

moms **toolkit**

Healthcare Gathering Toolkit

Thank you for organizing a MomsMeetup gathering in your community...now it's time for the fun part – getting everything ready.

We've provided a few resources to help you have a fun and engaging gathering. If you have additional questions, email the MomsRising team at MomsMeetup@MomsRising.org.

PLANNING YOUR MOMS MEETUP

1. Pick a Time & Location

Most importantly, pick a time and location that will keep your stress level low. Some people love to host at their home, others can't imagine their house would ever be clean long enough to have others over.

Some location options outside your home that you might consider include:

Library meeting room	Bar/Lounge
Coffee shop/Café	Your House
Restaurant	Religious facility
School cafeteria	Business office
Community center	Park/Playground

2. Sign Up

If you haven't already, let us know you are organizing a gathering by signing up as a host here: www.momsmeetup.momsrising.org (If you want help with this, email us at: MomsMeetup@MomsRising.org)

Once you register your gathering, we'll give you a link that you can share to invite people. If you wish to keep your gathering private (i.e. not invite people you don't know) then you can choose that option!

3. Invite Others

Friends, family, parents of kids in your children's classes or sports teams, neighbors, book groups, and more. You can invite anyone who you think may be interested!

When you signed up on our Moms Meetup platform, if you opted to keep your party public, we'll spread the word to members of the MomsRising community in your area. And you can always drop us a line at MomsMeetup@MomsRising.org for help spreading the word.

SUGGESTED MEETUP ACTIVITIES FOR HEALTHCARE

The most satisfying meetup is one where the host (you!) and participants feel welcomed and inspired by the topic and conversation. In good news, creating a welcoming, safe environment for people to share their concerns, values and questions is totally possible and we have some great tips & activities to do this below.

To support your meetup planning, we outlined some optional meetup activities that you can mix and match to make the most effective gathering for your group size, for the time you have, and for the attendees' familiarity with the topic. For example, doing the ice breaker exercise on discussing "Your favorite board game to play," would be a great agenda item gathering that was about an hour. A long gathering could include more activities. The choice is yours!

WELCOME

(Recommended for all meetups) – 15 minutes

- Welcome guests and share a few personal thoughts about why you are hosting
- Invite each person to introduce themselves and share why they are interested in the topic
- Briefly share the activities for the gathering

WHAT DOES THE AFFORDABLE CARE ACT MEAN FOR YOUR FAMILY AND COMMUNITY?

(Optional activity) – 30 minutes

Most everyone knows about the Affordable Care Act (aka "Obamacare") but few people know what the law has done for all healthcare consumers and for the uninsured. Reviewing some key facts about the Affordable Care Act can help create an even playing field of knowledge for your guests. To have this conversation you could:

- Watch this cute and super informative, seven minute animated video about how the Affordable Care Act works: <https://www.youtube.com/watch?v=JZkk6ueZt-U>
- Print this short summary of the law's protections developed by Families USA: http://familiesusa.org/sites/default/files/documents/about-us/11-03-2014_Affordable-Care-Act.pdf
- Lead a quick quiz to find out how much those at your gathering know about the Affordable Care Act's consumer protections and coverage options (check out our Quiz page at the end of this toolkit).
- Open up the discussion by asking one or more of the following questions:
 - Which parts of the law were surprising to you?
 - Does this contradict what you've heard about the Affordable Care Act from other sources?
 - What consumer protections have impacted your family the most?



