Hemophilia Council of California
Advocacy & Policy Webinar

Conquering Insurance Challenges: Finding New Coverage & Overcoming Denials

Presented by
Kelly Bradfield, External Affairs at Covered California
and
Liz Helms, President / CEO of California Chronic Care Coalition

HCC's 2020 Advocacy & Policy Webinar Series

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Takeda

HEMOPHILIA COUNCIL OF CALIFORNIA

Covered California Special Enrollment and COVID-19 Response

May 21, 2020

Kelly Bradfield
External Affairs

COVID-19 SPECIAL ENROLLMENT

- As of March 20th, anyone uninsured and eligible to enroll in health care coverage through Covered California can sign up through the end of June.
- Coverage will begin on the first day of the next month.
- Consumers can report a change in income to access additional subsidies.
- Consumers can also change plans or metal tiers to access lower premiums or more appropriate levels of coverage.

ASSISTANCE FOR NEW AND EXISTING MEDI-CAL CONSUMERS

- For consumers who may transition to Medi-Cal due to a change in income, Medi-Cal is pausing all renewal reviews and focusing resources on enrolling any surge of eligible consumers.
- Consumers who qualify for low or no-cost Medi-Cal will have coverage that is immediately effective.

NEW STATE SUBSIDIES REMAIN IN PLACE

- Families of four making up to about $155,000 a year and individuals making up to about $75,000 a year may now qualify for more subsidies.
- The financial assistance lowers the average household monthly premium from $881 per month to $272, a decrease of 70 percent.
- Nearly 32,000 middle-income consumers have already qualified for new state subsidies, with average state subsidy to eligible households is $504 per month, lowering their monthly premium by nearly half.

ASSURING THOSE WITH COVERAGE GET ACCESS TO CARE

Reducing Cost-sharing

- No cost-sharing for medically-necessary COVID-19 screening or testing for all Covered California and Medi-Cal plans.
- Some Covered California plans have announced that cost-sharing associated with ALL COVID-19 treatment will be waived.

Telehealth

- All Covered California and Medi-Cal plans will provide access to telehealth services to ensure Californians can access care without leaving their homes whenever possible and medically appropriate.

ENROLLING INTO COVERAGE

- One application for all Californians seeking coverage. You can learn more and apply online without assistance at:

CoveredCa.com

COVERED CALIFORNIA SERVICE CENTER

- Here to answer all questions and enroll new consumers for free with expert assistance every weekday
- Call center representatives are working hard from home to serve Californians and wait times are back down
- In-language assistance and interpreters are available for all consumers

1 (800) 300-1506

LOCAL HELP ON DEMAND

- Local certified partner insurance agent can call you within 20 minutes
- You can select your preferred language
- Find the link from our home page or at coveredca.helpondemand.com

