literacy goals in both the Healthy People 2010 and 2020 objectives (McCormack et al., 2017). Other agencies that continue to promote health literacy by bringing issues to the public include the Centers for Disease Control and Prevention (CDC), the Agency for Healthcare Research Quality as well as researchers and practitioners (McCormack et al., 2017). For example, the CDC creates and distributes health information to the public that is easy to understand and user-friendly (Centers for Disease Control and Prevention, 2016). Even though there is an awareness that
health literacy is essential at the societal level, no systematic attempt to adapt approaches to address issues surrounding health literacy exists (McCormack et al., 2017).

Introduction to From Coverage to Care

In 2013, the Centers for Medicare and Medicaid Services (CMS) partnered with MITRE Corporation and RAND to develop the initiative From Coverage to Care (RAND Corporation, 2015). From Coverage to Care was designed to help newly insured individuals understand and use their health insurance. The initiative helps consumers understand what it means to have insurance by explaining insurance terminology that one is likely to encounter when looking for and obtaining care (Martin & Luoto, 2015). Explaining confusing terminology to consumers can help to increase health literacy and give users a better understanding of the healthcare system. For example, it would be beneficial to provide consumers with the definition of a premium and a copay. Explaining these terms would help the consumer understand the fee that must be paid monthly as well as the price associated with visiting a provider’s office.

From Coverage to Care also emphasizes the importance of having a primary care doctor that an individual is comfortable with sharing personal health information (Martin & Luoto, 2015). Having a primary care doctor, a person is comfortable with increases patient-provider communication which can lead to better-customized care. The From Coverage to Care initiative also helps individuals to determine when and from where they should seek care (Martin & Luoto, 2015). For instance, the initiative offers educational materials that explain when a person should go to a primary care doctor and when a person should seek emergency care. The initiative strongly encourages receiving preventive services (Martin & Luoto, 2015). Promoting preventive medicine as well as its importance can help to increase health outcomes and help individuals have a better quality of life by encouraging engagement in a person being proactive for his/her
health. Increasing consumer engagement in health by connecting people to health resources is a major component of this initiative.

**Background**

*From Coverage to Care* was developed in three phases. The first phase involved an environmental scan where CMS reached out to patients, providers, partners within the community, policy makers and insurance payers (James, 2014). The RAND research team held twenty-seven phone interviews with Stakeholders in four states: Connecticut, Kentucky, Texas and Washington (Martin & Luoto, 2015). Semi-structured interviews were used to ask participants questions based around four topics: 1) determine perceptions of barriers to understanding and using health insurance, 2) find activities that are being used to help consumers find care, 3) recognize barriers to helping consumers navigate the healthcare system, and 4) find better options to support consumers while connecting to care (Martin & Luoto, 2015). It is important to note that these interviews did not include information directly from newly insured consumers. Instead, the information obtained came from people who work with insured consumers such as insurance navigators (Martin & Luoto, 2015).

The phone-based interviewers led research to identify what consumers must do to participate in their health (Martin & Luoto, 2015). Consumers must: 1) apply for healthcare coverage and select a plan, 2) obtain coverage and understand the policy, 3) find a provider as well as access care, and 4) participate in care over time (Martin & Luoto, 2015). These findings from phase one led to the second phase, development of engagement strategy, by incorporating the findings from phase one into the development of materials and resources such as booklets and videos. From there the third phase, pilot implementation, and evaluation began. In this phase, the developed materials were disseminated to the four states (Martin & Luoto, 2015).
Initial feedback from the pilot concluded that consumers felt more informed and stakeholders were using the developed materials (MITRE, 2015). The four states provided feedback about the materials used in the initiative and from there the materials were edited to what is currently being used.

*Educational Materials*

*From Coverage to Care* uses a Roadmap Booklet, 5 ways to make the most of your health coverage checklist, and a series of ten videos to help individuals understand and use health insurance. The roadmap booklet is a step by step guide, written at an eighth-grade reading level, that explains what it means to have insurance, how to use it and what to expect (*From Coverage to Care* Roadmap, 2014). The booklet is composed of nine sections which provides a 7-step guide to help consumers get the most from their health insurance, a roadmap diagram and a glossary (See Table 3 below). Samples of the roadmap booklet pages can be found in Appendix A starting on page 52.

<table>
<thead>
<tr>
<th>Section</th>
<th>Information Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your roadmap to health</strong></td>
<td>A diagram that visually shows consumers how to move from step 1 to step 7. Brief bullet points are listed beside each step.</td>
</tr>
<tr>
<td><strong>Put your health first</strong></td>
<td>Step 1 of the Roadmap includes information about why health matters, how to put your health first, the importance of routine health care and keeping all health information in one place.</td>
</tr>
<tr>
<td><strong>Understand your insurance plan</strong></td>
<td>Step 2 of the Roadmap includes insurance terminology definitions and insurance card/document review which explains the information located on the card.</td>
</tr>
<tr>
<td><strong>Find a provider</strong></td>
<td>Step 3 of the Roadmap includes four steps for finding a provider. The steps include finding names of providers nearby that are in network, asking around about the providers, narrowing down your choice and give them a try.</td>
</tr>
</tbody>
</table>
The first step focuses on teaching the consumer the importance of putting your health first. In this section information regarding why it is important to make sure you are healthy is explained along with tips to staying healthy. The individual is encouraged to get routine preventive care to help maintain health. The second step of the booklet presents information about understanding your health insurance plan. This section reviews terms commonly seen in the healthcare settings such as copay, coinsurance, deductible, and network. Additionally, this section explains the information located on an insurance card. The third step, Finding a Provider, delivers information about how to find a provider who you like that accepts your insurance. The section encourages individuals to ask around about providers in the area to determine if there are some highly recommended doctors or certain areas people they know recommend avoiding. The

<table>
<thead>
<tr>
<th>Make an appointment</th>
<th>Step 4 of the Roadmap provides information about what to expect when calling the doctor’s office and gives options of what to say when you call.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be prepared for the first visit</td>
<td>Step 5 of the Roadmap provides information about visiting doctors’ offices. Topics covered include what to bring to the doctor’s office, how to check in at the office, questions to ask the provider, things to know before leaving, in which settings you get certain care (primary care vs. emergency room), and explains you should receive respect during visits.</td>
</tr>
<tr>
<td>Decide if you like the provider</td>
<td>Step 6 of the Roadmap provides questions to consider after the first visit to help decide if you like the physician. The reader receives encouragement to find another provider if they do not like the person they saw.</td>
</tr>
<tr>
<td>Next steps after your appointment</td>
<td>Step 7 of the Roadmap promotes keeping in touch with the doctor and making follow-up appointments as needed.</td>
</tr>
<tr>
<td>Resources: Glossary and Links</td>
<td>Provides definitions of insurance terms, links to websites that help with insurance navigation, doctor visits, medication management, and a personal health checklist for keeping track of health test results (See Appendix B).</td>
</tr>
</tbody>
</table>
section also discusses making sure that a provider is accepting new patients and making sure that the office hours are convenient.

