Coronavirus Information for Our Provider Partners

Updated January 14, 2021

CMS letter to clinicians
On April 7, 2020, CMS sent this letter to clinicians. The letter outlines the actions CMS has taken to ensure clinicians can reduce unnecessary barriers to providing patient care during the COVID-19 outbreak.

Who will pay for the coronavirus vaccine (in 2020 and/or 2021)?
The coronavirus vaccine will be procured and distributed by the federal government at no cost to enrolled vaccine providers or their patients

- For Medicare members, the vaccine and administration fee will be billed directly to Medicare
- For commercial members, the administration fee will be billed to Network Health
- For Health Insurance Exchange members, the administration fee will be billed to Network Health

There will be **no** cost to our members for the vaccine and administration, however if you bill an office visit service in addition to the vaccine, normal copayments will apply to that visit.

- Any other services received in a visit are subject to normal plan out-of-pocket costs

Is Network Health covering all telehealth services for their members?
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 20, 2021. 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 20, 2021. 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.
- 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.

Fully insured group premium credits
- Network Health fully insured commercial groups will receive a premium credit for April and May on their July bills.
- July bills will be sent by the end of June.
- The credit will be 20 percent for small and mid-size groups and 10 percent for large groups (under 2,500).

Assure level-funded groups refund potential
- Network Health's level-funded plan allows groups to earn back up to 100 percent of surplus claims funds.
- Lower claim volumes during the pandemic may allow Assure groups to earn money back.

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.
  - o Inpatient hospital stays
  - o Skilled nursing facility stays
  - o 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.

CMS develops additional code for coronavirus lab tests
- CMS has developed a second Healthcare Common Procedure Coding System (HCPCS) code that can be used by laboratories to bill for certain COVID-19 diagnostic tests to help increase testing and track new cases.
- Last month, CMS developed the first HCPCS code (U0001) to bill for tests and track new cases of the virus. This code is used specifically for CDC testing laboratories to test patients for SARS-CoV-2. The second HCPCS billing code (U0002) allows laboratories to bill for non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19). In addition, the AMA created CPT code **87635** infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19], amplified probe technique.

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.