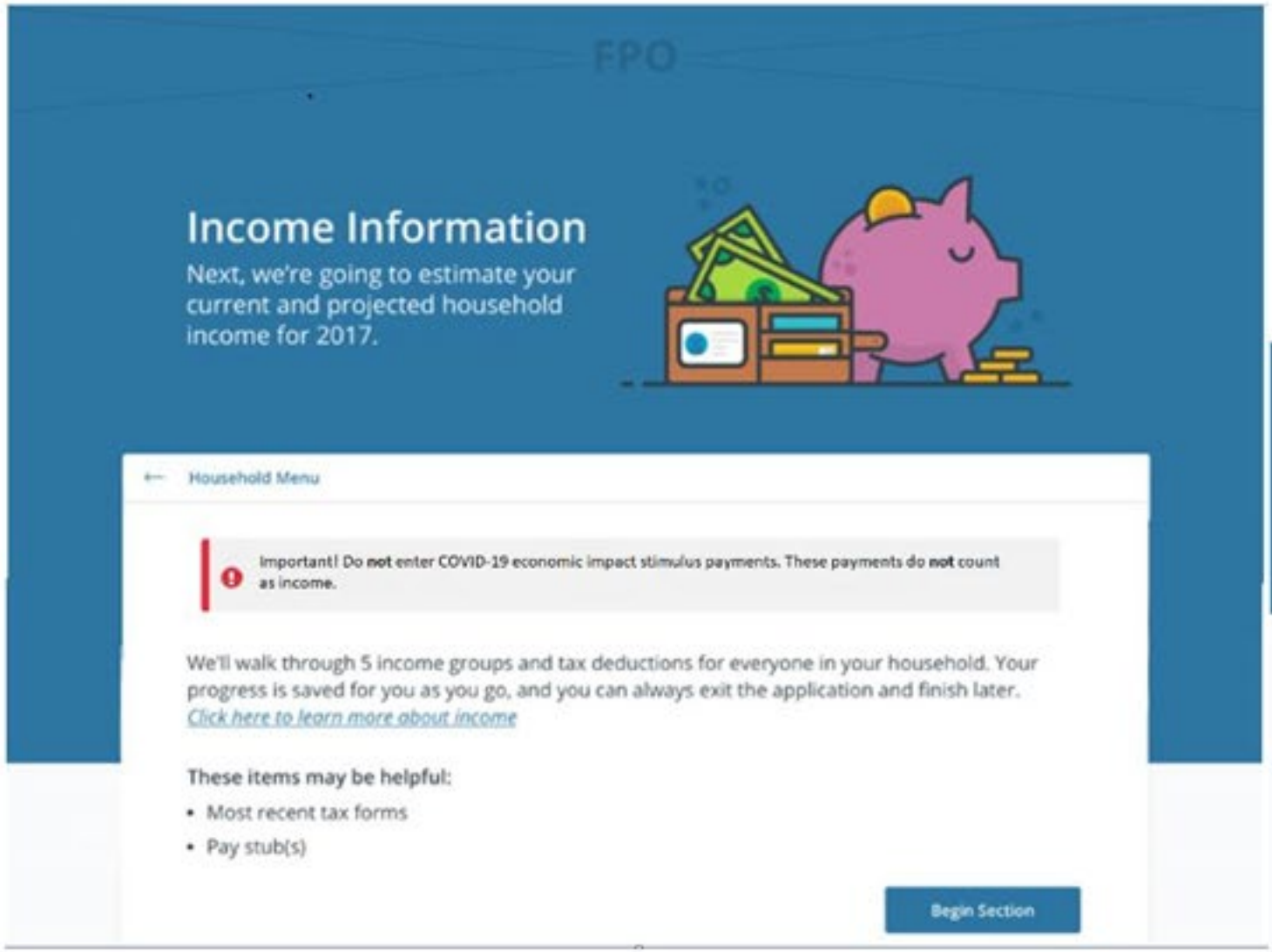
OTHER RESOURCES

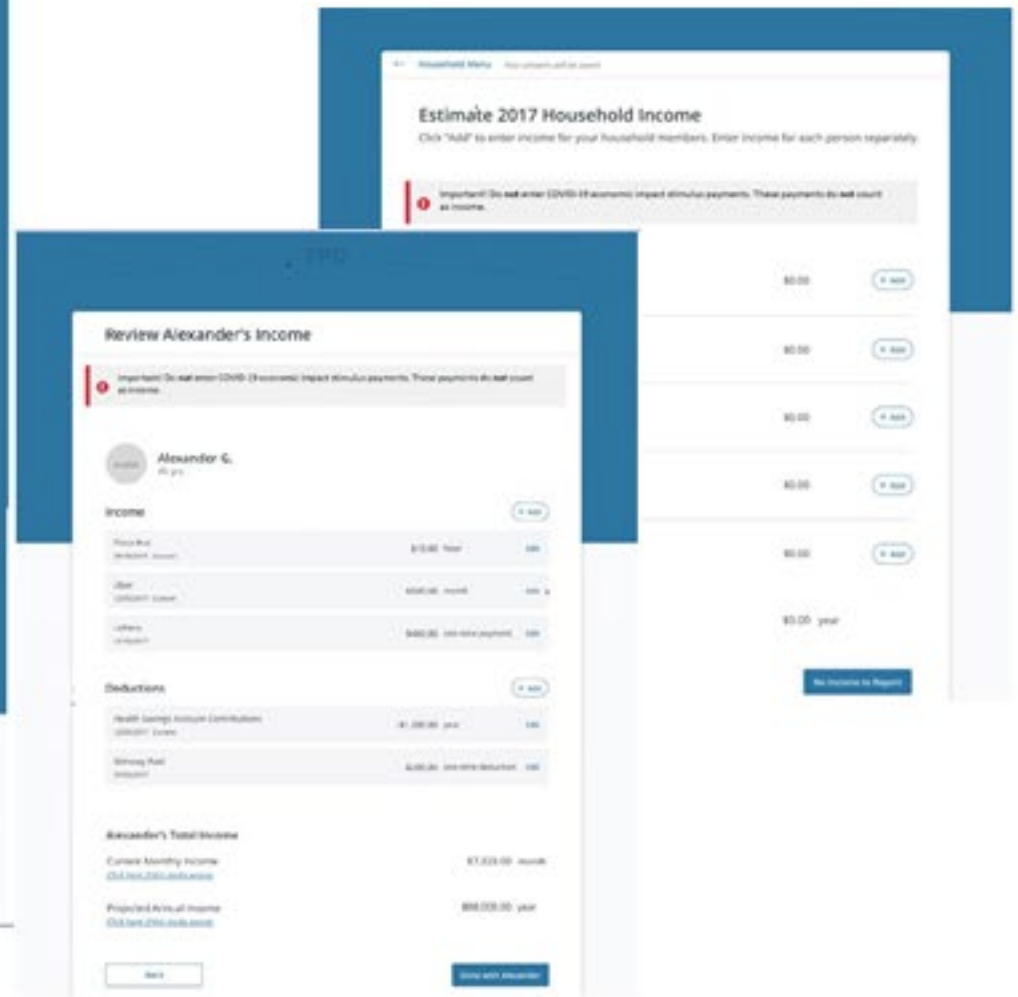
- Live chat with customer service representative from our home page
- Plan-based enrollers
- Enrollment counselors in clinics

