



Helping Newly-Enrolled Families Understand and Use Their Medicaid & CHIP Coverage

April 22, 2015 3:00 PM

Agenda

- Overview and Introductions
- Medicaid's Guarantee of Comprehensive Coverage
- Community Health Centers & Medicaid/CHIP
- Integrating Health Literacy Efforts Into Outreach and Enrollment Activities
- From Coverage to Care
- Connecting Kids to Coverage Campaign Resources



Medicaid's Guarantee of Comprehensive Coverage

- Jane Perkins
Legal Director



Why a Separate Medicaid Benefit for Children & Youth?

Time of Rapid Brain and Body Development:

- Children are not little adults
- Adolescents are not big children

Poor Children Experience Health Disparities:

- Vision, hearing and speech problems
- Untreated tooth decay
- Elevated lead blood levels
- Asthma
- Behavioral health problems
- Transportation problems

What Does EPSDT Stand For?

E = Early and

P = Periodic

S = Screening,

D = Diagnostic &

T = Treatment

EPSDT – What Makes It Different?

“The EPSDT benefit is more robust than the Medicaid benefit for adults and is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. The goal of EPSDT is to assure that individual children get the health care they need when they need it—the right care to the right child at the right time in the right setting.”

CMS, EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents
(June 2014)

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html>



InsureKidsNow.gov

Who Gets EPSDT?



Mandatory Medicaid service for children and youth under age 21

- Covers more than one in four children in US
 - Over 30% of all pediatrician visits
 - Post-ACA 138% of FPL for all children up to age 19
- NOTE: Includes CHIP implemented as Medicaid expansion

What EPSDT Screens Should My Child Get?

- **Medical**, including
 - Health and developmental assessment;
 - Unclothed physical exam;
 - Immunizations;
 - Lab tests, including lead blood tests; and
 - Health education and anticipatory guidance.
- **Hearing**, including hearing aids
- **Vision**, including eyeglasses
- **Dental**, including relief of pain, restoration of teeth and maintenance of dental health

When Should My Child Get EPSDT screens?

- Periodic Screens
 - Set according to age
 - Set by medical and dental experts
 - Separate schedules for medical, dental, vision and hearing
- Inter-periodic “as needed” Screens



Case Example

J.C. is a 12-year-old girl who is enrolled in Medicaid. She has always done well in school, academically and socially. However, this academic year, she has complained about school and failed to turn in homework. Her teachers have repeatedly called her mother to say she is not paying attention in class.

If My Child Needs Treatment, What Does EPSDT Cover?

- States must arrange (directly or through referral) for corrective treatment needed as a result of a screen.
 - Federal scope of benefits
 - Federal definition of medical necessity



Federal Scope of Benefits

All necessary treatment within 1396d(a):

Mandatory services

- Physician services
- Laboratory/x-ray
- In-patient hospital
- Outpatient Hospital
- Nursing Facility Services
- Home Health Care*
- EPSDT

Optional Services

- Prescription drugs
- Dental services
- Physical and other therapies
- Private duty nursing
- Home health care*
- Rehabilitation services
- Personal care services
- Case management
- Transportation

Federal Definition of Medical Necessity

- Treatment and services “necessary ... to correct or ameliorate physical and mental illnesses and conditions”
- “Ameliorate” means to
 - Improve or maintain beneficiary’s health in best condition possible;
 - Compensate for a health problem;
 - Prevent it from worsening; or
 - Prevent the development of additional health problems.

Case Example

D.E. is a 12-year-old boy who suffers from Pervasive Developmental Delay, PTSD, ADHD, autism and significant speech and language delays. He lives with his grandmother when he is not cycling in and out of hospital and other residential placements. Currently, he is at home. The only service he receives with any regularity is medication management. He needs a range of behavioral health and case management services.

How Can I Find Out About EPSDT?

- States must ensure **transportation & appointment scheduling assistance**
 - e.g., prior to due date of periodic medical screen
- States must inform **families & children** about **EPSDT & the benefits of preventive care** using outreach that is effective—**oral and written** and **accessible**
- States involve
 - MCOs, WIC, Head Start, schools
 - Health care providers
 - Legal aid, disability rights advocates

Where can I Find Practical Suggestions for Making Sure That EPSDT Happens?

