

# Focus Plan FAQs



Responses to frequently asked questions about the Focus Plan, administered by Centivo, are below. For any additional questions, reach out to the Centivo Support Team at (833) 576-6491 or your HR representative.

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## General questions

### >> Will I need a new ID card?

Yes, all members of the Focus Plan will get a new ID card this year, whether this is your first year on the plan or if you were on the plan last year. You will receive your ID card from Centivo shortly before January 1<sup>st</sup>. It is important that you present your new Centivo ID card when receiving care to ensure that your claims are paid (so that you are not billed for the entire cost of the visit).

### >> Where do I call for questions on my plan?

You can call the Centivo Support Team for all questions on your plan at (833) 576-6491. The Centivo Support Team is available Monday through Friday from 8 am to 8 pm ET and offers support in English and Spanish (as well as 150 other languages through our translation partner).

### >> Where will I see my EOB?

You will be able to view your EOBs through the Centivo app or member portal, available at [my.centivo.com](https://my.centivo.com). You also have the option to receive paper EOBs from Centivo in the mail (note: you will receive paper EOBs as a default unless you update your preferences in the Centivo app or member portal).

### >> What happens if I go to the doctor before I activate?

In order to qualify for Coordinated coverage levels, you must activate before going to the doctor. If you don't activate, your care will fall under the Uncoordinated coverage level.

### >> Can I change my PCP during the year?

You can change your designated PCP any time in the Centivo app or member portal, or by calling the Centivo Support Team. Please be sure to change your PCP designation before going to your new PCP or you will be charged a copay for your PCP visit.

## Network questions

### » What is the Focus Plan network?

The Focus Plan provider network is built exclusively around the Cone Health System, which includes the Cone Health network of facilities and physicians along with the majority of providers in the Triad HealthCare Network (THN).

### » Where can I look to see if a provider is in the Focus Plan network?

Before the plan year begins, you can view the Focus Plan provider directory by visiting [conehealth.centivo.com](https://conehealth.centivo.com). Once the plan year begins, you will be able to view the Focus Plan network through the Centivo app or member portal, available at [my.centivo.com](https://my.centivo.com). You can also call the Centivo Support Team at (833) 576-6491 if you need help finding a provider.

### » Is there out-of-network coverage available?

The Focus Plan is an in-network only plan, and as such, does not provide coverage if you go to an out-of-area provider, except for behavioral health and emergencies. Please note: there are some exceptions for urgent care visits when out of town. Please see the Focus Plan FAQ Document on the Cone Health Benefits Homepage for more detail.

### » What if I have a dependent in college out of the area? Can they use the Focus Plan?

The Focus Plan does not provide any coverage if you go outside the network (except for emergency care and some exceptions when traveling). If you have any out-of-area dependents, such as a child in college, you should consider whether this level of coverage, along with any student health services your dependent(s) may have available, is adequate for your family.

### » Can I go to an out-of-network specialist if I have a referral from my doctor?

No, even if you have a referral from your doctor, out-of-network specialists are not covered under the Focus Plan.

## Coordinated coverage level and referral questions

### » When is a referral required?

You must get a referral from your Primary Care Team before visiting any specialists, with the exception of OB/GYN and behavioral health. If you do not get a specialist referral and submit a Referral Notification to Centivo prior to your visit, your care will fall under the Uncoordinated coverage level and will cost you more.

You do not need a referral for:

- Urgent care visits
- E-visits through MyChart
- Connected Care virtual care visits
- ER visits
- Emergent hospital admissions – but you must report your care to Centivo within 72 hours of admission
- OB/GYN visits
- Visits with behavioral health providers
- Laboratory tests, x-rays, or therapies (occupational, physical, or speech) – but a physician must order or prescribe these services\*

\* Pre-certification may be required. If lab tests, x-rays, advanced imaging, or therapies were ordered by your designated Primary Care Team or a specialist for which you had a referral, these will be billed at the Coordinated coverage level. Otherwise they will be billed at the Uncoordinated coverage level.

**>> If the doctor to whom I'm referred to is not available, can I go to another doctor of the same specialty?**

Referrals allow you to get care from a particular specialist for a period of one year. If you schedule an appointment with a different specialist, you must submit a new Referral Notification.

**>> What if I already have an appointment scheduled with a specialist in January?**

If you already have a specialist visit scheduled for early in the plan year, be sure to see your PCP to get a referral and submit your Referral Notification prior to your visit to ensure this will be covered under the Coordinated coverage level.

**>> How do I qualify for the Coordinated coverage level?**

In order to qualify for the Coordinated coverage level, you must activate online or by calling the Centivo Support Team, receive referrals for specialty care from your designated Primary Care Team, and submit a Referral Notification to Centivo before receiving care. If you do not complete these steps, your care will fall under the Uncoordinated coverage level and will cost you more.

**>> What does it mean to activate?**

Activation is the process of creating an account with Centivo, learning more about your plan, and designating a primary care doctor for you and any family members covered under your plan. You can activate by downloading the Centivo app, through the Centivo member portal, or by calling the Centivo Support Team. You will receive information on how to activate in late December. If you were a Focus Plan member in 2020, you will not need to re-activate your plan unless you have added new dependents.

**>> What does "Uncoordinated" mean?**

Your care will fall under the Uncoordinated coverage level if you do not activate with Centivo before getting care, if you don't get a referral from your designated PCP before going to a specialist, or if you don't submit a Referral Notification to Centivo prior to your specialist visit.