WORKSHOP SUMMARY

The Montgomery County Department of Health and Human Services (MCDHHS), African American Health Program (AAHP), Asian American Health Initiative (AAHI), and Latino Health Initiative (LHI) hosted a free workshop entitled The Affordable Care Act in the Capital Region: How to Enroll as a part of the Empowering Community Health Organizations (E.C.H.O.) Project 2014. Launched in 2011, E.C.H.O. is a series of practical and professional training workshops aimed to build the capacity and sustainability of community organizations.

This workshop followed The Affordable Care Act in Montgomery County: What You Need to Know workshop held in May 2013. The Affordable Care Act in the Capital Region: How to Enroll invited community leaders to learn how to enroll for health coverage under the Affordable Care Act (ACA) and what resources are available for community members who need assistance.

AAHP, AAHI, and LHI invited a panel of ACA community partners to lead the interactive workshop. Each partner provided an overview of their current tailored efforts to enroll the community in the Capital Region (Montgomery County and Prince George’s County). In addition to the panel, the Lead Health Navigator of Interfaith Works demonstrated how to enroll for health coverage on the Maryland Health Connection (MHC). The workshop included an introduction of the ACA community partners, a walk-through of the MHC, and audience question and answer sessions.

This document presents a summary of the discussion shared throughout the workshop. Please note the information may be subject to change. Please speak with an ACA Health Navigator or Assister to ensure the most current information.
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<td>Korean Community Service Center of Greater Washington</td>
<td>240-683-6663 Montgomery County</td>
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INTRODUCTION OF PANELISTS

Dourakine Rosarion, Special Assistant
Montgomery County Department of Health and Human Services
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What is the Maryland Health Connection?
• It is the state’s enrollment portal to determine eligibility of individuals and to help those who qualify select the right plans.

What role does the Montgomery County Department of Health and Human Services (MCDHHS) play?
• MCDHHS is the connector entity for the Capital Region (Montgomery County and Prince George’s County).
• As of October 1, MCDHHS has placed staff throughout the Capital Region to assist with enrollment and the education process, targeting those who are currently uninsured or looking to change plans.
• Other roles of MCDHHS include looking at the use of resources, recruiting and communicating with partner organizations, working closely with the state to improve the system, and providing outreach to the community.

Wylea Chase, Lead Health Navigator
Family Services, Inc.
Wylea.chase@fs-inc.org

What is your organization?
• Family Services, Inc. serves individuals of all ages in Montgomery County and Prince George’s County. They provide over 29 social services programs, which includes services such as an on-site behavioral health clinic, residential homes, and early head-start programs.

What are your organization’s current tailored efforts to enroll your target community?
• Family Services, Inc. has a team of 4 Affordable Care Act (ACA) Health Navigators and 4 ACA Health Assistors.
• They provide outreach to various communities at a wide range of sites via speeches, presentations, and informational sessions.
• They offer different language capacities to provide information in the language the community member is most comfortable with.

How can the audience provide assistance to your organization’s efforts?
• Help get the word out that Family Services, Inc. is available to the community, especially with in-person enrollment assistance.
Youryun Lee, Director of Programs
Korean Community Service Center of Greater Washington
yrlee@kcsegw.org

What is your organization?
• The Korean Community Service Center (KCSC) of Greater Washington provides comprehensive social services to the Asian American population in Montgomery County and Prince George's County.

What are your organization’s current tailored efforts to enroll your target community?
• KCSC has a team of 5 ACA Health Navigators and 3 ACA Health Assisters.
• They provide weekly ACA outreach to local communities, using 3 main strategies:
  o Using ethnic minority media outlets to spread the word (i.e. newspapers, radio stations)
  o Developing ACA materials in-language
  o Providing educational seminars in local communities

Michelle Larue, Manager of Health and Social Services
CASA de Maryland, Inc.
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What are your organization’s current tailored efforts to enroll your target community?
• CASA de Maryland, Inc. has a team of 8 site-based ACA Health Navigators located at the Silver Spring, Hyattsville, Gaithersburg, and Wheaton Welcome Centers.
• They expanded the hours of their bilingual Spanish hotline (301-270-8432), which provides a quick orientation of the ACA and an opportunity to start the application process. The updated hours are now 8am-7pm on weekdays and 9am-5pm on Saturdays.
• They designated 2 mobile ACA Health Navigators to participate in community events in order to further increase awareness and offer navigation assistance.
• They recruited Health Promoters to assist mobile ACA Health Navigators at community events.
• They are coordinating across different departments within CASA de Maryland, Inc. to spread ACA information.

How can the audience provide assistance to your organization’s efforts?
• Help spread the word.
• Dismiss myths and ensure individuals receive correct information.
Christine Hong, Administrative Coordinator
Interfaith Works
chong@iworksme.org

What is your organization?
• Interfaith Works partners with 165 congregations and 4,500 volunteers to serve the needs of low-income, vulnerable, and homeless individuals.

What are your organization’s current tailored efforts to enroll your target community?
• Interfaith Works has a team of 3 ACA Health Navigators and 8 ACA Health Assisters who speak a broad range of languages.
• They are constantly developing partnerships with various churches, clinics, and organizations.
• They have been placing teams based at shelters throughout the County.
• They are training the team on Primary Adult Care (PAC) enrollment, in addition to Qualified Health Plan (QHP) and expanded Medicaid enrollment.

Where can I find additional information and resources about your organization’s efforts?
• Visit the Interfaith Works website at www.iworksme.org.
• Visit www.capitalhealthconnection.org
• Interfaith Works offers presentations in various languages to communities who want more information about enrollment.
• Language lines are available where an individual can speak to a worker directly in his or her desired language.

How can the audience provide assistance to your organization’s efforts?
• Keep those individuals who do not have insurance as the focus.
• Encourage people to focus on the goal and to be patient with the application process.

Apoorva Srivastava, Health Navigator
Community Clinic, Inc.
Apoorva.srivastava@cciweb.org

What is your organization?
• Community Clinic, Inc. is a federally qualified health center that provides quality and affordable health care to low-income individuals with or without health insurance.

What are your organization’s current tailored efforts to enroll your target community?
• Community Clinic, Inc. has a team of 9 ACA Health Navigators and 2 ACA Health Assisters, all of whom are bilingual.
• They provide on-site ACA Health Navigator assistance at their Silver Spring, Franklin Park, Greenbelt, Wheaton, Germantown, Gaithersburg, and Takoma Park locations.
• They are able to effectively direct patients without insurance to the ACA Health Navigators.
• They provide outreach to the local community.
• They are partnering with Washington Adventist Hospital, George Washington University volunteers, and Americorp volunteers to further ACA awareness and enrollment.

Where can I find additional information and resources about your organization’s efforts?
• Call the Community Clinic, Inc. ACA hotline at 240-839-5810.

How can the audience provide assistance to your organization’s efforts?
• Help get the word out that Community Clinic, Inc., as much as they can, helps people understand ACA information and ensures that their information is protected.
AFFORDABLE CARE ACT ENROLLMENT

SPEAKER INFORMATION
Linda Cornelius, Lead Health Navigator
Interfaith Works
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METHODS OF ENROLLMENT

Maryland Health Connection Call Center
- An individual can proceed all the way through the eligibility determination process by calling the Call Center at 1-855-642-8572.

Maryland Health Connection Website
- Create an account on http://www.marylandhealthconnection.gov/
- Fill out all required information for yourself and if necessary, all household members.
- Online enrollment is about a 1 hour process.
- After reviewing the entire application for accuracy, write down the application reference number for easier future retrieval.
- After submitting an application, an individual can begin shopping for plans.
- Please view tutorial videos here: http://www.trainit.co/videos/MHCTutorials/MHCTutorials.htm

Maryland Health Connection In-Person Assistance
- Sign up locations can be found on www.capitalhealthconnection.org
- There are four versions of the paper application, which are color coded as green or blue.
- Green applications are for individuals who seek financial help.
  - The short form is for single individuals with no children whose employer does not provide insurance coverage.
  - The long form is for everyone else, including people who are married, or have dependent children, and people whose employers do offer insurance coverage.
- Blue applications are for individuals who do not want to provide all financial information and do not need financial help, but do need health insurance.

INFORMATION NEEDED PRIOR TO ENROLLMENT
- Preparing the following pieces of information before enrollment may speed up the process.
  - Social security numbers (or documented numbers for any legal immigrant who needs insurance)
  - Birth dates
  - Employer & income information for everyone in your family (i.e. paystubs or W-2 wage & tax statements)
  - Policy number of any current health insurance
  - Information about any job-related health insurance available to your family

WHO IS ELIGIBLE TO SIGN UP?
- For Medicaid enrollment, legal residents living in the U.S. for more than 5 years
- For Qualified Health Plans (QHP) through Maryland Health Connection, legal residents of Maryland
- Individuals ages 18-64
- Individuals who do not have access to health coverage through their employer
What are the principal benefit and eligibility changes with the Affordable Care Act (ACA)?
Children under the age of 26 can stay on their parents’ plans. Maryland also extended this for children and young adults in foster care who are covered by the state. An individual can no longer be denied coverage for pre-existing conditions. In addition, 10 preventative essential benefits are now readily available at no cost for insured persons. Cancelation notices that were previously released may be extended for the next 12 months. Lifetime limits no longer exist.

How will the ACA affect Asian and Pacific Islander (API) Cancer Survivors, diabetes, education, and services for APIs?
The ACA will affect everyone who is a cancer survivor. Treatment will be made available, and there should not be any deterring factors to obtain coverage (i.e. no lifetime limits, no pre-existing conditions). The ACA’s focus on preventative care will hopefully push people to live more healthily.

Will the website be available in Spanish or any other languages?
The state is currently working on updates for the Maryland Health Connection website. Spanish should be available at the start of 2014.

For those who do not speak English, where can they get help?
Appointments can be made with in-person ACA Health Navigators and ACA Health Assisters. Locations can be found on www.capitalhealthconnection.org under “Resources.” In addition, the language line is available at 855-642-8572, where an individual can choose the language he or she is most comfortable speaking. ACA Health Navigators and Assisters also have access to a language line and access code provided by the County. Various other language lines are made available by the ACA community partners as well.

What is the procedure for someone who arrives at the hospital without health insurance in the case of an emergency?
The hospital will still treat the patient. However, once treatment is provided, the patient will sit down with an eligibility worker to see his or her eligibility status for Medicaid.

If someone has insurance outside of Maryland Health Connection (MHC), but it is canceled after April 2014, will that person be able to enroll on MHC without a penalty?
Yes, but only if the individual previously had coverage and there was a loss of that coverage. After the close of open enrollment, there will still be staff to help with enrollment assistance. Individuals who previously did not have coverage beyond the 6 month open enrollment period will have to wait until the next enrollment cycle in October 2014. It is critical to seek coverage now during open enrollment.

What efforts, if any, are being made to enroll small businesses in the ACA?
Enrollment within the Small Business Health Options Program (SHOP) will commence in April 2014. There will be more updates to come.

Can you please briefly explain the Maryland State Medicaid expansion?
The state of Maryland expanded Medicaid coverage to 138% poverty level. The immigration status for Medicaid remains the same. Those who are disabled and/or are over 65 years old should continue to go to their local Department of Social Services to apply for Medicare.
What happens when the income of a Medicaid recipient exceeds the poverty level in 2013? What happens when the income of the recipient exceeds the poverty level in 2014?
The Medicaid recipient would then enroll in a Qualified Health Plan (QHP) with assistance from the state. This applies in both 2013 and 2014. It also works in reverse – if there is a reduction in salary or a loss of job, the state will be able to assist with enrollment into Medicaid.

Please explain the initial problems with the technology and the planning to avoid the same problems in the near future.
The primary issue has been with capacity and the amount of traffic flowing to the website. Stability and consistency are other problems. There have also been instances where data that was entered into the account was no longer available when returning to the website. The state is working to increase the website’s capacity and its stability. Whenever a new issue is encountered, a ticket, which consists of a brief description and screenshot of the problem, is entered to the MHC IT staff. These tickets help the IT staff make necessary repairs to avoid the same problems in the future.

Since more people will be eligible for health insurance through the ACA, is there a plan to gain more psychiatrists since the public health system is already experiencing long wait lists even prior to additional people who will need services through the ACA?
Yes. The state is fully aware that greater efforts are needed in regards to increasing capacity. They are hoping to increase the current number of providers within communities and to look at different ways to make health care more accessible. There will be further updates to come as the issue is on the state’s radar.

How can I help my community, particularly low-income people who have no health insurance?
People can share accurate information they have gathered, while dispelling myths. Such information includes who is eligible or what information to bring prior to enrollment. Information and materials can be shared by hosting smaller events and ACA community partner presentations. People can also emphasize the benefits of the ACA and advocate for individuals to use in-person assistance. It would be helpful to briefly cover insurance terminology or concepts with these individuals to increase understanding of the process.

Do you have any more information about stand-alone dental plans?
People within the exchange are eligible to purchase stand-alone dental plans. The cost varies for each person, depending on his or her needs. ACA Health Navigators are available for assistance.

Could I get more clarification about the Montgomery Cares Program and Care for Kids?
The Montgomery Cares Program and Care for Kids are County funded programs specifically for the uninsured. Montgomery Cares provides primary health care services for those who do not qualify for Medicaid or any type of insurance. Care for Kids is a resource for low-income families with uninsured children. If you are eligible for obtaining an insurance plan through the ACA, and have no other insurance plan, you will be subject to penalty. Having access to care through Montgomery Care or Care for Kids will not exempt you from the penalty.

Are the services your organizations provide for everyone, even if the focus is on low-income individuals?
Absolutely. The enrollment services provided are for everyone who would like in-person assistance, regardless of income level.

What role do assets play in the ACA?
The information used for enrollment comes from filed taxes. Assets are not included.
What is the eligibility determination process of an undocumented individual who wants coverage?
Undocumented individuals may not benefit from Medicaid nor premium subsidies. However, he or she should always double check their eligibility status since many do not know that they actually may qualify for other programs. ACA community partners still connect the undocumented individual to a community clinic. Mixed status families may apply.

What constitutes a family? What happens when there are two families living in one household?
Enrollment depends on how an individual files his or her taxes. If a man and wife with dependent children and a dependent elderly mother live in the same household, they would be considered as one family. If a man and wife with dependent children and an independent elderly mother live in the same household, they would be considered as two separate families.

My 23-year-old child is currently under my insurance. What happens when he turns 26?
A special enrollment period of 60 days will be available to the individual to purchase insurance since the parents’ insurance will no longer be available to the child.

Are there any particular plans for non-profit employees whose salaries are under $15K?
Anyone, regardless of where they are employed, is eligible to apply in the MHC benefit exchange. If the individual is employed and his or her employer does not offer coverage, he or she may apply. If the individual has an income of $15K or lower, he or she may be eligible for Medicaid. If the employer does offer insurance, the individual may not be eligible for subsidies, but it is best to have in-person assistance to determine eligibility.

There is a 5-year bar for US immigrants in order to be eligible for insurance. Are there any opportunities for an individual to receive medical coverage if he or she has not fulfilled that 5-year period?
There are certain categories of immigrants who do not follow the 5-year bar. There are also people who have fulfilled the 5-year bar and cannot receive medical assistance so they can buy a QHP with subsidies. Warm hand-offs allow for the referral of these types of individuals to services that may be able to assist them with insurance enrollment.

Could I receive some clarification on the asset limit for Medicaid?
There is no asset limit with the new medical assistance, and it is not available to people with Medicare.

As non-immigrant students who have no way to show income proof, but do have external sources of living expenses, how do they report it and do they need to report it?
Non-immigrant students should report their living expenses and allow the MHC to determine whether they will count it or not. It is not a requirement to file taxes in order to apply for health coverage, but they will not be eligible for premium subsidies.

Are senior parents who stay with children eligible to apply for insurance?
It depends on how taxes are filed. If the child takes the elderly parent as a dependent, then the whole family must apply for insurance together.

How does long-term care play a role in the program?
Long-term care is not covered under the ACA.
If an individual already submitted a paper application, can he or she still apply through an online application?
It would just be a duplication of the information if he or she applies again through the online system. If the individual has already submitted a paper application and it has not yet been processed, he or she should go ahead and create an account to fill out an online application. It would not cause any major problems.

One of my clients sent out a paper application and received feedback through a phone call to submit more information. Where can they call to submit this information?
People can go to any of the ACA community partners and have an in-person appointment to submit information. In addition, individuals can call the Maryland Health Connection Call Center to request step-by-step instructions on how to provide the information.

If an individual does not file federal income taxes, what proofs of income would he or she use for QHP and Medicaid enrollment?
The individual may use paystubs (recommended) or letters from his or her employer. As a reminder, people who do not file federal income taxes cannot receive premium subsidies but can shop for private plans and pay the full cost.

Do people who already have medical assistance under the Qualified Medicare Beneficiary (QMB) Program or Primary Adult Care (PAC) automatically enroll in January 2014?
Individuals covered under PAC will automatically be enrolled in Medicaid in January 2014. QMB will stay the same as it has always been.
WORKSHOP FEEDBACK

Responses from the workshop evaluation forms received. Note: Percents may not add to 100 due to rounding.

1. Please rate this workshop:

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<th>Poor</th>
<th>Fair</th>
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<td>d. Usefulness of handouts</td>
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<td>16%</td>
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<td>e. Length of workshop</td>
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<td>14%</td>
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<td>g. Overall rating of workshop</td>
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2. Please rate the following:

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<th>Undecided</th>
<th>Somewhat Agree</th>
<th>Agree</th>
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<td>4%</td>
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<td>56%</td>
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<td>8%</td>
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<td>c. I feel more confident explaining the enrollment process through Maryland Health Connection</td>
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<td>d. I feel more comfortable describing what the encounter with the ACA community partners will be like</td>
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<td>e. I feel like I will be more successful in referring community members to the ACA community partners</td>
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<td>2%</td>
<td>4%</td>
<td>29%</td>
<td>65%</td>
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## WORKSHOP REGISTRANTS AND ORGANIZATIONS

The following workshop registrants and organizations provided AAHP, AAHI, and LHI permission to publish their name, organization, and email.

