California Academy of Family Physicians

Working together: Blue Shield, Covered CA, Providers & Members

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May 21, 2014
Our Missions are Aligned

“...to increase the number of insured Californians, improve health care quality, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value.”*

...to ensure that Californians have access to high-quality health care at an affordable price

*Source: www.coveredca.com
Network Value Proposition

affordability
- Our network is reflective of our mission to ensure all Californians have access to high-quality care at an affordable price
- We contract with providers who share a commitment to our mission
- We believe in transparency of cost and quality and provide our PPO plan members with estimates of the total cost and out-of-pocket expense of medical treatments and services

access
- Our network consists of a wide range of providers that cover the entire state of California which includes 82% of our hospitals and over 64% of our PPO professional as compared to our full PPO network
- We’ve increased our physician network by 70% and our acute hospital network by 19% since January 2013
- To meet the unique needs of our diverse population, we have expanded our network by adding alternative types of providers such as ECPs and FQHCs
- To cover rural areas, we invested in a unique specialist telehealth model

quality
- We ensure providers adhere to NCQA quality and credentialing standards
- We have a commitment to excellence in various domains of quality and patient experience.
*Small Business Health Options Program
PPO and EPO

PPO (Preferred Provider Organization)
- No referral needed to see a specialist
- Full benefits only when using network providers
- Some benefits when using non-network providers

EPO (Exclusive Provider Organization)
- No referral needed to see a specialist
- Member must use network providers to receive benefits
- No benefits when using non-network providers except for emergency services
Access is key: Exclusive PPO and EPO Networks

- PPO products in 28 counties; 15 pricing regions
- EPO products in 26 counties with some zip code exclusions*
- Our network is made up of a sizeable group of providers who:
  - are committed to Blue Shield’s mission of providing affordable and quality care to all Californians
  - meet our credentialing criteria
  - have agreed to discount their rates
- Compared to our full PPO network, we have 82% of our hospitals and 64% of our PPO professional providers
- We continue to focus on increasing our ECP network across the state

*Some zip code exclusions apply.
what happens if you...

refer out-of-network?

for EPO plans
• no non-network benefits for EPO
• provider responsible for billing member

for PPO plans
• member share of cost increases
• Blue Shield pays provider lower share of cost
• provider must bill member for higher share of cost

exceptions
• medical necessity
• emergency services and urgent care
• eligible for Continuity of Care

When you refer in the network, everyone wins!
### Products mapped to Metal Levels

<table>
<thead>
<tr>
<th>Metal Level</th>
<th>Product Name</th>
<th>Plan Pays</th>
<th>Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platinum</td>
<td>Ultimate PPO</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>Gold</td>
<td>Preferred PPO</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Silver</td>
<td>Enhanced PPO</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>Enhanced PPO 150 Subsidy</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Enhanced PPO 200 Subsidy</td>
<td>85%</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>Enhanced PPO 250 Subsidy</td>
<td>80%</td>
<td>20%</td>
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<tr>
<td>Bronze</td>
<td>Basic PPO</td>
<td>60%</td>
<td>40%</td>
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<tr>
<td></td>
<td>Basic PPO for HSA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catastrophic</td>
<td>Get Covered</td>
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For 2015, Covered CA is requiring all health plans to have the same plan names.
# Commonly Purchased Plans

## Commonly Purchased 2014 PPO Individual and Family Plans

<table>
<thead>
<tr>
<th>Blue Shield plan name (on- or off-exchange)</th>
<th>Covered California™ plan name</th>
<th>Blue Shield Network</th>
<th>PCP office visit copayment</th>
<th>Specialist copayment</th>
<th>Medical Deductible</th>
<th>Pharmacy brand drug deductible</th>
<th>Retail pharmacy generic drug</th>
<th>Retail pharmacy preferred brand drug</th>
<th>Retail pharmacy non-preferred brand drug</th>
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</thead>
<tbody>
<tr>
<td>Ultimate PPO</td>
<td>Platinum&lt;sup&gt;90&lt;/sup&gt;</td>
<td>Exclusive PPO Network&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$20 No ded</td>
<td>$40 No ded</td>
<td>None</td>
<td>None</td>
<td>$5</td>
<td>$15</td>
<td>$25</td>
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<tr>
<td>Preferred PPO</td>
<td>Gold&lt;sup&gt;90&lt;/sup&gt;</td>
<td>Exclusive PPO Network&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$30 No ded</td>
<td>$50 No ded</td>
<td>None</td>
<td>None</td>
<td>$19</td>
<td>$50</td>
<td>$70</td>
</tr>
<tr>
<td>Enhanced PPO</td>
<td>Silver&lt;sup&gt;70&lt;/sup&gt;</td>
<td>Exclusive PPO Network&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$45 No ded</td>
<td>$65 No ded</td>
<td>$2000 Ind</td>
<td>$250 Ind</td>
<td>$19</td>
<td>$50&lt;sup&gt;2&lt;/sup&gt;</td>
<td>$70&lt;sup&gt;2&lt;/sup&gt;</td>
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<tr>
<td>Enhanced PPO 250</td>
<td>Silver&lt;sup&gt;73&lt;/sup&gt;</td>
<td>Exclusive PPO Network&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$40 No ded</td>
<td>$50 No ded</td>
<td>$1500 Ind</td>
<td>$250 Ind</td>
<td>$19</td>
<td>$30&lt;sup&gt;2&lt;/sup&gt;</td>
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<tr>
<td>Enhanced PPO 200</td>
<td>Silver&lt;sup&gt;87&lt;/sup&gt;</td>
<td>Exclusive PPO Network&lt;sup&gt;1&lt;/sup&gt;</td>
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<td>$50 Ind</td>
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<td>$15&lt;sup&gt;2&lt;/sup&gt;</td>
<td>$25&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>Enhanced PPO 150</td>
<td>Silver&lt;sup&gt;94&lt;/sup&gt;</td>
<td>Exclusive PPO Network&lt;sup&gt;1&lt;/sup&gt;</td>
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<td>$5 No ded</td>
<td>None</td>
<td>None</td>
<td>$3</td>
<td>$5</td>
<td>$10</td>
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Member Identification and Eligibility

NEW: Covered California logo

NEW: different Member Services phone number (855) 836-9705

Blue Shield plan name

SAME: Blue Shield Provider Customer Service phone number: (800) 541-6652
How to verify in-network participation

1. Select your plan
2. Advanced search
3. Search by doctor name
4. Find now

Find a Provider
make sure you're covered

what are you looking for?

select a plan
Find out which doctors and providers accept your plan.

medical plan

Select Your Plan
Find providers by a specific plan.

Select Sub Plan...

2014 Individual and Family PPO Plans (including Covered California)

Select Sub Plan...

Basic PPO (Bronze level)
Basic PPO for HSA (Bronze level)
Enhanced PPO (Silver level)
Get Covered PPO (Catastrophic)
Preferred PPO (Gold level)
Ultimate PPO (Platinum level)
...and identify specialists for referral

RESULTS: female Pediatrics specialists for IFP PPO Preferred Plan

Providers who do not appear are not in network for this plan
How do I check patient eligibility and deductible/out-of-pocket?

1. Verify Eligibility
2. Enter Subscriber ID and Member Date of Birth
3. Search

nothing has changed!
How do I check patient eligibility and deductible/out-of-pocket?

Provider Customer Service Help Line: (800) 541-6652
Provider Education and Outreach Overview

addressing the confusion in the marketplace via outreach to Hospitals, Medical Groups, and Individual Physicians

• multi-faceted approach
• Statewide webinar series: Partnering to meet the needs of Covered Californians – throughout 2014
• communication to contracted facilities, not in our Exchange network encouraging them to participate & explaining OON reimbursement – sent 2/18
• co-branded Covered CA and BSC communication and toolkit distributed to all in-network exclusive PPO and EPO providers – sent 3/17
• multiple 1:1 outreach efforts - ongoing
• enterprise-wide Access to Care process responding promptly to member and provider concerns – launched in January - ongoing

Comprehensive member education/outreach program under development
90-day premium grace period for IFP subsidy plans

Always check benefits before providing services.

Before providing service

Member signs Blue Shield’s financial responsibility form.

**Membership** is ACTIVE (member has paid at least their first premium)

DAY 1 – 30 Lapsed Payment

Claims for services provided are PAID by Blue Shield.*

**Membership** is ACTIVE and COVERED.

DAY 31 – 90 Lapsed Payment

Claims for services provided during these days are PENDED and provider is notified. Rx claims are DENIED, member pays out-of-pocket.

**Membership** is PENDED as noted in Blue Shield’s eligibility system.

DAY 91 of Non-payment

Claims for services provided during days 31-90 will be DENIED.

**Membership** is TERMINATED on the last day of the first month of non-payment.

*According to appropriate coverage/claim adjudication.
Resources

Links

• Provider connection https://www.blueshieldca.com/provider/

• Covered California https://www.coveredca.com


• Webinar archive link will be emailed to you

Phone numbers:

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<tr>
<td>authorizations</td>
<td>Provider Customer Service Help Line:</td>
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<tr>
<td>billing</td>
<td>(800) 541-6652</td>
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<tr>
<td>eligibility</td>
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<tr>
<td>benefits</td>
<td></td>
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<td>network confirmation</td>
<td>Provider Services:</td>
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<td>contract questions</td>
<td>(800) 258-3091</td>
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<td>rates</td>
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<td>pharmacy questions</td>
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<tr>
<td>initiate drug prior authorizations</td>
<td>(800) 535-9481</td>
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</tbody>
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member plan questions
Questions for 🦜?