



Surviving the First Month of Covered California

January 8, 2014

On January 1, 2014, California's health benefit exchange, Covered California, began providing health coverage to more 400,000 patients statewide. 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 that end, the California Medical Association (CMA) offers the following tips to survive the first month of Covered California:

1. Check your participation status with the various exchange plans through the Covered California provider directory.

The search function on the Covered California website (www.CoveredCA.com) allows patients to determine if a particular physician is contracted with any of the participating health plans. Though aimed at patients, physicians can also use the search to determine which plans list them on their exchange provider directories and will also be important as physicians refer patients to other specialists. CMA encourages physicians to review their status with plans offered in their area to determine whether they are showing as participating or non-participating. To access:

- Visit www.CoveredCA.com and click on the yellow "Apply Now" button.
- Select the "Preview Plans" tab at the top of the next screen.
- The user will then be directed to provide some general demographic information and click "See My Results" at the bottom right.
- Click "Preview Plans" again on the next page, then select the "Find your doctor or hospital/clinic or medical group" bar in the middle of the screen
- Click "Find Your Doctor."
- Enter the physician's name and location of practice (e.g., city or zip code) and click "Search." If the desired physician is contracted with a participating Covered California health plan, his or her name should appear in the subsequent provider list.
- Click on the desired physician's name. Review the information listed in the "specialty designation" and "languages" fields then click the "Add to My Providers List" option.
- Click "Choose a Plan." The plans in which the chosen physician participates will show a gray checkmark box in the "My Doctors" row within the summary at the lower half of the page. A gray minus-sign box indicates that the physician does not participate in the plan.

CMA performed a number of test searches and noted inaccuracies or missing information with some of the information on the Covered CA website. For this reason, CMA also recommends practices check the individual plan websites to confirm their participation status matches that of Covered CA. In most cases, this can be done by clicking "View Directory" on the last page of the Covered CA provider directory.

It's important that the front office staff have a clear understanding of which plans the practice participates with so they can clearly communicate this information to patients before scheduling.

To find out which plans and products are being offered in your area, click [here](#) (click "Ctrl" and "F" keys together, enter your county and click "Enter").

- 2. Physicians with questions or concerns about their participation status are encouraged to contact the plan directly.**
- If you show as participating and aren't sure how/why, ask the plan to provide a copy of the notice they sent to you, including the terms (e.g., reimbursement rates, termination/opt out provision, etc.).
 - If you are listed as non-participating and are interested in joining the network, inquire with the plan about how to join the exchange networks.

Who to call:

Anthem Blue Cross Network Relations – (855) 238-0095 or networkrelations@Wellpoint.com	Contra Costa Health Services Provider Relations – (925) 313-9501
Blue Shield of California Provider Services – (800) 258-3091	Valley Health Plan Provider Relations – (408) 885-2221, option #1
Health Net of California Provider Services – (800) 641-7761 or provider_services@healthnet.com	L.A. Care Health Plan Provider Information Line – (866) 522-2736.
Western Health Advantage Member Services – (888) 563-2250	Chinese Community Health Plan Delegating to Chinese Community Healthcare Association – (415) 216-0088, x2806
Sharp Health Plan Provider Support Department – (858) 499-8330	Molina Health Plan Provider Relations – (888) 665-4621

3. What will Covered CA ID cards look like?

All Covered CA ID cards will display the Covered CA logo in addition to the plan name.



4. What if an exchange patient presents without an ID card?

Coverage for patients who enrolled in an exchange plan by December 23, 2013, is effective on January 1, 2014. Covered California has extended the deadline for patients to submit their first month's premium to **January 15**. Once payment is received, plans have 10 business days to issue patient ID cards. This means patients may present to your office without an ID card. Until the practice can verify eligibility and benefits, physicians can require patients to pay at the time of service. Once the patient provides the practice with the information on their ID card, the practice can verify eligibility for the date of service, submit a claim to the plan and issue a refund to the patient, if appropriate.

Patients who do not pay their first month's premium by January 15 are responsible for payment of any services incurred dating back to January 1.

5. Still have questions?

CMA has published a comprehensive exchange toolkit, "[CMA's Got You Covered: A Physician's Guide to Covered California, the state's health benefit exchange.](#)" The toolkit along with other exchange resources can be found in CMA's exchange resource center at www.cmanet.org/exchange.

CMA members and their staff also have **FREE** access to our reimbursement helpline at (888) 401-5911 or economicservices@cmanet.org.