

COVID-19 Frequently Asked Questions

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Introduction

Our company is taking a number of steps to respond to the outbreak of a new coronavirus (COVID-19) in accordance with state and federal regulators and public health agencies and experts.

Our priority for our members in any emergency or viral outbreak is to ensure they continue to have access to health care.

This is an evolving public health issue. Information is changing rapidly, and we are watching developments closely and changing our approach as needed.

To follow are frequently asked questions to help you understand the steps Blue Cross is taking.

Expanded Coverage and Access to Care

Blue Cross Blue Shield of Massachusetts continues our commitment to our members and customers as we navigate the rapidly changing conditions presented by the COVID-19 pandemic. Based on emerging guidance from state, federal and public health officials, we are expanding coverage and access to care for our members during this public health emergency.

COVID-19 Access

- Blue Cross plans will waive member cost share (co-pays, co-insurance and deductibles) for medically necessary COVID-19 testing, counseling, vaccines (when available) and treatment and supportive care to alleviate symptoms at doctor's offices, urgent care centers and emergency departments (excluding inpatient care), in accordance with the Centers for Disease Control and Massachusetts Department of Public Health guidelines. This also includes telehealth services for those members with a COVID-19 diagnosis. Any medically necessary treatment for COVID-19 is covered under a member's health plan within the United States or internationally.
- Blue Cross members with a COVID-19 diagnosis will be protected against balance billing.

Additional Telehealth Access

 Blue Cross plans will waive member cost share (co-pays, co-insurance and deductibles) for all medically necessary covered services, via phone or video (telehealth) with in-network providers, effective March 16, 2020, for the duration of the Massachusetts state of emergency.



• In accordance with state guidance, these phone/telehealth visits will be reimbursed at the same rate as face-to-face care for participating providers for both medical and behavioral health care, as long as they meet clinical standards, for the entire period of the Massachusetts public health emergency.

Can self-insured customers opt-out of the steps to expedite access to care for the duration of the Massachusetts public health emergency?

- National and state public health officials urge health plans to take immediate steps to help speed access to COVID-19 testing and treatment and encourage the use of telehealth instead of in person visits to stop the spread of COVID-19. Therefore, Blue Cross plans will cover COVID-19 testing and treatment as well as all telehealth visits without charging members any cost share. As such, we are applying this to all commercial fully- and self-insured customers and cannot accommodate opt-out requests.
- Blue Cross plans go further than the recent federal <u>law</u>, which requires group health plans to waive cost shares for testing and related to COVID-19. Due to the national and state public health emergency, we are not able to accommodate opt out requests from self-insured customers.
- The Massachusetts Division of Insurance (DOI) has noted that it will be essential that government and business leaders take all appropriate steps to safeguard the general public and well-being of the Commonwealth's citizens. Accordingly, BCBSMA plans administration is designed to mitigate the impact of the coronavirus on the community as a whole, but also specifically on our members.
- Because of the current pandemic, phone and telehealth (video) are the only points of care for people now. Our friends and neighbors (your employees, our members) are dealing with anxiety and stress, not to mention other health issues that may require medical attention. By removing cost barriers and creating additional access points to care (via phone and telehealth), we are honoring directives from the federal government, and most recently the state that people need to be maintain distance.
- Telehealth (video) and phone visits allow members to consult with their clinicians to ensure continuity of care while also helping to avoid the potential spread of contagion.
- People are advised to stay home and away from doctor's offices and hospitals
 unless it is necessary, so, in essence, the health care system in Massachusetts is
 largely moving from in-person to virtual and telephone visits to stop or slow the
 deadly spread of COVID-19.

Is there a limit to the number of COVID-19 tests per patient?

Blue Cross covers medically necessary COVID-19 testing in connection with CDC and DPH guidelines.



What is the timeframe for these COVID-19 changes?

The COVID-19 changes apply for the duration of the Massachusetts public health emergency.

Will there be a special election period for individuals?

In response to the Coronavirus (COVID-19) pandemic, Massachusetts is allowing residents who are currently uninsured to enroll in an individual plan between now and April 25, 2020. Anyone that already has coverage cannot change plans. Such direct pay plans may be purchased by calling 1-800-422-3545.

Financial

Is there an IRS ruling on waiving deductible on HSA plans for non-COVID-19 medical expenses? If not, how will waiving the deductible for these expenses be viewed with Blue Cross' more expansive coverage?

As of March 25, 2020, technically under current IRS rules, an HSA owner must meet their statutory deductible. Under normal circumstances, which this is not, non-COVID-19 telehealth services, with no cost share charged to the member, could present HSA plan qualification issues. (IRS rules with regard to taxability of funds.)

In light of national and state public health emergencies and guidance from governments and public health and medical experts to avoid office or hospital visits and in some instances mandating telehealth coverage and ease of access, we are removing cost share for telehealth.

