

WHAT DOES IT SAY WHEN **32% OF INSURED AMERICANS WITH LOW OR MIDDLE INCOME FREQUENTLY WENT WITHOUT NEEDED CARE LAST YEAR?**

cov·er·age 'kəv(ə)rɪj/ noun

Coverage is not measured by how many people have insurance. It is measured by how well people are using that insurance. In other words, do they understand their insurance coverage? Are they able to access the health care system appropriately? Will this allow them to be as healthy as they can be?

HOW THIS FITS INTO OUR MISSION

Our mission states, "Everyone deserves the opportunity for optimal health, regardless of race, ethnicity, background, or income level. We are dedicated to improving the health of all Connecticut residents." We will only do this when we realize the full potential of ACA. That means rethinking what being covered really means for our residents. Our approach is simple:



1 GET ENROLLED

While most of residents have a card, we need to make sure they stay enrolled and get the right kind of plan for them. Currently, too many are just selecting plans based on premium costs, inadvertently creating disincentives to get proper care when they realize these plans come with high deductibles and co-pays.



2 NAVIGATE THE HEALTHCARE SYSTEM

Our effort must now shift to helping people answer four basic questions:

- *How do I use the card (i.e., literacy around what is covered, what co-pays and co-insurance mean)?*
- *Where do I use the card (i.e., helping them find a medical home and understanding who takes coverage and why)?*
- *When do I use the card (i.e., educating people about the prevention and wellness benefits that go above and beyond urgent or emergency needs)?*
- *Why do I use this card (i.e., when we use our insurance wisely, we are healthier and happier)?*



3 ACCESS BETTER CARE

Finally, make sure that their providers are offering the kind of care we all want to receive – care that is affordable, comprehensive (including mental, oral and physical health) and accountable to the goal of improving our health.

- *There are longer term concerns that also need to be addressed.*
- *How can we make sure the right incentives are there for payers, providers and patients to cover, provide and receive quality care?*
- *How do we help payers and providers navigate their end of the equation in a way that alleviates anxieties and keeps them from "checking out"?*

In Connecticut, we have had one of the most successful healthcare exchanges in the country – with more than 600,000 customers and counting. Today almost **97%** of our residents have coverage in part because of our collective sprint to enroll the uninsured.

But the road to better health is not a sprint – it is a marathon.

Having a health insurance card is just the first step toward 'better health' which can lead to health equity. The next one is making sure people know when, where and how best to use the card.

To meet that goal, there is a crucial need to apply the same level of resources, commitment and passion to the next phase of our collective work – from focusing on getting people covered to using that coverage to get better care.