WHAT INFORMATION DO YOU NEED TO ENROLL?

- Income information (subsidized applications only)
- ID
- Proof of citizenship or lawful presence
- Social Security number
- ZIP code

STIMULUS PAYMENT MESSAGE





2020 QUALIFIED HEALTH PLANS

Anthem BlueCross

blue of california

華人健計劃保 CCHP Health Plan

Health Net

KAISER PERMANENTE

L.A. Care HEALTH PLAN

MOLINA HEALTHCARE

oscar

SHARP HEALTH PLAN

VHP Valley Health Plan

Western Health Advantage

2020 DENTAL AND VISION PLANS

Liberty Dental Plan

Anthem BlueCross

Access Dental

Premier Access

Dental Health Services

Delta Dental

COVERED CALIFORNIA

VSP Vision Care

EyeMed

QUESTIONS AND CONCERNS

- Please email external affairs at: externaffairs@covered.ca.gov
- Mailbox is always monitored
- We can escalate general questions and specific issues to our specialized resolutions team

THANK YOU

Kelly Bradfield
Kelly.Bradfield@covered.ca.gov

An online resource helping patients access the care they need and deserve

MyPatientRights.org

Resources for Healthcare Consumers During COVID-19

Liz Helms

President/CEO

California Chronic Care Coalition

Chronic Care Policy Alliance

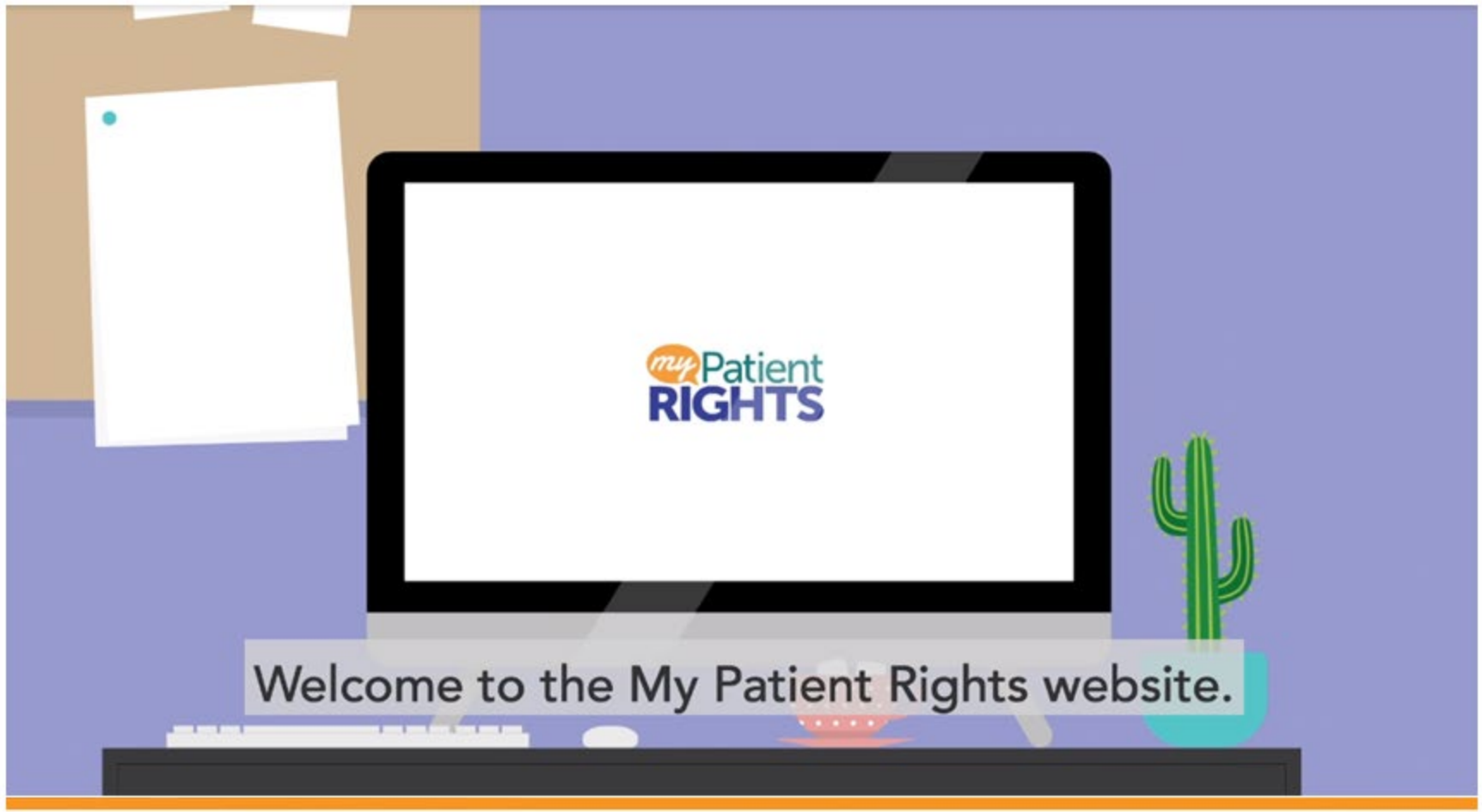
Liz Helms

President/CEO, California Chronic Care Coalition
Director, Chronic Care Policy Alliance

Liz Helms is the President/CEO of the California Chronic Care Coalition (CCCC), an alliance of non-profit, social consumer and provider organizations united to improve the health of Californians with chronic conditions or diseases. In 2017, Liz co-founded the Chronic Care Policy Alliance (CCPA), working across state lines to ensure access to affordable, quality health care, giving states a broader voice and advocates for the enforcement of anti-discrimination laws in the ACA. She serves on many advisory councils including the CDC's National Hypertension Control Workgroup.

An online resource helping patients
access the care they need and deserve

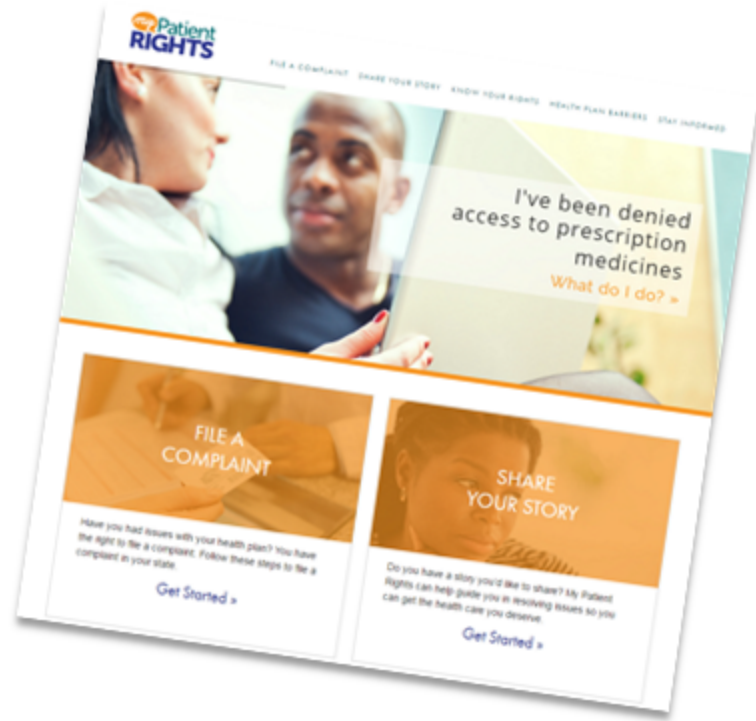
MyPatientRights.org



My Patient Rights (MPR) is a one stop shop for patients to file complaints with their health plan and state regulators to access the care they need.

MPR helps patients who experience:

- Denials to important procedures
- Barriers to prescription medicines
- Medical bills from out-of-network providers
- Delays receiving tests for chronic diseases
- Denials to specialists
- Billing issues

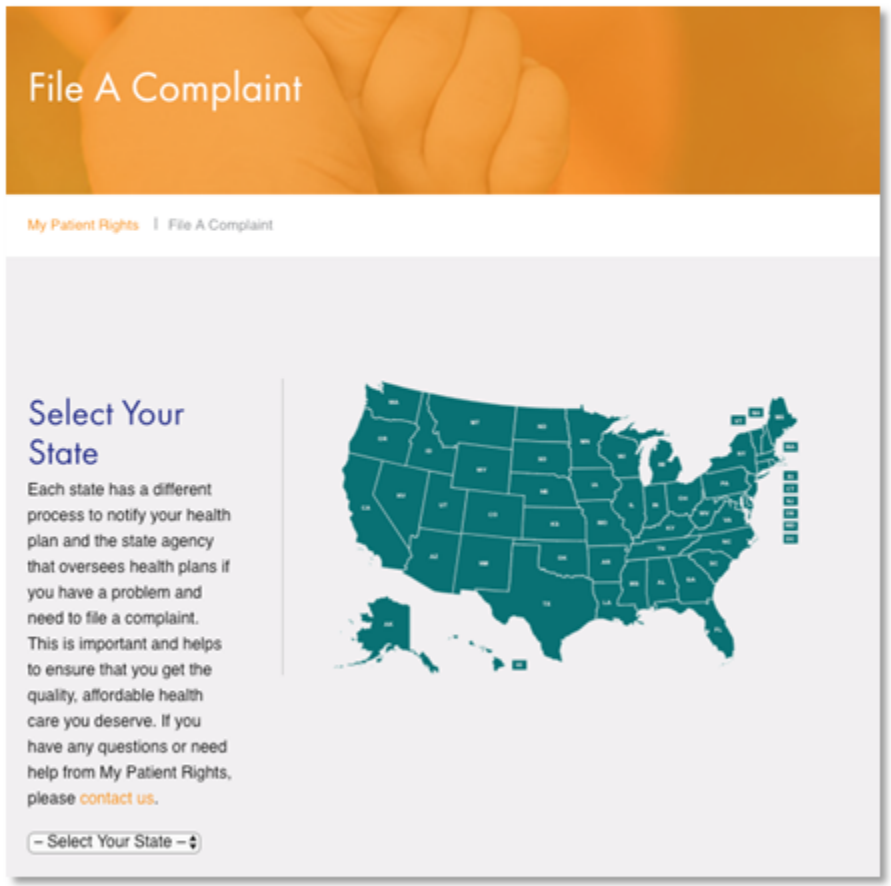


Knowing Your Rights

Many patients either don't understand their health care treatment options or are subject to their health plan's barriers to care.

Getting Help

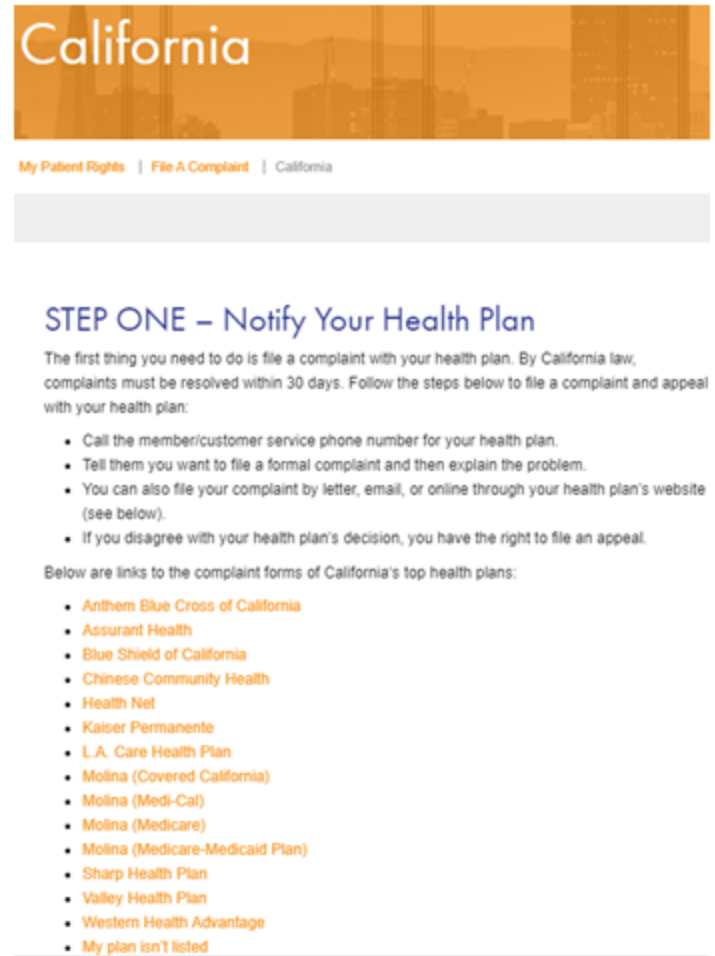
Patients who have been denied treatments often don't know where to go for help. MPR streamlines and simplifies the complaint processes for patients across the country.



