

June 9, 2020

## **Group Customer FAQ Coronavirus Coverage**

### **Overview**

The Michigan Blues joined other Blue Cross and Blue Shield companies around the nation in announcing several initiatives designed to help members get the care they need during the coronavirus (COVID-19) outbreak. Blue Cross and Blue Care Network are making these changes to ensure our members can access the right care during the outbreak.

The March 6, 2020 company announcement is at:

<https://www.mibluesperspectives.com/news/blue-cross-blue-shield-of-michigan-will-waive-member-copays-and-deductibles-for-covid-19-tests-among-series-of-proactive-steps-on-coronavirus/>

Below are some frequently asked questions about these initiatives.

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### **Most recent changes:**

- Updated questions #7, 8 and 53 with new dates around treatment coverage as per our press release from June 9 (located [here](#))
- Updated question #16 to include testing guidance
- Updated statistics for question #24 about antibody tests approved with the emergency use authorization
- Updated question #32 with current guidance
- Added questions #93-98 to include information about DOL/IRS joint ruling around regulatory timeframes and ERISA group health plans during the national emergency

## General Coronavirus (COVID-19) questions and where to get care

### **1. Where can people get further information about COVID-19?**

We encourage everyone to check the Centers for Disease Control website for information at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Our company is posting information on its blog – [www.MIBluesPerspectives.com](http://www.MIBluesPerspectives.com) – to inform customers and members of the latest on the national impact of coronavirus and provide counsel on what to do and where to seek care if members come down with symptoms.

### **2. What should people do if they feel they have the symptoms of Coronavirus?**

- a. Call their primary care doctor.
- b. Call the 24-hour nurse line (see question #11) – The nurse line will provide general clinical information and guidance steps on how to manage symptoms.
- c. Use telehealth – either through an in-network health care providers or through Blue Cross Online Visits.

Please keep in mind that the health care system in general is experience very high volumes of people seeking care. Wait times will most likely be longer than usual. For example, the total number of completed telehealth visits for Blue Cross was over 200% higher than normal volume. In response, our vendors have taken several steps – they have increased the number of available physicians and call staff in an attempt to help handle the volume.

### **3. If my employees or retirees are sick what steps should they follow during this outbreak?**

If people feel that they have symptoms of COVID-19, they should first call their health care provider. Their primary care physician will provide guidance. It's not recommended to show up at a health care provider unannounced in this situation. Some other things to note:

- If their doctor belongs to a large health system, that health system may have information online about COVID-19.
- If their symptoms are severe – high fever or rapid and difficult breathing – call 911. Alert 911 that you are calling for help related to COVID-19.
- If they are experiencing mild symptoms, public health authorities are asking people to isolate themselves at home and avoid going out in public. They can also use Blue Cross' alternative options (see below) in these situations.

### **4. What other options are there for treatment if an someone can't get to a doctor or doesn't want to visit a doctor's office?**

Overall, we encourage people who are sick, and when it's a non-emergency situation, to call their doctor's office prior to visiting so they can get direction from their primary care physician. However, Blue Cross does have choices for care if our members don't want to go to a doctor's office.

Our 24-hour nurse line is a benefit for all Blue Cross members and provides them with a registered nurse who can help assess symptoms and provide guidance for next steps. The nurse line is managed by a vendor (Caretel) who has trained their staff on the clinical guidelines for COVID-19. If a member calls with a positive test for COVID-19, we will also offer to refer them to care management.

Our commercial and Medicare Advantage PPO members can call 1-800-775-2583 and our commercial and Medicare Advantage HMO members can call 1-855-624-5214. Also available for customers who have purchased the option is the Blue Cross Online Visits<sup>sm</sup>. With this option, people can use a smartphone, tablet or computer to visit online with a board-certified doctor.

Calling or getting care online could help reduce potential infections that may occur at a doctor's office. For more information about our online option, go to [bcbsm.com/engage](https://bcbsm.com/engage) and select getting care online. If you want to find out how to add online visits to your current plan, contact your sales representative.

**5. Do you have any information for people who may be feeling anxious about the COVID-19 outbreak?**  
We have published [this blog](#) on MIBluesPerspectives which looks at ways to manage stress and anxiety related to COVID-19.

**6. If my employee or retiree is not sure where to call for medical questions, where can I direct them?**  
You can refer them to the 24/7 nurse line. There are Registered Nurses available 24 hours a day, 7 days a week to answer their questions and concerns. HMO members can call 1-855-624-5214. PPO members can call 1-800-775-2583 (BLUE). If someone is diagnosed with COVID-19, the 24/7 nurse line will triage them and, if they are eligible, a case manager will be assigned. At all times, they should be in close communication with their treating physician.

**7. Overall, what is Blue Cross and Blue Care Network doing related to behavioral health?**  
At Blue Cross, we're very concerned about people's health – both behavioral and physical – during the pandemic. Below is a sample of some of the work we're doing for you.

- Facilitating the use of technology enabled services (such as substance use disorder and mental health treatment) to prevent unnecessary exposure of patients to COVID-19 while allowing them to continue important treatment.
- Waiving cost sharing for in-network telehealth visits for the most common behavioral health services, such as psychotherapy and medication review (**until June 30**).
- Creating incentives for primary care physicians and behavioral health providers to adopt telehealth.
- Currently providing a 24/7 behavioral health hot line to address any concerns related to COVID-19. It's available for all community members through New Directions.
- Expanding the capabilities of our care management program to help connect members to their families when separated during hospitalization due to quarantine. Also, directing family members to appropriate behavioral health resources as appropriate.
- Providing resources for members to be referred for group therapy and support regarding COVID-19 related issues.

- Providing members access to myStrength COVID-19 module at no charge. This online tool, offered by Livongo, offers people stress management strategies, parenting tips and emotional support tools for people during the pandemic.

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## Questions about Coronavirus (COVID-19) testing and treatment

### **8. Are you covering coronavirus diagnostic testing and treatment?**

We know that diagnostic testing is a critical part of helping providers manage care for the virus. As a result, we are waiving member cost sharing for physician-authorized COVID-19 diagnostic testing until further notice together with other Blue plans across the nation (we are also waiving member cost sharing for all COVID-19 treatment through December 31, 2020. This includes all COVID-19 treatment provided to members on an inpatient or outpatient basis).

