COVID-19 Health Care Professional FAQs

Updated 3/20/20

<u>**General COVID-19 questions**</u>
- **Any payer bulletins or websites which we can keep apprised of your up to date policies?**
  - Please refer to our plan website for the most up to date information

- **Do you have a team dedicated to COVID-19 issues – phone hot line/voicemail, email, etc.?**
  - Please follow normal protocols for contacting customer service at:
    - Clear Spring Health 877-384-1241
    - Community Care Alliance 877-364-4566
    - EON Health 855-249-7811

<u>**Testing & Coverage**</u>
- **Will you cover COVID-19 related services for your members?**
  - As a Medicare Advantage plan, we are following the most recent CMS guidance related to billing and reimbursement for COVID-19 testing. **There is <u>no</u> member cost share for testing related to COVID-19.**

  - **Testing – whether positive or negative results** Yes, testing will be covered whether positive or negative.

  - **Quarantine – again whether patients end up testing positive or negative**. In home provider visits will be covered for members testing positive to COVID 19. For members testing negative we will follow our standard process for evaluating in home services.

  - **Relaxation of any site of service restrictions as providers attempt to expand capacity and limit exposure for COVID 19 and non-COVID 19 patients**. Office visits to any PCP in the network will be paid by the plan. In network or out of network urgent care and ER visits do not require prior auth. We are also following new CMS policies that are relaxing site restrictions on Telehealth

- **Will you cover alternative care options for your members that are not being seen/treated for COVID-19 in order to preserve capacity for COVID-19 patients**
  - As a Medicare Advantage plan, we are following the most recent CMS guidance related to alternative care options. This includes recent guidance on the expansion of Telehealth services. Please visit https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet for more information.

  - **Regarding telehealth, will you cover for any/all locations of both patients and providers**? Yes

- **Will you be waiving patient out of pocket associated with COVID-19 services?**
  - There will be no member cost share for testing related to COVID-19. This applies to in and out of network providers.
  - Cost sharing will be applied as applicable to treatment. For services related to treating COVID-19 at out of network providers, in-network cost share will be applied.

Administrative/Authorizations/Credentialing
- **Will you relax the board eligibility requirements under a delegated credentialing agreement where the Medical Examining Board has granted an unrestricted license?**
  - If you are modifying your internal credentialing process to accommodate for additional providers in response to the COVID-19 outbreak, please notify us immediately and we will work with you to get it approved.

- **Will you either expedite or waive prior auth requirements related to COVID 19 treatment?**
  - No, we will maintain the prior auth requirements published in the prior auth list.

CMS References

- COVID-19 Testing:
  - https://www.cms.gov/newsroom/press-releases/public-health-news-alert-cms-develops-new-code-coronavirus-lab-test

- Telehealth:
  - Press Release: https://www.cms.gov/newsroom/press-releases/president-trump-expands-telehealth-benefits-medicare-beneficiaries-during-covid-19-outbreak
  - Fact Sheet: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
  - FAQ: https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf