



COVID-19 Frequently Asked Questions

6/12/2020

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.

Highlighted questions and answers indicate they are new or updated since the last date this document was posted.

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, and acute 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.
- We cover medically necessary testing to diagnose symptoms or illness when ordered by a licensed clinician, in keeping with state and federal guidance.

- Currently, we are covering diagnostic COVID-19 testing (testing for active illness or symptoms, rather than prior infection) at no cost. However, antibody testing (testing which can show a well person if they have been infected previously) is not always covered. In order for that to be covered, it must be deemed medically necessary by the individual's medical provider. This policy is aligned with federal laws and guidance.
 - We suggest that members consult their physician to confirm if antibody testing is medically appropriate. The science related to testing is evolving and we will continue to monitor and will be responsive to state and federal guidance.
- Blue Cross members with a COVID-19 diagnosis will be protected against balance billing.
 - As announced on April 6, Blue Cross will also waive cost share for COVID 19 related *inpatient* care at both in- and out-of-network acute care facilities for our fully insured members. This waiver of cost share is retroactive to dates of service beginning on March 6, 2020 and lasts for the duration of the Massachusetts state of emergency. The cost share waiver also applies to members in our Medicare Advantage, Managed Blue for Seniors and individual Medex plans.

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 *outpatient* 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.

- ASC accounts can choose to opt-in to waive cost share for inpatient acute care related to COVID-19. If an account takes no action, all inpatient services will remain unchanged and will be covered as described in their plan design.
- Blue Cross plans go further than the recent federal [law](#), which requires group health plans to waive cost shares for testing and services 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 *for the expansion of outpatient and telehealth services*.
- 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, Blue Cross 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.

Will Blue Cross cover COVID-19 testing for non-medically necessary purposes (e.g., return-to-work testing)?

Blue Cross believes individuals must be assured access to testing for COVID-19 and that access should not be dependent on someone's ability to pay. In support of this goal, Blue Cross committed to cover testing related to diagnosis and treatment of COVID-19 at zero cost-sharing for members. However, millions of Americans who have no signs or symptoms of the coronavirus may be tested for their exposure to the virus as part of a broader public health effort, including identifying others who may have been exposed and could therefore transmit COVID-19.

- We could see broad application of such tests to return people to work, school, or even entrance to entertainment venues.

- This is very different from testing to diagnose and treat people with symptoms of COVID-19, which is done under a healthcare provider's order (i.e., a healthcare provider with prescribing authority under state law) and appropriately covered by health insurance.
- Broader testing is a public health responsibility that should be done in coordination with federal and state public health officials as well as the entities that are reopening.
- Importantly, these tests must be affordable, accessible, reliable, and tied in with local public health efforts.

Given the exceptional scale and scope of the testing required and the necessity of mounting such a program in order to safely begin bringing the American economy back to life, the public health testing effort must be a national priority, federally funded, and locally administered. We believe federal agencies have a critical responsibility to ensure the quality of the tests available, to support appropriate use and the prioritization of affordable solutions.

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 **June 23, 2020**. Anyone that already has coverage cannot change plans. Such direct pay plans may be purchased by calling 1-800-422-3545.

What is Blue Cross doing to support dental customers?

Blue Cross is making several updates to support dental customers:

- We've recently extended coverage for an additional virtual dental exam for Dental Blue members with their dental providers and we're updating preventive visit time limit to 2 cleanings/calendar year rather than 1 every 6 months.
- Starting June 10, 2020, Blue Cross Dental Blue members can get free access to the Toothpic app for 3 months. Toothpic is a tele-dentistry app which triages members experiencing mouth and dental issues to a licensed dentist who can provide care and advice.

- Starting June 1, 2020, Blue Cross Dental Blue members can also take advantage of an exclusive 25% discount offer from Philips Sonicare for targeted oral health care products. Members will have the flexibility to pay upfront or sign up for monthly subscription plus the convenience of delivery to their homes.

Financial

Stimulus Bill – CARES Act

How will waiving cost share (copay, coinsurance, deductible) for non-COVID-19 telehealth services impact members in High Deductible Health Plans (HDHP) with a Health Savings Account (HSA)?