This is for all lines of business. The waiver for cost-sharing of testing and treatment is covered as of March 18. We are working to get specific services and codes identified for the treatment coverage and will communicate that as soon as we have it.

Blue Cross will cover the cost of member COVID-19 testing that:

- Is ordered by a qualified health professional who determines testing is medically appropriate using judgment in accordance with accepted standards of current medical practice, and
- The test has met the necessary regulatory approval through the FDA or falls within one of the other categories of tests required to be covered by the Families First or CARES Acts.

### **9. Does Blue Cross cover at-home tests?**

Home tests that meet the above criteria are covered. Home tests are not widely available at this time and the accuracy of at-home testing is still uncertain. The accuracy of this test is not known because it partly relies on how well each person performs the swabbing to obtain a good sample of the virus. Improper procedure may produce a negative result in a person who is contagious with the virus.

### **10. What about members in a high-deductible health plan – is testing covered for them as well?**

Like many of our customers and members, we had questions about the high deductible plan. The IRS has provided clarification on how these changes apply to those plans. That guidance means members in our qualified HDHPs also can take advantage of the testing coverage that individuals in other plans will receive. The COVID-19 test will be covered at no cost for HDHP commercial members.

### **11. Will my employees or retirees need a prior authorization before they get a diagnostic test for COVID-19?**

No. We want to help make the testing process as easy as possible. There is no prior authorization requirement as long the physician is providing medically necessary COVID-19 tests that follow guidelines from the Centers for Disease Control. It's important to note, that if a member is admitted to the hospital as part of their illness, the hospitals will notify us of the admission, but we do not require prior authorization.

**12. How much does the COVID-19 diagnostic test cost?**

On average, the total cost of each test is approximately \$100 - \$120. This includes the clinical laboratory fee and specimen collection fee. We are working to identify the cost for our Medicare Advantage groups.

Providers will use the Health Care Procedure Coding System (HCPCS) codes identified by CMS for testing – U0001 and U0002 or 87635. Swabbing services are reported with 99000, 990001 or 99211.

It's important to remind people that they should go to participating providers for testing or ensure that their doctors are using a participating laboratory for testing so that there are no unexpected costs for out of network services.

**13. When are these changes to the testing effective?**

The changes are effective immediately. We will pay claims for laboratory testing retroactive to February 4.

**14. What is the diagnostic testing process tell us and how does the diagnostic testing process for COVID-19 work?**

The test is used to detect COVID-19 in the respiratory specimens of patients. A positive result confirms the presence of the virus that causes COVID-19 infection. A negative result means that the virus was not detected at the level needed to confirm infection and does not rule out infection.

People should call their doctors if they've been exposed to the coronavirus or think they are showing symptoms. Our understanding is that they'll need a doctor's recommendation or prescription to get tested. Once they have that, your provider can direct you to a testing center, or you can go [here](#) to the state of Michigan Coronavirus site to find a place to get tested. People should bring any documentation from their doctor to the test site. The test involves inserting a swab through the back of the nasal passage to detect genetic material specific for the virus.

**15. Does a negative result from a diagnostic test mean that individual does not have COVID-19?**

Some people can have negative tests – with or without symptoms – even though they are contagious with the virus that causes COVID-19. This may be the result of improper sampling or handling of the specimen—or sometimes just bad luck of missing the virus in the area swabbed. Repeat testing may be needed and even persons with a negative test should follow all recommendations to avoid getting or spreading the virus.

**16. What about drive-through screening and testing sites – is cost share waived for those services as well?**

Yes. The federal administration issues clarifying guidance that there should be no cost-share for all visits in- and out-of-network, including at non-traditional testing sites like drive through sites. This [applies to all individual and group plans](#), excluding retiree-only plans. This further guidance builds on the Families First and CARES Act.

It's important to note that Blue Cross will cover the cost of member COVID-19 testing that:

- Is ordered by a qualified health professional who determines testing is medically appropriate using judgement in accordance with accepted standards of current medical practice and
- The test has met the necessary regulatory approval through the FDA or falls within one of the other categories of tests required to be covered by the Families First or CARES Act.

We continue to assess the impacts and will provide more information as it becomes available.

**17. Will Blue Cross cover antibody testing and, if so, what guidelines are you using?**

Yes. Blue Cross will cover molecular testing and serologic testing for COVID-19 antibodies. The tests need to be offered by commercial laboratories we contract with. The test must have an order from a licensed physician or other qualified health care personnel.

**18. Does the requirement to cover testing with no cost share include antibody testing?**

Yes, the federal government recently clarified their requirement about coverage for COVID-19 testing and related services to include the coverage of antibody testing, once approved and broadly available. This further guidance builds on the Families First and CARES Act. We continue to assess the impacts and will provide more information as it becomes available.

**19. What is the process for antibody (serologic) testing?**

This test is used to detect antibodies against COVID-19 in the blood and provides evidence that the patient has been exposed to the virus. We believe that this testing is best obtained when ordered by health care providers who are familiar with the person and able to discuss the meaning of the test results.

**20. How is antibody testing useful?**

Recovery from most infectious disease causes individuals to be protected from getting the disease again or giving it to others through the presence of anti-bodies in their systems, although this immunity has not yet been proven for COVID-19. If this proves to be true for COVID-19, an accurate test result could signal the person has some level of immunity. Antibody testing does not make the diagnosis for COVID-19.

**21. How accurate are current antibody tests to determine immunity from COVID-19?**

There is a need for reliable tests and correct test interpretation that will help establish what the testing results actually mean. It is not possible to know how long this will take, but Blue Cross is hopeful that it will be known within the next few months.

It's important to note that the ability to detect the virus depends on the specimen that is collected from an individual. A negative result could be a false negative (which means that the person could still have the virus and test negative).

**22. What is Blue Cross doing to investigate antibody testing?**

Because antibody testing is new and because there are many different companies producing many different types of antibody tests, Blue Cross is working closely with clinical laboratories and providers that perform the tests to determine the extent to which the test results are useful for each person who receives the test.

**23. Is the timing of the antibody test important?**

Yes, the accuracy of the tests depends partly on timing. Testing a patient too early in the course of infection is likely to yield a false-negative result because the patient has not developed the immune response necessary to produce antibodies that would be detected by the test.

