

QualChoice anticipates that over the next three months, Arkansas and its residents will continue to see a rise in COVID-19 cases. We are committed to ensuring access to COVID-19 treatment services in accordance with federal and state law.

Through June 30, and extended as necessary, QualChoice will implement revised provider payment rules for fully insured group plans in an effort to support our local business clients and their employees. This includes all high-deductible health plans (HDHPs) as approved and outlined by the IRS.

Members of self-funded plans should refer to their Plan Administrator for questions regarding COVID-19 coverage.

Member Liability Waived for Treatment

For fully insured group plans, QualChoice will cover medically necessary COVID-19 diagnostic testing and/or medical screening services as well as treatment at no charge to members, when services are ordered and/or referred by a licensed healthcare provider. Members' copayment, coinsurance and/or deductible cost-sharing requirements will be waived for testing and/or medical care, along with the associated physician's visit.

Members should be aware that although cost sharing will be waived, out-of-network providers may bill the member for the difference between the maximum allowable charge and the bill amount (balance bill). It is the member's responsibility to discuss balance billing practices with the out-of-network provider when choosing to seek care out of network.

No Pre-Authorization

QualChoice will not require pre-authorization for out-of-network services but we do expect to be notified within 48 hours of any hospital admission. Out-of-network claims will be processed at the maximum allowed charge (the rate that QualChoice would normally reimburse a provider.)

Claims and Treatment Codes

QualChoice has configured its systems to apply \$0 member liability for claims submitted with COVID-19 testing and/or diagnosis or treatment codes.* Payment for COVID-19 related claims began April 1, 2020 with a retroactive effective date of February 4, 2020.

- In-network: COVID-19 testing and treatment codes will be processed with no member cost share.
- Out-of-network: COVID-19 testing and treatment codes will be processed at the maximum allowed charge.

Telehealth Services

QualChoice encourages members and providers to use audio-visual and telephone for services where appropriate, instead of in-person visits. These services are covered no member cost share and do not require pre-authorization.

- Audio-visual telehealth services should be billed using Modifier 95 or Modifier GT and Place of Service code 02. For more information on telehealth services, see medical policy BI529.
- Telephone-only services have historically not been covered, but will now be covered through June 30, 2020. For more information regarding telephone-only visits, please see medical policy BI063.

Premium Collection/ Extension

QualChoice will continue to follow current policies and procedures. Employer groups who have not paid the full premium within 30 days of the due date will be subject to termination.

** Although cost sharing will be waived, out-of-network providers may bill the member for the difference between the maximum allowable charge and the bill amount (balance bill).*

	In-Network	Out-of-Network
Testing	<ul style="list-style-type: none"> • Defined COVID-19 testing codes processed with no member cost share • Includes HDHPs per IRS • No pre-authorization required 	<ul style="list-style-type: none"> • Defined COVID-19 testing codes processed at maximum allowed charge • Includes HDHPs per IRS • No pre-authorization required* • Providers may balance bill
Treatment	<ul style="list-style-type: none"> • Defined COVID-19 treatment codes processed with no member cost share • Includes HDHPs per IRS • No pre-authorization required* 	<ul style="list-style-type: none"> • Defined COVID-19 treatment codes processed at maximum allowed charge • Includes HDHPs per IRS • No pre-authorization required* • Providers may balance bill
Telehealth—Audio-Visual	<ul style="list-style-type: none"> • Modifier 95 or Modifier GT and Place of Service code 02 processed with no member cost share • No pre-authorization required 	<ul style="list-style-type: none"> • Modifier 95 or Modifier GT and Place of Service code 02 processed at maximum allowed charge • No pre-authorization required* • Providers may balance bill
Telehealth—Audio Only	<ul style="list-style-type: none"> • Processed with no member cost share • No pre-authorization required 	<ul style="list-style-type: none"> • Processed at maximum allowed charge • No pre-authorization required* • Providers may balance bill
	<i>*QualChoice must be notified within 48 hours of hospital admissions</i>	<i>*QualChoice must be notified within 48 hours of hospital admissions</i>