The new federal statute signed into law on March 27, 2020, the CARES Act, allows telehealth and other remote care services to be covered pre-deductible without violating federal rules for HDHPs paired with an HSA. This is a relief to HSA owners (members in a HDHP with an HSA) because, prior to this new law, under IRS rules (that no longer apply) an HSA owner must have met the statutory deductible prior to waiving cost share for telehealth services. This new safe harbor applies to plan years that begin on or before December 31, 2021.

How does the CARES Act change which healthcare expenses are eligible for reimbursement through FSA, HRA, or HSA accounts?

Effective 1/1/2020, roughly 17,500 over-the-counter (OTC) drugs and medications such as Advil and Tylenol are now permanently eligible expenses that can be paid for or reimbursed through an FSA, HAS, or HRA (if the employer covers all 213D expenses) without a doctor's prescription. In addition, effective 1/1/2020, menstrual care products are now permanently eligible expenses that can be paid for or reimbursed through an FSA, HRA (if the employer covers all 213D expenses) or HSA. These updates do not have an end date associated with the COVID-19 pandemic.

How are Blue Cross CDH vendors supporting the changes in the CARES Act?

Our two integrated CDH vendors, Blue Cross Health Financial Account and HealthEquity, have each updated their processes to reflect eligibility of over-the-counter (OTC) medications and menstrual care products so that members can now submit claims for reimbursement via the Member Portal for purchases retroactive to 1/1/2020.

Members will not yet be able to use their Blue Cross Health Financial Account or HealthEquity debit cards to purchase OTC medications or menstrual care products, as these items first need to be adopted by the Special Interest Group for IIAS Standards (SIGIS), and added to the respective merchants' systems for point-of-sale purchases.



- We expect merchants will start adding new OTC items around 4/15/2020, and menstrual care products around 5/15/2020. In each case, this process may take up to a month to complete, although some merchants will be ready before others.
- Upon completion at each merchant, consumers will be able to purchase these items with their debit card.
- In the meantime, purchases can be made with another form of payment, then submitted for reimbursement on the Member Portal.

For questions related to non-integrated CDH vendors, please contact the vendor directly.

Other

How is Blue Cross covering out-of-network services during the COVID-19 pandemic?

The following is in place for the duration of the MA Emergency:

- Members are urged, whenever possible, to seek in-network care for care coordination purposes. However, if a member does see an out-of-network provider in a doctor's office, urgent care center, or emergency department during a specific episode of care related to their COVID-19 diagnosis or screening, we will cover all medically necessary services as if they are in-network and member cost share will be waived. No authorization is required for outpatient COVID-19 related services to be covered at an in-network level.
- If a member is admitted inpatient for acute care with an out-of-network provider for a COVID-19 diagnosis, for fully insured accounts we will cover those services as if they are in-network and cost share will be waived. No authorization is required, but the facility must notify BCBSMA of the admission. ASC accounts have the option to waive cost share for inpatient COVID-19 related services.
- If a member sees an out-of-network provider for other covered services not related to COVID-19 (inpatient or outpatient), this will be covered as described by their plan design. Certain plans do not offer benefits for out-of-network services unless authorized.

Our policies all include a provision that we can re-rate if enrollment changes by 10% or more. Are we planning to re-rate accounts that have a reduction in enrollment during this time?

It is too early to address any impact to rates at this time and therefore, we will continue with our standard workflow of addressing enrollment fluctuations at renewal.

Blue Cross continues to monitor and assess the rapidly evolving COVID-19 situation and will provide updates as warranted.

What kind of reporting is available related to COVID-19?

COVID-19 reporting is now available for 100+ accounts which includes claims and utilization detail for both COVID-19 suspected and COVID-19 confirmed cases. Please work with your Account Executive to request a report.

What is the anticipated impact to claims trend?

While we believe it is more likely than not that the impact of COVID-19 will be cost additive over time, uncertainties around the timing and extent to which suppressed care will return will greatly influence the ultimate financial outcomes.

We believe that the duration of the medical cost impact will span approximately 2–3 years, including the time it will take for delayed services to return.

The rapid pace of new information continues and will greatly influence our view of the medical cost impact. We will continue to monitor the impact of COVID-19 and update our perspective as the situation evolves.

Is Blue Cross extending timeframes for special enrollment periods, COBRA, and member claims and appeal submissions?