The fourth step focuses on how to make an appointment and includes some verbal samples to use when calling to schedule the appointment. The reader is made aware of questions that the doctor’s office may inquire about when they call to set up the appointment. The fifth step explains how to be prepared for the first visit. This section provides lists for what to bring to the appointment, how to check in upon arrival to the office, questions to ask the provider and questions you should be able to answer before the appointment is over. Additionally, this section delivers an explanation of when it is necessary and appropriate to seek primary care and emergency care.

The sixth step is to decide if you like the provider. To help make the decision a list of questions is available for the individual to answer after visiting a doctor. The list can assist the person in determining if the physician they met with will be able to respond to their needs. Sometimes it may be necessary to see the provider more than once to know for sure. However, if a person determining that the doctor does not meet their needs or expectations, the individual is assured that they do not have to remain under that provider’s care. The person is encouraged to look for another provider who will better meet their individual needs. After a person finds and determines that they like the provider, the seventh and last step is to identify the next steps after your appointment. The next steps include remembering to keep in touch with your doctor and schedule any follow-up appointments as needed. The consumer is encouraged to stay engaged and connected to their health needs.

Since the Roadmap Booklet is written at the eighth-grade reading level, it may be challenging for consumers with low literacy skills to read on their own. The consumer will get
the most out of the material provided in the Booklet by reviewing it with a partnering organization. The 5 ways to make the most of your health coverage checklist document was designed to be more consumer-friendly for individuals with lower literacy skills. The list provides the reader with five topics that have short bullet points about what to do for each item. (See Appendix C).

*From Coverage to Care* also has a series of ten videos that provide information about similar topics covered in the booklet (See Table 4). The videos are short approximately one to two minutes each and are available in English and Spanish. See Appendix D for a screen shot of the videos on page 56.

Table 4: Video Descriptions

<table>
<thead>
<tr>
<th>Video Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>My New Health Plan</td>
<td>This video is 57 seconds long and congratulates the viewer on their new insurance. It explains that the purpose of the video series is to examine how to use the insurance policy, how to find a provider, your first visit, keywords to know and how to stay healthy.</td>
</tr>
<tr>
<td>Understand the Plan</td>
<td>This video is approximately 1 minute and explains that all insurance plans are not the same. The video encourages the viewer to ask the insurance company questions about the police and gives a list of questions to ask.</td>
</tr>
<tr>
<td>Words to Know</td>
<td>This 2-minute video explains terms: provider, primary care provider, specialist, network/In-network, out-of-network, deductible, co-insurance, co-payment and encourages the viewer to call their insurance company whose number is located on the back of the insurance card.</td>
</tr>
<tr>
<td>Finding a Provider</td>
<td>This video is about a minute and a half long and provides 4 steps for the viewer to follow when looking for a provider. The video provides questions to ask and consider when trying to find a provider you feel comfortable talking to about personal health topics.</td>
</tr>
<tr>
<td>Making an Appointment</td>
<td>This video is a minute long. The viewer receives tips on what to say when calling to set up the first visit and prepares the audience for questions they may need to answer.</td>
</tr>
<tr>
<td>Almost Ready</td>
<td>This video is 56 seconds and gives the audience a list of items to take to the doctor’s office (ID, insurance card, provider paperwork, a list of medications, family health history, payment method, questions to ask and a friend/family member).</td>
</tr>
<tr>
<td><strong>My First Visit</strong></td>
<td>This video is a minute and 12 seconds long. Topics reviewed in this video include: checking in at the office and encouraging the viewers to ask questions because the providers are there to help. The audience is provided with a list of questions to ask (how is my health, do I need a test, what is this medication for, and when do I need to come back for a visit?).</td>
</tr>
<tr>
<td><strong>Like or Dislike</strong></td>
<td>This video is a little over a minute long and encourages the viewer to decide if they like the provider they saw. A list of questions is given to the viewer to consider when deciding (did the provider answer my questions, communicate effectively, listen to me, did I feel comfortable?).</td>
</tr>
<tr>
<td><strong>The Day After</strong></td>
<td>This video is a minute and a half long. The video encourages the viewer to follow the advice of the provider and gives tips on how to do so such as setting reminders and keeping in touch with providers.</td>
</tr>
<tr>
<td><strong>The Final Word</strong></td>
<td>The last video is 1 minute and 22 seconds long. This video wraps up the series by thanking the viewer for watching the videos and provides additional health tips to promote health and wellbeing (make time to exercise, take time to relax, visit the doctor for checkups and to get involved in your health). A link for additional online information is also available in the last video.</td>
</tr>
</tbody>
</table>

**Current Program Delivery Method**

*From Coverage to Care* relies primarily on partnering organizations to deliver the materials created (A. Peddicord-Austin, personal communication, June 19, 2017). The initiative finds partners organically and by using a ‘partner relation group’ to conduct community outreach to contact businesses and organizations. The process of becoming a partner or collaborator is informal; all a business or an organization must do is use *From Coverage to Care* materials. Partnering organizations may incorporate the initiatives materials into their existing organization’s programs and goals which will look different depending on the agency (A. Peddicord-Austin, personal communication, June 19, 2017). Partnering agencies already have an existing relationship with the client and a preferred method of contact. Therefore, the way in which a business or an organization talks and presents the materials may vary depending on the collaborator (A. Peddicord-Austin, personal communication, June 19, 2017). *From Coverage to Care* encourages the partnering agency to
use the materials the best way they see fit for their clients. For this reason, that may mean that the agency does not go through all the steps with the client, but may just focus on what they determine to be most relevant. Consequently, every client may not receive all the informational material.

Purpose of this Project

The purpose of this project is to design an implementation plan for the initiative, *From Coverage to Care*, in the State of Georgia to help increase insurance consumers’ health literacy, ability to navigate the healthcare system and engagement in one’s health. Accomplishing these goals will help residents of Georgia live healthier lives, have better health outcomes and reduce healthcare spending. *From Coverage to Care* currently, does not have a formalized implementation protocol. For this reason, the plan detailed below has been created using implementation research and best practices.

Target Population for Implementation

The implementation plan will target residents who live in the state of Georgia and are first time recipients of health insurance. Currently, residents of Georgia can purchase health insurance plans from the Marketplace website. The ability to sign up for a plan through the Marketplace has decreased the number of uninsured individuals in Georgia. According to *Georgians For A Healthy Future* more than half a million citizens of Georgia enrolled in a health insurance plan many of whom had never had insurance (Griggs, 2015). *Georgians For A Healthy Future* conducted interviews with enrollment assistors in Georgia and found that more than two-thirds of the assistors identified low health literacy as a barrier to obtaining and using health insurance (Georgians For A Healthy Future, 2015). Assistors explained that many consumers never had insurance before and were unfamiliar with insurance terms which led
consumers to make choices based on the lowest premium price. Unfortunately, as consumers began to visit health providers, they discovered their plan did not meet all of their health needs (Georgians For A Healthy Future, 2015). With the population continuing to grow in Georgia, there is a need to increase the number of insured individuals coupled with improving their health literacy (Miller, 2016). Implementing the From Coverage to Care initiative in Georgia can help accomplish both of these goals and bridge the gap between obtaining insurance coverage and obtaining effective health care.

