

Coronavirus Information for Our Provider Partners

Updated February 4, 2022

Due to the everchanging environment, we are monitoring the guidance set forth by CMS. CMS has developed a comprehensive provider page that explains billing, telehealth, vaccines, and treatment of COVID. Please visit: <https://www.cms.gov/covidvax-provider> for more information.

Who will pay for the coronavirus vaccine in 2022?

Please reference CMS' Provider COVID Toolkit, <https://www.cms.gov/files/document/COVID-19-toolkit-issuers-MA-plans.pdf>, especially the guidance set forth:

Pharmacy and Provider agreements:

- To receive free supplies of the COVID-19 vaccine(s), pharmacies, retail clinics, providers, and any other site of care receiving and administering COVID-19 vaccines must sign an agreement with the U.S. government.
 - Under the agreement, all providers must vaccinate individuals regardless of whether they have health insurance coverage or what type of coverage they have and are prohibited from balance billing or otherwise charging vaccine recipients.
- Following vaccination, vaccine recipients must be provided with EUA Fact Sheets on the vaccine and vaccination cards.
- They must also meet storage and recordkeeping requirements, including recording the administration of the vaccine to patients in their own systems within 24 hours, and reporting to public health data systems as soon as practical, and within 72 hours.
- For more information on the CDC recordkeeping requirements, see the link located in the Education & Outreach section, item 4, Immunization Reporting, below:
https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-interim_Playbook.pdf
- Providers administering the vaccine to people without health insurance or whose insurance does not provide coverage of the vaccine administration can request reimbursement for the administration of the COVID19 vaccine through the Provider Relief Fund, see <https://www.hrsa.gov/CovidUninsuredClaim>.

Coverage and Reimbursement for Administration of the Vaccine by Health Insurance Issuers:

- The vaccine itself will be paid for through funding authorized by the Coronavirus Aid, Relief, and Economic Security (CARES) Act, but administration of the vaccine by a provider will be paid for by the payer (for example, the private insurance company, Medicare in the case of a Medicare Advantage plan, or the Provider Relief Fund).
- Consumers enrolled in non-grandfathered group or individual health insurance coverage will be able to receive the vaccine and its administration free of charge from a network provider, and

during the COVID-19 PHE, will also be able to receive the vaccine and its administration free of charge from an out-of-network provider.

- Providers are prohibited by agreement with the U.S. Government from billing patients for the vaccine or its administration, including balance billing.

Balance Billing Provisions:

- Providers that receive the COVID-19 vaccine free from the federal government are prohibited from seeking reimbursement from consumers for vaccine administration costs – including through cost sharing or balance billing.
- Providers that administer vaccinations to patients without health insurance or whose insurance does not provide coverage of vaccination administration fees, may be able to file a claim with the provider relief fund, but may not charge enrollees directly for any vaccine administration costs.

Is Network Health covering all telehealth services for their members?

Telehealth is a covered benefit regardless of the PHE period and waiving of the copayments.

Network Health members can use telehealth provider visits for a \$0 copayment for illnesses **related to** the coronavirus virus for all lines of business.

- **Commercial and Health Insurance Exchange Plans:** In addition to coronavirus telehealth services, primary care, behavioral health and OBGYN telehealth services are covered with no member cost share. Other visits are subject to the plan's deductible, copayment and/or coinsurance. This will be in effect from March 20, 2020 through April 16, 2022. At that time, we will determine if this benefit should be extended. Telehealth services from out-of-network providers for our Health Maintenance Organization (HMO) members will not be covered. HMO plan members must use in-network providers.
- **Medicare Advantage Product:** There is \$0 member cost share for all telehealth services, effective March 20, 2020 through April 16, 2022. At that time, we will review to determine if this should be extended.
- Network Health will cover telehealth services as modeled by CMS, which includes telephone and virtual face-to-face services performed by a physician, nurse practitioner or physician assistant.
- Providers may perform telehealth services from their homes while ensuring protected health information (PHI) is protected and maintained. Each provider is expected to follow their business policies pertaining to PHI.
- These services may be billed with place of service as "02" or with the place of service equal to what it would have been had it been furnished in person. Place of service "10" will be accepted for Medicare Advantage members beginning with date of service 4/4/2022 and is currently being accepted for Commercial and Health Exchange members.
- We will accept modifier "95", indicating the service rendered was performed via telehealth.
- We do not cover Medicare non-billable specialties for telehealth visits for Medicare members.

Can members get an early refill on critical medications?

Yes, all Network Health members can get a 90-day supply of their medications provided the following conditions are met.

- The medication is in sufficient supply to allow refills.
- The requirements for taking these medications imposed by the medication prescriber are met.
- This applies to our entire pharmacy network, including states outside Wisconsin.

We are monitoring the situation closely and will update our information and policy if or when the situation changes. We are committed to taking appropriate actions to ensure our members have the medication they need to stay healthy.

How can members get/receive their medications?

- Commercial and Medicare members can get their early refills via retail location or mail order.
- Health Insurance Exchange (Marketplace) members must use mail order to get 90-day refills.
- During the safer at home order, many pharmacies are offering free delivery services to customers.

Are medical benefits or prescription coverage changing as a result of the concern about the virus?

- At this time, no changes are anticipated to member medical or pharmacy benefits. We are monitoring the situation closely and will update our information and policy if the situation changes.

For which services is Network Health waiving prior authorization?

- We are not requiring prior authorization for any COVID-19 swab testing for both participating and non-participating providers.
- At this time, Network Health is not waiving any prior authorization requirements for services that traditionally require prior authorization, such as the below. We are evaluating this decision on a daily basis, understanding the COVID-19 situation is very fluid. We will notify you of any changes.
 - Inpatient hospital stays
 - Skilled nursing facility stays
 - Various durable medical equipment items
- Network Health stopped concurrent review of inpatient hospital, inpatient rehabilitation and long-term acute care hospital stays.
- Network Health has consistently issued SNF prior authorization decisions prior to a member admitting; we are now dedicated to rendering a decision within two hours of receipt, knowing this will assist our hospital and skilled nursing facility partners in providing needed care.

Other things to note

- We will not pay interest on any coronavirus claims.

- We will require notification of inpatient hospital stays related to coronavirus, not a prior authorization.
- Telehealth services will be a covered service per our policy guidelines.

What do I need to know about insurance fraud?

- Due to the increase in telehealth visits and various platforms in which to perform such services, there has been an increase in cyber-attacks.
- Do not open emails from addresses you are unfamiliar with.
- Abide by your company's IT security protocols and ensure your malware protection is up to date.
- If you have any questions, please reach out to Network Health. We are here for you.

What is Network Health doing to prepare for a health crisis as a result of the coronavirus?

- As part of Network Health's normal business continuity planning, we have established a plan that allows us to continue our essential business functions while minimizing the risk of spreading any virus amongst our employees.
- Network Health regularly tests its business continuity plan and we are confident that, in the event of a significant crisis as determined by health authorities, the essential functions needed to provide our normal high standard of customer service will not be disrupted.
- Network Health will actively monitor the situation, engaging with local health authorities as appropriate, and will implement its business continuity plans when and if necessary taking into consideration information available at the time.