Congress continues to move swiftly to address the coronavirus public health emergency via legislation. IN DRAFT legislation that is NOT yet law, there is language that would change the use of health savings accounts (HSAs) paired with high-deductible health plans (HDHPs). This means that telehealth and other remote care services could be covered predeductible without violating federal rules for HDHPs paired with an HSA.

Blue Cross will continue to monitor the legislative landscape and will provide updates as available on proposed and final federal law as it relates to HDHP and HSA plan provisions.

What is the anticipated impact to claims trend?

As with all things related to the current situation, we are reviewing and analyzing on an ongoing basis.

How is eligibility impacted with regard to waiting periods, termination dates, COBRA, etc.? Currently, Blue Cross has no plans to alter existing rules in this regard.



Will we allow accounts to skip renewal/change plans off anniversary?

Currently, Blue Cross has no plans to alter existing rules in this regard.

Will an account be able to defer payment of a premium?

On a case-by-case basis, Blue Cross will consider extending the existing statutory grace period, one time, for an additional 30 days. In addition, we are advocating strongly for federal assistance that will support small- to mid-size businesses that may struggle to pay their health care premiums during this period.

If a credit is expiring prior to December 1, 2020 will you extend the time period?

Blue Cross will permit customers with approved credits expiring May–Dec 1st to have through 12/31/2020 to use their credits.

Do the steps to expedite access to care for the duration of the Massachusetts public health emergency impact high deductible health plans (HDHP)?

Generally, members with a High Deductible Health Plan (HDHP) including a Health Savings Account (HSA), are required to cover cost share up to the deductible before receiving assistance with cost share. Recent IRS guidance allows cost share for COVID-19 testing and treatment to be waived prior to meeting the deductible.

Who is funding the additional claims for which cost share is being waived? The ASC account or Blue Cross?

The ASC account is funding the additional claims cost for which cost share is being waived.

Layoffs and Furloughs

What is the impact to stop loss if we are waiving cost share?

If the account has Stop Loss coverage through Blue Cross, the Stop Loss policy will align with the Medical plan, subject to the terms of the Stop Loss Agreement, for determination and reimbursement in accordance with the cost-share waivers being implemented due to the Massachusetts public health emergency.

If an employer continues to cover employees who are furloughed, temporarily laid off, or working on reduced hours, will Blue Cross stop loss reinsurance continue to cover them?

Yes, if the employer continues to cover employees who are furloughed, temporarily laid off, or working reduced hours related to the COVID-19 public health emergency, and if the account has stop loss insurance coverage through Blue Cross, claims pertaining to these employees will be covered by stop loss insurance in accordance with the Stop Loss Agreement, as long as the employee was enrolled in the employer's group health plan on



their last day worked (or last day before hours were reduced). During this period, Blue Cross will not enforce actively at work requirements in the Stop Loss Agreement with regard to these employees. The preceding is effective through May 1, 2020, at which time Blue Cross will determine whether to extend the date.

HRMP would follow any Blue Cross policies / holding statements with regard to COVID-19.

All as a result of COVID-19, if employers reduce hours temporarily, due to lack of work/production, assuming that all in this category will be self-quarantined, will this continued eligibility be allowed also through May 1?

An ASC account determines eligibility. Blue Cross will continue to honor eligibility for those employees submitted by the account on its enrollment list.

How is Blue Cross handling furloughs?

During the COVID-19 crisis, Blue Cross will continue to honor coverage for an account's furloughed or temporarily laid off employees without enforcing minimum hours worked requirements, as long as the premium remains current and the account continues to include those employees in the enrollment files it provides to Blue Cross.

Employers decide whether to keep laid off or furloughed members on the group plan or to offer COBRA, if applicable. The employer account is responsible for complying with state and federal laws, including COBRA, and should let Blue Cross know if a subscriber has elected COBRA. Accounts may want to seek legal counsel with regard to these questions.

When will a terminated employee lose coverage?

The account notifies Blue Cross of the date health coverage should terminate for an employee. For example, if the employer instructs us to terminate as of 4/15, coverage ends that day. If the employer instructs us to terminate as of 4/30, coverage ends that day. Employees may be eligible for COBRA or state continuation of coverage if they are terminated, or they can seek coverage under a state exchange plan. Depending upon their financial situation, terminated employees may be eligible for a subsidized plan or Medicaid.

Telehealth

Can members access covered services via a telephone if a member does NOT have Well Connection?

Temporarily, yes. Effective for dates of service retroactive to March 16, 2020, participating providers may deliver all medically necessary covered services (COVID-19 AND non-COVID-19 related) via any modality. This includes telehealth, telephonic, video chat or inperson to all Blue Cross Blue Shield of Massachusetts members including members in our Medicare Advantage, Managed Blue for Seniors and Medex plans of March 16, 2020, and will last for the duration of the state of emergency.