EXPANDING COVERAGE FOR KIDS

What can you do? (Optional activity) – 20 minutes

The goal of this activity would be to give your gathering a chance to explore ways to help connect eligible kids to available coverage. To have this conversation you could:

- Pass out the fact sheet, “Medicaid & CHIP – Children’s Health Coverage Basics” (included in the toolkit)
- Brainstorm ways you can spread the word about coverage in your community. The following resources may give you ideas – Post cards & posters to pass out:
<http://www.insurekidsnow.gov/professionals/outreach/strategies/index.html>

**SINCE ITS INCEPTION IN 1997,
CHIP AND MEDICAID
HAVE HELPED TO CUT THE # OF
UNINSURED CHILDREN BY
50%**



**WHILE IMPROVING HEALTH OUTCOMES
AND ACCESS TO CARE FOR KIDS AND
PREGNANT WOMEN ACROSS THE U.S.**

<http://firstfocus.org/resources/fact-sheet/why-chip-is-still-critical-for-kids/>

CLOSING

(Recommended for all meetups) – 15 minutes

- Thank everyone for coming
- Ask everyone what stood out for them in the gathering in a round robin – an inspiration, a new learning, new connections, a plan of action, etc.
- Urge everyone to join MomsRising by texting MOMS to the number 747464 on their cell phones before leaving!
- Ask everyone if they want to meet again to continue discussing this topic or another one. Set a date, time and location if they do!
- Take a group picture!
- Send your group picture to us via MomsMeetup@MomsRising.org or post it directly to:
www.facebook.com/momsrising.org
- THANK YOU!!

THE AFFORDABLE CARE ACT IS WORKING

For the last 50 years, Americans have struggled to navigate a health care system that has failed to put patients first. Millions who were uninsured struggled to pay for even a doctor's visit, while those who had insurance risked losing it when they needed it most. Quality care, especially preventive screenings and checkups that keep people healthy, was a luxury for many. And doctors were encouraged to focus on the amount of care they delivered, rather than effectively treating patients' big-picture health.

Today, as a nation, **we are at the threshold of a truly historic opportunity.** The promise of **positive transformative change** in the U.S. health care system is at hand, thanks to:

- The Affordable Care Act working to improve access, affordability and quality in health care
- Private and public sector alignment around better care, smarter spending, and healthier people
- New initiatives to advance Precision Medicine
- Newly unlocked health data to inform providers and empower consumers
- An increased interest among Americans in prevention and wellness

The evidence is clear when it comes to access, affordability, and quality the Affordable Care Act is working.

ACCESS

Strong Enrollment in the Health Insurance Marketplace. On March 31, 2015 about 10.2 million Americans had paid their premiums and had active coverage through the Health Insurance Marketplace. Historic Reduction in the Uninsured. We have seen the largest reduction in the uninsured in four decades. Since the passage of the Affordable Care Act five years ago, about 16.4 million uninsured people have gained health coverage. Those gains come primarily from the Marketplace, young adults who can stay on their parents' plans until they turn 26, and Medicaid expansions.

Progress in Fighting Health Inequity. Since 2013, the uninsured rate has declined 9.2 percentage points for African Americans, resulting in 2.3 million adults gaining coverage and 12.3 percentage points for Latinos, resulting in 4.2 million adults gaining coverage. Since 2013, the uninsured rate among women declined 7.7 percentage points, resulting in 7.7 million women gaining coverage. An estimated 55 million women are also benefiting from preventive services coverage with no out-of-pocket costs. And health insurers can no longer discriminate based on gender, so being a woman is no longer a preexisting condition.

Medicaid Expansion. Over 12.3 million additional individuals are enrolled in Medicaid and CHIP as of April 2015, compared to before October 2013. To date, 28 states plus DC have expanded Medicaid under the Affordable Care Act. This is one of the areas where we know more can be done. We want to work with all the states that have yet to expand — to get as many people covered as possible.

Reducing Uncompensated Care in Hospitals. As a result of Marketplace coverage and Medicaid expansion, hospital uncompensated care costs were reduced by an estimated \$7.4 billion in 2014, compared to what they would have been in the absence of the coverage expansion. Medicaid expansion states account for \$5 billion, or 68 percent, of that reduction. If all States fully expanded Medicaid, uncompensated care costs would be about \$8.9 billion lower in 2016 than they would be if no additional states expanded Medicaid.

From Coverage to Care. Now that millions of Americans have health coverage, we are working to educate consumers about their coverage and to reduce barriers so that they can get the care they need to live longer and healthier lives.

