



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

COVID-19 COVERAGE POLICIES BY PAYER

Updated as of March 20 2020

The MMS Department of Practice Solutions and Medical Economics has compiled a directory of health plan COVID-19 coverage policy summaries and associated health plan links as a resource to physicians, allied providers, and practice managers for ease in accessing COVID-19 policies.

All commercial health plans are required to meet the Division of Insurance (DOI) requirements for COVID-19 coverage as follows:

- All commercial health insurance carriers in Massachusetts must communicate an expectation that they will take steps to enable covered members to access all medically necessary and appropriate testing and treatment related to COVID-19.
- Notably, carriers are expected to forgo any cost-sharing (i.e., co-payments, deductibles, co-insurance) for medically necessary testing, counseling, and vaccinations for COVID-19; further, carriers are to forgo co-payments for treatment of COVID-19, which includes care received from an out-of-network provider when urgent testing/treatment is unavailable from an in-network provider.
- Additionally, DOI expects all carriers to:
 - Communicate with covered persons information related to prevention, testing, and treatment options for COVID-19 and establish dedicated helplines to respond to all calls related to COVID-19.
 - Promote the use of telehealth options with no cost-sharing; the language appears limited specifically to care relative to COVID-19.
 - Relax prior authorizations and out-of-network requirements and procedures to ensure timely access to urgent or medically necessary testing and/or treatment.
- Managed care companies will still be allowed to implement utilization review systems but are encouraged to review medical necessity criteria and create exceptions for patients at risk of contracting COVID-19.
- DOI oversees insured products. Self-insured accounts can make their own determination if they will opt-out or -in on these requirements.

These summaries were compiled from plan websites and the AHIP site.

Aetna will waive co-pays for all diagnostic testing related to COVID-19, according to **CVS Health**. That includes all member costs associated with diagnostic testing for Commercial, Medicare, and Medicaid lines of business. Self-insured plan sponsors will be able to opt-out of the program at their discretion. Aetna is also offering zero co-pay telemedicine visits for any reason for the next 90 days, and it is extending its Medicare Advantage virtual evaluation and monitoring visit benefit to all fully insured members. People diagnosed with COVID-19 will receive a care package. In addition, Aetna is offering 90-day maintenance medication prescriptions for insured and Medicare members, and is waiving early refill limits and 30-day prescription maintenance medications for all

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members with pharmacy benefits distributed through CVS Caremark. CVS Health is also offering several programs to help people address associated anxiety and stress, and effective immediately is waiving the charges for the home delivery of prescription medications.

Allways Health Partners are taking the following steps: removing cost-sharing (i.e., co-payments, deductibles, or coinsurance) for testing and co-payments for treatment at in-network facilities; ensuring access to out-of-network providers for the initial COVID-19 test or treatment when no in-network providers are available; removing all cost-sharing for telemedicine services, including virtual visits with primary care providers and specialists, and through Partners HealthCare On Demand, to enable members to seek COVID-19-related care without the need to go to medical offices; continuing to offer virtual urgent care options, and through FlexRx, members have access to a 90-day supply of many maintenance medications, as well as the opportunity to refill 30-day prescriptions early.

In addition, Always Health Partners is offering free telehealth resources to our provider partners to protect them from exposure while allowing them to continue to care for their patients.

Blue Cross Blue Shield of Massachusetts will cover the costs of diagnostic testing for COVID-19 for fully insured members. Self-funded groups will have the ability to opt-in. The company will also cover the cost of a COVID-19 vaccine when it is available, and will waive co-payments for COVID-19 treatment at doctor's offices, emergency rooms and urgent care centers. It is removing administrative barriers such as prior authorizations and referrals, waiving copays for its telehealth platform, and allowing early access to refills of prescription medications.

BMC HealthNet Plan will provide COVID-19 testing and medically necessary treatment for members at no cost. If the plan type has cost-sharing responsibility, the copays will be waived for treatment of the virus. If the plan has co-payments, deductibles, and co-insurance for services, those will also be waived for COVID-19 treatment. The above applies if testing and treatment comes from an in-network provider. If testing or treatment is not available through an in-network provider, BMC will cover services from out-of-network providers at no cost; members may request early refills of medication if refills remain on prescription should there be in a situation requiring quarantine. This would allow a member to request up to a 30-day supply of a medication before their next scheduled refill due date, if needed. Members also have the option of receiving maintenance medications in 90-day supplies by mail. Telehealth visits are covered if you use a network provider that offers telehealth appointments (not all providers offer a telehealth option).

