

KNOW YOUR HEALTH CARE RIGHTS

6 TIPS FOR CALIFORNIA HEALTH CARE CONSUMERS

1. If you don't have health insurance coverage, it's not too late to sign-up for coverage for 2020.

The deadline to enroll in coverage for 2020 has been extended through June 30 in response to the COVID-19 pandemic. Californians who have lost their job and employer-provided health insurance can also enroll in individual and family coverage, and potentially qualify for subsidize health insurance through the Covered California insurance marketplace. For more information, visit the Covered California website here: <https://www.coveredca.com/>

2. You can talk to a doctor without leaving your home.

In order to support the dual goals of social distancing and continued access to necessary medical care, California insurers have been ordered to support “telehealth” services by reimbursing doctors at the same rates regardless of whether a service is provided in-person or through telehealth. Telehealth technologies include videoconferencing, streaming media, and phone services. Contact your physician or medical professional for more information.

3. Your health insurance plans cover COVID-19 testing with no out-of-pocket costs.

Medically necessary testing or medical screening services ordered by a health care provider are covered by health insurance plans. Under the direction of Governor Gavin Newsom, your deductibles, co-payment, co-insurance and other “cost-sharing” out-of-pocket charges related to COVID-19 testing must be waived by health insurers. This includes waiving cost-sharing for emergency room, urgent care or provider office visits when the purpose of the visit is to be screened and tested for COVID-19. State regulators have also made clear that health insurers cannot send “surprise,” or “balance” bills to patients related to COVID-19 testing or treatment provided by doctors who are not participating in the insurer's network.

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A small number of health insurance companies have begun to announce that they will also waive co-pays, deductibles and other out of pocket costs for consumers who need COVID-19 treatment. Consumer Watchdog warned that, as of April 2nd, no state or federal laws require COVID-19 treatment costs to be waived. Consumers are urged to check with their health insurance company for more information.

4. You can ask your health insurer to waive early medication refill limits to keep you out of the pharmacy and help you observe social distancing rules.

To ensure continued access to prescription medications while promoting social distancing during the COVID-19 pandemic, health insurers may relax refill restrictions on “maintenance” prescriptions for chronic conditions. This could include waiving refill restrictions in order to permit early refills or offering 90-day prescriptions for maintenance medication prescriptions, allowing patients to limit trips to the pharmacy. Contact your health insurer or pharmacy for more information. Your health insurer’s failure to provide this flexibility in response to your request may violate federal and state civil rights law.

5. If medically necessary testing or care is denied, you have a right to appeal.

If your health insurer denies, changes, or delays your request for medical services, denies payment for emergency treatment or refuses to cover experimental or investigational treatment for a serious medical condition, you can apply for an Independent Medical Review (“IMR”) on the California Department of Managed Health Care website here: <https://www.dmhc.ca.gov/FileaComplaint.aspx>

The California Department of Insurance has asked that all IMR applications related to COVID-19 be sent to: ccs@insurance.ca.gov

(Note that in California, some health insurance plans are regulated by the Department of Managed Health Care and others by the Department of Insurance.)

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6. A person with COVID-19 may receive treatment if they can benefit from the treatment, regardless of any pre-existing condition, disability, or age.

People with chronic pre-existing health conditions and disabilities are more vulnerable to acquiring the virus, and they are more vulnerable to healthcare discrimination that may deny them necessary care.

Physicians may withhold care that is deemed futile—in other words, medically ineffective. However, those patients whose condition may be treated should not be given lower priority because of a pre-existing health condition or disability.

If the current pandemic results in rationing of treatment, the federal Americans with Disabilities Act, Rehabilitation Act, and Affordable Care Act, among other state and federal laws, dictate that allocation of treatment must be made without consideration of a pre-existing health condition. The Age Discrimination Act prohibits similar forms of discrimination based on age.

For example, conditions like diabetes, depression, an intellectual disability, or a physical handicap cannot be a basis for denying care.

While the possibility of a person's survival may receive some consideration in allocation decisions, that consideration must be based on the prospect of surviving COVID-19 and not on the basis of other disabilities.