CMS Strategy Guides

- [EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents](#)
- [Keep Kids Smiling: Promoting Oral Health Through the Medicaid Benefit for Children & Adolescents](#)
- [Paving the Road to Good Health: Strategies for Increasing Medicaid Adolescent Well-Care Visits](#)
- [Making Connections: Strategies for Strengthening Care Coordination in the Medicaid Benefit for Children & Adolescents](#)

Community Health Centers + Medicaid/CHIP: Outreach & Enrollment

- **Jessica Burkard**

Project Manager, Community
Health Improvement



About Us

Northwest Regional Primary Care Association, located in Seattle, WA, is a 501©3 membership association representing community health centers (CHC) in Washington, Idaho, Alaska, and Oregon (Region X).

Programs/Services

- Community Health Improvement Program
- Learning Connections
- Workforce Development
- Member Services



CHC 101



Who they are:

- HRSA funded private or non-profit entity,
- Community-based and patient-directed organizations,
- Governed by a community based Board,
- Provide primary and preventive care to the medically underserved and uninsured

Who they serve:

- Populations with limited access to health care – Medicaid eligible and the uninsured
- HRSA Special Populations:
 - Migrant/Agricultural workers & Farmworkers
 - Homeless
 - Individuals living in Public Housing

Medicaid Outreach

1. **In-reach:** analyzing in-patient data to identify the uninsured & Medicaid eligible
2. **Community Engagement:** utilizing community members & organizations to target certain groups
3. **Partnerships:** work with other organizations to strategize outreach efforts
4. **Grassroots Groundwork:** visiting local prominent organizations/businesses and face to face interaction
5. **Traditional Marketing:** snail mail, outreach events, social media, etc.

Getting to Medicaid Coverage

HealthPoint & G2L (SeaTac, Washington)

- Partnered with local community based organization, Global to Local (G2L)
- Conducted 60 OE events
- Utilized community members to promote events by word of mouth
- Snail mailed to uninsured patients after evaluating inpatient data

Central City Concern (Portland, Oregon)

- Educated all OE staff on unique dynamics of population targeted
- Grassroots/groundwork efforts for relationship building
- Provided fact sheets, talking points and resources to staff for outreach efforts
- Partnered with 10 local agencies to collaborate on outreach efforts

They're Enrolled, Now What?

- 1. Insurance Education:** helping consumers understand their benefits
- 2. Health Education:** helping consumers understand the health system and how to navigate it
- 3. Engagement:** empower consumers to identify a primary care provider and/or clinic
- 4. Activation:** getting consumers to use their insurance properly by obtaining primary/preventive care

Health vs. Insurance Literacy

Health Literacy

The degree to which individuals have the capacity to obtain, process and understand basic health information needed to make appropriate health decisions and services needed to prevent or treat illness.**

Health Insurance Literacy

Measures the degree to which individuals have the knowledge, ability, and confidence to find and evaluate information about health plans, select the best plan for their financial and health circumstances and use the plan once enrolled.*

Why Is Health Insurance Literacy Important?

- The next step: engagement and utilization
 - Insurance does not = using the system (efficiently)
- Operational and workforce implications
 - Reduces rework and redundancy
- Cost implications:
 - Individuals with low health literacy average \$13,000 in annual health costs vs. \$3,000 for those with high health literacy*
 - Low health literacy costs the U.S. economy between \$106-\$238 billion annually.**
 - Representing 7%-17% of all personal health care expenditures**
- Improving health and wellness outcomes

Who are Most Affected?



- **Seniors/Older Adults:** are 3x more likely to have below basic health literacy skills*
- **Hispanics/Latinos:** are 4x more likely to have below basic health literacy skills*
- **People w/chronic conditions:** are 5x more likely to have below basic health literacy skills*
- **Other vulnerable populations:** refugees, rural/frontier, recent immigrants, Native/Alaskan tribes, low income, etc.



Patients Want to Understand

- 75% of adults have looked for health or medical information*
- 60% of adults have searched for health information online*
- Searching for health information is one of the top 3 most popular online activities*



Survey Says...

“Very or Somewhat Confident in Understanding Terms:”

Terms related to access to care and benefits	Adult Medicaid Population	Uninsured Adults w/Incomes 138% above the FPL
Provider network	34%	52.4%
Covered services	42%	56.2%
Annual limits on services	40%	51.7%
Non-covered or excluded services	36.5%	50.3%
Sample Size	639	594



Source: Health Reform Monitoring Survey – Urban Institute Health Policy Center



What Role Can You Play?

Build a Culture of Health Literacy

- Organization wide training and awareness

Enrollment Workers

- Provide education/training on health/health insurance literacy

Outreach Program

- Incorporate health education, create customized resources, and utilize relationships for education

Community Health Workers/Promotores

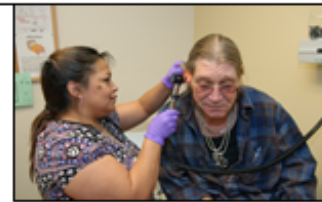
- Implement health literacy/education training

Promising Strategy: Educating Staff

Client Intake and Assessment Process



- Incorporated health insurance next steps into IPA training
 - Provide understanding of health insurance, QHPs, Medicaid, as well as receive basic understanding of insurance terms
- Created customized resources and learning tools
- Relationship connector – connecting consumer to resource or organization for further assistance



Once I'm on the Oregon Health Plan – what next?

- The Oregon Health Plan (OHP) is FREE health insurance. **You should get a packet from OHP in 30 - 45 days with details of your coverage and your card.**
- **If it has been longer than 45 days call Oregon Health Authority at [REDACTED].** Calling Saturdays and Sundays from 8 am – 12 pm has the shortest call wait time.
- **If you need a regular doctor, CCC's Old Town Clinic, 727 West Burnside, is taking new patients.** The CCC staff who helped you enroll in OHP can help you make an appointment, or you can call Old Town Clinic at [REDACTED] or come to the clinic in person.
- **If you need a dentist, the Multnomah County [REDACTED] Dental Clinic, 33 NW Broadway, 3rd floor, is taking new patients.** You can call [REDACTED] to make an appointment, or come to the dental clinic in person.
- **Now that you have insurance, you can make an appointment for a check-up or a first appointment with your new doctor even if you're not sick.**
- Oregon Health Plan has expanded and anyone on OHP now **receives dental, prescription, addiction and mental health treatment as well as medical coverage.** With insurance you may be able to access more services than without insurance.

Promising Strategy: Educating Consumers



InsureKidsNow.gov

Methods for Addressing Health/Health Insurance Literacy

1. Building a “safe” and “shame-free” culture
2. Teach back method
3. Use of imagery and pictures
4. Simple “plain language”
5. Engage and questions



Contact

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Questions & Answers

Integrating Health Insurance Literacy Efforts into Outreach and Enrollment Activities

- **Lisa Stein**

Vice President, Work and Family Supports



Introduction to Seedco

- Seedco is a national nonprofit organization that advances economic opportunity for people, businesses and communities in need.
- Based in New York City, we have offices in Georgia, Maryland and Tennessee
- Program Areas
 - Workforce
 - Work and Family Supports (Benefits)
- Relevant experience prior to first open enrollment
 - CHIPRA, SNAP, Facilitated Enrollment for Medicaid contracts
 - From 2005 through just before open enrollment, Seedco's network assisted 183,745 households to receive an estimated \$303,912,339 worth of benefits.

PCP, Network, Recertification, Oh My!

Barriers to Understanding and Using Coverage

- Confusing terms and concepts involved in Medicaid/CHIP coverage (insurance terminology is its own language!)
- Barriers around language, cultural norms, literacy levels, numeracy and familiarity with technology make things even harder

At the heart of this is Health Insurance Literacy:

- Ability to find and evaluate information about health plans
- Ability to select the best plan for one's own (or their family's) financial and health circumstances
- Knowledge about using insurance once enrolled to obtain care