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## RESOURCES

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Website: http://www.onehealthylife.org/
Email: http://www.onehealthylife.org/contact.html

Asian American Health Initiative
Montgomery County, Maryland
Department of Health and Human Services
1335 Piccard Drive, Lower Level
Rockville, MD 20850
Telephone: (240) 777-4517
Fax: (240) 777-4564
Website: www.AAHiinfo.org
Email: info@aahiinfo.org

Latino Health Initiative
Montgomery County, Maryland
Department of Health and Human Services
8630 Fenton Street, 10th Floor
Silver Spring, MD 20910
Telephone: (240) 777-3221
Fax: (240) 777-3501
Website: www.lhiinfo.org
Email: lhi.website@montgomerycountymd.gov
Handouts From “The Affordable Care Act in the Capital Region: How to Enroll”
E.C.H.O. Workshop

Please note the information provided in this section may be subject to change. Please contact the respective organizations to ensure the most current information. The following documents were compiled on 11/7/13.
FACT SHEET

The African American Health Program (AAHP) was created in 1999 to address health care disparities which disproportionately affect African American in Montgomery County, MD. Today, AAHP is committed to eliminating health disparities and improving the number and quality of years of life for African Americans and people of African descent in the County.

AAHP aims to address the most critical health concerns currently facing its target population.

CANCER is the second leading cause of death in America, and African Americans are more likely to die of cancer than any other racial group. According to a 2013 report from the U.S. Cancer Statistics Working Group, the rate of new cancer cases in the U.S. is highest among Black men. The rate of deaths from cancer is also highest for Black men.

CARDIOVASCULAR HEALTH is important for everyone, but especially African Americans. According to the Centers for Disease Control and Prevention (CDC), nearly 1 in 3 deaths in the U.S. each year is caused by heart disease and stroke. Blacks are nearly twice as likely as whites to die from preventable heart disease and stroke. Factors that negatively influence cardiovascular health include high blood pressure, tobacco use, high cholesterol, obesity, lack of physical fitness, and congenital defects.

DIABETES continues to have a detrimental effect on the health and well-being of the African American population. According to the CDC, in 2010, the risk of diagnosed diabetes was 77% higher among non-Hispanic Blacks when compared to non-Hispanic white adults, and 18.7% of all non-Hispanic Blacks, aged 20 years or older, had diagnosed or undiagnosed diabetes.

HIV/AIDS disproportionately affects African Americans, according to the CDC. In 2010, African Americans accounted for an estimated 44% of all new HIV infections among adults and adolescents, despite representing only 12-14% of the U.S. population. This rate is 7.9 times higher than the rate for the white population, and higher than any other racial/ethnic group.

INFANT MORTALITY occurs at a disproportionately high rate in the African American population – regardless of socioeconomic status. According to the CDC, the infant mortality rate for non-Hispanic black women in 2010 was 11.6 deaths per 1,000 live births, more than twice the rate for white women. Advanced maternal age, substance use, stress, cord/placental complications, and a history of premature births increase the incidence of infant mortality.

ORAL HEALTH plays a major role in overall well-being as well as several diseases that disproportionately affect the African American population. Diabetes increases the risk of gum disease and cavities while noticeable white spots in the mouth can be the first signs of AIDS.
OVERVIEW
In 1999, the Montgomery County Department of Health and Human Services created the African American Health Program (AAHP) to address health disparities disproportionately affecting African Americans in the County. Services provided include outreach, health education, support groups, and nurse case management. The program is staffed by registered nurses, health educators, and community outreach personnel. There are no financial or insurance requirements to receive AAHP services.

OUR VISION
African Americans and people of African descent will be as healthy and safe as the rest of the population.

OUR MISSION
Eliminate health disparities and improve the number of years and quality of life for African Americans and people of African descent in Montgomery County.

OUR STRATEGY
Bring together community partners and resources in a collaborative and effective manner to support AAHP goals.

OUR GOALS
- Raise awareness in the Montgomery County community about key health disparities.
- Integrate African American health concerns into existing services and programs.
- Monitor health status data for non-Hispanic Blacks in Montgomery County.
- Implement and evaluate strategies to achieve specific health objectives.

AAHP SERVICE HIGHLIGHTS

S.M.I.L.E. PROGRAM

Every child has every chance.

The goal of the S.M.I.L.E. (Start More Infants Living Equally healthy) program is to reduce the number of premature and low-birth-weight babies born to African American/Black women in the County. S.M.I.L.E. provides: assessment of high-risk pregnancies and parenting; case management and home visits by registered nurses; childbirth education classes; breastfeeding education; and counseling and referrals.

HIV TESTING AND COUNSELING

Know Your Status. Gain Confidence. Take the Test.

AAHP provides free and confidential HIV testing as well as counseling, referrals, and education. It also coordinates a support group for HIV-positive women.

DIABETES EDUCATION AND SELF-MANAGEMENT

Take Control!

Diabetes classes, counseling, and dining clubs are offered to help patients prevent and manage diabetes. Classes are accredited by the American Association of Diabetes Educators. One-on-one counseling sessions are also available.

CANCER EDUCATION AND AWARENESS

Early detection is critical! Know where you stand.

AAHP provides cancer education and helps refer eligible County residents for free mammograms as well as colon and prostate cancer screenings.

ADDITIONAL SERVICES
- Blood Pressure Screening
- Oral Health Education
- When I Get Out (W.I.G.O.): Healthy and Safe Lifestyles (classes presented at the Montgomery County Correctional Facility to prepare participants for good health upon release)

FOR MORE INFORMATION:
Visit us online at www.onehealthylife.org
ABOUT AAHI:
A part of Montgomery County’s Department of Health and Human Services, the Asian American Health Initiative (AAHI) was established in 2004 as the first health-focused agency for pan-Asian Americans in the County. Since its inception, AAHI has worked to eliminate health disparities that exists between Asian Americans and their non-Asian counterparts. AAHI is supported by its Steering Committee that is composed of stakeholders representing various ethnic and professional groups in the community. They are responsible for advocating, advising and assisting AAHI in achieving its mission.

Mission:
AAHI’s mission is to identify the health care needs of Asian American communities, to develop culturally competent health care services, and to implement health education programs that are accessible and available to all Asian Americans in Montgomery County.

DEMOGRAPHICS:
Asian Americans constitute 13.9% of Montgomery County’s population.

AAHI IN ACTION:
AAHI Patient Navigator assisting a client with medical interpretation
AAHI Health Promoter educating community member on his bone density screening results
AAHI intern teaching breast-self exams at an outreach event
AAHI’s multilingual website
AAHI’s health education column in ethnic media

AAHI CONTACT:
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Tel: 240-777-4517
Fax: 240-777-4564
Email: Info@AAHIinfo.org
Website: www.AAHIinfo.org

www. Healthymoco.blogspot.com
Search: ‘Asian American Health Initiative’
Twitter @ AAHI_Info

Revised 07/27/2012
**AAHI PROGRAMS**

**Outreach and Health Education**
- Working with community-based and faith-based partners, AAHI provides the community with direct services such as preventative screenings and health education on diseases shown to disproportionately affect the Asian American community.

**Health Promoters Program**
Similar to Community Health Workers, Health Promoters are a group of bilingual and bicultural volunteers who assist program staff in identifying community partners, developing cultural awareness, and providing language assistance during outreach events.

**Patient Navigators Program**
AAHI Patient Navigators assist limited English speaking and low-income County residents in accessing County services through two main services offered in Chinese, Hindi, Vietnamese, Korean, and English:
1) Multi-Lingual Health Information and Referral Telephone Line
2) Trained Multi-Lingual Medical Interpreters

**HEALTH COMMUNICATION**

**Educational Materials**
AAHI has created culturally and linguistically tailored health education materials for the Asian American community. These materials are available in English, Chinese, Korean, Vietnamese and Hindi. You can download these materials for free on our website: www.AAHIinfo.org.

**Website & Social Media**
AAHI’s website and social media are platforms to disseminate educational materials and to regularly update the community with upcoming events, photos, conference information, training opportunities and other relevant and helpful information for the community. The website and social media allow AAHI to network with and reach out to a variety of individuals and organizations.

**AAHI PROJECTS**

**Needs Assessments**
Conducted in 2005 and 2008, the needs assessments examine the health status of the Asian American community and provides recommendations to guide AAHI.

**Conferences**
In 2006 and 2009, AAHI hosted an Asian American Health Conference, convening public health professionals and practitioners from around the nation to offer an expert array of conceptual and substantive presentations related to Asian American health and to help facilitate the AAHI strategic planning process.