The Internal Revenue Service and Employee Benefits Security Administration issued a rule on May 4, 2020 pausing certain timeframes for employee benefit plans, participants, and beneficiaries affected by the COVID-19 outbreak.

This rule relaxes certain timeframes, including for special enrollment periods, COBRA elections/payment, and claims and member appeals submissions. This is in effect during the National Emergency related to COVID-19, starting on March 1, 2020, until 60 days after the National Emergency ends or otherwise determined by the Internal Revenue Service and the Employee Benefits Security Administration.

Blue Cross is honoring these relaxed timeframes. The account notifies Blue Cross when an employee or dependent is eligible for special enrollment, and Blue Cross will continue to honor the account's determination of eligibility for special enrollment as submitted.

Blue Cross does not administer COBRA benefits; we advise accounts speak to their own legal counsel for any questions on the new special enrollment or COBRA timeframes.

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.

How can accounts use Blue Cross credits in response to COVID-19?

As ERISA permits “plan funds” to be used for the benefit of the employees, in order to promote wellness during the state of emergency, Blue Cross will permit submission of a paid invoice from the customer for the use of PPE such as gloves, masks, hand sanitizer, and single-use thermometers. A customer attestation will be needed to indemnify Blue Cross and attest that the reason the funds are being used for COVID-19 PPE is for the benefit of the employees and to protect them and promote wellness.

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

If a member is cancelled and reenrolled in the same plan with a gap in coverage, does the deductible reset?

As long as the member’s ID number does not change, any amount that has already applied to the member’s deductible will still apply.

Can an account have just one active employee, not enrolled with Blue Cross, remain an active account, and have groups with all members on COBRA?

No. An account must have at least one person actively on the payroll and enrolled with Blue Cross to remain an active account.



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

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 the duration of the COVID-19 Massachusetts public health emergency?

An 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

Where is telehealth available?

Telehealth is permissible in all states. Standard telehealth legislation requires the treating provider to be licensed in the state where the patient is physically located at the time of visit. Well Connection has providers available to treat patients in all states (Puerto Rico is excluded). The Blue Cross telehealth benefit does not cover visits for patients who are outside of the United States at the time of their visit.

Are telehealth visits with an out-of-state Blue Network provider covered?

Yes. Participating network providers must submit claims to the local Blue Plan where they are located, regardless of where the patient was during the visit. Claims will then be forwarded to Blue Cross Blue Shield of Massachusetts through BlueCard. Blue Cross will process claims in accordance with standard interplan BlueCard rules, and the member's telehealth coverage will be applied.

Can dental appointments be conducted by telephone or by telehealth?

Effective for service dates March 23, 2020 and until further notice, we will cover Problem Focused Dental Exams by telephone or video ("virtual consultations") between dental providers and their patients. This additional virtual dental exam is available to all members who already have coverage for this service in a dental office setting.

Dental Blue plans will provide payment for these virtual or audio interactions with dental providers with no benefit cost share to the member. This means we will eliminate any applicable deductible, co-insurance or co-payments for this benefit up to the members existing annual dollar maximum. Services rendered by non-participating dentists could still be subject to balance billing.

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 in-person 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

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

How will the Healthy Actions program be impacted if members are unable to see their doctor to complete/submit a Clinical Review Form?

For rewards from March 20, 2020 – September 1, 2020, we will honor the full \$300 reward if a member's appointment has been cancelled due to COVID-19. The member should:

- 1) Complete the online Health Assessment on healthy-actions.com and print out their Clinician Review Form.
- 2) Ask their doctor to fill out the Clinician Review Form. If the doctor has cancelled a visit due to COVID-19, the member needs to submit a note from the doctor to indicate the appointment cancellation. We prefer the doctor still complete the Clinician Review Form and note the appointment cancellation, but will also accept a formal letter stating their appointment was cancelled. Please note we will need the participant's first and last name, date of birth and program deadline included in the letter.
- 3) Submit completed form or note by email, mail, or online.

Can we extend the fitness benefit deadline?

Based on the May 4 IRS/EBSA ruling to extend timelines for member claim submissions, the deadline for the fitness reimbursement benefit will be 60 days after the end of the National Emergency (which has not yet been determined).

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](https://ahealthyme.com) 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.org, 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 services 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 [coronavirus resource center](#) 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.