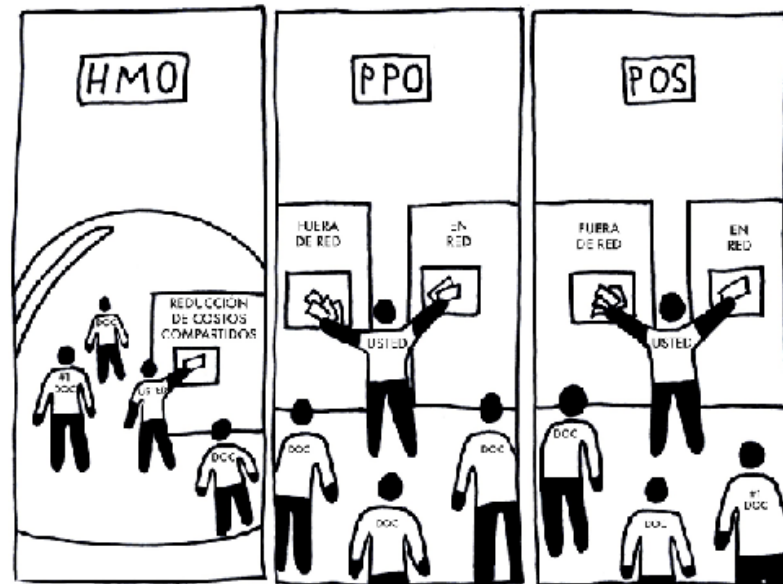
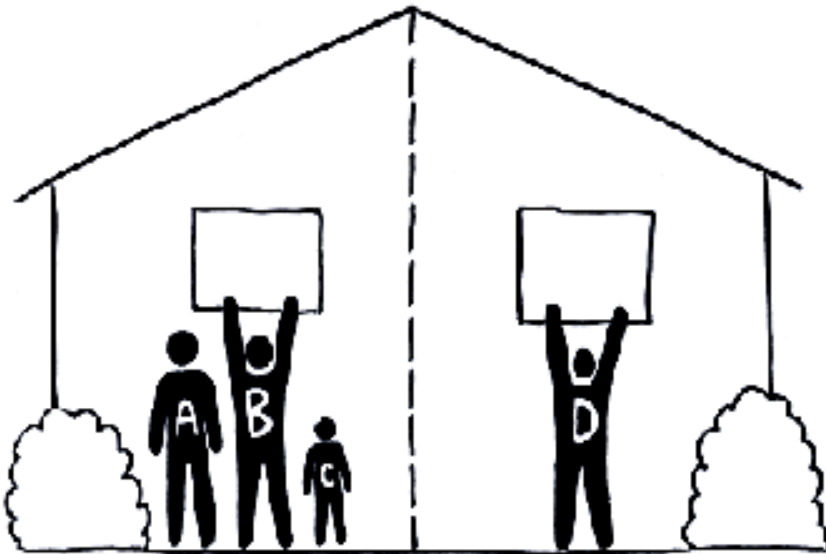
Health Insurance Literacy

- Seedco incorporated interactive health insurance literacy training into its Navigator training in all four states.
- Navigators practiced with health literacy experts, translating terms like “household”, “co-payment” and “provider network” into easily understandable phrases.
- Seedco developed a health insurance literacy visual handbook for Navigators to utilize while explaining difficult concepts to consumers.
- Seedco conducted an independent evaluation with UGA of all four Navigator programs after OE1. The evaluation reinforces the importance of this training, and of incorporating health insurance literacy principles into printed materials.

Successful Strategies for Helping Consumers Overcome Barriers

Health Insurance is confusing....

...so use visuals to help explain it:



Successful Strategies for Helping Consumers Overcome Barriers

Health Insurance is confusing....

...so use regular, everyday language:

- “Living room language”
- Avoid acronyms like PCP, MA, or CHIP, but define them if you have to use them
- Use plain language materials
- Speak clearly – articulate
- Repeat terms and concepts in different ways
- Break information into smaller chunks
- Read information out loud
 - Consumers may better comprehend the insurance information
 - Insurance information may be less overwhelming for consumers

Successful Strategies for Helping Consumers Overcome Barriers

Health Insurance is confusing....

...so refer to daily life & use analogies:

- Co-payment: It's like paying a cover charge to enter a club. Once you pay the co-pay, your health service or doctor's appointment can start.
- Partial Payment: It's like when you buy coat on lay-away. You can pay part of the price. The store holds the coat. And you can pay the rest when you pick up the coat
- Network: It's like when paying for a specific cable plan. You have access to certain channels. You will have to pay more for ones not in your cable plan.



Successful Strategies for Helping Consumers Overcome Barriers

Health Insurance is confusing....

...so elaborate by creating context:

- Consumers must have access to a provider directory.
 - You will have a list of doctors, nurses and other medical staff who will provide medical services to you. You can choose which person will give you your medical services. The list is on a website and materials.

