

Frequently Asked Patient Questions about Covered California

With the recent launch of California's health benefit exchange, Covered California, millions of Californians are now eligible to purchase insurance through this new online marketplace. Understandably, patients have many questions. This document provides answers to the most common patient questions.

How can I check whether or not my doctor is in a Covered California plan?

Patients can check a physician's participation status on the individual health plan websites, using the plan's provider directory search feature. When searching the provider directory it's important to select the correct exchange product type. Once you have checked the provider directory, CMA recommends that you contact the practice directly for the most accurate and up-to-date participation information. See next page for the appropriate product selections by plan.

Why are some physicians and hospitals in a network and some are not?

Some of the Covered California plans are offering smaller provider networks. Many providers were not invited to join these networks and the insurer is not accepting new providers into the network. Some physicians also may have chosen not to participate in these networks for various reasons including a lack of capacity for new patients or unacceptable terms offered by the insurer.

Additionally, the Affordable Care Act required every plan offered in the exchange to also be offered

outside of the exchange, using the same provider networks, which as described above may be intentionally limited. These products are called "mirror" products. The ID cards of patients who purchased the mirror products do not, however, have the Covered California logo.

What if my doctor is not in my health plan's network?

You may have coverage options. First, if your health plan is a preferred provider organization (PPO), you should be able to see the doctor on an out-of-network basis. The health plan, however, will require you to pay more out-of-pocket (e.g., copayments) than you would pay to see an in-network doctor. Second, if you have certain health conditions or are already in the middle of a treatment plan with the doctor, you may be able to continue to receive care from that doctor covered for a limited period of time, even if he or she is not in the network. Call the health plan's number on your insurance card to inquire about "continuity of care" coverage. Finally, Covered California has stated that consumers will be permitted to change plans until March 31, 2014, if they enrolled in a plan under the incorrect belief that their doctor was in the plan's network.

What options are available if I am having trouble finding in-network providers and/or facilities to provide care?

CMA has received a number of complaints about patient access to care issues, mainly in the narrowed networks offered by Anthem Blue Cross and Blue Shield of California. In fact, in a recent CMA survey of physicians' experiences with exchange plans, more than half of physician respondents indicated that they have experienced difficulties finding an in-network physician or hospital to which they can refer their Covered California patients.

Patients who are having trouble finding an in-network physician or facility are encouraged to file a complaint with the Department of Managed Health Care's Help Center at (888) 466-2219. When calling, patients should indicate they have a Covered California plan and cannot find an in-network physician/facility that is reasonably accessible.

Why am I being asked to pay in full for services or medications up-front?

Your plan may have a deductible for some or all services, which means you must pay a certain amount towards covered services before the plan starts picking up their portion of the cost. Your doctor's office may also request payment upfront if they have been unable to verify with the insurer that your coverage is active before the time of service. (In this case, they will reimburse you for the portion later paid by the plan.) Additionally, if the plan reflects that your coverage is inactive, which may be the result of being a month or more behind on your health insurance premium payments, the practice may also request payment up front. If your coverage is later reinstated retroactively, contact the practice to let them know so they can submit a claim to the plan on your behalf and reimburse you for the portion later paid by the plan.

Product Selection by Plan

Plan Name and Website	Exchange Plan Names
Anthem Blue Cross www.anthem.com/ca (click "Find a Doctor")	Pathway X – HMO/Individual via Exchange Pathway X – PPO/Individual via Exchange Pathway X Tiered (EPO)/Individual via Exchange
Blue Shield of California www.blueshieldca.com (click "Find a Provider")	2014 Individual and Family EPO Plans (including Covered California) 2014 Individual and Family PPO Plans (including Covered California)
Kaiser Permanente https://healthy.kaiserpermanente.org/health/care/consumer/locate-our-services/doctors-and-locations (select your region and click "Go")	All providers included in all product types.
Health Net www.healthnet.com/portal/home (click "Provider Search")	Scroll down and under "Covered California" select: HMO – CommunityCare Network PPO – Individual & Family PPO – Small Business (this is the SHOP)
Molina Health Plan www.molinahealthcare.com (click "Find a Doctor or Pharmacy")	Molina Marketplace
Western Health Advantage https://www.westernhealth.com/search-for-providers/	All providers included in all product types.
Chinese Community Health Plan http://www.cchphmo.com/sites/default/files/pdfs/Provider_Commercial.pdf	All providers included in all product types.

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Product Selection by Plan (continued from last page)

Plan Name and Website	Exchange Plan Names
L.A. Care Health Plan http://www.lacarecovered.org/find-doctor-or-hospital	L.A. Care Covered
Sharp Health Plan https://www.sharphealthplan.com/index.php/find-a-doctor/ (click "Find a Doctor")	Premier (corresponds to "HMO – 1" products) Performance (corresponds to "HMO – 2" products)
Contra Costa Health Plan http://cchp.prismisp.com/	All providers included in all product types.
Valley Health Plan http://www.valleyhealthplan.org/sites/shoppers/ccp/pn/Pages/Provider-Search-ccp.aspx	Pathway X – HMO/Individual via Exchange Pathway X – PPO/Individual via Exchange Pathway X Tiered (EPO)/Individual via Exchange

Cost-Sharing Terms

Deductible

The amount you owe for health care services that your health insurance plan covers before your plan begins to pay. For example, if your deductible is \$1,000, your plan won't pay anything until you have met your deductible for covered health care services. The deductible may not apply to all services.

Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually paid when you receive the service. The amount can vary by the type of covered health care service and plan benefit design purchased.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20 percent) of the allowed amount for the service. You pay coinsurance plus any deductible you owe. For example, if the health insurance plan's allowed amount for an office visit is \$100, and you have met your deductible for the year, your coinsurance payment of 20 percent would be \$20. The health plan pays the rest of the allowed amount.

Allowed Amount

The amount a health insurance plan and a participating health care provider have agreed on as reimbursement for a service by contract. For example, the provider agrees to accept a set dollar amount as full payment for an office visit.