For the initial roll out of From Coverage to Care, this plan will focus on implementing the program among first-time insurance recipients who reside in Fulton County. This County was chosen because of its large and diverse population. Fulton County is one of the three largest Counties in Georgia with a population size of approximately 1,023,336 (United States Census Bureau, 2016; Kaiser Family Foundation, 2014). Additionally, Fulton County is an urban area with extensive resources that are available for use during the implementation process.

Implementation Plan

Bertram and colleagues’ (2014) implementation framework will be utilized to articulate a plan to implement the initiative From Coverage to Care throughout Fulton County. Bertram’s framework of implementation will help organize and plan the implementation process, including what should be completed from the beginning, when deciding where to implement the program, until the end when ensuring the sustainability of the program. The framework consists of four stages which include exploration, installation, initial implementation and full implementation (See Figure 1).
The first stage, Exploration, focuses on identifying if the intended program will be accepted and is appropriate for the target audience and location (Bertram et al., 2014). This means identifying if the issue the program addresses are recognized and considered significant in the area where the program will be implemented. Additionally, this stage of the implementation plan examines the community resources available to aid the program’s mission. Once it is determined that the initiative will be accepted and be beneficial to the target audience the second stage of the implementation framework can be developed.

Installation is the second stage of Bertram and colleagues’ framework of implementation. The installation stage is imperative since this is where the program obtains resources as well as prepares and trains staff or anyone else who will be helping to carry out the program. This stage of the implementation framework is very crucial to the success of the overall program. If staff or anyone else involved in the delivery of the program has received inadequate training, participants may not receive the program’s materials or its benefits. Insufficient training can also lead to staff
members not fully grasping the concept of the program which could impact the delivery method in the third stage of the framework.

The third stage, initial implementation refers to starting to implement the program among the intended target audience. During this stage of implementation, it is important to keep an eye on the participant’s response to the program as well as the fidelity of the program (Bertram et al., 2014). Fidelity refers to how well program staff members deliver the program material as initially planned (Gearing et al., 2001). Fidelity is important to assess at this stage to determine if the members delivering the program content are implementing it as intended as well as to see if participants are positively responding to the program’s delivery method. If unexpected challenges arise during initial implementation, changes and adaptations to the program may be necessary (Bertram et al., 2014). In the initial implementation stage, it is best to start the program with a small group to ensure that any problems can be addressed then scale up the implementation over time.

The fourth and final stage of the framework is full implementation. Full implementation refers to having the core components of the program in place and accessible so that the program is functioning with high fidelity (Bertram et al., 2014). When the core components of the program are in place and are operating with high fidelity, it is easier to sustain the program and eventually expand (Bertram et al., 2014). Additionally, this stage incorporates evaluating the program to make sure the program is continuously improving over time (Bertram et al., 2014). It can take between two to four years to move through all the implementation stages of the framework (Bertram et al., 2014). Each stage addresses crucial factors that contribute to the success and sustainability of implementing a program. The specific plan for implementing *From Coverage to Care* is outlined below using this implementation framework (See Figure 2).
Figure 2: *From Coverage to Care* Implementation Framework

<table>
<thead>
<tr>
<th>Exploration</th>
<th>Installation</th>
<th>Initial Implementation</th>
<th>Full Implementation</th>
</tr>
</thead>
</table>
| • Needs Assessment
• Survey
• Assess Fit | • Prepare Organization
• Prepare/train Staff | • Start implementation in Fulton County
• Fidelity | • Sustainability
• Adaptation |

**Exploration Stage**

In the first stage, Exploration, it is crucial to determine the readiness for the implementation in the intended area or community. Determining if an area is interested and ready to adopt the program can significantly impact the success rate of the program. Before introducing a program to the target audience, it is first necessary to determine if the community has knowledge of the problem and how it can impact them. If the community is not aware of the problem, then it is necessary to present the problem to the community before proceeding.

For the implementation of *From Coverage to Care* surveys will be distributed and a needs assessment will be conducted to determine if residents of Georgia who live in Fulton County realize that there is a disconnect between having insurance and using it effectively. The surveys and needs assessment will also be used to help identify key stakeholders and additional resources that can be used to implement the program. Surveys will be sent to adults age eighteen and older who live in Fulton County who became newly insured in the past year. The surveys will incorporate the four topics used in the pilot survey: determining perceptions of barriers to understanding and using health insurance, finding activities that are being used to help consumers find care, recognizing barriers to help consumers navigate the healthcare system and finding better options to support consumers while connecting to care (Martin & Luoto, 2015).
The survey will consist of four sections for residents of Fulton County to complete. The first section of the survey will ask demographic questions regarding age, employment status, insurance status, how insurance was obtained, and the time span of being enrolled in a health insurance plan. The second section of the survey will ask questions based around the first topic theme, determining perceptions of barriers to understanding and using health insurance. For example, residents will be asked if they have faced any challenges obtaining insurance such as trouble understanding terminology used in the enrollment process and difficulty choosing a plan. From there participants will be asked if they have encountered problems using their insurance such as not knowing who to contact to make premium payments, finding a provider, terminology and knowing who to contact about plan questions.

The third section of the survey will consist of questions related to themes two through four: finding activities that are being used to help consumers find care, recognizing barriers to help consumers navigate the healthcare system and finding better options to support consumers while connecting to care (Martin & Luoto, 2015). Residents will be asked if they know of any resources where they can get help finding care and navigating the healthcare system. Furthermore, residents will be asked if they have used any of the resources they know about and the reasons for using or not using the known services such as convince or ease of use. If residents do not know about any resources questions will be asked regarding what resident’s think would be helpful. Examining these questions will help provide information about how to distribute information from the initiative, what Fulton County residents like and dislike and the best way to inform residents.

The survey will be distributed to first time insured Fulton County residents who are eighteen and older. The survey will be written at the third-grade reading level to help ensure that
as many people as possible will be able to participate. Additionally, phone interviews will be incorporated into the survey process which will consist of the same questions found in the written survey. Phone interviews will be used to ensure that individuals with all literacy levels have an opportunity to participate.

Another version of the survey will be sent to local organizations in Fulton county, such as community health centers, county clinics, and medical providers offices to obtain information relating to insurance enrollment status and health literacy. The surveys sent to local organizations and providers will differ slightly from the surveys sent to residents. The organizational survey will focus on themes two through four in order to determine what local agencies view as barriers for individuals obtaining and using health insurance effectively. The survey will also ask if the organization or provider currently assists with helping to reduce the barriers that they see in any way such as increasing awareness or referring consumers to resources. These questions will provide information about what additional problems need to be addressed, the role of organizations and providers and could lead to the identification of stakeholders.