Filing a Complaint

After clicking on a state via the interactive map, patients are given a step-by-step guide on how to file a complaint with their health plan and the stat regulatory agency:

- Links to complaint forms of the state's top health plans
- Contact information and link to the complaint form of the state regulatory agency
- A link to MPR's contact form if the patient's health plan is not listed



California

My Patient Rights | File A Complaint | California

STEP ONE – Notify Your Health Plan

The first thing you need to do is file a complaint with your health plan. By California law, complaints must be resolved within 30 days. Follow the steps below to file a complaint and appeal with your health plan:

- Call the member/customer service phone number for your health plan.
- Tell them you want to file a formal complaint and then explain the problem.
- You can also file your complaint by letter, email, or online through your health plan's website (see below).
- If you disagree with your health plan's decision, you have the right to file an appeal.

Below are links to the complaint forms of California's top health plans:

- Anthem Blue Cross of California
- Assurant Health
- Blue Shield of California
- Chinese Community Health
- Health Net
- Kaiser Permanente
- L.A. Care Health Plan
- Molina (Covered California)
- Molina (Medi-Cal)
- Molina (Medicare)
- Molina (Medicare-Medicaid Plan)
- Sharp Health Plan
- Valley Health Plan
- Western Health Advantage
- My plan isn't listed

"Standing Up For Your Rights Creates Results"

OVER

4,000

IMR cases submitted to the DMHC in 2017

THE RESULT:

More than 61% of health plan decisions were reversed or overturned

CARE RECEIVED IN

61%

OF CASES

WE TOOK A HARDER LOOK AT

1,011

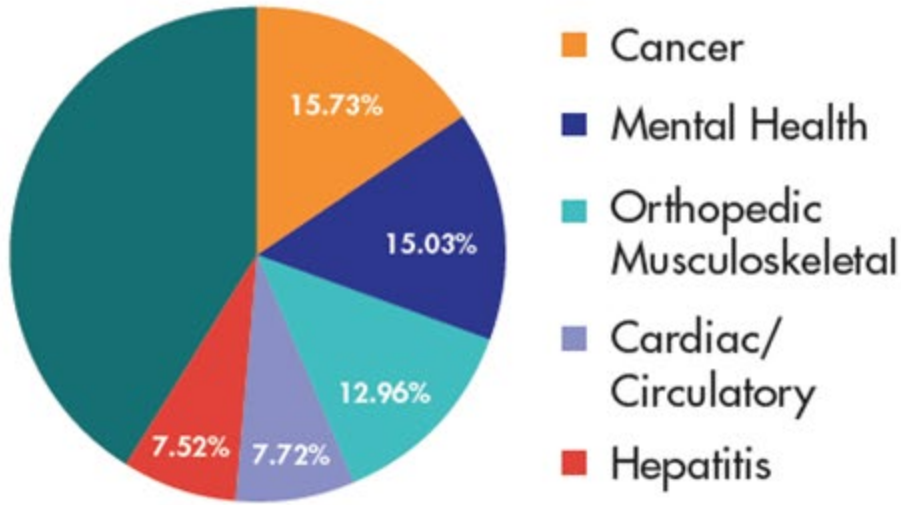
IMR CASES[2]

489 Reversed or Overturned

22 Partially Overturned

"Standing Up For Your Rights Creates Results"

TOP FIVE DENIAL PERCENTAGES



THE TAKEAWAY:

If you've been denied coverage, you have options—don't give up!

