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FAQs: Cancelled PPOs in the Health Insurance Marketplace

March 1, 2016

Last year, I had a PPO plan but I've been told my plan was cancelled. There are few or no PPO plans in my area and my doctor doesn't accept HMOs. What do I do?

In Texas, in 2016 there are three types of Marketplace plans: Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), and Exclusive Provider Organizations (EPOs). In much of Texas PPOs have been cancelled, leaving HMOs and EPOs as the only options.

Consumers will need to rank their priorities for their health insurance. For some, cost might be the most important, for others it might be having good coverage of a specific drug, or being able to remain with their doctor. Once you have determined your priorities you can make a more informed decision about which plan to choose.

If keeping your doctor is your top priority, be sure to **double check whether your doctor is in-network.** Check with both the insurer and your doctor's billing department to determine whether the doctor accepts a specific plan. If the doctor you would like to see does not accept your preferred plan or any Marketplace plan, you may be able to advocate for your doctor to become part of a plan's network. You might tell your doctor, "I'd really like to keep seeing you, but you don't take this insurance. Would you consider joining the network?"

If your doctor is out-of-network on all the Marketplace plans in your area, work with a Navigator or agent to determine which plan is best for you. They can help you understand whether any PPO or HMO options provide affordable coverage for out-of-network providers that could work for you and your doctor.

If you are moving from a PPO to an HMO, here are somethings you should pay attention to:

- **Very limited care out-of-network.** HMOs generally only pay for health care when you use doctors and hospitals that are in-network, except in emergencies or when the care you need is not available within the HMO network. This is very different than PPOs, where you can generally get care out-of-network that is subject to a higher deductible, coinsurance, or copay.
- **Must select a PCP.** HMOs require that you select a primary care physician/provider (PCP), who will oversee your health care. If you do not select a PCP, your HMO will assign one. You can change your PCP by contacting your HMO. Make sure to pick a doctor or clinic who is in-network and accepting new patients. Patients with serious health conditions can appoint a specialist as their PCP, in some cases.

- **Referrals are generally needed for specialty care and procedures.** In an HMO, you must get a referral from your PCP to see a specialist; however, you do not need a referral for emergency care, and women do NOT need referrals to see in-network OB/GYNs.
- **Geographic restrictions.** HMO coverage is generally limited to a specific service area in the state, with limited benefits (e.g., emergency care) available when you travel.
- **Protections against "balance billing."** HMOs have more protections against balance billing in emergency care than PPOs do. If you are treated by an out-of-network doctor or hospital in an emergency, the HMO must satisfy the provider's bill, minus your cost-sharing. An HMO enrollee cannot be left on the hook for the difference between the provider's charge and the insurer's payment (a balance bill). If you are in an HMO and get a balance bill from an emergency room visit, call your HMO.

  The Office of Public Insurance Counsel puts out an annual report on HMO consumer satisfaction, which could be a helpful too as you compare HMO options.

There are plans in my area that don't provide enough access to doctors. Aren't there rules for health plans to ensure they provide adequate access to care?

Yes, under state law you have the right to an adequate network of providers. Provider networks for HMOs, PPOs, and EPOs must be reviewed and approved by the Texas Department of Insurance to help ensure they are adequate. State standards require plans to have enough personnel and facilities to meet the needs of their members. Plans must make covered health care services available within a certain distance of your home and within certain timeframes. For example, primary care and general hospitals in HMOs must be available within 30 miles.

What do I do if I believe a health plan is in violation of these rules?

If you think a network may be inadequate, you should file a complaint with the Texas Department of Insurance so it can investigate the network. You can file a complaint online or by email at ConsumerProtection@tdi.texas.gov. You can get information about filling complaints by calling TDI at 1-800-252-3439.

For information about this fact sheet, please contact McChesney@CPPP.org