Key Stakeholders

Stakeholders refer to anyone who has an interest in the implementation of a program (Boundless, n.d.; Fixsen et al., 2005). Stakeholders can be individuals or organizations within the community who may have a similar mission statement as the program. Stakeholders typically have an invested interest in the program and may help with brainstorming, planning, or provide funding for the program (Fixsen et al., 2005). Stakeholders have a fundamental role in the success of a program or initiative. A variety of stakeholders with various responsibilities will contribute to the successful implementation of From Coverage to Care (See Table 5).
Table 5: Stakeholder Roles

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Center for Medicaid and Medicare Services (CMS)</strong></td>
<td>Purveyor</td>
<td>CMS is a <em>From Coverage to Care</em> program developer. Responsibilities include training staff, reviewing fidelity forms and, giving guidance and feedback during the implementation process.</td>
</tr>
<tr>
<td><strong>The Office of Minority Health (OMH)</strong></td>
<td>Purveyor</td>
<td>OMH is a <em>From Coverage to Care</em> program developer. Responsibilities include hiring and training <em>From Coverage to Care</em> staff team members, reviewing fidelity forms and, giving guidance and feedback during the implementation process.</td>
</tr>
<tr>
<td><strong>Georgia Centers for Medicare and Medicaid Services</strong></td>
<td>Implementing Agency</td>
<td>Act as the primary organization responsible for implementation in Fulton County. Responsibilities include training referral agency staff about the program and deliver the program to consumers.</td>
</tr>
<tr>
<td><strong>The Office of Community Health Education and Promotion (CHEP)</strong></td>
<td>Implementing Agency</td>
<td>Act as a partner by assisting in the delivery of materials to consumers through classes and health fairs.</td>
</tr>
<tr>
<td><strong>Fulton County Department of Public Health</strong></td>
<td>Referral Agency</td>
<td>Act as a partner by identifying resources and partner organizations within the County to help identify individuals to participate in the program.</td>
</tr>
<tr>
<td><strong>Fulton County Health Centers</strong></td>
<td>Referral Agency</td>
<td>Act as a partner by identifying individuals to participate in the program and deliver program materials. In contact with consumers.</td>
</tr>
<tr>
<td><strong>Insure Georgia</strong></td>
<td>Referral Agency</td>
<td>Act as a partner by identifying individuals to participate in the program and deliver program materials.</td>
</tr>
<tr>
<td><strong>Georgia Health Foundation</strong></td>
<td>Funder</td>
<td>Helps provide funding for the initiative through the grants the organization offers.</td>
</tr>
<tr>
<td><strong>Healthcare Georgia Foundation</strong></td>
<td>Funder</td>
<td>Helps provide financing for the initiative through the grants the organization offers.</td>
</tr>
<tr>
<td><strong>Georgia Department of Public Health</strong></td>
<td>Funder</td>
<td>Helps provide state funding for the program.</td>
</tr>
</tbody>
</table>
Purveyors

A purveyor refers to an entity who developed a program and is considered an expert in supporting the implementation of the program with high fidelity (McWilliam et al., 2016). The responsibilities of the purveyor include identifying stakeholders and collaborators, training staff, and acting as the communication link to local organizations to inform them about the initiative. The Center for Medicaid and Medicare Services, along with The Office of Minority Health, have helped to create *From Coverage to Care* and will serve as the purveyors in the implementation in Fulton County. The program developers will be able to provide additional insight about the initiative throughout the implementation process.

Implementing Agencies

The Georgia Centers for Medicare and Medicaid Services will be the primary organization responsible for implementing *From Coverage to Care* in Fulton County Georgia during the initial implementation stage. This organization will train referral agency staff about the program and will deliver the program to consumers. The Office of Community Health Education and Promotion (CHEP) will also help implement the initiative. CHEP educates and empowers residents of Fulton County about health concerns through educational programs, health events, workshops, health fairs and community classes (Fulton County GA, n.d.). Partnering with CHEP to add *From Coverage to Care* to class listings and include the initiatives educational materials in health fairs would help to increase consumer awareness and knowledge.

Referral Agencies

The Fulton County Department of Public Health will be another key stakeholder during initial implementation. The Fulton County Department of Public Health has access to a variety of resources that will be advantageous to the initiative. For example, the six County Health Centers
offer a range of health services to individuals with low income and no insurance. The Health Centers can act as a referral agency by helping identify people who will benefit from the *From Coverage to Care* initiative. Insure Georgia, who is currently already working with five Health Centers in Fulton County, would also be a valuable referral agency. Insure Georgia provides free services to people who need help finding insurance as well as helps with additional insurance related matters. As a referral agency stakeholder, Insure Georgia, would assist in identifying individuals to participate in the initiative.

The Fulton County Health Centers and Insure Georgia are already in contact with individuals that *From Coverage to Care* is designed to help. Therefore, partnering with these organizations to deliver the materials to the target population would be beneficial. The primary responsibilities of the partnering agencies are to identify individuals who would benefit from the program and act as the communication link to distribute the program’s materials to the consumers.

*Funders*

In addition to stakeholders who would help deliver the program, there are also stakeholder organizations that can help with funding. Funding is essential to any program or initiative since it helps to supply resources and disseminate the program. The Georgia Health Foundation, Healthcare Georgia Foundation and the Georgia Department of Public Health can provide funding for the initiative. The Georgia Health Foundation and Healthcare Georgia Foundation offer grants yearly, such as the direct service grant program and the health policy grant program, that are meant to help improve the health of Georgia residents. It is essential to the success and sustainability of the initiative that *From Coverage to Care* obtains both private and public funding. With so many stakeholders involved in the implementation process it
essential that the stakeholders understand the way in which the agencies are organized (See Figure 3). To effectively implement and disseminate the *From Coverage to Care* initiative the purveyor and various stakeholders must work together. By working collaboratively to address a mutual problem stakeholders can find multidimensional solutions to bring about change.

Figure 3: Organization of Agencies
**Installation Stage**

The second stage of the implementation framework, Installation, focuses on getting the resources needed to move forward such as selecting staff and providing training (Bertram et al., 2014). The purveyors, The Center for Medicaid and Medicare Services and The Office of Minority Health, will be responsible for developing a team within the Georgia Centers for Medicare and Medicaid Services to lead the implementation of the initiative in Fulton County. Team members will consist of Team Leads and Community Outreach Specialists. The Team Leads will need experience in program implementation, healthcare, health literacy, and management. Community Outreach Specialists refer to *From Coverage to Care* staff members who will work with the stakeholder partners and consumers. The Community Outreach Specialists will need to have insurance experience, healthcare terminology knowledge, outreach practice and expertise working with individuals with low health literacy. The team will be responsible for engaging stakeholders, training partnering organizations to deliver program materials to the intended consumers, delivering materials to consumers and assessing the program fidelity and progress. All team members will be required to complete training, led by the purveyors, on the initiative and the variety of people needed to implement *From Coverage to Care*.