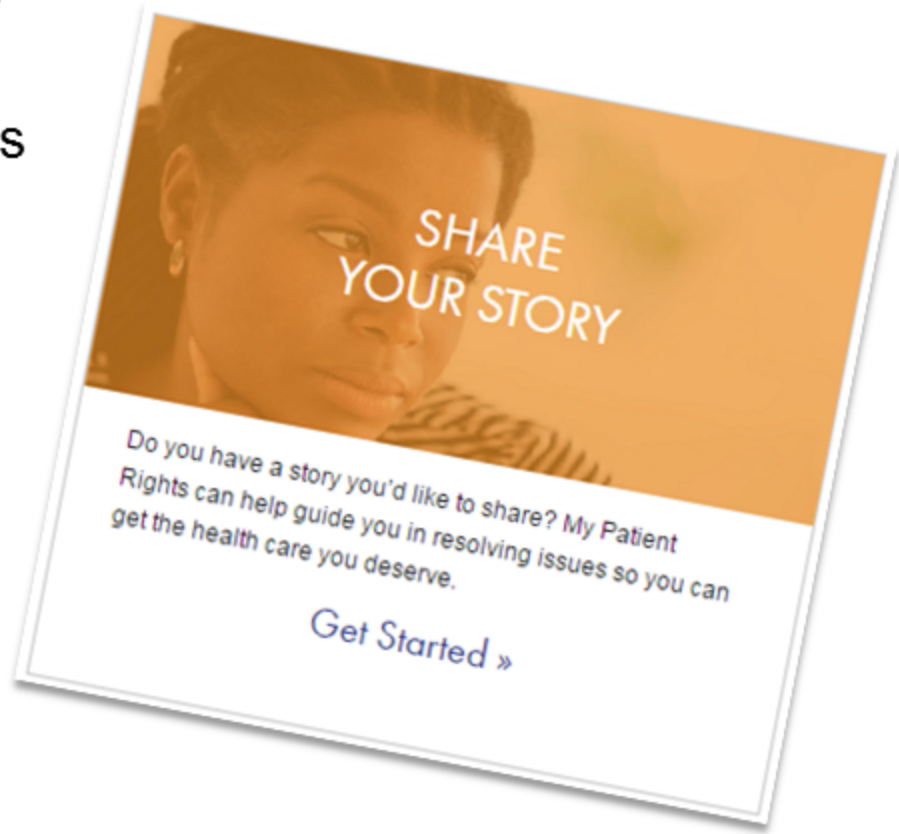
Visit www.mypatientrights.org for help appealing your insurance denial and to share your story.

Keeping You Informed

You can stay up to date on current events and hear of other individuals' health care journeys via the MPR blog and social media channels.

Sharing Patient Stories

- Highlights access and affordability issues in California
- Shows regulators how health plans and other entities block patients' access to care
- Allows patients to get involved in public policy solutions and impact change



Patients have the right to share their story publicly or not; for confidentiality reasons, they must agree to allow MPR to share their story publicly.

COVID-19

Californians are losing their health insurance due to COVID-19's impact on the economy. This sudden switch in plans can lead to issues with continuity of care and more.

- **If you've lost employer-provided coverage:**
  - Sign up through Covered California for insurance as soon as possible!
    - You may be eligible for Medi-Cal or subsidized health care!
    - Open Enrollment period extended to June 30th
  - Check to see if you have access to employer-based coverage through a family member
    - If you are under the age of 26, you can be covered under a parent's insurance plan
    - You might be able to enroll in a spouse's insurance plan
  - Visit healthcare.gov and coveredca.com for more information
  - Visit MyPatientRights.org

Continuity of Care

- **Continuity of care:** the ability to continue treatment with the same doctors and medical providers who are familiar with the patient's condition. Continuity of care helps to contribute to better health results.

- When choosing or changing health insurance plans, it is important to first check to see if your medical providers are included in the new plan. Some insurance plans have inaccurate provider networks listed in their materials or may not include a patient's provider. It is always recommended that patients contact their current providers directly to determine whether the provider contracts with a chosen health insurance plan.

When choosing a new insurance plan, use our Choose Smart Checklist to help you decide if the plan is right for you.

my Patient RIGHTS

MyPatientRights.org

Choose Smart Checklist

my Patient RIGHTS | CHOOSE SMART CALIFORNIA HEALTH PLANS

Be smart. Choose the right plan for **YOU!** Not all health plans are the same.

CONSIDER

- What ongoing care do I need – is it covered?
- What are my out-of-pocket costs under the plan?
  - Deductible
  - Copayment
  - Coinsurance
- What is the annual out-of-pocket maximum?

BE AWARE

These are not the only questions you should ask – use this checklist to evaluate and compare important plan benefits and restrictions.