**Storybook**
Voices Among the Silent: Stories of Struggle and Strength from Asian Americans in Montgomery County, Maryland. The storybook includes personal narratives from 16 brave County residents that shed light on the intricate relationship of everyday struggles such as cultural and linguistic barriers and the effect they have on health status. By giving the community a voice, the storybook intends to educate and raise awareness among its readers.

**NEXT STEPS**

**Strategic Plan**
As the pan-Asian American-serving health program in Montgomery County, AAHI remains committed to improving the health of Asian Americans. Using an ecological framework that examines the social determinants of health and based on key information sources including scientific literature, findings from the 2005 and 2008 needs assessments, internal evaluative records, community-based sources of information, and Montgomery County Department of Health and Human Services priorities, AAHI has formulated a strategic plan with five strategic targets to define and guide their goals and objectives between 2011 and 2015.

**Target A**: Enhance access to culturally and linguistically competent care
**Target B**: Promote community mobilization and empowerment
**Target C**: Strengthen partnerships and collaborations
**Target D**: Enhance data collection and reporting
**Target E**: Establish organizational sustainability
The influx of Latino people into Montgomery County over just the past two decades has helped transform this County into the most diverse one in Maryland. As the Latino population continues to grow, its contributions to the County’s economic, political, social and cultural landscape will continue to increase and accordingly, County services must reflect evolving demographics and related health trends.

The Latino Health Initiative (LHI) of the Montgomery County Department of Health and Human Services was established in July 2000 with the support of the County Executive and County Council.

**OUR MISSION**
The mission of the LHI is to improve the quality of life of Latinos living in Montgomery County by contributing to the development and implementation of an integrated, coordinated, culturally and linguistically competent health wellness system that supports, values, and respects Latino families and communities.

**OVERALL FUNCTIONS**
- Enhance coordination between existing health programs and services targeting Latinos.
- Provide technical assistance to programs serving the Latino community.
- Develop and support models of programs and services to adequately reach Latinos.
- Advocate for policies and practices needed to effectively reach and serve Latinos.

**WHO IS INVOLVED WITH THE LHI?**
The LHI is comprised of staff members from the Department of Health and Human Services and a group of volunteer professionals and community leaders. These individuals work as a team to inform the Latino community about the LHI and to collect feedback from them regarding their health concerns. In addition, this group acts as the planning body for the LHI and advocates to improve the health of Latino communities.

**FOR MORE INFORMATION ABOUT THE LHI**
For more information about the Latino Health Initiative, please visit our website at www.lhiinfo.org.
BLUEPRINT FOR LATINO HEALTH

In 2000, soon after the LHI was established, the Latino Health Steering Committee engaged in a two year long intensive community participatory process to determine the major health priorities crucial to improving the health of Montgomery County Latinos. This effort culminated with the development of the Blueprint for Latino Health in Montgomery County Maryland.

Every five years, the Blueprint is updated in response to the changing social-political landscape and to the progress achieved in the prior five years. The document offers socio-demographic and health profiles of Montgomery County Latinos, and it also outlines seven action-oriented priority areas each accompanied by policy recommendations:

A. Improving Data Collection, Analysis and Reporting
B. Ensuring Access to and Quality of Health Care
C. Ensuring the Availability of Culturally and Linguistically Competent Health Services
D. Enhancing the Organizational Capacity of Latino Community-Based Organizations to Provide Health Services
E. Enhancing Community Participation in Decisions that Impact the Health of Latinos
F. Expanding Health Promotion and Disease Prevention Efforts Targeting Latino Communities
G. Increasing the Number of Latino Health Care Professionals Working in the County

PURPOSE OF THE BLUEPRINT FOR LATINO HEALTH

The Blueprint plays a pivotal role in guiding the LHI programs and activities and in informing, engaging and mobilizing policy and decision makers, stakeholders and community members. The Blueprint aims to help readers:

• Make strategic and programmatic decisions that will better correspond to the needs of low-income Latino people.
• Obtain funding and other support from government and private sources for programs that correspond to the needs of the Latino community.
• Support policy initiatives and budget requests from local and State governments that will further the health interests of the Latino community.
• Enhance collaborations with academic and non-profit organizations to increase resources, funding, and support for programmatic activities.

HOW CAN I GET A COPY OF THE BLUEPRINT?

Program for Licensure of Foreign-Trained Health Professionals

This program is a multi-institutional collaboration of the LHI, Montgomery College, Holy Cross Hospital, Washington Adventist Hospital and Workforce Investment Board. The program provides a comprehensive, integrated and coordinated approach to effectively address the needs and decrease the challenges and barriers Latino nurses encounter in Maryland to obtain the nursing license. The program incorporates four components: support and guidance system, academics, practical exposure to the U.S. healthcare system, and mentoring.

Major Programs and Activities

Community Programs and Campaigns

"Ama tu Vida" Campaign
The "Ama tu Vida" campaign promotes health and wellness in the Latino community. The "Ama tu Vida" campaign invites the community to make a commitment to living a healthier life, and encourages them to adopt lifelong health promotion and disease prevention habits.

Asthma Management Program
This program is designed to increase the knowledge of Latino parents of children with asthma regarding the condition and its management, and increase awareness and utilization of pediatric clinical services. The desired outcome is Latino families who are empowered to appropriately self manage asthma in their children.

Program for Licensure of Foreign-Trained Health Professionals

This program is a multi-institutional collaboration of the LHI, Montgomery College, Holy Cross Hospital, Washington Adventist Hospital and Workforce Investment Board. The program provides a comprehensive, integrated and coordinated approach to effectively address the needs and decrease the challenges and barriers Latino nurses encounter in Maryland to obtain the nursing license. The program incorporates four components: support and guidance system, academics, practical exposure to the U.S. healthcare system, and mentoring.

Smoking Cessation Program for Latinos
The goal of the program is to reduce the prevalence of cigarette use among low-income Latinos who live or work in Montgomery County. Smoking cessation interventions are available to current smokers willing to try to quit smoking.

Health Promoters Program "Vías de la Salud"
The mission of the HPP is to improve the health and well being of the low-income Latino community in Montgomery County through training and empowerment of Latino health promoters to promote healthy behaviors, facilitate access to health services, and advocate of health policies that benefit the community.

System Navigator & Interpreter Program
The goal of this program is to guide, provide resources and professional medical interpretation in a culturally competent manner in order to facilitate access to health care for low-income, uninsured Latinos. Another component of the program is the Bilingual Health Services Information Line (301-270-8432) which informs callers of existing health and human services and other related programs in Montgomery County and assists them to successfully access these services.

Latino Youth Wellness Program (LYWP)
This program provides the unique opportunity for participating youth between the ages of 12-19 and their families to engage in a holistic approach to wellness by including components that address mental, physical, social, environmental and emotional issues in a culturally and linguistically competent manner. This program has a component to improve physical fitness.
Special Projects

Emergency Preparedness Project
This project is a collaborative effort between the Latino Health Initiative and the Montgomery Advanced Practice Center (APC). This project intends to increase awareness, understanding and knowledge of public health emergency threats among low income Latino families and to develop and test culturally and linguistically appropriate educational interventions. The project uses the health promoter model as a strategy.

Workgroups

Latino Data Workgroup
Under the auspices of the Latino Health Steering Committee, this Workgroup brings together stakeholders to collaboratively develop and implement an action plan that will enhance the current system for collecting, analyzing, and reporting health data on Latinos in Montgomery County.

Community Engagement Workgroup
Under the auspices of the Latino Health Steering Committee, this Workgroup seeks to unite stakeholders in Montgomery County to increase community participation in decisions that impact the health of the Latino community by increasing the number and capacity of Latino service providers, community leaders and consumers who lead efforts to improve health.

The Latino Health Initiative’s list of programs and activities is available at www.lhiinfo.org.

The Latino Health Initiative’s website contains many resource materials that can be downloaded and used. Any material may be photocopied or adapted to meet local needs without permission from the LHI, provided that the parts copied are distributed free or at cost (not for profit) and that credit is given to the Latino Health Initiative of the Department of Health and Human Services, Montgomery County, Maryland. The LHI would appreciate receiving a copy of any material in which parts of LHI publications are used. Material(s) should be sent to LHI, 8630 Fenton St., 10th floor, Silver Spring, MD 20910.
New Health Coverage under the Affordable Care Act for residents of Montgomery and Prince George’s Counties

Maryland Health Connection
Quality health coverage that fits your budget

What is Health Care Reform?
By law, under the Affordable Care Act, most people over age 18 must have health insurance beginning in 2014 or pay a fine. The new health care law offers individuals and families access to affordable health coverage, including private insurance and Medicaid.

- If you or your children are currently enrolled in Medicaid, you do not need to do anything. You will be contacted when it is time to renew your coverage.
- Active Primary Adult Care (PAC) enrollees will be automatically transitioned to full Medicaid benefits.
- If you have Medicare, you are already covered and do not need to make any changes.