**24. Are FDA-approved antibody tests available?**

As of May 19, 11 antibody tests have received Emergency Use Approval by the Food and Drug Administration. Use of any non-approved tests is not recommended as without a review for accuracy they could significantly hinder any attempt to slow the progression of the virus.

**25. What does antibody testing cost?**

We cannot currently confirm pricing of COVID-19 antibody testing for our customers. The range has varied amongst the labs, and we expect these to change. Very high demand in the market for testing will likely impact costs. We will keep you updated on further market pricing developments.

**26. What's the difference between the molecular and serology tests?**

The **molecular** (or RT-PCR) tests collect the viral RNA specific for COVID-19. If a person has a positive RT-PCR test, it means that they are actively fighting the virus and should be considered contagious. These are designed to test for the presence of the disease. The **serologic** (or antibody) tests report the presence of antibodies to COVID-19.

**27. Can one employee have multiple tests and how often?**

If an employee meets the state of Michigan criteria for testing and they have an order for the test from a licensed physician or other qualified health care personnel, then they may have multiple tests.

**28. Can an individual purchase an at-home diagnostic test or antibody test?**

Yes, they can, however without an order from a provider they may not be reimbursed. Please be aware that the accuracy of home tests is widely variable and the chance of obtaining a false positive or negative can be significant.

**29. Where would they purchase these types of tests?**

They would need an order from their provider who can direct them where to go for a home test.

**30. What is the best source of truth for members to get information about tests?**

The CDC or Michigan Department of Health and Human Services have guidance on testing. The FDA site will give information on the different testing platforms that have been issued Emergency Use Authorization status and may give information the accuracy of some tests.

**31. Are antibody tests covered by the \$0 cost share?**

Yes

**32. Will Blue Cross cover tests that employers use preventively as part of a return to work policy?**

We are closely watching testing developments and assessing government guidance. The desire of an employer to do mass testing of a workforce may not align with CDC clinical guidelines for priority testing. The CDC does not prioritize testing asymptomatic, low-risk or non-exposed individuals.

We support the discretion of the health care professional who is ordering the test. Our expectation is that health care providers will use their best clinical judgement in following current clinical guidelines when considering COVID-19 testing on asymptomatic, low-risk, or non-exposed individuals.

**33. Does the cost-share waiver for COVID-19 treatment apply to both the self-funded benefits (active employees and non-Medicare retirees) as well as MAPD plans?**

Yes

**34. Is the \$0 cost-share for treatment allowed for High Deductible Health Plans?**

Yes. Per IRS guidance, HDHP members may receive testing and treatment for COVID-19 at \$0 cost-share without impacting the members' eligibility to contribute to an HSA.

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## **Coronavirus (COVID-19) questions about prescriptions**

**35. What are you doing about prescription drug coverage during the outbreak?**

We have also looked at the impact an outbreak could have on the availability of medications. To help ensure people with Blue Cross drug coverage have access to prescriptions that they need, we have:

- Temporarily waived early medication refill limits on 30-day and 90-day prescription maintenance medications so you can fill your prescriptions earlier than normal, if needed (consistent with their benefit plan). This does not apply to opioid prescriptions.
- Limited quantities of drugs like hydroxychloroquine, used to treat rheumatoid arthritis and lupus, and chloroquine, used to treat malaria, when they're used to treat COVID-19 symptoms in shorter courses of treatment. Our mail order pharmacy, Express Scripts, is also temporarily suspending automatic refills for albuterol inhalers for commercial and Medicare Advantage members; we ask that members wait to fill their albuterol prescriptions until they have a two-week supply.
- Extended the prior authorization expiration date to August 2020 for select medications treating chronic conditions for our commercial members.

We are also encouraging people to use the 90-day mail order option, if they have that option. This is especially useful if you're concerned about visiting a pharmacy during the outbreak.

**36. What if there is a shortage of drugs during an outbreak?**

During a state of emergency when drugs are in short supply, we do everything possible to make sure that people have the medications they need for their situation. That includes being flexible about filling prescriptions with brand-name drugs when their generic equivalents are unavailable, by waiving additional charges that would usually apply.

Blue Cross continues to monitor developments daily and is prepared to make clinically safe adjustments to ensure access to needed medications for our members.

**37. Can members get early refills on medications in the event of a quarantine?**

Yes. Blue Cross and BCN will temporarily waive early medication refill limits so that your employees or retirees will be sure to have adequate supplies of medications. It's important to note that this does not apply to opioid prescriptions.

**38. Are there any medications currently being used for COVID-19 treatment?**

On May 1, the FDA granted Emergency Authorization Use status to Remdesivir, an antiviral drug, to treat severe inpatient cases of COVID-19. Blue Cross and BCN are monitoring all drugs or vaccines in development for COVID-19 prevention or treatment and we'll make sure to keep our customers up to date on any new information. At this time, a vaccine is estimated to be available within 18 months.

**39. How will customers be notified when the temporary changes to pharmacy guidelines due to COVID-19 are lifted?**

We will follow the same process to tell you about the discontinuation of the temporary policies as we've used in the past. We will notify our account teams and use our normal communication channels to make sure that you have the information you need.

**40. What is the process for prescription exceptions?**

Blue Cross has a number of processes and procedures in place to help you in the event of an emergency or disaster situation. Our pharmacy providers know the process we have in place to help you get your prescriptions in an emergency. These emergency guidelines allow network pharmacists to make clinically appropriate decisions to meet the needs of our members when filling prescriptions. Blue Cross and BCN are temporarily waiving early medication refill limits on 30-day and 90-day prescription maintenance medications (consistent with your benefit plan). This is to make sure you can fill your prescriptions earlier than normal if needed (does not apply to opioid prescription limits). In addition, you will not have to pay extra if there are normally additional charges for a brand-name medication that has generic alternatives. We're also encouraging you to use 90-day mail-order benefits, if available.

**41. Are there any steps being put in place for specialty pharmacy in light of COVID-19?**

If you're interested in receiving your specialty medication through free home delivery, you call AllianceRx Walgreens Prime. They will help transfer your prescription to mail-order service, in addition to providing overall support in managing your complex medical condition. For more information, call 1-855-244-2555.