CIGNA is covering the cost of coronavirus testing, waiving all copays or cost-shares for fully insured plans, including employer-provided coverage, Medicare Advantage, Medicaid, and individual market plans available through the Affordable Care Act. Organizations that offer Administrative Services Only (ASO) plans will also have the option to include coronavirus testing as a preventive benefit. Recognizing that health outbreaks can increase feelings of stress, anxiety and sleeplessness and sometimes loss, Cigna is also staffing a second phone line for customers.

Fallon is relaxing administrative procedures, such as prior authorizations and out-of-network requirements, for Fallon members (including members of commercial, Medicare and Medicaid plans) so they will have no cost-sharing for medically necessary COVID-19 testing and counseling. There will be waiving of co-payments for medically appropriate Coronavirus treatment as well. No co-payments for telehealth services. Fallon will be waiving early refill limits on non-scheduled control drug prescriptions for all Fallon members who fill their

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maintenance medications at any in-network pharmacy. Members can now receive early refills for certain medications up to a 90-day supply of maintenance medication prescriptions ahead of schedule. Fallon also has a dedicated hotline (1-877-835-8440, TRS 711) to connect members with representatives who can address questions about the coronavirus, discuss available benefits and provide phone numbers for additional help.

Harvard Pilgrim Health Care is waiving cost sharing for COVID-19 test, doctors' offices visits, urgent care, and ER services for COVID-19 testing and telemedicine services. This policy applies to fully insured, Medicare Advantage and Medicare Supplement plans. Coverage will be provided in accordance with plan requirements. Fully insured commercial Massachusetts plan members do not have to pay any applicable co-payments for treatment they receive for COVID-19 from providers that participate in network. However, other member cost-sharing, such as deductibles and co-insurance, may apply for COVID-19 treatment on a state by state basis. Members will also have access to out-of-network providers for the initial COVID-19 test or treatment when no in-network providers are available. Telemedicine services, such as video visits with Doctor On Demand, are available to members on individual and group fully insured plans. Medicare members may have access to virtual visits with qualified Medicare providers. Members can fill a 90-day supply of maintenance medicines when eligible for a refill.

Health New England is covering the cost of diagnostic tests for COVID-19 for its fully insured and Connector members (including high-deductible health plan members), and Medicare members. Health New England will be working with its self-funded employer groups to implement the same measures or those of their choosing. Health New England will also be waiving copays for medically necessary COVID-19 treatment at doctors' offices, emergency rooms, and urgent care centers; covering the cost of vaccination when a COVID-19 vaccine is available; removing any administrative barriers, such as prior authorizations, for members receiving medically appropriate care for COVID-19; consistent with Health New England's policies, referrals will remain unnecessary; working on waiving copays for members with access to Teladoc®, its telehealth platform, and telehealth services with local providers as they become available. Health New England's 24/7 Nurse Advice Line at (866) 389-7613 remains available for free to all members; Ensuring access to prescription medication by allowing early refills of 30-day prescription maintenance medication. In addition, Health New England has a 90-day maintenance medication benefit available to members for both retail and mail order.

Additionally, the Internal Revenue Service (IRS) released guidance stating that high-deductible health plans (HDHPs) can provide health benefits associated with testing for and treatment of COVID-19 without a deductible, or with a deductible below the minimum deductible (self-only or family) for an HDHP, without jeopardizing their status. This also means that an individual with an HDHP that covers these costs may continue to contribute to a health savings account (HSA).