Low Cost or No Cost Plans are Available
Depending on how much you earn, legal residents may qualify for a low-cost or no cost health plan or to get financial help to lower the cost of your insurance premiums and co-payments.

Every plan offered through Maryland Health Connection will cover essential health benefits such as doctor visits, emergency care, preventive care and prescriptions.

Information for Montgomery and Prince George’s Counties
Visit http://capitalhealthconnection.org to find a schedule of local informational events and for enrollment sites.

Important Date!
Beginning October 1, if you need health coverage, you can go to Maryland Health Connection to:
- Shop, compare and enroll in a plan that best meets you or your family's need and budget
- See if you are eligible for federal tax credits and subsidies to help cover your insurance costs
- Check to see if you qualify for public health programs such as Medicaid and Maryland Children’s Health Program (MCHP), for yourself or a family member.

Three ways to enroll:

Phone: 1.855.642.8572 (TOLL FREE) 1.855.642.8573 (TTY)

Online: www.marylandhealthconnection.gov

In-person: Staff is available in different locations at various hours. Visit http://capitalhealthconnection.org to find a schedule.

If you need language assistance, please do not hesitate to ask or point this to the staff “May I have an interpreter?”

This information is available in alternate formats by calling 240-777-4527. For TTY, call Maryland Relay at 711 and an operator will assist you.
Get covered...enroll now!
By law, under the Affordable Care Act, most people over age 18 must have health insurance beginning in 2014 or pay a fine. The new health care law offers individuals and families access to affordable health coverage, including private insurance and Medicaid.

If you need health coverage, you can go to the Maryland Health Connection to shop, compare and enroll in quality health coverage. Other related information such as federal tax credits, subsidies, and public health programs is also available.

Who is eligible?
- For Medicaid enrollment, legal residents of Montgomery and Prince George’s counties living in the U.S for more than five years.
- For qualified health plan through Maryland Health Connection, legal resident of Maryland.
- Age 18-64
- Do not have access to health coverage through their employer.
- If you or your children are currently enrolled in Medicaid, you do not need to do anything. You will be contacted when it is time to renew your coverage.
- Active Primary Adult Care (PAC) enrollees will be automatically transitioned to full Medicaid benefits.
- If you have Medicare, you are already covered and do not need to make any changes.

What information do I need to provide?
- Social Security Numbers (or documented numbers for any legal immigrant who need insurance)
- Birth dates
- Employer & income information for everyone in your family (for example, paystubs or W-2 wage & tax statements)
- Policy number of any current health insurance
- Information about any job-related health insurance available to your family

For more information-
Visit [www.capitalhealthconnection.org](http://www.capitalhealthconnection.org) or call 240-773-8250.

What if I can’t afford health insurance?
You may qualify for help paying for health care costs, depending on your income and family size.

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<td>1</td>
<td>Less than $15,856</td>
<td>$15,857 – $45,960</td>
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<td>2</td>
<td>Less than $21,404</td>
<td>$21,405 – $62,040</td>
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<td>Less than $26,951</td>
<td>$26,952 – $78,120</td>
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<td>4</td>
<td>Less than $32,499</td>
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<td>5</td>
<td>Less than $38,047</td>
<td>$38,048 – $110,280</td>
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<td>6</td>
<td>Less than $43,595</td>
<td>$43,596 – $126,360</td>
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<td>7</td>
<td>Less than $49,143</td>
<td>$49,144 – $142,400</td>
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<td>8</td>
<td>Less than $54,691</td>
<td>$54,692 – $158,520</td>
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</tbody>
</table>

Source: Maryland State Dept. of Health and Mental Hygiene, Medicaid Planning Administration
*Income eligibility levels for children and pregnant women are higher

Three ways to enroll:

**Phone:** 1.855.642.8572 (TOLL FREE)  
1.855.642.8573 (TTY)

**Online:** www.marylandhealthconnection.gov

**In-person:** Staff is available in different locations at various hours.

If you need language assistance, please do not hesitate to ask or point this to the staff
“May I have an interpreter?”

This information is available in alternate formats by calling 240-773-8250. For TTY, call Maryland Relay at 711 and an operator will assist you.
Montgomery County - Upcounty
Germantown Regional Services Center*
12900 Middlebrook Rd., Second Floor
Germantown
Monday and Wednesday: 8:30am – 2:30pm
Tuesday: 1:00pm – 7:00pm
Thursday and Friday: 11:00am – 5:00pm

Bethel World Outreach North
19236 Montgomery Village Ave., Gaithersburg
Wednesday & Friday: 11:00am - 5:00pm
Thursday: 11:00am - 3:00pm
(Mandarin, Cantonese, Kreo, Mende)

Pan Asian Volunteer Health Clinic
7-1 Metropolitan Court, Gaithersburg
Friday: 12:00pm - 5:00pm
(Mandarin, Cantonese)

Korean Community Service Center
847-J Quince Orchard Blvd., Gaithersburg
Tuesday - Friday: 9:00am - 5:00pm

Community Clinic, Inc.
200 Girard St., Gaithersburg
Monday - Friday: 9:00am - 4:30pm

Family Services, Inc.
620 E. Diamond Ave., Gaithersburg
Monday - Friday: 9:00am - 2:00pm

Montgomery County - Mid County
Piccard Drive Health Center*
1335 Piccard Dr., Rockville
Monday and Wednesday: 8:30am – 2:30pm
Thursday and Friday: 11:00am – 5:00pm

Mid-County Services Center*
1301 Piccard Drive, Rockville
Tuesday: 1:00pm – 7:00pm
Thursday and Friday: 11:00am – 5:00pm

Interfaith Works
114 W. Montgomery Ave., Rockville
Monday: 6:00pm - 8:00pm (French, Swahili)
Tuesday - Thursday: 6:00pm - 8:00pm
(Mandarin, Cantonese, Kreo, Mende)
Friday: 6:00am - 8:00pm (Kreo, Mende)
Saturday: 10am - 6:00pm (Mandarin, Cantonese)

Mansfield Kaseman Health Clinic
8 West Middle Lane, Rockville
Monday, Wednesday, Friday: 9:00am - 5:00pm
Tuesday, Thursday: 9:00am - 5:00pm
(Mandarin, Amharic
Tuesday - Thursday: Spanish
Friday: Kreo, Mende)

Montgomery County - Down County
Silver Spring Health Center*
8630 Fenton St., 10th floor
Silver Spring
Monday and Wednesday: 8:30am – 2:30pm
Thursday and Friday: 11:00am – 5:00pm

Community Clinic, Inc Silver Spring
8630 Fenton St., Suite 1204, Silver Spring
Monday - Friday: 8:00am - 4:30pm

Community Clinic, Inc Medical Services & WIC
7676 New Hampshire Ave., Suite 220, Takoma Park
Monday - Thursday: 8:00am - 4:30pm
Friday: 8:00am - 12:00pm
Saturday: 8:00 - 4:30pm
Sat: 8:00 - 4:30pm

Silver Spring Services Center*
8818 Georgia Ave., Silver Spring
Tuesday: 1:00 pm – 7:00 pm
Thursday and Friday: 11:00 am – 5:00 pm

Silver Spring Works
8238 Georgia Ave., Silver Spring
Tuesday and Thursday: 9:00am - 3:00pm
Wednesday and Friday: 9:00am - 5:00pm
(French, Swahili, Amharic)

CASA’s Wheaton Welcome Center
2792 University Blvd., Wheaton
Monday - Friday: 8:00am - 4:00pm
(Spanish)

CASA’s Silver Spring Welcome Center
734 University Blvd., East, Silver Spring
Monday - Friday: 10:00am - 6:00pm
(French)

Montgomery Works
11002 Veirs Mill Rd., Wheaton
Monday-Thursday 8:30am-4pm
Friday 8:30am-3pm

TESS Community Center*
8513 Piney Branch Rd., Silver Spring
Monday and Wednesday: 9:00am - 12:00pm
(Spanish)

Prince George’s County
Prince George’s County Government in Landover
425 Brightseat Rd., Landover
Monday-Friday: 9:00am-4:00 pm

Prince George’s County Government in Hyattsville
6505 Belcrest Rd., Hyattsville
Monday-Friday: 9:00am-4:00 pm

Prince George’s County Government in Temple Hills
4235 28th Ave., Temple Hills
Monday-Friday: 9:00am-4:00 pm

Youth and Family Services of Prince George’s County
1401 E. University Blvd, #201, Hyattsville
Monday-Thursday 9 am-4 pm

Mary’s Center
8908 Riggs Rd., Adelphi
Monday - Friday: 9:00am - 5:00pm

Korean Community Service Center
6410 Kenilworth Ave., Riverdale
Thursday: 9:00am - 5:00pm
(English, Korean)

CASA’s Prince George’s Welcome Center
7978 - B New Hampshire Ave., Hyattsville
Monday - Friday: 9:00am - 5:00pm
(Spanish)

CASA’s Multicultural Welcome Center
8151 15th Ave., Hyattsville
Monday - Friday: 9:00am - 5:00pm

Family Services, Inc.
8643 Cherry Lane, Laurel
Glossary of Health Coverage and Medical Terms

- This glossary has many commonly used terms, but isn’t a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- **Bold blue** text indicates a term defined in this Glossary.
- See page 4 for an example showing how deductibles, co-insurance and out-of-pocket limits work together in a real life situation.