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## **Coronavirus (COVID-19) and telehealth**

### **42. I heard Blue Cross is waiving cost-share for telehealth visits?**

That is correct. We announced on April 1 that our coverage for telehealth visits would include most common medical and behavioral health services and is extended **until June 30**. After June 30, the member will be required to pay the cost share amount. The changes apply to services provided by in-network providers as well as care received through Blue Cross Online visits and is effective as of March 16. We also refer to these as virtual visits.

It's important to note that coverage for the cost-share of these visits depends on the location, provider type and how the providers bill the service. We recommend using an in-network primary care provider or Blue Cross Online visits (for members with this benefit) to guarantee the cost-share waiver.

### **43. What are virtual visits?**

A virtual visit is an overarching member-friendly term that refers to patient or doctor-initiated treatment performed with audio and video or just audio, such as telephone.

### **44. Who can provide a virtual visit?**

Virtual visits can be provided through the Blue Cross Online Visits app and website, or by any in-network PPO or HMO network provider that has the technical capabilities and provides treatment and consultation that is within their scope of practice. If using Blue Cross Online Visits, be sure to remind people that they must include their health plan and enrollee ID to be eligible for the cost-share waiver.

### **45. I have Blue Cross or Blue Care Network. Can I automatically get \$0 virtual visits?**

Most, but not all, Blue Cross Blue Shield employer, individual, and Medicare Advantage plans have a virtual visit benefit. Check with your summary plan benefits document to be sure. We are fast tracking the process to add the Blue Cross Online Visits program for groups who have requested it.

### **46. Does the cost-share waiver on telehealth apply to virtual visit HDHPs and HSA-eligible plans?**

In an effort to protect members from the spread of COVID-19, in response to recent guidance by the IRS and laws passed in response to COVID-19, members in HDHPs and HSA-eligible plans can still receive \$0 cost share telehealth visits.

### **47. Are virtual visits effective in the treatment of COVID-19?**

If you feel flu-like symptoms, a virtual visit may assist in confirming if you need to seek follow-up in-person care. By using virtual visits, you can receive home and self-care options that can help you avoid crowded doctors' offices and hospitals where infection may become likely.

### **48. What happens if my symptoms look like COVID-19?**

Physicians and their care teams that provide virtual visits are trained to screen patients, assign risk, answer questions, and recommend next steps you should take. Many patients are offered advice and

steps to heal at home. Should you need follow-up care, the physician or their care team will provide you with the name, address, and location of a clinic. See question #12 about testing for information about the testing process.

**49. Should I expect longer wait times with the Blue Cross Online Visits website or app?**

As there is a heightened awareness of COVID-19 and more cases are diagnosed in the United States, please expect longer than usual wait times due to high demand, depending on your location. AmWell has taken these steps recently to try and reduce wait time as much as possible:

- Increased the number of providers available and are working with existing providers to increase availability.
- Increased technological capabilities to handle increased demand.

**50. What if I want to purchase Blue Cross Online Visits for my group?**

We have implemented a process to enable Blue Cross Online Visits for your group, if you choose to purchase it for now and the balance of your plan year. Talk to your account manager.

**51. Can you share some information about the employees at AmWell who powers Blue Cross Online Visits and what they will do if they talk to a patient who could potentially have COVID-19?**

Amwell doctors are trained in accordance to CDC guidelines to screen patients, assign risk, answer questions, and recommend the next steps a patient should take. Most patients are offered advice to heal at home. The doctors coordinate with local providers and public health authorities.

If an AmWell clinician refers a patient to in-person care because there is the potential of a COVID-19 diagnosis, they give them the name, address and location of a clinic. Then the AmWell clinician contacts the clinic to alert them of the patient's arrival and will include directions on how to quarantine that patient. AmWell will also report the referral to public health authorities.

**52. Are there AmWell providers designated for Blue Cross only, or do all the callers go into a single queue?**

AmWell Medical Group is a network of doctors that service multiple customers. Members see a doctor who is licensed to practice in the state where the member logged on.

**53. What is the difference between telehealth, virtual care and online visits?**

Telehealth is an umbrella term health care that may include health care education and administration as well as real-time clinical services. The services are delivered via telephone or audio and video when you're not in your provider's presence. Contact for these services can be initiated by you or your provider and must be within your provider's scope of practice.

Virtual care or telemedicine is a subset of telehealth. It is real-time clinical health care services provided through electronic technology when you are not physically present with your doctor. Things like copays and deductibles apply under normal circumstances and the benefits are group-specific.

Online visits is another subset of telehealth. These are Blue Cross-specific healthcare services that are delivered through the internet with audio and visual. Things like copays and deductibles apply under normal circumstances and the benefits are group-specific.

**54. Can I get a return to work note or other note from the nurses on the nurse line or from the provider I talk to with Blue Cross Online Visits?**

No, these providers are not going to provide that type of documentation as part of this service.

**55. What about teledentistry?**

The American Dental Association has recommended closing dental offices except for essential and emergency care due to the Governor’s order. Blue Cross will offer reimbursement to dental providers for teledentistry services on a limited basis during this time. This benefit only applies to members with current dental coverage.

**56. What kind of telehealth visits are available at \$0 cost share until June 30?**

The most common office visit and hospital follow-up visits, along with behavioral health therapy visits via telehealth are available at \$0 cost share – even if unrelated to COVID-19. This includes:

- Office visits with new and existing patients
- Hospital discharge follow-up visits
- Medical evaluation and management
- Diagnostic psychiatric and psychological evaluation.
- Psychotherapy sessions including crisis response and family therapy

ABA services are available via telehealth, but not at \$0 copay at this time. PT, OT, ST can be delivered via telehealth but cost share still applies – members should work with their providers to develop a plan for services that can be done by telehealth.

**57. If we’re waiving cost share for the behavioral health telehealth visits, why was my employee asked for a credit card number?**

This is required for behavioral health visits in case there is a last-minute appointment cancellation. Behavioral health visits are by appointment only. There is no charge to cancel if done at least 24 hours prior to the appointment. Otherwise, the member is charged \$40.

**58. Is treatment for Substance Use Disorder available via telehealth?**

Yes. On April 29, Blue Cross [announced](#) that they are working with providers to develop telehealth programs so certain patients with substance use disorder can undergo detoxification and treatment at home. This is available to Blue Cross and BCN members who have this benefit through their plan. To sign up or get more information, members are encouraged to call the Behavioral Health number on the back of their ID card.