Successful Strategies for Helping Consumers Overcome Barriers

Health Insurance is confusing....

...so ensure consumer comprehension:

- The Teach Back Method
 - Ask consumer to repeat in her/his own words what they need to do when they leave the appointment.
 - Allows you to check your consumer's understanding of your instructions and next steps.
 - Allows you to assess how well you explained the concept, not as a way to test the consumer.

Strategies for Post-Enrollment Follow Up

- Maintain consumer database such as Salesforce to capture assistance efforts and follow-up
- Explain next steps to take after enrollment (recertification, notifying Medicaid of household or income changes, etc.)
- Notify consumers of the program requirement to report changes during the year, time frame and ways to report the changes and manage their account (stay in touch email blasts, postcards, text message, etc.) See next slide...

Got Health Insurance?

Time for a health insurance tune up!

Marketplace health insurance open enrollment:
November 15, 2014 - February 15, 2015

Get **free** professional help!
(We're not selling anything!)



Tune up your health insurance, even if you just got it during the last
Marketplace open enrollment.

Here's why:

- The monthly premium you pay could have gone up...or down.
- The doctors and services in your insurance network could have changed.
- Your income or your household could have changed which can affect your cost.
- The policy you signed up for could have changed.
- You could get a better deal shopping again for health insurance.

Tuning up for health insurance is easy, and it could save you money. Just talk to a free health insurance Navigator.

Congratulations, You Got Covered!

Now that you enrolled in health insurance, make sure you use your insurance. Here are a few next steps:

- Choose your primary care doctor.** Most health insurance plans require you to select a primary doctor for regular check-ups and to see other specialized doctors. If you don't know how to select a primary doctor, we can help.
- Make a doctor's appointment.** Prevention services or screenings like flu shots or regular check-ups help keep you healthy. You are entitled to these services if you have health insurance. Have questions? Just contact us.
- Seek help if you have questions.** Health insurance can be tricky, so don't be afraid to ask questions. We can help with billing issues, finding a doctor, using your insurance, and a lot more. Just call or email us.

_____’s health insurance information:

- Type:
- Qualified Health Plan (private health insurance)
 - Medicaid (public health insurance)
 - Child Health Plus (child public health insurance)

Strategies for Post-Enrollment Follow Up



- Notify consumers of the ways to report the changes and manage their account
- Assist consumers with appeal process for application related issues
- Provide referrals to Community Health Advocates (CHA) for other post-enrollment assistance

From Coverage to Care

Helping the Newly Insured Connect to Care

- **Cara James, PhD**

Director, Office on Minority Health, Centers for Medicare and Medicaid Services



What is *From Coverage to Care*?

- C2C is an effort to help educate consumers about their new coverage and to connect them with primary care and preventive services that are right for them so they can live long, healthy lives.
- Resources online and in print include the Roadmap, Discussion Guide, videos, and more.
- C2C builds on existing networks of community partners to educate and empower newly covered individuals.

From Coverage to Care Resources

Visit <http://marketplace.cms.gov/c2c>

- Roadmap
 - Poster Roadmap
 - Consumer Tools
 - Insurance card
 - Primary Care vs. Emergency Care
 - Explanation of Benefits
 - Pull-out steps
- Discussion Guide
- Video vignettes

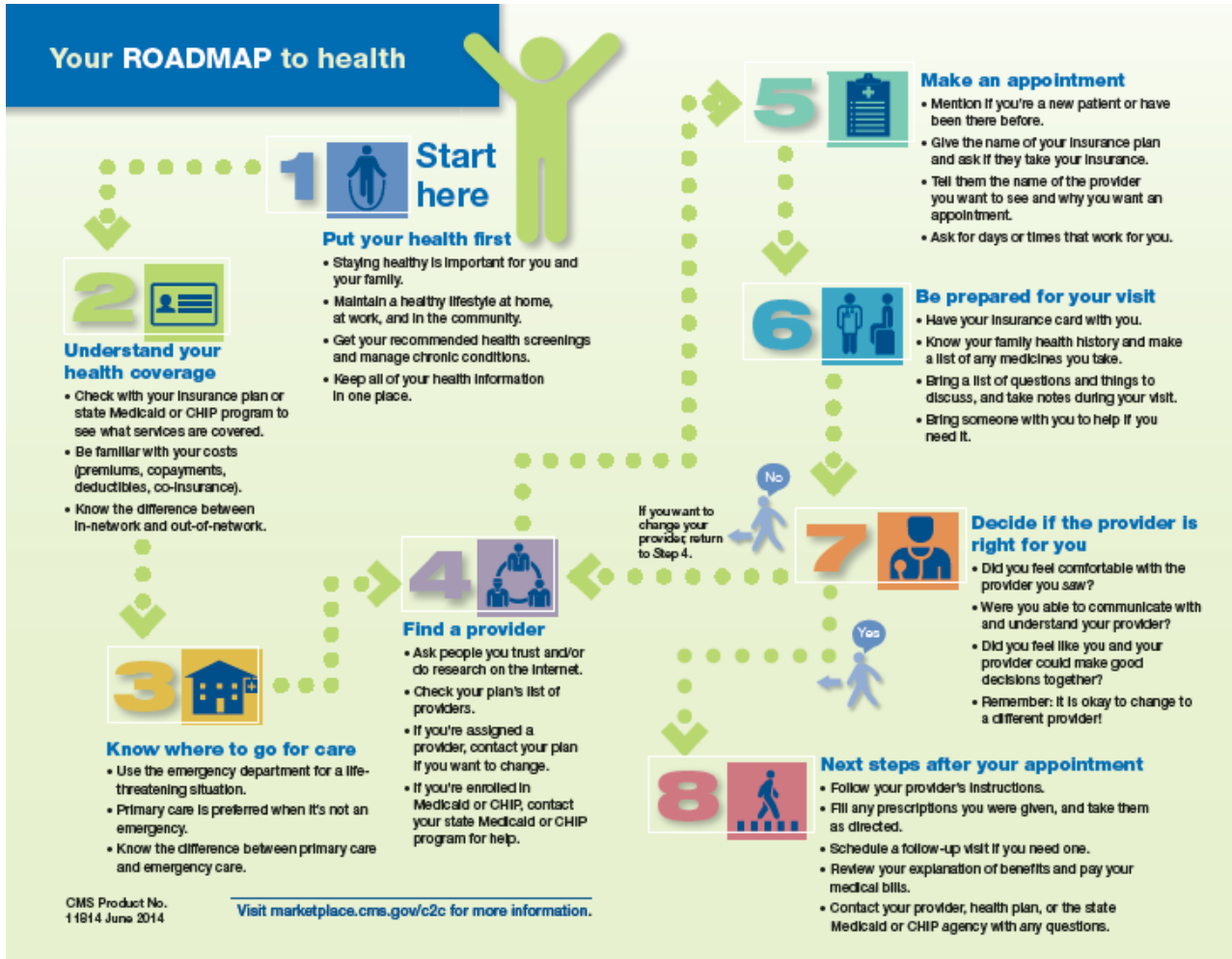


Print copies available from the CMS Clearinghouse

How to Use the Roadmap

- **Start the Conversation.** Use the Roadmap and Discussion Guide as a tool to help people understand their new coverage and the importance of getting the right preventive services.
- **Help Consumers Understand.** The Roadmap has a lot of information for consumers. You can help them use it as a resource to refer back to as they journey to better health and well-being.
- **Personalize It.** You know your community. Consider adding local resources and information.

Coverage to Care Roadmap



Before You Start the Roadmap: Things to Do Now

- If you have questions about your eligibility determination, contact your state's Medicaid/CHIP program.
- Learn about your benefits.
- Pay your premiums, if you have them. Some CHIP plans have premiums associated with them.
- Find a provider and talk to them about what you can do to stay healthy.
- Keep your information current. Changes in address, family size, or household income could affect your eligibility.



Step 1: Put Your Health First

STEP 1

2

3

4

5

6

7

8

Key Points for Consumers

- Staying healthy is important for the whole family.
- Maintain a healthy lifestyle at home, at work, and in the community.
- Get your recommended health screenings and manage chronic conditions.
 - Required Benefits Under Children’s Medicaid and CHIP:
 - Well-baby and well-child care
 - Immunizations
 - Emergency services
 - Dental services



Key Questions for Consumers

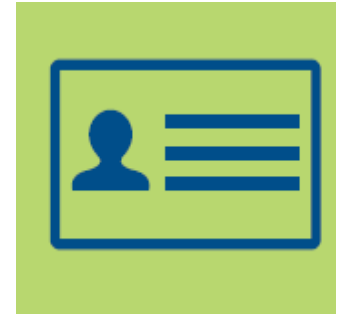
- Do you keep all of your health information in one place?
- What healthy habits do you have?