	PLAN A	PLAN B	PLAN C
Can I keep seeing my current doctor?			
Is my doctor in my plan's network?			
Do I need a referral to see a specialist (doctor with special training)?			
Can I see a doctor outside the plan network?			
Is there a specific hospital I must use?			
Do I need prior authorization for treatment?			
Are my current medicines covered (on formulary)?			
Are my drugs on a high $ tier? How much will that cost?			
Is there a step therapy program, which may require a certain drug to be tried first, rather than a drug originally prescribed by my doctor?			
Does my plan have a copay accumulator adjustment program?			
Are there restrictions on the pharmacy I can use?			
What are the mental health and substance abuse benefits? Does my plan cover out-patient drug rehabilitation?			
Does my plan cover home health care?			
Does my plan cover durable medical equipment?			
Does my plan offer health education?			
MONTHLY PREMIUM	$	$	$

my Patient RIGHTS | GLOSSARY

COINSURANCE
The money you have to pay for health services after you have paid the deductible.

COPAYMENT
A fee you pay each time you see a doctor or fill a prescription.

COPAY ACCUMULATOR ADJUSTMENT PROGRAM
When payments made from copay cards aren't counted toward your deductible.

DEDUCTIBLE
The amount you must pay for health services before your insurance starts to pay.

DURABLE MEDICAL EQUIPMENT (DME)
Examples are wheelchairs, hospital beds, canes, crutches, walkers, ventilators and oxygen.

FORMULARY
A list of drugs covered by your health plan.

HEALTH EDUCATION
Is done through programs and services dedicated to educating you on topics like staying fit, managing diseases, maintaining a healthy weight, eating healthy.

HIGH $ TIER
Even though a drug may be covered by your health plan, there are often several levels, or tiers, (1-6) that drugs may fall into, with each level having an increasing copay amount. For drugs on the highest tier, you may have to pay as much as 20-30% of the total cost. Some health plans may also use tiered copays for medical coverage as well.

OUT-OF-POCKET MAXIMUM
The most you have to pay for health services. Once you have paid this amount, your insurance pays 100% of your health care costs.

PRIOR AUTHORIZATION
Your health plan's approval process before you receive services. This process lets a provider know if the health plan will cover a needed service.

STEP THERAPY
Requires "certain" drugs to be tried first, rather than the drug originally prescribed by your doctor.

As a patient, you have rights – visit: **www.mypatientrights.org**

Visit: MyPatientRights.org/checklist

COVID-19

- **If you've been denied care:**
  - Visit **MyPatientRights.org/file-a-complaint** for information on how to appeal a denial, learn more about your state's process, and for information to help you navigate the healthcare system
  - If you have a story you'd like to share, please email info@chroniccareca.org
  - You can visit our online resource pages to find recent, factual information about COVID-19 and other information about accessing quality care during this time:
    - mypatientrights.org/covid-19-resources/
    - californiachroniccare.org/covid-19-updates-for-the-chronic-disease-community/
    - chroniccarealliance.org/webinar/

COVID-19

- **Additional Resources**
  - **Stay Home. Save Lives. Check In. Campaign**
    - **engageca.org/check-in**
      - take a pledge to call 5 seniors in your community
  - **COVID-19 Hotline**
    - **(833)544-2374**
      - Guidance and Information
  - **Friendship Line**
    - **(888)670-1360**
      - For older adults to connect to someone who can listen 24/7
  - **Department of Managed Health Care Helpline**
    - **(888)466-2219**
      - If you've been denied healthcare
  - **211.org**
    - **Call 211**
      - for local resources
  - **Medi-Nurse**
    - **(877)409-9052**
      - If you have Medi-Cal (but are not enrolled in a Medi-Cal managed care health plan), or you don't have insurance to speak directly with a health professional

California Chronic Care Coalition

@CAChronicCare www.CaliforniaChronicCare.org @CAChronicCare

@MyHealthRights info@mypatientrights.org @MyPatientRights

Questions?

HEMOPHILIA COUNCIL OF CALIFORNIA

Overview of Upcoming Webinars

HCC's next June webinar -

- **Virtually Making Your Voice Heard**
  June 23, 2020 at 11 am & 6 pm

Virtual advocacy training for not only online meetings with legislators and their staff but also tips on how to engage your legislators via email or social media .

HEMOPHILIA COUNCIL OF CALIFORNIA

HCC's 2020
Advocacy & Policy
Webinar series

Thank you for joining us!

Reminder: this webinar is part of a series of educational webinars presented by the Hemophilia Council of California.

A recording and slides will be available in a few weeks at http://www.hemophiliaca.org/programs/webinars/

NEED HELP? Contact Lynne Kinst at (916) 572-7771 or lkinst@hemophiliaca.org