Starting immediately, Blue Cross will cover visits by telephone ("telephonic visits"). Providers may offer telehealth services as long as they are contracted and credentialed by Blue Cross Blue Shield of Massachusetts.

Can a self-insured account add Well Connection off-renewal?

Yes. Accounts can add telehealth services via our provider, Well Connection off cycle. The cost is 50-cents per employee per month. It may take several weeks to add this benefit. Please contact your account executive for details about this program

Are copays waived if I have Well Connection through my Blue Cross plan?

Yes. Members can get care by phone or video (telehealth): They are covered with no copayment, co-insurance, or deductibles for visits by phone and video visits with any doctor or health care provider for any medical or behavioral health care you need.

What are options for telehealth?

Blue Cross plans will waive member cost share (co-pays, co-insurance and deductibles) for all medically necessary covered services, via telehealth – including both phone- and video-based visits.

Members may access these services in two primary ways: (1) by calling their local providers who may deliver care via telephone or video visits and (2) if the account has purchased Well Connection as a buy-up, by accessing the Blue Cross telehealth service which includes an online care network of providers who deliver care via the Well Connection platform.

- Option #1: Members can access phone- and video-based telehealth services
 (whether they have the telehealth benefit or not) through their established in-network
 provider. These services include services that would, under normal circumstances,
 be performed by an in-person visit with their provider. Members can ask their
 provider if they are willing to see them for visits via video or over the phone.
 Blue Cross is encouraging all providers to offer video or phone services to their
 patients during this unprecedented time.
- Option #2: For accounts who have purchased the buy-up Well Connection, members
 can also receive services at Well Connection.com or through the Well Connection
 app on a mobile device. As of March 24th, Well Connection is no longer collecting
 member cost share at time of visit.

Are there significant wait times to access telehealth through Well Connection?

Based on the recent increase of telehealth usage related to COVID-19, the Well Connection platform is experiencing longer than usual wait times for members accessing Medical Care. AmWell, our telehealth partner powering Well Connection, is actively recruiting individual providers to join their provider group to increase physician availability to handle the increase in patients and decrease high wait times for consumers.



In addition, AmWell continues to monitor performance of their platform and is taking steps to address the additional volume to minimize any disruption to our members.

Health and Wellbeing

Can we extend the fitness benefit deadline?

Blue Cross has reviewed the request to determine the feasibility of extending the fitness reimbursement benefit deadline and, at this point, we are not able to extend the deadline. Through the discussion process, we identified that there are some technical and staffing issues that will not allow us to extend the deadline without detracting from the critical work that our teams are doing on the COVID-19 front.

What resources can we provide for emotional wellbeing?

Blue Cross is able to provide a variety of resources that address the topic of emotional wellbeing during these uncertain times. Our public ahealthyme site includes a breadth of resources on how to understand, manage, and overcome stress. These materials can be found here. In addition, for those seeking to better understand the coronavirus and what Blue Cross is doing to support our members, our primary site, bluecrossma.com, has been updated with a coronavirus resource center. This resource center provides details on the benefits and resources available to members, tips for staying healthy, and answers to many frequently asked questions.

Business Continuity

How is Blue Cross Blue Shield of Massachusetts impacted by Governor Charlie Baker's "Stay at Home" Advisory?

In response to Governor Charlie Baker's advisory announced on March 23, 2020, that businesses and organizations that do not provide essential COVID-19 related serves should close their physical location, and that gatherings of more than 10 people are prohibited, Blue Cross assures you our business continuity plans are in place.

Blue Cross provides essential COVID-19 services and continues to meet the needs of our members and accounts, with the majority of our associates working remotely.

Can I come to one of Blue Cross' buildings to pay a bill or ask a question?

No, at this time, our buildings are closed to external visitors. If you have questions, please call us at **1-800-262-BLUE (2583)**.



Resources

Where can members find the latest information regarding the COVID-19?

Visit our <u>coronavirus resource center</u> for information on how to stay safe, find answers to frequently asked questions, and see how we're expediting access to testing and care.

Our news service continues to publish articles about the Coronavirus, including a recent Q&A. Please check Coverage regularly for additional news.

Are there resources for people struggling to pay their bills and/or to get groceries?

If you need assistance finding food, paying housing bills, accessing free childcare, or other essential services, dial 2-1-1 to speak to someone who can help. 2-1-1 will connect you to local resources regardless of what state you live in. This service is provided by United Way.

What is your Coronavirus dedicated toll-free helpline for members?

Blue Cross offers a dedicated toll-free helpline for members to call with questions about Coronavirus including where to obtain a test, available benefits and phone numbers for further assistance. The number is (888) 372 1970.