Step 2: Understand Your Health Coverage



Key Points for Consumers

- Review the information provided when you enrolled to see what services are covered.
- Be familiar with your costs such as premiums and copayments.
- Know the difference between in-network and out-of-network.



Key Questions for Consumers

- *Do you know how to find a provider in your network?*
- *Can you estimate how much you will pay when you see a provider?*

Key Terms On An Insurance Card

Key terms

1. Member Name
2. Member Number
3. Group Number
4. Plan Type
5. Co-payment
6. Phone Numbers
7. Prescription Co-payment

INSURANCE COMPANY NAME

Plan type **4**

Effective date

Member Name: Jane Doe **1**
Member Number: XXX-XX-XXX **2**

Group Number: XXXXX-XXX **3**

Prescription Group # XXXXX

Prescription Copay **7**
\$15.00 Generic
\$20.00 Name brand

PCP Copay \$15.00 **5**
Specialist Copay \$25.00
Emergency Room Copay \$75.00

Member Service: 800-XXX-XXXX **6**

Step 3: Know Where To Go For Care

Newly covered consumers may not know when to visit a **Primary Care Provider** and when to use **Emergency Department** services.

Primary Care Provider	Emergency Department
<p>You'll pay your primary care copay, if you have one. This may cost you between \$0 and \$50.</p>	<p>You'll likely pay a copay, co-insurance, and have to meet your deductible before your health plan pays for your costs, especially if it's not an emergency. Your copay may be between \$50 and \$150.</p>
<p>You go when you feel sick and when you feel well.</p>	<p>You should only go when you're injured or very sick.</p>
<p>You call ahead to make an appointment.</p>	<p>You show up when you need to and wait until they can get to you.</p>
<p>You may have a short wait to be called after you arrive but you will generally be seen around your appointment time.</p>	<p>You may wait for several hours before you're seen if it's not an emergency.</p>
<p>You'll usually see the same provider each time.</p>	<p>You'll see the provider who is working that day.</p>
<p>Your provider will usually have access to your health record.</p>	<p>The provider who sees you probably won't have access to your health records.</p>
<p>Your provider works with you to monitor your chronic conditions and helps you improve your overall health.</p>	<p>The provider may not know what chronic conditions you have.</p>
<p>Your provider will check other areas of your health, not just the problem that brought you in that day.</p>	<p>The provider will only check the urgent problem you came in to treat but might not ask about other concerns.</p>
<p>If you need to see other providers or manage your care, your provider can help you make a plan, get your medicines, and schedule your recommended follow-up visits or find specialists.</p>	<p>When your visit is over you will be discharged with instructions to follow up with your primary care provider and/or specialist. There may not be any follow-up support.</p>



In some areas, you may be able to go to an **Urgent Care Center**. If Urgent Care is available in your area, call your health plan before you go to find out how much you will have to pay.

Next Steps After Your Visit



Key Points for Consumers

- Write down your providers' instructions and healthy living tips so you can act on them every day.
- Schedule any follow-up or other visits and fill prescriptions so you don't forget or get too busy.
- Review any documents or bills you receive and contact your plan or state Medicaid or CHIP program if you have questions.



Key Questions for Consumers

- *Do you know what to do now to keep yourself healthy?*
- *Do you know what number to call if you get sick and need to make a same-day appointment or come back?*

Other Information in the Roadmap

- Glossary of health coverage terms
- Resource list
- Personal health tracking checklist
- Health information page for coverage and provider information



Who's Using Our Resources?

- Community Health Centers
- Hospitals
- Insurance Companies
- State and County Health Departments
- Area Agencies on Aging
- Tribal Organizations
- Assistors and Brokers
- Libraries
- Faith-Based Organizations
- Congressional Offices
- Voter Rights Organizations
- Legal Aid Societies
- Universities
- United Way
- SHIP Counselors
- Primary Care Associations
- Dialysis Facilities
- Ryan White Providers

Next Steps: *From Coverage to Care 2.0*

- Expanding our partnerships
- Supporting understanding of and access to behavioral health services
- Understanding access to care and utilization of health care services by the newly insured
- Evaluating C2C

What Can You Do?