**Training: Background**

All team members will complete an hour online video training where participants will identify the need and importance of the program. Additionally, the course will explain the mission and goals of the program. After reviewing this information, the video will tell team members that to address the issue it will require an effort from multiple people within the *From Coverage to Care* team and from outside organizations who will be acting as partners. While
there will be a vast number of individuals working on the initiative, it is key that everyone works
together as a team to collectively implement the program. After the completion of the online
video, an hour and a half meeting will take place. The meeting will start off by having a CMS
program developer speak about the program and the importance of engaging with the
community. Team members will be encouraged to ask questions and get to know each other’s
role in the initiative.

*Training: Team Leads*

In addition to the background training, Team Leads will be required to complete training
specific to their role. Team Leads will be responsible for supporting Community Outreach
Specialists, planning community events to promote the initiative and assist in measuring the
program’s progress. Therefore, training will consist of an hour-long online video and a two-day
in-person workshop. Trainees must complete the online video before the workshop. The video
will briefly review the importance of the job role, discuss how to plan community events and tie
in the need to support Community Outreach Specialists.

The two-day in-person workshop will cover material more in depth and give trainees an
opportunity to gain firsthand experience practicing skills. Team Leads will receive a manual on
the first day of the workshop that will cover topics about how to support Community Outreach
Specialists, when and how to plan community events to promote the initiative, fidelity
assessment and evaluation forms. The workshop will review each section of the manual with
trainees. Trainees will also participate in role playing activities that include troubleshooting
problems with Community Outreach Specialists, offering additional support to staff, practice
monitoring the initiative as well as become familiar with the fidelity assessment forms and
practice event planning.
Training: Community Outreach Specialists

The Community Outreach Specialists will have a vital role in the implementation of the initiative through the distribution of From Coverage to Care materials to partner organizations and consumers. These team members will be in close contact with the partner agencies at the Fulton County Health Centers and Insure Georgia. It is the responsibility of the Outreach Specialists to educate staff at the partner organizations about From Coverage to Care as well as how to approach consumers about the initiative. Furthermore, these individuals will have the responsibility of supporting partnering organizations efforts to identify consumers. Community Outreach Specialists will also be responsible for reaching out to consumers about the program after the partner agencies have identified interest from the consumer. Since these team members will have such a vital role, it is important that individuals who act as Community Outreach Specialists have excellent organization and coordinating skills as well as experience in healthcare settings. It would also prove beneficial for Outreach Specialist to have excellent communication skills.

Training will be essential for individuals who are Community Outreach Specialists. Training will consist of two segments: an online training segment and an in-person training segment. It is mandatory that the online training portion is complete before the in-person training can take place. The online course of the training will consist of three parts. First, the online training will provide trainees with a list of responsibilities and how to meet the responsibilities. The second part of the online training will review information that needs to be shared with partner organizations and offer tips on how to build that partnership connection. The third and last section of online training will guide Specialist’s interactions with consumers. Upon
completion of the online training, Community Outreach Specialists will perform training in person.

In-person training will consist of a two-day workshop that will provide trainees with further skills needed to thrive in the role. The workshop will be composed of three segments like the online training. The first day of the training will focus on segments one and two. The first segment focuses on how to meet the responsibilities of the job by providing organizational and communication tips. The second segment will focus on building relationships with partnering organizations. This section covers detailed information about how to get staff at the partnering organizations on board and how to train them to recognize consumers who would benefit from the program. To ensure Community Outreach Specialists will be comfortable working with partner staff members role-playing with feedback will be used.

The second day of training will provide trainees with additional hands-on practice using the information reviewed on the first day as well as the third segments information. The third segment of the training workshop will go over interactions with consumers. Health literacy will be an important topic for Community Outreach Specialists to keep in mind when interacting with users. Consumers will have varying levels of health literacy; therefore, training through role-playing will be used to provide practice. The in-person workshop also allows participants to build connections and identify mentors who will be a useful resource for future questions or guidance.

Partner Resources

Community Outreach Specialists must be familiar with the resources available for partner organizations. Resources available for partnering organizations to use include the Manage Your Health Care Costs document, partnership toolkit, enrollment toolkit, A Roadmap to Better Care
and Healthier You customizable document, discussion guides for community partners, Coverage to Care community presentation, fillable test result hand card, fillable contact information hand card, and the fillable appointment reminder card (Centers for Medicare & Medicaid Services, 2017). See Table 6 below for more information about partner resources.

Table 6: Descriptions of Partner Resources

<table>
<thead>
<tr>
<th>Resource Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Manage Your Health Care Costs</strong></td>
<td>Provides tools for partners to use to help consumers manage health care costs. The booklet contains insurance topics to discuss with consumers such as premiums, copayments, and deductibles. The booklet offers worksheets for consumers to fill out about their policies costs as well as provides information about how to plan for health care costs by knowing your income and spending. This information is not meant for the partnering organization to give advice on what consumers can and cannot afford. Additional financial resources are listed.</td>
</tr>
<tr>
<td><strong>Partnership Toolkit</strong></td>
<td>Explains why the program is important, the languages materials are available in, event ideas, social media graphics such as flyers and posters.</td>
</tr>
</tbody>
</table>
| **Enrollment Toolkit**                                    | Consists of a 50-page book that partners can use to help consumers choose a health plan that fits their needs. The book contains 5 sections which include information about why to enroll, what to know before enrolling, what to know when picking a plan, what to do after obtaining coverage and what consumers with special circumstances should know.  
(See Appendix E)                                                                 |
| **A Roadmap to Better Care and Healthier You Customizable Document** | A customizable Roadmap book where partners can enter their information into the book and local resources before distributing to consumers.                                                                          |
| **Discussion Guides**                                     | A 20-page book that gives partners tips about how to talk to consumers and how to incorporate the Roadmap into the conversation.                                                                                   |
| **Community Presentation**                                | PowerPoint Presentation that can be used by community partners to explain and share From Coverage to Care.                                                                                                     |
| **Fillable Test Result Hand Card**                        | A card that a consumer can use to keep track of health screenings. The card is beneficial to use at events such as health fairs.                                                                                  |
| **Fillable Contact Information Hand Card**                | A card that partners can give to consumers with additional resources contact information.                                                                                                                  |
Initial Implementation

The third stage of the framework, Initial Implementation, consists of program delivery to the target audience. This stage also includes assessing the fidelity of the program to ensure materials are delivered as intended as well as troubleshooting problems that arise (Bertram et al., 2014). Therefore, it is necessary to determine if there are any challenges that *From Coverage to Care* staff members and stakeholders need to address to implement the program effectively. If problems arise, they will be dealt with by the stakeholders during a monthly meeting that stakeholders from all partnering organizations as well as Team Leads and Community Outreach Specialists can attend. The meetings will discuss any issues that arise as well as concerns for the future. Current issues and future concerns will be reviewed with all meeting attendees to identify viable solutions. All solutions will be written down to determine which solution will best resolve the problem. Quickly addressing issues can help to ensure the success of the program and by including stakeholders in the process it helps encourage stakeholder participation.

