



# Surviving the Second Month of Covered California

**February 3, 2014**

As of January 15, Covered California reports that more than 625,000 individuals have enrolled in exchange plans. With that figure expected to grow by the end of the 2014 open enrollment period, it is critical that physicians and their staff know what to expect.

To help answer some of the more common questions, the California Medical Association (CMA) offers this second tip sheet to help physicians survive the second month of Covered California:

**1. Check your participation status on Covered California’s central provider directory.**

The Covered California provider directory may not be as up-to-date as the individual plan websites, but it’s important for practices to see what patients are seeing. To verify your information in the Covered California directory, follow the directions found in CMA’s physician guide, "[Surviving the First Month of Covered California](#)" or click [here](#) to use the quick and easy CMA look-up tool.

**2. Verify your participation status on the individual plan websites.**

Because the plan websites are updated much more frequently than the Covered California website, physicians should verify their participation status on the individual plan websites. This can be done using the plans’ provider directory search features, found on the plans’ main websites.

When searching the provider directories it’s important to select the correct exchange product type. Many plans are utilizing narrowed networks for the exchange so the provider directory for their standard PPO plan will likely differ from the exchange provider directory.

| Plan Name and Website   | Exchange Product Name   |
|---|---|
| Anthem Blue Cross*<br><a href="http://www.anthem.com/ca">www.anthem.com/ca</a><br>(click “Find a Doctor”)                           | <i>Under “Plan Type/Network” select one of the following:</i><br>Pathway X – HMO/Individual via Exchange<br>Pathway X – PPO/Individual via Exchange<br>Pathway X Tiered (EPO)/Individual via Exchange   |
| Blue Shield of California*<br><a href="http://www.blueshieldca.com">www.blueshieldca.com</a><br>(click “Find a Provider”)           | <i>Under “select a plan” select one of the following:</i><br>2014 Individual and Family EPO Plans (including Covered California)<br>2014 Individual and Family PPO Plans (including Covered California) |
| Health Net<br><a href="http://www.healthnet.com/portal/home">www.healthnet.com/portal/home</a><br>(click “Provider Search”)         | <i>Under “Plan” scroll down and under “Covered California” select one of the following:</i><br>HMO – CommunityCare Network<br>PPO – Individual & Family<br>PPO – Small Business (this is the SHOP)      |
| Molina Health Plan<br><a href="http://www.molinahealthcare.com">www.molinahealthcare.com</a><br>(click “Find a Doctor or Pharmacy”) | <i>Under “Coverage” select Molina Marketplace</i>   |

\* The Anthem Blue Cross and the Blue Shield websites will require you to also select a specific plan tier (e.g., gold, silver, etc.) to complete the provider search function. Select any tier.

Sharp Health Plan, Western Health Advantage, Contra Costa Health Plan, Valley Health Plan, and L.A. Care Health Plan are only offering HMO products and all are likely delegating to IPAs/medical groups. Practices

will need to contact the plans directly to determine to which IPAs/medical groups the plans may have delegated their exchange business, allowing the practice to then determine whether it may be contracted for exchange business via that IPA/medical group. Click [here](#) to access contact information for each plan (scroll towards bottom).

Chinese Community Health Plan is delegating its exchange business to Chinese Community Healthcare Association, and its number is (415) 216-0088, ext. 2806.

- 3. Call plans directly with questions or concerns about physician participation status. Click [here](#) for plan contact information (scroll towards bottom).**
- 4. Ensure that your front office staff has a clear understanding of the physician's participation status as displayed on the Covered California website, but, more importantly, know what the plans show.** Ideally, front office staff is having the conversation about physician participation status with patients before scheduling to avoid out-of-network costs for and frustration from patients when they are faced with a larger than expected bill.
- 5. Know the participation status of physicians, facilities and other providers to which you refer.** Covered California plans require that physicians provide advance notice to patients if they are being referred to an out-of-network provider or an out-of-network provider is included in the treatment plan. If, however, the provider shows as participating in the plan's directory, the practice cannot be held liable if the information is ultimately incorrect. Please refer to "[CMA's Got You Covered: A physician's guide to Covered California](#)" for more information. See #2 [above](#) on how to check the plan provider directories. **Note:** *There is a lot of confusion for patients and physicians on participation status. Just because the directory states the physician is participating in the exchange plan, this does not mean the practice is aware. Call the practice to confirm.*
- 6. Be aware of the off-exchange products that utilize exchange plan networks.** Every plan offered in the exchange must also be offered outside of the exchange, using the same network. This has resulted in a number of practices unknowingly seeing patients out-of-network for products that use an exchange network, as [these ID cards will not have the Covered California logo on them](#). For example, Blue Shield products bought off of the exchange but utilizing the exchange network will list one of the following product names: Basic PPO/EPO, Enhanced PPO/EPO, Get Covered PPO/EPO, Preferred PPO/EPO, or Ultimate PPO/EPO. Anthem Blue Cross products bought off of the exchange but utilizing the exchange network will list "Pathway" on the card. If you see these product names on the ID card, it indicates the patient only has access to the exchange network.
- 7. What are the reimbursement rates are for the exchange products?**  
There is no standard fee schedule. The reimbursement rates and terms vary by plan. Physicians with questions are encouraged to contact the plans directly to obtain specifics. CMA has provided contact information for each plan on our [website](#) (scroll to the bottom).
- 8. Still have questions?**  
Visit CMA's exchange resource center at [www.cmanet.org/exchange](http://www.cmanet.org/exchange). There you will find all of CMA's exchange related resources, including CMA's comprehensive exchange toolkit, "[CMA's Got You Covered: A Physician's Guide to Covered California, the state's health benefit exchange](#)." CMA members and their staff also have **FREE** access to our reimbursement helpline at (888) 401-5911 or [economicservices@cmanet.org](mailto:economicservices@cmanet.org).