- 1) Share C2C resources.
- 2) Customize resources to your community.
- 3) Consider incorporating the Roadmap into local events and outreach.
- 4) Work with state Medicaid and CHIP offices to tailor resources.
- 5) Think about ways to engage providers and issuers.
- 6) Let us know what works, and what other resources would be useful.

Conclusion

“A journey of a thousand miles begins with a single step.”

(Lao-tzu, 604 BC - 531 BC)



Together we can ensure that all Americans have access to quality affordable health coverage, and that disparities in health are eliminated.

Resources

Get Resources: Marketplace.cms.gov/c2c

Contact Us: Coveragetocare@cms.hhs.gov



Connecting Kids to Coverage Campaign Resources

Join Our Twitter Storm

May 5, 3:00 pm ET– 4:00 pm ET

The Connecting Kids to Coverage Campaign Twitter Storm

Join the Campaign and our co-hosts MomsRising and the American Academy of Pediatrics to spread the message that Medicaid & CHIP enrollment is open year-round. We'll also share tips for outreach!

Join in using the **#Enroll365** hashtag.



Customizable Print Materials

You may choose to insert your program name(s), your state's annual income eligibility limit for a family of four, your website address and/or phone number, and up to two logos.

Please Note: You may request these changes on all customizable materials.

Your program name(s)

Your state's annual income eligibility limit for a family/household of four

Your website and/or phone number

Up to two logos

Available in English and Spanish

Some available in Chinese, Korean, Vietnamese, Hmong and more.

An extra hand for parents with their hands full

Now, you have one less thing to worry about. Medicaid and CHIP offer free or low-cost health insurance for kids and teens. Children can get regular check-ups, immunizations, doctor and dentist visits, hospital care, mental health services, prescriptions and more. Children in a family of four earning up to \$47,700 a year or more may qualify.

Go to InsureKidsNow.gov or call 1-877-KIDS-NOW to learn more.

Visit HealthCare.gov to learn more about affordable health coverage for your family.

LOGO 1 LOGO 2

Health Insurance Marketplace

CHS Product No. 11937

SOY JOVEN, PERO NO NACÍ AYER

Reconozco una cosa buena cuando la veo, como la cobertura de salud a través de Medicaid y CHIP. Y yo estoy aquí para hablar sobre esto. Es a bajo costo o gratis para los niños y adolescentes de hasta 19 años de edad. Nosotros podemos obtener chequeos regulares, vacunas, visitas al doctor y al dentista, atención hospitalaria, servicios de salud mental, recetas y más. Y los niños en una familia de cuatro que ganan hasta \$47,700 al año o más pueden calificar.

Se puede inscribir cualquier día del año, pero ¿por qué posponerlo cuando puede proteger hoy a su familia (y a sus finanzas)?

An extra hand for parents with their hands full

Now, you have one less thing to worry about. Medicaid and CHIP offer free or low-cost health insurance for kids and teens. Children can get regular check-ups, immunizations, doctor and dentist visits, hospital care, mental health services, prescriptions and more. Children in a family of four earning up to \$47,700 a year or more may qualify.

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Visit HealthCare.gov to learn more about affordable health coverage for your family.

Health Insurance Marketplace

CHS Product No. 11942



Other Resources

- TV and radio public service announcements
- Live read radio scripts
- Template print articles
- Web banners and buttons
- Social media posts and graphics



URL: <http://www.insurekidsnow.gov/professionals/index.html>



Additional Campaign Resources



- All webinars available online

<http://www.insurekidsnow.gov/professionals/webinars/index.html>

- Outreach Video Library

http://www.insurekidsnow.gov/nationalcampaign/campaign_outreach_video_library.html



Keep in Touch With the CKC Campaign!

- Contact us to get involved with the National Campaign at InsureKidsNow@fleishman.com or 1-855-313-KIDS (5437).
- Sign up for eNewsletters here: public.govdelivery.com/accounts/USCMS/subscriber/new
- Follow the Campaign:
 - Twitter: [@IKNGov](https://twitter.com/IKNGov)





Questions & Answers



Thanks!