Program Eligibility

To make sure the program is being delivered to the target audience an individual’s eligibility to participate in the program will be assessed. The Fulton County Health Centers, Fulton County Department of Public Health and Insure Georgia will assist with determining eligibility when meeting with clients. All clients who are first time recipients of health insurance will be eligible to participate in the program. Additionally, a client can be referred to the program if there is confusion about health insurance terminology or concerns regarding navigating the healthcare system.
An eligibility form will be used by the partnering organizations to help identify newly insured consumers who would benefit from the initiative. The form provides a checklist of characteristics for Fulton County Health Center and Insure Georgia staff member to review to determine if an individual would be a good fit for the program (See Appendix F). If the partnering organizations staff member can check yes to any of these questions, then the individual would benefit from the program.

Program Delivery

Delivering the program educational material effectively and efficiently is imperative to the initiatives outcome and long-term sustainability. The CMS and OMH will act as the communication link by developing the From Coverage to Care team needed to implement the initiative within The Georgia Center for Medicare and Medicaid Services who will implement the program in Fulton County Georgia. The team will be responsible for training the destination organizations, agencies who will be in direct contact with consumers, such as the Fulton County Health Centers, Fulton County Department of Public Health and Insure Georgia. The Community Outreach Specialists will also be in direct contact with consumers.

Once the partnering organization determines that an individual is eligible to participate, they will introduce the program. The partnering organization will explain to the individual the benefits that they will get from participating, discuss one of the topics the individual will most likely benefit from and determine if the person is interested. If the person is interested in participating in the program, they will be invited to attend a small class, schedule a meeting with a Community Outreach Specialist or a combination of both. Classes will be held a couple of times per month and will be led by a Community Outreach Specialists and by The Office of Community Health Education and Promotion (CHEP). The classes will discuss all topics found
in the Roadmap Booklet, consumers will learn about available resources, such as the videos and the 5 ways to make the most of your health coverage checklist document. After completing the class attendees will be asked to write their name on a form if they would like to meet with a Community Outreach Specialist one on one to further go over materials or answer questions.

During one on one sessions, Community Outreach Specialists will cover the information in the Roadmap Booklet and will encourage consumers to ask questions. These sessions will help to make sure that the individual is increasing their understanding of health insurance terminology and health literacy levels. If the consumer has any additional questions, they will be encouraged to contact the Community Outreach Specialist. However, if the Specialist does not have the answer or is not equipped to respond to a question the Specialist will refer the consumer to the appropriate resource. Connecting the consumer to the program’s materials and resources is a multistep process that involves all stakeholders (See Figure 4).
Figure 4: Program Delivery

From Coverage to Care • Source

The Center for Medicaid and Medicare Services & The Office of Minority Health

• Communication Link/Purveyor

The Georgia Center for Medicare and Medicaid Services
Health Centers
Insure Georgia
Office of Community Health Education and Promotion
Community Outreach Specialists

• Destination/Delivers program

Feedback

Consumers
Program Fidelity and Support

The initiative will utilize three fidelity forms to ensure the successful implementation of the program. The fidelity forms will be used to make sure that *From Coverage to Care* staff members are implementing the initiative as it is intended. The forms will help establish communication between team members and the purveyors by providing a time for both parties to review the fidelity form together. The purveyors will discuss with the team member what they are excelling at and provide feedback and guidance about what can be improved. Additionally, these conversations will allow the staff members to ask for clarification about topics and will provide the opportunity for further support as needed to fulfill their role.

Once a client is acknowledged as a suitable candidate for the program, the partnering organization’s staff member will use a process fidelity form. The form provides a checklist of program topics to introduce. The list will include items such as an introduction to the program, the roadmap booklet, video series and introducing the Community Outreach Specialist to the consumer. A Community Outreach Specialist may be presented to the consumer on site at the health clinic or permission will be obtained for the Community Outreach Specialist to contact the consumer by telephone at another time. The purveyors will be responsible for reviewing the fidelity form for assessing the partnering organizations and determining if further support is needed. A copy of the partnering organizations fidelity form is in Appendix G on page 61.

The Community Outreach Specialists will use the second and third program fidelity forms. The Specialists are responsible for providing further details and education about the program in a class and individual setting. The form for the classroom setting will also consist of a checklist of items that will be acknowledged as discussed. Topics that Community Outreach Specialists will be responsible for discussing in detail in a group setting include: having
insurance, understanding insurance, terminology basics, contacting, providers, continued care, the Roadmap booklet and the video series (See Appendix H). Specialists will complete the third fidelity form during individual meetings with consumers. The form will cover the same topics as the class but will encourage the participant to ask more questions to engage in one’s health (See Appendix I). For example, to promote active participation in health consumers will complete activities that will help increase health literacy and build confidence in health settings. The fidelity forms will be reviewed by the purveyors to ensure the program is delivered as intended as well as to provide the staff member feedback and support.

Program Evaluation

The initial implementation of From Coverage to Care in Fulton county will need to be evaluated to determine that it is effective and meeting its goals. Examining the initiatives ability to meet its goals will provide insight into the strengths and weaknesses of the program. The program evaluation will focus on proximal outcomes to determine that it is reaching the target audience and delivering the materials as planned. The evaluation of the program will consist of examining three factors.

The first factor will examine if participants in the program demonstrate an increase in health knowledge. The second factor will determine confidence levels of participants when discussing health topics. To measures these factors a pre-and post-test survey will be distributed to consumers who participated in the class sessions or one on one sessions. The surveys will ask questions about health terminology and ask participants to rank their confidence level discussing health topics using a Likert scale. The posttest survey will also include program satisfaction questions to gain feedback from consumers.
The third factor the evaluation will examine is how many consumers have participated in the program. To gather this information the number of individuals who attend the class sessions and one on one sessions will be recorded. The number of times that consumers have accessed the available resources such as the videos and other online resources will also be monitored. Additionally, it will be important to review the results of the fidelity assessments to determine if the program is being implemented as intended in the short term and long term.

*Full Implementation*

The fourth and final stage of Bertram’s framework is full implementation. Before the full implementation phase begins, it is necessary to examine the results of the initial implementation evaluation. The evaluation results from the initial implementation in Fulton County will be used to determine the improvements and adaptations needed to make the program run smoother and more efficiently. During full implementation, the initiative will first be expanded to other counties in Georgia with similar demographics to Fulton County and continue to develop until implemented in all Georgia counties.