**Allowed Amount**
Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

**Appeal**
A request for your health insurer or plan to review a decision or a grievance again.

**Balance Billing**
When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A preferred provider may not balance bill you for covered services.

**Deductible**
The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is $1000, your plan won’t pay anything until you’ve met your $1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

**Durable Medical Equipment (DME)**
Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

**Complications of Pregnancy**
Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren’t complications of pregnancy.

**Emergency Medical Condition**
An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

**Emergency Medical Transportation**
Ambulance services for an emergency medical condition.

**Emergency Room Care**
Emergency services you get in an emergency room.

**Emergency Services**
Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

**Co-payment**
A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

**Co-insurance**
Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. For example, if the health insurance or plan’s allowed amount for an office visit is $100 and you’ve met your deductible, your co-insurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.

Jane pays 20%
Her plan pays 80%
(See page 4 for a detailed example.)

Jane pays 100%
Her plan pays 0%
(See page 4 for a detailed example.)
Excluded Services
Health care services that your health insurance or plan doesn’t pay for or cover.

Grievance
A complaint that you communicate to your health insurer or plan.

Habilitation Services
Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn’t walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance
A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

Home Health Care
Health care services a person receives at home.

Hospice Services
Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization
Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care
Care in a hospital that usually doesn’t require an overnight stay.

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

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

Medically Necessary
Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

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

Non-Preferred Provider
A provider who doesn’t have a contract with your health insurer or plan to provide services to you. You’ll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a “tiered” network and you must pay extra to see some providers.

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

Out-of-network Co-payment
A fixed amount (for example, $30) you pay for covered health care services from providers who do not contract with your health insurance or plan. Out-of-network co-payments usually are more than in-network co-payments.

Out-of-Pocket Limit
The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn’t cover. Some health insurance or plans don’t count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

Physician Services
Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.
Plan
A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

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

Preferred Provider
A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a “tiered” network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also “participating” providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Premium
The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription Drug Coverage
Health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs
Drugs and medications that by law require a prescription.

Primary Care Physician
A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider
A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider
A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

Reconstructive Surgery
Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

Rehabilitation Services
Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care
Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

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

UCR (Usual, Customary and Reasonable)
The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Urgent Care
Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.
**How You and Your Insurer Share Costs - Example**

*Jane’s Plan Deductible: $1,500  Co-insurance: 20%  Out-of-Pocket Limit: $5,000*

---

**January 1st**
*Beginning of Coverage Period*

Jane pays 100%
Her plan pays 0%

---

**Jane hasn’t reached her $1,500 deductible yet**
Her plan doesn’t pay any of the costs.
Office visit costs: $125
Jane pays: $125
Her plan pays: $0

---

**Jane reaches her $1,500 deductible, co-insurance begins**
Jane has seen a doctor several times and paid $1,500 in total. Her plan pays some of the costs for her next visit.
Office visit costs: $75
Jane pays: 20% of $75 = $15
Her plan pays: 80% of $75 = $60

---

**Jane reaches her $5,000 out-of-pocket limit**
Jane has seen the doctor often and paid $5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.
Office visit costs: $200
Jane pays: $0
Her plan pays: $200
Immigration status and the Marketplace

Following is a list of immigration statuses that qualify for Marketplace coverage.

- Lawful Permanent Resident (LPR/Green Card holder)
- Asylee
- Refugee
- Cuban/Haitian Entrant
- Paroled into the U.S.
- Conditional Entrant Granted before 1980
- Battered Spouse, Child and Parent
- Victim of Trafficking and his/her Spouse, Child, Sibling or Parent
- Granted Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention against Torture (CAT)
- Individual with Non-immigrant Status (includes worker visas, student visas, and citizens of Micronesia, the Marshall Islands, and Palau)
- Temporary Protected Status (TPS)
- Deferred Enforced Departure (DED)
- Deferred Action Status (Deferred Action for Childhood Arrivals (DACA) is not an eligible immigration status for applying for health insurance)
- Lawful Temporary Resident
- Administrative order staying removal issued by the Department of Homeland Security
- Member of a federally-recognized Indian tribe or American Indian Born in Canada
- Resident of American Samoa

Applicant for any of these statuses:

- TemporaryProtectedStatuswithEmploymentAuthorization
- Special Immigrant Juvenile Status
- Victim of Trafficking Visa
- Adjustment to LPR Status
- Asylum*
- Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention against Torture (CAT)*

*Only those who have been granted employment authorization or are under the age of 14 and have had an application pending for at least 180 days are eligible

With Employment Authorization:

- Registry Applicants
- Order of Supervision
- Applicant for Cancellation of Removal or Suspension of Deportation
- Applicant for Legalization under IRCA
- Legalization under the LIFE Act
Documentation

To support Marketplace applications, the following documents may be required or used, depending on the individual situation:

- Permanent Resident Card, “Green Card” (I-551)
- Reentry Permit (I-327)
- Refugee Travel Document (I-571)
- Employment Authorization Card (I-766)
- Machine Readable Immigrant Visa (with temporary I-551 language)
- Temporary I-551 Stamp (on passport or I-94/I-94A)
- Arrival/Departure Record (I-94/I-94A)
- Arrival/Departure Record in foreign passport (I-94)
- Foreign Passport
- Certificate of Eligibility for Nonimmigrant Student Status (I-20)
- Certificate of Eligibility for Exchange Visitor Status (DS2019)
- Notice of Action (I-797)
- Document indicating membership in a federally recognized Indian tribe or American Indian born in Canada
- Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
- Office of Refugee Resettlement (ORR) eligibility letter (if under 18)
- Document indicating withholding of removal
- Administrative order staying removal issued by the Department of Homeland Security
- Alien number or 1-94 number
Immigrants and the Affordable Care Act (ACA)

MARCH 2013

NATURALIZED CITIZENS
Same access and requirements for affordable coverage as U.S.–born citizens.

LAWFULLY PRESENT IMMIGRANTS
Limited federal coverage.
- Subject to the individual mandate and related tax penalty (exempt if low-income or meet specific exemptions).
- May enroll in a “qualified health plan (QHP)” from the state insurance exchanges.
- Eligible for premium tax credits and lower copayments.
- No waiting periods for enrolling in state insurance exchanges or premium tax credits.
- Eligible for the Pre-Existing Condition Insurance Plan (PCIP) and the Basic Health Plan (when available in a state).
- Current federal immigrant eligibility restrictions in Medicaid maintained, including the five-year-or-more waiting period for most lawfully residing, low-income immigrant adults.
- Since April 2009, states can choose to provide Medicaid and Children’s Health Insurance Program (CHIP) benefits to lawfully residing children and pregnant women without a waiting period. But in states that do not elect this option, these children and pregnant women must still wait five years or more before they can get affordable health care coverage.
- Citizens of Compact Free Association states who reside in the U.S. remain ineligible for federal Medicaid.
- EXCEPTION: As of August 2012, Deferred Action for Childhood Arrivals (DACA) grantees are ineligible for Medicaid, CHIP, and ACA benefits.

UNDOCUMENTED IMMIGRANTS
No federal coverage.
- Not allowed to purchase private health insurance at full cost in state insurance exchange(s).
- Not eligible for premium tax credits or lower copayments.
- Exempt from individual mandate.
- Not eligible for Medicare, nonemergency Medicaid, or CHIP.
- Remain eligible for emergency care under federal law.
- Eligible for Emergency Medicaid if low-income.
- Citizen or lawfully present children of undocumented parents are eligible:
  - To purchase from the state insurance exchange.
  - For premium tax credits and lower copayments.
  - For Medicaid or CHIP.
- May seek nonemergency health services at community health centers or safety-net hospitals.

VERIFICATION REQUIREMENTS
- Only those in a family who are applying for benefits are required to provide a Social Security number (SSN) and their immigration/citizenship status.
- Citizenship or lawful presence must be verified for everyone enrolling in:
  - Private health insurance in the state exchanges.
  - Health insurance premium tax credits.
  - Medicaid and CHIP.
- Status will be electronically verified through:
  - Social Security Administration (SSA) for citizens.
  - If unable to verify status electronically, enrollees have an opportunity to provide other documents or to fix the records.
- Social Security number of a nonapplicant may be requested to electronically verify household income. If unavailable, other proof of income can be provided.
- Information about immigration status may be used only to determine an individual’s eligibility.