AFFORDABILITY

Health Care Coverage is now Affordable for Millions of Americans. Of the about 10.2 million consumers who had paid their premium and had active Marketplace coverage on March 31, 2015, nearly 8.7 million (85 percent) nationwide and 6.4 million in the 34 states with Federally-facilitated Marketplaces received an average premium tax credit of \$272 per month. And in 2015, nearly 80 percent of Marketplace shoppers using HealthCare.gov could purchase coverage for \$100 or less after tax credits. A recent Commonwealth Fund study found that in 2014, fewer Americans had problems paying medical bills or medical debt, and fewer went without care because they couldn't afford it. This is the first decline and lowest level in these areas since 2005.

Choice, Competition and Premiums. Insurers have decided that the Marketplace is a good place to do business and as a result, consumers have more choices. Twenty-five percent more issuers joined the Marketplace for the 2015 Open Enrollment, and consumers could choose from an average of 40 health plans, up from 30 in 2014. Studies show more issuers are associated with more affordable premiums.

Health Care Cost Growth Has Slowed Sharply. Since the Affordable Care Act became law, the price of health care has risen at the slowest rate in 50 years. Medicare has paid out nearly \$316 billion less through 2013 than it would have had previous trends continued. The average premium for employer-based family coverage rose just 3 percent in nominal terms in 2014. Just more than a decade ago, surveys by the Kaiser Family Foundation frequently registered double-digit premium increases for this type of coverage.

QUALITY

Improved Patient Safety. Since 2011, patient harms like hospital-acquired conditions, pressure ulcers, central line associated infections, falls and traumas have fallen by 17 percent, saving an estimated 50,000 lives and \$12 billion dollars.

Fewer Avoidable Hospital Readmissions. The Medicare all-cause 30-day readmission rate fell to approximately 17.5 percent in 2013, translating to an estimated 150,000 fewer hospital readmissions among Medicare beneficiaries between January 2012 and December 2013.

Alternative Care Models are Driving Value. Accountable Care Organizations (ACOs) are groups of providers and insurers who work together to put patients in the center of their care and create better health outcomes. Today, more than one in every 14 Americans gets their health care from one of more than 700 ACOs established by Medicare and other payers. ACOs have generated a combined \$417 million in savings for Medicare. In addition, the Pioneer ACO model has been certified as the first patient care model to meet the stringent criteria for expansion to a larger population of Medicare beneficiaries.

Higher Quality Coverage. After years of dropped coverage, flimsy plans and barriers to care, everyone's coverage has improved because consumers have new protections, including those who get health insurance through their employers. They can't be turned away because of pre-existing conditions; they can't be dropped just because they get sick and insurance has to cover care that Americans count on like trips to the emergency room, prescriptions and preventive services.

We are transforming the way Americans get health care and they have sent a clear message that the Affordable Care Act's benefits are needed, wanted, and liked.

MEDICAID & CHIP – Children’s Health Coverage Basics

Medicaid and the Children’s Health Insurance Program (CHIP) offer free or low-cost health coverage for eligible children and other family members.

These programs may be called by different names in your state.

Families and individuals can apply online, by phone, by mail or in person. Go to [Learn About Programs in Your State](#) or call 1-877-KIDS-NOW (1-877-543-7669) or you can submit an application through [HealthCare.gov](#).

Who may be eligible?

Medicaid and CHIP cover:

- Children and teens up to age 19
- Youth who have “aged out” of foster care can be covered under Medicaid until they reach age 26
- Young people up to 21 may be covered under Medicaid

Medicaid also covers:

- Pregnant women
- In states that have expanded Medicaid, more adults may be eligible than ever before, whether or not they are raising children
- Parents
- People with disabilities

U.S. citizens and certain lawfully present immigrants may be eligible.

Children may be eligible based on their family income. How much income can a family have?