MassHealth

- All Provider Bulletin 289: MassHealth Coverage and Reimbursement Policy for Services Related to Coronavirus Disease 2019 (COVID-19)
- Managed Care Entity Bulletin 20: Coverage and Reimbursement for Services Related to Coronavirus Disease 2019 (COVID-19)
- All Provider Bulletin 288: Coverage Provided via Hospital-Determined Presumptive Eligibility
- Pharmacy Facts: Updates Related to Coronavirus Disease 2019 (COVID-19) Effective March 14, 2020
- Community Day Program Settings (e.g. Adult Day Health, Day Habilitation, Councils on Aging, etc.) 2019 Novel Coronavirus (COVID-19) Guidance

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- [Non-Agency Based In-Home Caregivers \(e.g. PCAs, Independent Nurses, etc.\) 2019 Novel Coronavirus \(COVID-19\) Guidance](#)
- [Agency-Based In-Home Caregivers & Workers \(e.g. Home Health Agencies, Personal Care Management Agencies, Home Care Agencies, Adult Foster Care, etc.\) 2019 Novel Coronavirus \(COVID-19\) Guidance](#)

Medicare

- [General Telemedicine Toolkit \(PDF\) \(3/20/20\)](#)
- [Fact sheet: Medicare Telemedicine Healthcare Provider Fact Sheet \(3/17/20\)](#)
- [Medicare Telehealth Frequently Asked Questions \(3/17/20\)](#)
- [MLN Matters article: Medicare Fee-for-Service \(FFS\) Response to the Public Health Emergency on the Coronavirus \(PDF\) \(3/17/20\)](#)
- [Guidance to help Medicare Advantage and Part D Plans Respond to COVID-19 \(PDF\) \(3/10/20\)](#)
- [COVID-19: New ICD-10-CM Code and Interim Coding Guidance \(2/20/20\)](#)
- [Frequently Asked Questions to Assist Medicare Providers \(PDF\) \(3/6/20\)](#)
- [Fact sheet: Medicare Coverage and Payment Related to COVID-19 \(PDF\) \(3/5/20\)](#)
- [Medicare Administrative Contractor \(MAC\) COVID-19 Test Pricing March 12, 2020](#)
- [FAQs on Essential Health Benefit Coverage and the Coronavirus \(COVID-19\) \(03/12/2020\)](#)

Medicaid and CHIP guidance

- [Fact sheet: Medicaid and CHIP Coverage and Payment Related to COVID-19 \(PDF\) \(3/5/20\)](#)
- [COVID-19 Disaster Response Toolkit \(3/12/20\)](#)
- [COVID-19 Frequently Asked Questions for State Medicaid and CHIP Agencies \(3/12/20\)](#)

Tufts Health Plan is offering no out-of-pocket costs for medically necessary Coronavirus testing, counseling and vaccinations. This coverage applies to in-network providers, urgent care centers, emergency rooms and other facilities, and at out of network providers in the event a member cannot easily find an in-network provider to provide timely services. In addition, there will be no co-payments for medically necessary Coronavirus treatment. This coverage applies at in-network providers, urgent care centers, emergency rooms and other facilities, and at out-of-network providers in the event a member cannot easily find an in-network provider to provide timely services. This will also apply to members of self-funded groups that have not opted-out. All out-of-pocket costs for telehealth visits related to Coronavirus will be waived for the duration of this COVID-19 situation for commercial members. Tufts members will have a one-time refill of their prescriptions prior to the expiration date so that they will have a supply of their medications should they need it. Tufts will also waive the refill limitation for one 30-day prescription of a maintenance medication to a 90-day duration. If a member has multiple maintenance medications, each drug will be allowed to be waived just once.

United Healthcare is waiving costs for COVID-19 testing provided at approved locations in accordance with U.S. Centers for Disease Control and Prevention (CDC) guidelines. This coverage applies to all commercial insured members as well as Medicaid and Medicare members. United is working to support self-insured customers who choose to implement similar actions. United is also offering Resources for members and their loved ones including an Emotional Support help line for those feeling stressed, call [866-342-6892](tel:866-342-6892), available anytime — 24 hours a day, 7 days a week. It's free of charge and open to anyone. Eligible UnitedHealthcare and OptumRx members needing help obtaining an early prescription refill can call the customer care number located on their medical ID card for assistance. Telehealth access is expanded in response to COVID-19 to allow faster support and to reduce exposure to the virus. Members' local medical provider may be able to provide a telehealth visit through live video-conferencing. United Healthcare is waiving member deductibles, copays and coinsurance for telehealth services through its designated partners. United Healthcare is waiving member deductibles, copays and coinsurance for COVID-19 related visits through June 16 2020.