This explanation of how immigrants are included in health care reform is per provisions in the Affordable Care Act of 2010 (ACA) (encompassed in the Patient Protection and Affordable Care Act (Pub. Law No. 111-148) as amended by the Health Care and Education Act of 2010 (Pub. Law No. 111-152)).
STARTING OCTOBER 2013

Maryland Health Connection: Quality health coverage that fits your budget

Introducing a new hassle-free way to shop for health coverage. Even if you’ve never been able to afford health insurance before, you may qualify for financial help to pay for private health insurance for you and your family. Or you may be eligible for Medicaid.

**TIMELINE TO HEALTH COVERAGE**

- **JUN–OCT**: Find out what you need
- **OCT 1**: Enroll
- **JAN 1, 2014**: You’re covered!

**What is Maryland Health Connection?**
Maryland Health Connection is our state’s new health insurance marketplace that will make it easier for Marylanders to shop, compare and enroll in quality health coverage.

**How will it work?**
Beginning in October, if you need health coverage, you can go to Maryland Health Connection to:

- Shop, compare and enroll in a plan that best meets you and your family’s needs
- See if you are eligible for federal tax credits and subsidies to help cover insurance costs
- See if you or a family member qualifies for public health programs, such as Medicaid and Maryland Children’s Health Program (MCHP)
- Link to the call center for assistance and find resources available

**Who can enroll for coverage through Maryland Health Connection?**
All legal residents of Maryland who do not have access to health coverage through their employer are eligible.

**What if I have an illness or disability? Can I still get insurance?**
Yes. Starting in 2014, no one can be denied health coverage because of a pre-existing condition.

**If I don’t qualify for the tax credits or subsidies, can I still purchase a plan through Maryland Health Connection?**
Yes. Maryland Health Connection is available for any legal state resident to purchase insurance.

**If I have health insurance now, will I have to use Maryland Health Connection?**
No, not if you have health coverage through work or through a policy you bought on your own. But if you lose your current plan for any reason, you’ll be able to find quality health insurance that fits your budget through Maryland Health Connection.

**Get covered... for your health and peace of mind**

**Is having health insurance now required?**
Yes. By law, under the Affordable Care Act, most people over age 18 must have health insurance beginning in 2014 or pay a fine. If you have Medicaid or Medicare coverage, that meets the requirement.

**What if I can’t afford health insurance?**
You may qualify for help paying for health care costs, depending on your income and family size. The online application process will help you determine if you qualify for financial assistance to reduce your cost for insurance premiums. Even if you never qualified for Medicaid before, you may now be eligible through the expansion of Medicaid in Maryland.

marylandhealthconnection.gov
Why is it important to have health coverage?
Having health insurance gives you protection and peace of mind if you or a family member gets sick or has an accident. If something happens, you’ll be able to get healthcare without worrying about running up bills that you can’t pay. Medical debt is one of the main reasons people file for bankruptcy. Health insurance also provides access to preventive care for you and your family to maintain health and prevent illness.

If I already have Medicaid, what should I do?
If you or your children are currently enrolled in Medicaid, you do not need to do anything. You will be contacted when it is time to renew your coverage. In 2014, you will be able to renew your Medicaid coverage through Maryland Health Connection.

Applying is free, easy and confidential

How will Maryland Health Connection make getting health coverage easier?
When you go to Maryland Health Connection online, you can see your coverage options, all in one place, with one application. You can compare a wide variety of Qualified Health Plans and make apples-to-apples comparisons of their costs and coverage, to help decide which one is right for you. If you qualify for Medicaid, you will select your managed care organization (MCO) through Maryland Health Connection.

If I enroll in one of the Qualified Health Plans, am I getting government insurance?
No. Maryland Health Connection is not an insurance carrier. The State’s role is to create a marketplace where consumers can shop, compare and enroll in commercial insurance plans as well as determine eligibility for Medicaid. The State will monitor the insurance marketplace to protect consumers.

How do I know that this is good health coverage?
The insurance plans offered through Maryland Health Connection are the same high-quality health plans available on the open market. If an insurance company offers the same health plan both through Maryland Health Connection and on the private market, the costs and benefits must be the same.

What benefits will be covered?
The core benefits that all health plans must offer include doctor visits, hospitalization, emergency care, maternity care, pediatric care, prescriptions, medical tests, mental health care, substance abuse treatment and more. Plans must cover preventive care at no extra cost to you, including flu and pneumonia shots, birth control, routine vaccinations, and cancer screenings such as mammograms and colonoscopies.

How will I know how much a plan will cost?
You will be able to see what your premium, deductibles and out-of-pocket costs will be before you decide to enroll. Once the online marketplace opens, you can look at the specific plans offered and find the one that’s right for you.

How do I find out more?
Go to MarylandHealthConnection.gov, for more information and to sign up for updates.
Maryland Medicaid changes under the ACA

Where do I go to apply for Medicaid?
Beginning in October 2013, Maryland Health Connection will provide online, in-person or over-the-phone application assistance for Marylanders to get enrolled. Applicants can also go to their local Department of Social Services or Health Department office to apply. In-person assistance will also be available through a statewide network of consumer assistance organizations.

APPLY: online in person over the phone

What are the changes to the Medicaid application process?
Maryland Health Connection is our state’s new health insurance marketplace that will make it easier for Marylanders to apply for and renew Medicaid coverage. The online and paper application is a single, streamlined process for all health insurance affordability programs.

How will it work?
- Medicaid is expanding to cover all adults under age 65 up to 138 percent of the Federal Poverty Level (FPL), or about $32,500 annually for a family of four.
- Eligibility for most people will be based on Modified Adjusted Gross Income (MAGI) which is a federal standard linked to tax methods.
- Eligibility will be determined in real time in most cases.
- Income and other required information will be verified using data from the IRS, Social Security Administration, and other state and federal data sources; no paper verification will be necessary when the information is already available.

If I already have Medicaid, what should I do?
If you or your children are currently enrolled in Medicaid, you do not need to do anything. You will be contacted when it is time to renew your coverage. In 2014, you will be able to renew your Medicaid coverage online at MarylandHealthConnection.gov. You will also be able to seek assistance with the renewal process by phone and at existing and new locations.

Do the new income and household composition rules apply to all Medicaid beneficiaries?
No. The new income and household eligibility rules will not apply to the elderly, people applying on the basis of need for long term care, people who qualify for assistance with Medicare premiums and cost-sharing, and foster care youths.
What will happen to the Primary Adult Care (PAC) program?
Beginning in 2014, Medicaid will cover all adults up to 138 percent of the Federal Poverty Level ($15,856 annual income for a household size of one). The Primary Adult Care (PAC) program will end on December 31, 2013, and active PAC enrollees will be automatically transitioned to a full Medicaid benefit. PAC enrollees will be notified of the additional benefits available through the HealthChoice program. Notifications about PAC transitions will begin during the fall of 2013.

Are there any changes for youths in foster care in Maryland enrolled in Medicaid?
Yes. Young adults who have aged out of foster care will remain eligible for Medicaid up to age 26.

Where can I go to find more information on Medicaid changes in Maryland?
Go to MarylandHealthConnection.gov for more information or to sign up for updates. Additional information about Medicaid can be found at Medicaid.gov.
## Maryland Health Connection
### Sample Rate Scenarios
#### October 2013

### Sample Household #1

- Household Composition: Single Individual, Age 21
- Tobacco Status: Non-Tobacco User
- Annual Income: $25,000

<table>
<thead>
<tr>
<th>Washington DC Metropolitan (Montgomery County and Prince George’s County)</th>
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<tbody>
<tr>
<td><strong>Monthly Tax Credit:</strong> $238.83</td>
</tr>
<tr>
<td>Lowest Cost Bronze Plan</td>
</tr>
<tr>
<td>Lowest Cost Silver Plan</td>
</tr>
<tr>
<td>Second Lowest Cost Silver Plan</td>
</tr>
<tr>
<td>Lowest Cost Gold Plan</td>
</tr>
<tr>
<td>Lowest Cost Platinum Plan</td>
</tr>
</tbody>
</table>

### Sample Household #2

- Household Composition: Single Individual, Age 64
- Tobacco Status: Non-Tobacco User
- Annual Income: $36,000

<table>
<thead>
<tr>
<th>Washington DC Metropolitan (Montgomery County and Prince George’s County)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly Tax Credit:</strong> $218.00</td>
</tr>
<tr>
<td>Lowest Cost Bronze Plan</td>
</tr>
<tr>
<td>Lowest Cost Silver Plan</td>
</tr>
<tr>
<td>Second Lowest Cost Silver Plan</td>
</tr>
<tr>
<td>Lowest Cost Gold Plan</td>
</tr>
<tr>
<td>Lowest Cost Platinum Plan</td>
</tr>
</tbody>
</table>

### Sample Household #3

- Household Composition: Family of 4 (Ages 60, 55, 24, 19)
- Tobacco Status: Non-Tobacco User
- Annual Income: $53,000
**Washington DC Metropolitan (Montgomery County and Prince George’s County)**