*Scale-Up*

It will take many years to expand *From Coverage to Care* to all Georgia Counties. To reach this goal a three-step approach will be used. First, the initiative will scale up to include Dekalb County and Cobb County due to their similar demographics and proximity to Fulton County. Expanding to these two Counties first will allow the *From Coverage to Care* team time to train newly hired staff in the Counties and establish partnerships. Since the two Counties have similar characteristics to Fulton County, the implementation process should be similar. By gradually expanding the initiative it will allow time to make sure the program is running
smoothly in newly integrated Counties. Additionally, it will give the purveyor time to adjust to meeting the needs of the participating Counties.

The second step of the scale-up process will involve expanding to two rural Counties. The first rural County the initiative will expand to is Crisp County since this is the location of the State Office of Rural Health which will be a vital resource and stakeholder during this phase of the scale-up. Another rural County such as Dooley will be included in the expansion due to its proximity to Crisp County. Rural areas typically have greater challenges since these regions typically have fewer health resources, older residents, and usually have less education compared to individuals who live in cities (The Georgia Health Policy Center, 2007). Therefore, completing a needs assessment in rural areas with differing demographics to Fulton County will be especially valuable to implementation. All Counties have different resources and needs that From Coverage to Care team members must take into consideration. The needs assessment will help identify available resources, stakeholders, what community members view as important and will assist in determining if certain adaptations are required. Implementing the program in two rural areas to start with will help the From Coverage to Care team determine how to best address any unexpected issues unique to rural areas.

Once From Coverage to Care has successfully been implemented in the urban and rural Counties the third step of the scale-up process will begin. The third step of the process involves expanding to the remaining Georgia Counties. Extending the initiative to the remaining Counties will take time as well as additional resources. The initiatives team and staff members must be prepared to grow in order to address the needs of varying counties. Therefore, hiring more staff and team members such as Community Outreach Specialists and Team Leads will be required to expand. With additional hiring comes the need for training of team members and establishing
support for new members to prevent low fidelity and high turnover rates. Having the staff available to increase program participation is an essential element to scale-up.

Increasing implementation of the initiative in Georgia will demand the development of strong partnerships with local businesses and organizations such as the Georgia Department of Community Health. Identifying partners in the different Counties will be crucial to the success of expansion. Once partners are identified in a County, a webinar will be held. The webinar will present the purpose of the program, discuss the success of the initial implementation in Fulton County as well as have guest speakers discuss their experience with the program. Partnerships with agencies individuals know and trust within the local community will help promote the program and increase participation. Expanding the initiative to all Georgia residents will require further resources to assist in the sustainability of the program.

Program Sustainability

Program sustainability refers to the ability to maintain a program or initiative over an extended period of time (Schell et al., 2013). These factors are important to the full implementation stage of Bertram’s framework as well as to the success of the program. These factors include having funding available to implement the program long term, having engaged stakeholders and community interest from organizations, and having interested participants to partake in the program. Furthermore, to sustain the program in Georgia, it will be necessary to have a dedicated team who is familiar with the program and Georgia act as the purveyor.

The Georgia Centers for Medicare and Medicaid Services, who will have experience implementing the initiative, will transition into the purveyor. The Georgia Centers for Medicare and Medicaid Services will take over the responsibilities of identifying stakeholders and collaborators, training staff, assessing fidelity, and acting as the communication link to local
organizations to inform them about the initiative. Transitioning the Georgia Centers for Medicare and Medicaid Services into the purveyor role will eliminate the program developer’s responsibilities and therefore reduce the cost of implementation.

Within the state of Georgia, there are many public and private organizations that From Coverage to Care can partner with to sustain the growth of the program. Potential stakeholders include Georgians For a Healthy Future, Georgia Enrollment Assistance Resource Network (GEAR), the Georgia Alliance for Health Literacy, Georgia Department of Public Health, Community Health Centers, County Health Clinics, and Georgia technical colleges. The above stakeholders help to bring a variety of insights and can help enrich the initiative. For example, Georgians For a Healthy Future and Georgia Enrollment Assistance Resource Network (GEAR) aid residents of Georgia with finding and obtaining health insurance. Both organizations understand the impact health literacy has on an individual’s ability to obtain and use health insurance effectively. Therefore, working with the Georgia Alliance for Health Literacy whose focus is on increasing awareness about health literacy skills among individuals, organizations, and providers to improve health outcomes would be beneficial to meeting the goals of the initiative.

Working with the Departments of Public Health, Community Health Centers, and County Health Clinics will help to provide access to patients to deliver the initiative. These organizations typically work with individuals who have limited health insurance and low health literacy. Partnering with the health workers who already work with consumers will be beneficial in reaching the target audience.
Program Adaptations

Program adaptations may need to be considered when implementing the program in new Counties. Different approaches to engage with the community may be necessary depending on the demographics and resources of the area. For example, in some Counties using a health center may prove to be an ineffective destination for delivering materials and establishing relationships with individuals. If that proves to be the case then identifying and building a relationship with a partner organization that community members trust will be necessary. Adaptations to how the partner organization staff are trained and informed about the program may be needed to integrate the educational materials successfully.

Adaptations can also be made to From Coverage to Care to further increase consumer engagement in one’s health. For example, the initiative could partner with Ask Me 3 educational program which encourages people to ask healthcare professionals questions to be more informed (National Patient Safety Foundation, n.d.). The three questions of Ask Me 3 include asking: 1) What is my main problem? 2) What do I need to do? 3) Why is it important for me to do this? (National Patient Safety Foundation, n.d.). These questions help to provide individuals with clear and concise information regarding their health status. Incorporating materials such as this into the From Coverage to Care program will encourage people to ask questions and become proactive in their health in addition to raising health literacy levels.

Implementation and Sustainability Challenges

Expected and unexpected challenges will affect the implementation and sustainability of a program. Expected challenges refer to problems From Coverage to Care team members, and stakeholders know that they need to be aware of during implementation. While unexpected challenges refer to unforeseen problems that team members and stakeholders will have to
address. Challenges will inevitably arise during the implementation of the initiative throughout the state of Georgia. However, it is the responsibility of the *From Coverage to Care* staff members and stakeholders to discuss the problems and find solutions.

One challenge that the initiative will face is implementing the program in urban versus rural settings. In Counties located in rural areas, it may prove to be harder to connect consumers to County resources and as a result the program. For example, accessing the resources in rural areas where public transportation may be limited could be problematic. When expanding the initiative to different Counties, this must be taken into consideration and examined when completing the mini needs assessment. The needs assessment could help identify ways in which to address this problem.

Another challenge that the initiative will need to consider is having enough support from the community where the program is being implemented. Having support from the local community is crucial to the success of *From Coverage to Care*. Some organizations in the community might be overwhelmed with the thought of partnering with *From Coverage to Care* in addition to their current work. For example, doctors and their office staff have been hesitant to partner with *From Coverage to Care* because of their large workload already (A. Peddicord-Austin, personal communication, June 19, 2017). Therefore, it is up to *From Coverage to Care* team members to make sure partnering organizations are not overwhelmed and understand that the initiative will integrate with their organization’s current work.