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**59. I'd like to receive some information about financial impact to health care benefit costs related to COVID-19.**

We recognize the need for financial information as to how this could impact your health care costs. Our actuaries are working diligently to develop estimates of this impact. As you can imagine we want to provide you with the best possible estimate, but there continues to be a large number of unknowns with the spread of the virus both nationally and in the state of Michigan. We are working to gather more details and hope to provide you with some insight soon.

Separately from the overall financial impact to health care benefit costs we have also been asked about the estimated financial impact of waiving member cost sharing for COVID-19 testing. Across our book of business, we expect this specific cost to be very small (less than 0.1% of total claims) in comparison to the total potential impact. We also will provide any relevant updates on this item in tandem with our deeper view.

**60. How will coverage of COVID-19 impact stop-loss coverage for a self-funded employer?**

We will apply the cost of this coverage to the employer's stop loss policy. Plans with reinsurance through another carrier should inquire with that carrier on their policies.

**61. Will Blue Cross Blue Shield of Michigan and Blue Care Network allow employers to extend coverage to their employees or retirees who are affected during temporary closures or are temporarily laid off or have temporary reduced hours?**

Yes, Blue Cross and BCN will allow extension of coverage for all group sizes provided premiums are paid based on current payment policies. Paying the premium is all that is required; no need to submit additional paperwork for current members.

The following would apply:

- The employer still considers the individual an employee and therefore eligible for coverage under the group's plan.
- The employer maintains premium payments.
- The employer should notify the employee that benefits would be maintained for a specified number of months.
- If the person does not return after the specified period, the group would proceed with the normal loss of coverage/termination process.

**62. What is the standard employer premium payment grace period and are you making any changes to that policy?**

Blue Cross and BCN will continue with our current grace periods – for fully insured customers this is a 30-day grace period. We recognize, however, that COVID-19 is rapidly changing our health care ecosystem and we will continue to assess our approach.

**63. Will Blue Cross and BCN allow employers to modify open enrollment, new hire, reinstatement policies after returning from furlough?**

Yes, Blue Cross and BCN will allow and is willing to waive waiting periods. Groups can re-add people through the usual membership processes.

- 64. Will Blue Cross and BCN re-rate experience rated insured coverage or stop loss for changes in contracts or other fluctuations in eligibility that are driven by responses to the COVID-19 pandemic?**  
We realize that there may be several types of unique eligibility changes that occur in the near-term in response to COVID-19. To avoid creating concerns for our group customers we will place a temporary hold on our re-rating practices related to large changes in enrollment until further notice.
- 65. For customers that are experiencing a change in membership due to COVID-19, will Blue Cross and BCN allow the employer to self-adjust their bill?**  
Group customers or agents should not self-adjust the bill. Membership changes will automatically be applied in the group's next billing cycle. If there is more than a 25% change in the group's fully insured membership, groups should work with their managing agent or Blue Cross account representative before the due date.
- 66. Will there be any delays to the stop loss reimbursement process?**  
No we are not expecting any delays at this time.
- 67. Are there any pandemic-related provisions or exclusions in the Blue Cross stop loss policy? Will costs associated with testing and treatment for COVID-19 be covered under the stop loss policy?**  
Blue Cross and BCN Stop Loss policy continues to cover everything in the underlying medical policy.
- 68. Will Blue Cross and BCN consider requests to modify stop loss policies mid-year?**  
Blue Cross and BCN do not plan to accommodate mid-year Stop Loss policy changes.
- 69. If a group with stop loss chooses to waive cost-sharing for all COVID-19 related treatment, will Blue Cross apply the additional paid claims to the stop-loss attachment point?**  
All paid claims would accumulate to the stop-loss attachment point.
- 70. Will Blue Cross allow a special open enrollment period if the group wants so that those employees or retirees who waived or have dependents that waived now get on the plan?**  
Requests for special open enrollment will be accommodated for groups that request.
- 71. Can you provide more information on grace code tie off? If a customer has not paid premiums, will access to pharmacy or other benefits be turned off?**  
Groups should continue to pay premiums for all lines of coverage that have been purchased to avoid lapses.
- 72. If members are unable to schedule dental or vision appointments, is Blue Cross still requiring them to pay their premiums? Can a group stop paying premium and have Blue Cross temporarily suspend coverage until a specific period when coverage can be reinstated without penalty?**  
Groups should continue to pay premiums for all lines of coverage that have been purchased to avoid lapses. As a reminder, many dental and vision providers are continuing to treat patients in emergency situations.
- 73. We are getting questions from people on allowing election of lower cost benefits during this time? Are we allowing an off cycle open enrollment for these types of situations?**  
Requests for special open enrollment will be accommodated for groups that request.

- 74. When a customer has laid off employees and the intention is for those laid off to remain on the policy, how will new business quotes be handled? Will Blue Cross and BCN still require prospective customers to supply claims and demographic information for the entire population, including those temporarily laid off?**  
Yes, Blue Cross and BCN will want full census and claim information for purposes of new business rate development inclusive of employees who are temporarily laid off. Blue Cross and BCN will include employees who are temporarily laid off in the new business quoting process.
- 75. Are self-funded customers required to make a decision about waiving new hire waiting periods?**  
Blue Cross and BCN will allow group customers to waive waiting periods.
- 76. Is Blue Cross or BCN establishing a maximum period (i.e. 6 months) for allowing employees who have been laid off to remain on coverage? Do the rules differ by funding arrangement?**  
Blue Cross and BCN have not set a maximum period and will allow extension of coverage for all group sizes provided premiums are paid based on current payment policies.
- 77. Will Blue Cross waive member cost share on testing for COVID-19, and all services that result in ordering or administering a COVID-19 test, as outlined in the Families First Coronavirus Response Act?**  
Yes, Blue Cross will comply with the Families First Coronavirus Response Act. This includes the requirement that the COVID-19 test and all services that result in ordering or administration of a COVID-19 test be covered without member cost share as of March 18, 2020.
- Here is some more information about the Families First Coronavirus Relief Act: The new law requires private health plans, Medicare, Medicare Advantage plans, Medicaid, CHIP, TRICARE, Veteran Affairs (VA) and the Indian Health Service (IHS) to cover and waive cost-sharing and utilization management requirements for test-related items and services provided during provider visits, urgent care visits, and ER visits that result in an order or administration of a COVID-19 test. We are assessing impacts to the organization to comply with these new requirements and more information will be coming.
- 78. Do the requirements of the Families First Act expire once the national emergency ends?**  
The Families First Act requirement to waive cost-share for COVID (1) testing and (2) treatment related to evaluation for or administration of a test is temporary. It only applies while we are under the national emergency declared by the President and a public health emergency per the Health and Human Services secretary.
- 79. If the waiver is temporary, would SMM/SPDs or any other plan document require updating?**  
Because groups are responsible for creating and maintaining a Summary Plan Description, they would have to work with their own legal counsel to determine if changes are needed for as a result of the Families First Act.
- 80. Can you provide a summary of the CARES Act?**  
The Coronavirus Aid, Relief, and Economic Security (CARES) Act is a \$2 trillion federal Coronavirus response package that was recently signed into law. Highlights for your health care business include that the Act allows high deductible health plans to cover telehealth services before the deductible. There is also a requirement that individual and group health plans must cover COVID-19 testing and vaccines.