Eligibility depends on your income, the number of people in your family and the rules in your state. In almost every state, children in families with income up to 200 percent of the federal poverty level (\$48,500 per year for a family of four) are covered. In more than half the states, the income eligibility for children can be even higher.

What health benefits can children get?

Eligible children and teens can get:

- Regular check-ups
- Hospital care
- Shots
- Mental health services
- Doctor and dentist visits
- Needed medications and more
- Vision care

What about cost?

Medicaid and CHIP are available for free or at low-cost. Depending on family income and the rules in your state, some families may pay low premiums & cost-sharing for some services. Preventive services for children are available at no cost.

Source: <http://www.insurekidsnow.gov/chip>

QUIZ

1. Does the ACA require employers with 50 or more employees to offer health insurance or pay a fine?

Yes it does.

2. Does the ACA provide financial help to low- and moderate-income Americans who don't get insurance through their jobs to help them purchase coverage?

Yes, tax credits are available to eligible U.S. citizens and legal immigrants who purchase coverage in the new health insurance exchanges and who have income up to 400% of the federal poverty level (\$46,680 for an individual or \$95,400 for a family of four in 2013).

3. Did the ACA give states the option of expanding their existing Medicaid program to cover more low-income, uninsured adults?

Yes. As enacted, the ACA called for the expansion of state Medicaid programs to cover nearly all individuals under age 65 with incomes up to 138% of the federal poverty level (\$15,856 for an individual or \$26,951 for a family of three in 2013). However, while the Supreme Court upheld the ACA, it limited the federal government's ability to enforce the Medicaid expansion to low-income adults, effectively making the Medicaid expansion a state choice.

4. Did the ACA create a new government-run insurance plan to be offered along with private plans?

No. The law did not create a new government-run health insurance plan, or "public option".

5. Does the ACA allow undocumented immigrants to receive financial help from the government to buy health insurance?

No. Under the ACA, undocumented immigrants remain ineligible for Medicaid and are ineligible for the premium tax credits. They also are prohibited from purchasing coverage through an exchange even at full cost.

6. [True or False] The ACA requires nearly all Americans to have health insurance or else pay a fine.

True. Most U.S. citizens and legal residents are required to obtain health coverage, or pay a penalty. Some exemptions are granted, for example, for those with religious objections or where insurance costs more than 8% of their income.

7. [True or False] The ACA established a government panel to make decisions about end-of-life care for people on Medicare.

False. No such panels exist. While early versions of the law did contain provisions that would allow Medicare to reimburse physicians for voluntary discussions with patients about end-of-life planning, these provisions were dropped from the final legislation.

8. [True or False] The ACA allowed states to create health insurance exchanges or marketplaces where small businesses and people who don't get coverage through their employers can shop for insurance and compare prices and benefits.

True. Although many states opted not to create their own and therefore they have a Federally facilitated health insurance marketplace.

9. [True or False] A majority of Americans say they like their coverage they purchased through an ACA marketplace.

True: A Gallup study found that 7 in 10 who signed up for Marketplace insurance during last Open Enrollment say the quality is excellent or good.

ADDITIONAL RESOURCES

Affordable Health Care Coverage Portal:

www.Healthcare.gov

Health Coverage Financial Assistance Calculator:

<http://kff.org/interactive/subsidy-calculator/>

"How Health Care Law Works for You and Your Family", AARP:

<http://healthlawanswers.aarp.org/>

"A Checklist for Women: Key Tips for Open Enrollment,"

National Women's Law Center:

http://www.nwlc.org/sites/default/files/pdfs/a_checklist_for_women_11.6.14.pdf

Glossary of Insurance Terms, Centers for Medicare and Medicaid Services:

<http://www.cms.gov/CCIIO/Resources/Files/Downloads/uniform-glossary-final.pdf>

"State of Women's Coverage", National Women's Law Center:

<http://www.nwlc.org/stateofcoverage>

Families USA:

<http://familiesusa.org/>

Georgetown Center on Children & Families:

<http://ccf.georgetown.edu/>