Funding is another challenge that can impact the implementation and sustainability of the program. Without funding the program will not be able to hire *From Coverage to Care* team members to establish relationships with partnering organizations and deliver the program to residents. To prevent funding from becoming a problem, it is crucial that the initiative always is
looking at different funding opportunities. Identifying various sources of private and public funding through the state of Georgia will be necessary for implementing and sustaining the program long term.

Conclusion

The Patient Protection and Affordable Care Act (ACA) was created to provide Americans affordable healthcare options while reducing healthcare spending and healthcare disparities. The ACA has increased the number of insured individuals; however, simply signing people up for health insurance is not enough. People must know how to use their insurance to truly reduce healthcare spending and healthcare disparities. To reduce healthcare spending and healthcare disparities it is necessary that individuals understand how to navigate the healthcare system which can be achieved by increasing consumer’s health literacy levels. In the State of Georgia insurance enrollment assistors identified low health literacy as a barrier to obtaining and using health insurance (Georgians For A Healthy Future, 2015). The initiative, From Coverage to Care focusses on increasing consumer’s health literacy once health insurance is obtained and is therefore a good fit for addressing this issue.

Bertram and colleagues’ (2014) four stage implementation framework helped to identify and organize the variety of topics that needed to be addressed in the implementation plan. For example, the exploration stage of the framework aids in assessing the fit of the program in the target area which is accomplished by conducting a needs assessment. The installation stage focuses on training and preparing staff in a variety of manners, such as online training, workshops, and role playing, for the initial implementation process. In the third stage, initial implementation, the program is delivered in Fulton County, and fidelity is assessed to verify that the program is being delivered as intended. During full implementation, it is necessary to
evaluate the initial implementation to determine if any changes or adaptations should be made for full implementation in Georgia. All four of these stages are intertwined and build upon each other to produce an effective implementation plan.

Implementing the initiative, From Coverage to Care in the State of Georgia will take a lot of time and a variety of resources. Support from the local communities where the initiative is being implemented as well as stakeholders is essential to implementing and sustaining the program. There will inevitably be problems the implementation team will have to address. However, From Coverage to Care will have the capability to increase Georgians health literacy, engagement in one’s health and improve health outcomes.
References


Implementation Research: A Synthesis of the Literature. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231)


Institute for Work and Health. (n.d.). What researchers mean by primary, secondary, and tertiary


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...

2 Your roadmap to health
4 Put your health first
6 Understand your insurance plan
10 Find a provider
12 Make an appointment
14 Be prepared for the first visit
20 Decide if you like the provider
22 Next steps after your appointment
24 Resources: Glossary and Links
Roadmap to health found in Roadmap Booklet

**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.**
   - Take 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.
Appendix B

Health Checklist found in resource section of the Roadmap Booklet

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

5 ways to make the most of your health coverage checklist document

1. Confirm your coverage
   - Be sure your enrollment is complete. Contact your health plan and/or state Medicaid office.
   - Pay your premium if you have one, so you can use your health coverage when you need it.

2. Know where to go for answers
   - Contact your health plan to see what services are covered, and what your costs will be.
   - Read the Roadmap to Better Care and a Healthier You to learn about key health insurance terms, like coinsurance, and deductible.

3. Find a provider
   - Select a health care provider in your network who will work with you to get your recommended health screenings.
   - Remember you might pay more if you see a provider who is out-of-network.

4. Make an appointment
   - Confirm your provider accepts your coverage.
   - Talk to your provider about preventive services.
   - Ask questions about your concerns and what you can do to stay healthy.

5. Fill your prescriptions
   - Fill any prescriptions you need.
   - Some drugs cost more than others. Ask in advance how much your prescription costs and if there is a more affordable option.

For more information about From Coverage to Care, visit go.cms.gov/c2c

CMS Product No. 11958
March 2016
Appendix D

Video Resources

FROM COVERAGE TO CARE

VIDEO RESOURCES:

Chapter 1 – My New Health Plan (English) (Spanish)
Chapter 2 – Understand the Plan (English) (Spanish)
Chapter 3 – Words to Know (English) (Spanish)
Chapter 4 – Finding a Provider (English) (Spanish)
Chapter 5 – Making an Appointment (English) (Spanish)
Chapter 6 – Almost Ready (English) (Spanish)
Chapter 7 – My First Visit (English) (Spanish)
Chapter 8 – Like or Dislike (English) (Spanish)
Chapter 9 – The Day After (English) (Spanish)
Chapter 10 – The Final Word (English) (Spanish)
Appendix E

Enrollment Toolkit

TABLE OF CONTENTS

1
Why consumers should sign up for health coverage (page 2)
• Benefits of coverage
• Affordability
• Exemptions or fee for not having coverage

2
What consumers should know before enrolling in a plan (page 9)
• What services are covered
• Costs of coverage
• How to get help paying for coverage
• Re-enrollment reminders

3
What consumers should know when picking a plan (page 20)
• Plan categories (Bronze, Silver, Gold, Platinum)
• Provider networks
• Prescription drugs & formularies
• Dental & vision coverage

4
What consumers should do after they get coverage (page 30)
• Completing enrollment
• How to know what’s covered
• Picking or changing providers
• Ongoing treatment & prescription drugs

5
What consumers with special circumstances should know about enrolling in coverage (page 35)
• American Indians & Alaska Natives
• Limited English proficiency
• Immigrants
• Resources for other populations
Appendix F

Partnering Organization Eligibility Form

Assess the Need

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>First time having insurance</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Terminology Confusion</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Frequent unnecessary health center visits</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Able to navigate the healthcare system</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Appendix G

Partnering Organization Fidelity Form

Name of Site: _________________________________ Date: ________

Name of Reviewer: _____________________________

Name of Client: ________________________________

Introduce *From Coverage to Care*

<table>
<thead>
<tr>
<th>Introduction to the Program</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to the Booklet</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Introduction to the Video series</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Introduction to Community Outreach Specialist</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Permission Obtained to Contact Client</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Appendix H

Community Outreach Specialist Fidelity Form

Community Outreach Specialist: ______________________________________

Class Location: ________________________________ Date: _________

<table>
<thead>
<tr>
<th>Topics Discussed</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having Insurance</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Understanding Insurance</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Terminology Basics</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Contacting Providers</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Continued Care</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>The Roadmap Booklet</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>The Video Series</td>
<td>Yes</td>
<td>No</td>
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</tbody>
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Appendix I

Community Outreach Specialist Individual Fidelity Form

Community Outreach Specialist: ______________________________________

Consumer: ________________________________ Date: __________

<table>
<thead>
<tr>
<th>Topics Discussed</th>
<th>Yes</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Having Insurance</td>
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<td>No</td>
</tr>
<tr>
<td>Understanding Insurance</td>
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</tr>
<tr>
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<td>No</td>
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<tr>
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<tr>
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<td>The Video Series</td>
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<td>Ask Questions</td>
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<tr>
<td>Activities</td>
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