In addition, The CARES Act allows patients to use funds in Health Savings Accounts, Health Flexible Spending Accounts and Health Reimbursement Arrangements to pay for over-the counter drugs without a prescription and for menstrual care products.

We are continuing to assess impacts to the organization to comply with these new requirements and more information will be coming.

**81. Will there be any changes as a result of the HEROES Act?**

The HEROES Act is a \$3 trillion House Democratic proposal with significant health industry changes. At this time, the HEROES Act is only a legislative proposal and may not be passed in its current form. The current draft of the proposal includes funding to states for testing and contact tracing, subsidies for COBRA, special enrollment period changes for ACA Marketplace and Medicare plans, expanding Medicaid coverage to uninsured, elimination of all cost-sharing for COVID treatment, additional funding for hospitals and much more in the 1,800 page bill. The HEROES Act was not passed by the legislature as of this date.

Blue Cross closely monitors health care legislative proposals and will keep you informed of any that are signed into law and their impact.

**82. For the cost-share that is being waived for COVID-19 testing and treatment, will the member cost-share paid by self-funded clients be covered under stop loss?**

Yes

**83. Will any claims be re-processed for COVID-19 if they happened prior to Blue Cross waiving the cost-share?**

We will reprocess claims at \$0 cost share starting March 18.

**84. What are the costs of these changes for covering testing and treatment of COVID-19 going to be?**

While there are cost implications to Blue Cross' decisions around testing and treatment of COVID-19, they are in the context of a significant reduction in overall claims due to cancellation of elective services, closure of clinics, and care avoidance during social isolation. It is difficult to estimate the impact of all of these for any particular group customer. These benefit changes are expected to create an incremental increase in claims cost of less than 0.7%, which is, in effect, just an offset to what is expected to be a at least several percentage point drop in overall claims costs.

**85. Is there a member flyer with this information?**

Yes, and it is included on [bcbsm.com/engage](https://bcbsm.com/engage) in the section about Coronavirus.

**86. Are groups able to elect not to cover over-the-counter medications and menstrual care products for CDH plans?**

The provision to cover over-the-counter medications and menstrual products is not a benefit. The provision states that OTCs (which previously required a prescription to be considered a qualified medical expense by the IRS) and menstrual care products would be considered qualified medical expenses by the IRS.

**87. Are you aware of any delays in getting cards for CDH groups generated and sent out?**

Not at this time. Cards for CDH groups are going out as planned and we have contingencies in place in case of potential delays.

**88. Because many companies and agencies are working remotely, can we accept CDH plan paperwork without signatures if the sender does not have electronic signature capabilities?**

Blue Cross integrated CDH solutions with HealthEquity and HSA Bank do not require signatures for members' account card setups. Paperwork is usually processed by our vendors and uses DocuSign where available.

**89. My employees are Fitness Your Way members and can't access a gym during a state-ordered stay at home order. What should I tell them?**

The Fitness Your Way program is actively monitoring states with stay at home orders. If members are unable to access a gym because of those orders, their accounts were placed on financial hold and they should have received an email about this. Once the gyms are open again and people can return, they will reinstate the membership charge on a regular monthly billing date and will again be notified via email. People should contact their gyms for information about safety precautions, hours and available services. For questions about the Fitness Your Way program, they should call 1-888-242-2060.

**90. Do you have any other information about government rules when it comes to employer health arrangements as a result of the COVID-19 outbreak?**

The IRS issued two notices that afforded flexibility for employer health arrangements during the 2020 calendar year, including:

- Allowing employers to provide mid-year elections under a cafeteria plan for things like electing health coverage if the employee initially declined, electing or revoking a flexible spending account (FSA), or electing or revoking the election of a dependent care assistance program
- Allowing unused FSA dollars from the previous year to be used on any incurred medical expense through Dec. 31, 2020
- Allowing pre-deductible high deductible health plan coverage of COVID testing and treatment and all telehealth services to be applied retroactively to expenses on or after Jan. 1, 2020
- Increasing the carryover amount of unused FSA funds from \$500 to \$550 in 2021
- Clarifying timing for when a premium is considered incurred for cafeteria plans and individual coverage health reimbursement arrangements.

We are assessing impacts to the organization to comply with these new requirements and more information will be coming shortly

**91. Will Blue Cross and BCN allow employers to modify open enrollment, new hire and reinstatement policies after returning from furlough?**

Yes, Blue Cross and BCN will allow and are willing to waive waiting periods. Groups can add members back to their plans through the usual membership processes.

**92. Will Blue Cross and BCN allow a special open enrollment period for a group so employees, retirees or dependents who waived coverage can now get on the plan?**

Requests to add employees, retirees or dependents who previously waived coverage will be accommodated for groups that request it. Groups don't need to request a special open enrollment period. They can just adjust their membership through their normal processes.

**93. Can you share information about the April 28 announcement by the Department of Labor and the IRS around regulatory timeframes and what it means for COBRA coverage?**

On April 28, the DOL and IRS released a joint rule extending certain regulatory timeframes for ERISA group health plans and their participants and beneficiaries for the duration of the national emergency period (currently set to expire March 21, 2021 but may change at direction of the federal government) plus 60 days (referenced below as the “Outbreak Period”). For COBRA, this means that a plan cannot impose deadlines for qualified beneficiaries to elect COBRA coverage or to make COBRA premium payments during the Outbreak Period.

**94. Will Blue Cross allow groups to retroactively add a member to COBRA to comply with the extended COBRA election timeframe in the joint rule?**

Yes. While Blue Cross and BCN’s standard membership guidelines only allow fully insured groups to retroactively add a COBRA contract up to 120 days following the qualifying event for fully insured groups and one year for self-funded groups, Blue Cross will accommodate retroactive COBRA adds for groups trying to comply with the extended election timeframe in the joint rule.

**95. Will Blue Cross and BCN allow groups to retroactively terminate a COBRA member if COBRA premiums remain unpaid following the Outbreak Period?**

Blue Cross and BCN will follow standard membership guidelines as it relates to COBRA member terminations:

- Fully insured groups can retroactively terminate a contract up to 90 days with a claim look back. In other words, the member would be terminated as of the date of the last claim paid, not to exceed 90 days.
- Self-funded groups can retroactively terminate a contract up to one year with one month of admin and stop loss credit.

**96. Will Blue Cross and BCN pend claims if there is notification from the group that the member has not paid their COBRA premiums for the duration of the Outbreak Period?**

We are unable to pend claims for enrolled members due to contractual obligations and claim processing guidelines for both groups and providers.

**97. Will Blue Cross and BCN recall paid claims if the group notifies Blue Cross that the member did not pay their COBRA premiums for the duration of the Outbreak Period?**

We are unable to recall claims for retroactively terminated contracts due to contractual agreements with our providers.

**98. How will you handle appeals of adverse benefit determinations by members of self-funded ERISA groups based on the timeframe extensions in the joint rule?**

We will extend the 180-day/4-month timeframe for requesting an internal or external appeal for the duration of the Outbreak Period. To the extent we receive an internal appeal that is more than 180-days after member’s receipt of an adverse benefit determination, we will not decline it due to the failure to submit it within 180 days. We will respond to appeals within the existing timeframes.

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## Coronavirus (COVID-19) and our health care providers

### **99. What is Blue Cross doing to work with their providers?**

We've been working and communicating with providers on a daily basis about COVID-19 - helping them assess and prepare for the potential impact of the virus. We are collecting and summarizing information from expert resources, such as Michigan State Medical Society's recommendation on office safety protocols and guidelines from the Centers for Disease Control. This helps our providers give a consistent experience when dealing with questions about COVID-19. We are communicating information about testing, billing and when things like prior authorizations are waived (as appropriate).

In fact, we recently held a meeting of our Physician Group Incentive Program providers, from around the state, that was focused on all aspects of dealing with COVID-19. There were over 360 attendees from the provider community and many questions and answers about COVID-19 were discussed (read about the meeting [here](#)). One of the most important discussion points was around a PGI incentive that is being launched for physician who perform the COVID-19 testing. The incentive is intended to help the providers get the needed testing supplies, protective gear, etc. We want to remove unnecessary barriers that providers may have around testing.

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## Potential impact of COVID-19 on claims

### **100. Will COVID-19 have a positive or negative impact on claims for 2021 renewals? Are there specific months (such as March 2020) where Blue Cross expects claim increases or decreases to occur? If so, what is the estimated impact amount?**

There's a wide range of potential outcomes on the net impact of COVID-19 on claims being projected for upcoming 2021 renewals. Factors such as how many people contract COVID-19, how severe their symptoms are, types of treatment provided, constraints of the health care system, and the impact of deferred services remain unknown. The impact also varies by group and line of business.

As example of what is still unknown, we expect the incidence of COVID-19 to primarily occur in 2020, but follow-up waves could possibly extend in to 2021.

In some cases, people have deferred or even cancelled nonessential healthcare services due to COVID-19 and they could seek those services later in 2020 or into 2021. That would mean that the higher spending on COVID-19 is offset by reductions in other spending. If the COVID-19 outbreak continues into 2021, that would directly affect spending beyond 2020. There are also the potential costs associated for a COVID-19 vaccine potentially in 2021. No one knows these outcomes so to estimate impact on claims is difficult to know. Blue Cross will closely monitor developments and provide updates as additional information becomes available.

Blue Cross expects March 2020 to have significant impact to claims experience used for renewal development.

**101. From a long-term perspective, what impact on claims does Blue Cross anticipate COVID-19 having?**

The ultimate effects on 2020 and 2021 health spending are unknown and will depend on many factors including:

- How many people contract COVID-19 and how many of them have severe symptoms requiring hospitalization
- Whether new treatments or preventive vaccines are found
- Whether health system supply constraints (the number of available hospital beds, availability of personal protective equipment, etc.) limit the access to treatment
- The extent to which elective visits, treatments, and procedures are deferred or cancelled
- The amount of deferred services that are subject to catch up/alternative timing

We have run multiple modeling scenarios to date that are based on how the above factors emerge but there is still a wide of potential outcomes. We plan to provide subsequent updates on claims impacts as additional information emerges.

**102. With upcoming renewals, what anticipated impact will there be to the benefit trends that are being used by line of business?**

We are actively working through benefit trend projections month-by-month and quarter-by-quarter based on all trend variables, including those that we expect COVID-19 to materially impact. We currently anticipate lower claims trend starting in March due to less elective services, which could continue through the next several months, then followed by a higher-than- typical trend due to pent-up demand, as well as COVID-19 costs.

**103. Will Blue Cross adjust risk charge levels within renewal development to account for anticipated increased (or decreased) claims?**

Blue Cross has not considered adjusting risk charge levels within renewal development to account for anticipated increases (or decreases) in claims. We do plan to adjust trend, IBNR, and other rating factors to best reflect the claims projection for each group and the total pool.

**104. If you're not adjusting the trend or risk charge levels, how will Blue Cross account for the changed claim activity in upcoming renewals, if at all?**

Blue Cross will consider adjusting claims experience periods to avoid including COVID-19 impact for the upcoming renewals. We would then look to resume the use of normal claims experience periods for group renewals once we have a few more months of COVID-19 experience and are able to provide more stability in the cost projection.

**105. Has Blue Cross seen an impact on online visit/telehealth utilization? Do you anticipate online visit/telehealth usage to continue to remain high after the COVID-19 threat subsides?**

Yes, since the announcement that Blue Cross Online Visits would be offered at \$0 cost share we saw an increase of 276% in utilization of the benefit (as of 3/27). We continue to see high satisfaction scores from patients with regard to the Online Visits benefit and expect that the heightened awareness on the convenience of the service will lead to a continued elevated use rate into the future. This increase likely serves as an offset to observed and expected claims reductions elsewhere.

**106. Can Blue Cross provide any cost estimates for waiving cost sharing features associated with COVID-19 testing and treatment?**

To help with the COVID-19 crisis, Blue Cross has responded with several important changes that are targeted at:

- Ensuring COVID-19 patients can easily access the care that they need (via waiver of cost sharing on testing and COVID-19-related care)
- Ensuring members can easily access their providers in the midst of social isolation (via expansion of telehealth services and the waiving of telehealth cost sharing until June 30th)

While there are cost implications to each of these changes, they are in the context of a reduction in overall claims due to cancellation of elective services, closure of clinics, and care avoidance during social isolation. It is difficult to estimate the impact of all of these for any particular group customer as the impact depends on COVID infection rate, COVID care needs, remote healthcare utilization, the demographic and health profile of the population, and the health benefit plan design but for a typical commercial group. The BCBSM benefit changes listed above are expected to create an incremental increase in claims cost of less than 0.7%, which could be offset by what is expected to be a at least several percentage point drop in overall claims costs.

**107. Can Blue Cross provide any cost estimates for COVID-19 patient treatment?**

The potential costs associated with COVID-19 patient treatment have wide ranges that depend on the severity of symptoms experienced and the care provided. Below are some high-level cost ranges for different types of cases. We caution these are estimates as it is early in the analysis process.

- Mild case: \$200 to \$2,500
  - o Patient receives care via an office visit or trip to the emergency room, including COVID-19 testing
- Severe case: \$10,000 to \$25,000
  - o Patient requires inpatient hospitalization, which may also include ICU services
- Critical case: \$35,000 to \$65,000 (or more in extreme cases)
  - o Patient requires hospitalization within the ICU, and may require a ventilator

These are estimates only for the purposes of giving people an idea of potential costs.

**108. Are the cost estimates above Michigan-only or do they take into account all states?**

The estimates are based on the Blue Cross book of business, which is a blend of in-state and out-of-state membership. Both are represented in the data, but there is a heavier influence from Michigan membership.

**109. Do we anticipate a several percentage point increase in overall claims cost once services that are being postponed or cancelled resume?**

This is one of the largest unknowns within the current cost modeling for COVID-19. We certainly expect a portion of these services will occur at a later time, but it is unclear what portion will be and over what timeframe they will occur. We will provide updates as we continue our analysis.

### **110. What is Blue Cross doing to ensure claim accuracy during the pandemic?**

Blue Cross Blue Shield Michigan has always worked to keep pace with evolving technology and changing market demands. In the midst of COVID-19, we implemented additional processes to further safeguard your health care expenditures from accidental and intentional billing and coding errors. As part of our end-to-end commitment to claim payment accuracy and reducing medical spend, we enhanced our pre-payment claim editing solutions, along with increased post-payment review of COVID-19 related procedures. We are committed to continuously monitor ongoing trends for medical spend impact, CMS recommended changes, and closely partner with industry leading Healthcare firms to provide insights to incorporate within all our Payment Integrity programs during this crisis.

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## **Medicare Advantage cost-share announcement**

On May 8, Blue Cross [announced](#) the waiving of cost-share for Medicare Advantage members through the end of the year. The questions here relate to that information. NOTE: At this time, some large employer groups with Medicare Advantage coverage (including MPSERS and the State of Michigan) are not automatically included in the cost-share waiver. Check back with this FAQ for updates.

### **111. Is Blue Cross covering the cost for MA members to see their doctor?**

Yes, from May 1, 2020 to December 31, 2020 our Medicare Advantage members (other than those named above) will be able to receive the following in-network services with no copays, coinsurance or deductibles:

- In-person primary care services with your PCP
- Behavioral health office visits
- Telehealth services for both medical and behavioral health

### **112. What kind of services are covered?**

We're waiving the cost-sharing on primary care office visits, including testing done in a PCP's office, and on behavioral health office visits. Cost-sharing for telehealth medical and behavioral health visits is also waived through December 31. The program is for primary care, behavioral health and telehealth visits only.

### **113. Are you waiving the cost share for other Blue Cross members who aren't seniors?**

Yes, while this program focuses on Medicare Advantage members, we've taken several steps to help all our members during this pandemic. These include:

- Waiving all member copays, deductibles and coinsurance for COVID-19 testing and treatment for medical and behavioral health care, through December 31. The waiver applies to in- and out-of-network providers.
- Waiving prior authorizations for covered services for COVID-19 that are medically necessary and consistent with treatment guidelines from the CDC.
- For behavioral health:
  - Adding of new behavioral health services (such as substance use disorder treatments) that can now be delivered virtually to prevent unnecessary exposure of patients to COVID while allowing them to continue important treatment.

- Waiving cost sharing for in-network telehealth visits for the most common behavioral health services, such as counseling and medication review.
- Creating incentives for primary care physicians and behavioral health providers to adopt telehealth.
- Providing resources for members to be referred for group therapy and support regarding COVID-19-related issues.
- *For members who have prescription drug coverage through Blue Cross or BCN, we're allowing members to get their prescriptions earlier than normal when needed. We have temporarily waived early medication refill limits on 30- and 90-day prescription maintenance medications (consistent with member's benefit plan). The waiver does not apply to opioid prescriptions that have limits.*
- Waiving the usual cost share for all in-network medical and mental health online visits (virtual or telehealth visits) through June 30 for commercial members and for both in- and out-of-network visits for Medicare Advantage members. You pay nothing: no copay, coinsurance or deductible. This includes waiving your cost share for medical visits with doctors who provide their own telehealth services.
  - Using the Blue Cross Online Visits<sup>SM</sup> app is fast and easy. Access the online visit tool at [www.bcbsonlinevisits.com](http://www.bcbsonlinevisits.com) and create an account.

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