



STATE-SPONSORED COVID-19 TESTING INSURANCE CLAIMS QUESTIONS & ANSWERS

1. **Why was a claim filed with my health insurance? I thought COVID testing was a no-cost service.**

The State of California's goal is to provide testing with no cost to the consumer. As stated on the [COVID19.ca.gov](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID19.aspx) website, insurance claims are filed for those residents who have coverage. For those without health insurance, the costs are funded by federal programs, including the CARES Act. These federal funds are meant as a payment of last resort, so if there are existing resources available, those options are prioritized in order to conserve tax-funded dollars for the uninsured.

2. **I did not provide my health insurance information, but you were able to file a claim on my behalf anyway. How did you get my information?**

California Department of Public Health (CDPH) partners check the eligibility files for a number of health plans in order to verify that the insurance information provided is correct. For tested residents who did not provide insurance information, the process is used to check identifying information against eligibility files. Existing health coverage is an essential part of funding the COVID response, as federal funding is limited and meant to support services for individuals without another payment method.

3. **How much was my insurance company billed?**

Depending on where your specimen was collected, your insurance company was either billed \$55 or \$21. Specimens collected at K-12 schools are billed at \$21; specimens collected at all other sites are billed at \$55. Specimens collected at OptumServe sites will also be billed \$23 for specimen collection. This is a separate charge from the testing fee.

4. **Why did I receive this explanation of benefits (EOB) from my health insurance? I thought COVID testing was a no-cost service.**

An **explanation of benefits (EOB)** is a statement sent by a health insurance company to covered individuals explaining what medical treatments and/or services were paid for on their behalf. An EOB is NOT a bill. When medically

necessary, COVID testing must be covered by your insurance with no cost-sharing. If the statement identifies an amount you may owe, it is an indication the plan did not pay the full amount billed and did not consider the testing to be medically necessary. **However, you will not receive a bill from CDPH for that remaining amount.** Bills for health care services come from the provider of those services, not your insurance company. CDPH and OptumServe partners involved in COVID testing for California are not sending out bills to tested residents. If you do receive a bill, you should not pay it and if you have any questions, you can contact CDPH's billing department at (213) 310-4112 or email us at CDPH.Inquiry@sutherlandglobal.com.

5. The following questions should be directed to your health plan:

- Why are billed and paid amounts different?
- Will this claim amount count against my deductible or total cost-sharing?
- For which year will this claim amount count against my deductible or cost-sharing (if claim filed in 2021 with services rendered in 2020)?
- I tested positive. Does my plan cover other COVID-related services?

6. Why did I receive two explanation of benefit (EOB) statements for this COVID test?

OptumServe partners file two separate claims for the COVID test. One claim is for the specimen collection, or the nose swabs and handling of those materials. The other claim is for the laboratory services to test your swabbed sample for existence of COVID viral particles. Both of these services are part of the COVID test, and there should be no out-of-pocket cost for either.

7. I got my COVID test months ago. Why am I just now receiving EOB statements?

The current COVID response has no precedent, and multiple organizations and governmental jurisdictions and agencies have worked as fast as possible to make COVID testing available with the goal of no cost to consumers. However, while testing services were prioritized, some administrative efforts, such as explanation of benefit statements and billing, have followed behind.

8. I still don't think my health plan handled this claim correctly and I wish to dispute it.

You should first contact your health plan, which must provide you with the necessary information to dispute a claim. If you are unable to resolve with them directly, you may file a complaint with the appropriate agency:

- For managed care, contact the California Department of Managed Healthcare by calling 1-888-466-2219 or by filing a complaint online at: <https://www.dmhca.ca.gov/FileaComplaint.aspx>
- For other coverage, contact the California Department of Insurance by calling 1-800-927-4357 or by filling out a consumer complaint at: <https://www.insurance.ca.gov/01-consumers/101-help/index.cfm>