<table>
<thead>
<tr>
<th>Monthly Tax Credit: $786.88</th>
<th>No Financial Assistance</th>
<th>With Tax Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest Cost Bronze Plan</td>
<td>$702</td>
<td>$84.88 leftover*</td>
</tr>
<tr>
<td>Lowest Cost Silver Plan</td>
<td>$1,094</td>
<td>$307.12</td>
</tr>
<tr>
<td>Second Lowest Cost Silver Plan</td>
<td>$1,104</td>
<td>$317.12</td>
</tr>
<tr>
<td>Lowest Cost Gold Plan</td>
<td>$1,251</td>
<td>$464.12</td>
</tr>
<tr>
<td>Lowest Cost Platinum Plan</td>
<td>$1,769</td>
<td>$982.12</td>
</tr>
</tbody>
</table>

**Sample Household #4**

Household Composition: Family of 5 (Ages 40, 38, 16, 14, 8)  
Tobacco Status: Non-Tobacco User  
Annual Income: $60,000

<table>
<thead>
<tr>
<th>Monthly Tax Credit: $398.00</th>
<th>No Financial Assistance</th>
<th>With Tax Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest Cost Bronze Plan</td>
<td>$473</td>
<td>$75</td>
</tr>
<tr>
<td>Lowest Cost Silver Plan</td>
<td>$738</td>
<td>$340</td>
</tr>
<tr>
<td>Second Lowest Cost Silver Plan</td>
<td>$744</td>
<td>$346</td>
</tr>
<tr>
<td>Lowest Cost Gold Plan</td>
<td>$843</td>
<td>$445</td>
</tr>
<tr>
<td>Lowest Cost Platinum Plan</td>
<td>$1,192</td>
<td>$794</td>
</tr>
</tbody>
</table>

**Sample Household #5**

Household Composition: Couple (Ages 40 and 38)  
Tobacco Status: Non-Tobacco User  
Annual Income: $32,000

<table>
<thead>
<tr>
<th>Monthly Tax Credit: $249.13</th>
<th>No Financial Assistance</th>
<th>With Tax Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest Cost Bronze Plan</td>
<td>$269</td>
<td>$20</td>
</tr>
<tr>
<td>Lowest Cost Silver Plan</td>
<td>$420</td>
<td>$171</td>
</tr>
<tr>
<td>Second Lowest Cost Silver Plan</td>
<td>$423</td>
<td>$174</td>
</tr>
<tr>
<td>Lowest Cost Gold Plan</td>
<td>$480</td>
<td>$231</td>
</tr>
<tr>
<td>Lowest Cost Platinum Plan</td>
<td>$679</td>
<td>$430</td>
</tr>
</tbody>
</table>

5 things to know about health insurance

1. There are many kinds of private health insurance policies. Different kinds of policies can offer very different kinds of benefits, and some can limit which doctors, hospitals, or other providers you can use.

2. You may have to pay coinsurance or a copayment as your share of the cost when you get a medical service, like a doctor’s visit, hospital outpatient visit, or a prescription. Coinsurance is usually a percentage amount (for example, 20% of the total cost). A copayment is usually a fixed amount (for example, you might pay $10 or $20 for a prescription or doctor’s visit).

3. You may have to pay a deductible each plan year before your insurance company starts to pay for care you get. For example, let’s say you have a $200 deductible. You go to the emergency room and the total cost is $1,250. You pay the first $200 to cover the deductible, and then your insurance starts to pay its share.

4. Health insurance plans contract with networks of hospitals, doctors, pharmacies, and health care providers to take care of people in the plan. Depending on the type of policy you buy, your plan may only pay for your care when you get it from a provider in the plan’s network, or you may have to pay a bigger share of the bill.

5. You may see products that look and sound like health insurance, but don’t give you the same protection as full health insurance. Some examples are policies that only cover certain diseases, policies that only cover you if you’re hurt in an accident, or plans that offer you discounts on health services. Don’t mistake insurance-like products for full comprehensive insurance protection.

Get more information about how insurance works at HealthCare.gov. You can also call the Health Insurance Marketplace Call Center at 1-800-318-2596. TTY users should call 1-855-889-4325.
Health coverage helps pay costs when you need care
No one plans to get sick or hurt, but most people need medical care at some point. Health coverage helps pay for these costs and protects you from very high expenses.

What is health insurance?
Health insurance is a contract between you and your insurance company. You buy a plan, and the company agrees to pay part of your medical costs when you get sick or hurt.

There are other important benefits of health insurance. Plans available in the Marketplace (and most other plans) provide free preventive care, like vaccines and check-ups. They also cover some costs for prescription drugs.

Health insurance helps you pay for care
Did you know the average cost of a 3-day hospital stay is $30,000? Or that fixing a broken leg can cost up to $7,500? Having health coverage can help protect you from high, unexpected costs like these.

Your insurance policy or summary of benefits and coverage will show what types of care, treatments and services are covered, including how much the insurance company will pay for different treatments in different situations.

What you pay for health insurance
You’ll usually pay a premium every month for health coverage, and you may also have to meet a deductible once each year before the insurance company starts to pay its share.

How much you pay for your premium and deductible is based on the type of coverage you have.
Montgomery Cares Clinics

Care For Your Health
Silver Spring .................................. (240) 844-2552

Community Clinic, Inc.
Silver Spring, Takoma Park, Gaithersburg
Appointment Line ............................. 1 (856) 877-7258

CCACC Pan Asian Volunteer Health Clinic
Gaithersburg .................................. (240) 599-6858

Community Ministries of Rockville
Monsfield Kasean Health Clinic
Rockville ........................................ (301) 917-6800

Holy Cross Health Centers
Aspen Hill, Gaithersburg, and
Silver Spring ................................... (301) 557-1940

Mary’s Center for Maternal and Child Care
Silver Spring .................................... (240) 495-3160

Mercy Health Clinic
Gaithersburg
New Patients .................................... (240) 773-0300
Existing Patients .............................. (240) 773-0322

Mobile Medical Care (multiple locations)
Appointment Line ............................. (301) 493-2400
Germantown ................................. (301) 834-9600

Muslim Community Center Medical Clinic
Silver Spring .................................... (301) 364-2166

Proyecto Salud
Wheaton ......................................... (301) 962-6173
Olney ........................................... (301) 260-1073

Spanish Catholic Center Medical Clinic
Appointment Line ............................. (301) 434-8985
Silver Spring ................................. (301) 434-3999

The People’s Community Wellness Center
Silver Spring .................................... (301) 847-1172

Office of Eligibility and Support Services
Formerly Service Eligibility Units (SEUs)

To apply for Care For Kids or the Maternity Partnership you must fill in an application at a Montgomery County Eligibility and Support Services Office

12900 Middlebrook Road, 2nd Floor
Germantown, MD 20874
(240) 777-3591

1335 Piccard Drive, Upper Level
Rockville, MD 20850
(240) 777-3120

8630 Fenton Street, 10th Floor
Silver Spring, MD 20910
(240) 777-3066

Office Hours:
Monday through Friday
8:30 AM — 5:00 PM

Documents to bring:
- Proof of income (pay stubs, tax returns, etc.)
- Proof of identity (driver’s license, employment ID, etc.)
- Proof of Montgomery County residence (lease, utility bill, etc.)
- Proof of pregnancy (for Maternity Partnership only)
- Completed MCHP application (Care for Kids only)

Montgomery Cares
For low-income adults (age 18+) who do not have health insurance.

Care for Kids
For the children of low-income Montgomery County families without health insurance.

Maternity Partnership
For low-income, uninsured pregnant women.

FOR MORE INFORMATION CALL
311 OR (240) 777 - 0311
About Montgomery Cares

A network of 12 clinics at multiple sites throughout Montgomery County that provide primary and preventive care to low-income, uninsured County residents age 18+.

Services:
- Medical check-ups
- Medicine
- Lab tests
- Cancer screenings
- Access to specialists

You may be eligible if:
- You live in Montgomery County
- You are 18 or older
- You do not have health insurance and are not eligible for any state or federal health insurance programs
- Your income is at or below 250% of the Federal Poverty Level

About Care For Kids

Provides affordable primary and specialty care to the children of low-income families in Montgomery County who are not eligible for other state or federal health insurance programs.

Services:
- Well child visit
- Medical check-ups
- Dental care
- Vision care
- Medicine
- Access to specialists
- And more...

Your child may be eligible if:
- He or she is between the ages of 0 and 19
- He or she is not eligible for any state or federal insurance programs
- Your family lives in Montgomery County
- Your family income is at or below 250% of the Federal Poverty Level

About Maternity Partnership

Provides prenatal care for pregnant women and teens who do not have health insurance.

Services:
- Prenatal care
- Routine lab tests
- Prenatal classes
- Dental screening (if referred)

You may be eligible if:
- You are pregnant
- You live in Montgomery County
- You are not eligible for medical assistance through any other state or federal programs
- Your income is at or below 185% of the Federal Poverty Level

HOW TO APPLY?
To apply for Care for Kids or the Maternity Partnership please contact the Montgomery County Office of Service Eligibility and Support Services (SEU) nearest your home. See the back of this brochure for details.