

COVID-19 UPDATES & FAQ PART 4

INCLUDES PREVIOUS CONTENT FOR REFERENCE

Fully Insured Employers

April 21, 2020



At Blue Cross and Blue Shield of Minnesota (Blue Cross), our top priority is to ensure the health and safety of our members. We continue to follow the developing guidance of local and federal health officials regarding the impact of the coronavirus (COVID-19).

We are committed to ongoing communications throughout this process as new information becomes necessary to share with our employer groups. This is a fast moving situation and we appreciate your support and patience as we work to communicate our approach and answer your questions.

This document will be updated and include the latest information we have to share.

Changes to previous content will be noted as such (REVISED) and new information will be called out (NEW INFORMATION).

NEW INFORMATION April 21, 2020 – Please review entire document to ensure you’ve seen all content.

Here are some updates we are able to share at this time...

Benefit Books/SMMs

The COVID 19 pandemic has led to unprecedented actions by our federal and state governments with employers and health plans leading the way on supporting members. Providing member cost share relief for medical care was an important benefit to provide during this critical time. Due to the emergency circumstances surrounding these benefits, Blue Cross and Blue Shield of Minnesota is not amending benefit books for our fully insured plans nor for our employee health plan.

Prime Therapeutics – Summary of COVID 19 Changes and Member Support Initiatives

While we’ve highlighted some of the changes in earlier FAQs, we thought a summary of what Blue Cross and Prime have been implementing to help support members during this time would be helpful.

COVID-19 has affected all of us in many ways. The Blue Cross Pharmacy team continues to work closely with the Blue Cross COVID-19 task force to:

- Ensure members have access to the medications they need,
- Reduce impact to member and physicians,
- Ensure appropriate utilization and therapy, and
- Minimize fraud, waste and abuse.

We have made some adjustments to our pharmacy benefit, administered through Prime Therapeutics, to meet these goals.

Key Initiatives and Member Support:

- Implemented a process for pharmacies to process **early refills** of medications. Early refills might be needed for a number of reasons, especially for those who are self-isolating, despite most pharmacies now providing fee delivery services. We are also encouraging 90 day supply fills of medications.
- Blue Cross and Prime continue to **monitor for drug shortages** and we have seen a marketplace shortage of albuterol inhalers. **Albuterol** treats asthma and chronic obstructive pulmonary disease (COPD). We have **allowed for coverage of the non-preferred and non-covered versions** of these albuterol inhalers at

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the preferred brand cost share tier through June 30, 2020 so members will pay the same cost that they do today for our preferred inhalers, Ventolin HFA and Proair HFA.

- Implemented a temporary **quantity limit on hydroxychloroquine and chloroquine**. These medications are used to treat rheumatoid arthritis and lupus. We have seen up to a four-fold increase in utilization since prior to March 2020 but utilization seems to be ramping down in April. We grandfathered members who are using these medications as long-term therapy so they will be uninterrupted by this program.
- Implemented a temporary **quantity limit on azithromycin/Zithromax**. This is an antibiotic that treats bacterial infections. While we're not seeing an increase in use, we want to take a cautious approach.
- We have **extended the dates of approval authorizations for prior authorization, quantity limit and step therapy programs** until the end of May to relieve the burden on members and their doctors, so they won't be bothered with submitting renewal requests during a time when doctors are busy and members are trying to stay away from clinics.

We will continue to monitor the marketplace to evaluate whether any of these adjustments will remain in place longer than currently implemented.

Below is the content from Part 3 FAQ -Released 4/6/20

To follow up on recent public announcements, the below information provides the full scope of how Blue Cross is supporting employers and members during this critical time. The benefits listed below will not interfere with the ability to contribute to an HSA. Please refer to IRS Notice 2020-15 for more detail.

Blue Cross coverage commitments for COVID-19

1. **Blue Cross will cover the full cost of diagnostic testing and in-network care related to COVID-19.**
With no cost to the member, Blue Cross will pay for the appropriate medically necessary diagnostic testing and in-network care — including hospitalization — for fully insured employer members. These members will not have any copay, coinsurance or deductible costs for COVID-19 diagnosis or care.

What this means to the member:

- Member has no cost share for a COVID-19 related provider visit (office, urgent care, emergency department, telehealth) that results in an order for a COVID-19 test.
 - Member has no cost share for a COVID-19 related provider visit (office, urgent care, emergency department, telehealth) where a test is not available and the provider submits a COVID-19 diagnosis code pursuant to CDC guidelines.
 - Member has no cost share for in-network inpatient and outpatient treatment for COVID-19 when treatment follows evidence-based COVID-19 treatment guidelines. This benefit applies through 5/31/2020 and does not include experimental pharmaceuticals and medical treatments.
2. **Blue Cross will waive all prior authorizations for diagnostic tests and for covered services that are medically necessary and consistent with CDC guidance if diagnosed with COVID-19.**
Blue Cross will also make dedicated clinical staff available to address inquiries related to medical services, ensuring timeliness of responses.
 3. **For members who have Prime Therapeutics as their Pharmacy Benefit Manager (PBM), Blue Cross will increase access to prescription medications by waiving early medication refill limits on 30-day prescription maintenance medications (consistent with member's benefit plan) and/or encouraging**

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members to use 90-day mail order benefit.

Blue Cross will also ensure formulary flexibility if there are shortages or access issues. Patients will not be liable for additional charges that stem from obtaining a non-preferred medication if the preferred medication is not available due to shortage or access issues.

Members with PBMs other than Prime Therapeutics should contact their PBM for information.

4. **Blue Cross is increasing access to virtual care options to help members maintain social distancing standards and minimize risk of exposure.**
 - Waiving costs for [Doctor On Demand](#) for members whose benefits include coverage of Doctor on Demand services, through June 14, 2020
 - Increasing the types of technology that providers can use remotely, including FaceTime and Skype
 - Expanding the types of services that can be provided via telehealth channels, including behavioral health; physical, occupational and speech therapies; and medication management

Below is the content from Part 2 FAQ -Released 3/24/20

Updates to Telemedicine/Telehealth and Telephone Call Reimbursement Policies

To encourage broader use of virtual services during the COVID-19 National Health Emergency, Blue Cross Blue Shield of Minnesota (Blue Cross) has revised the 'Televideo Consultations /Telehealth /Telemedicine Services' and 'Telephone Calls' reimbursement policies for Commercial and Medicare lines of business to add clarity of coverage and to add additional eligible services for telehealth. Specifically, Physical Therapy, Occupational Therapy, and Speech Therapy services have been added, along with additional Behavioral Health services.

In accordance with actions taken by CMS, Blue Cross will allow non-HIPAA compliant audio-visual applications, such as Facetime and Skype, to be used for telehealth services. Additionally, Blue Cross will be waiving the policy requirement of a visual component for telehealth, allowing for telehealth to be provided over the telephone. These waivers will only apply for the duration of the National Health Emergency related to COVID-19.

Blue Cross is also temporarily suspending our policy requirement of telehealth and telephone services being provided only to established patients. During the duration of the National Health Emergency related to COVID-19, telehealth and telephone visits can also be provided to new patients.

In order to reduce the risk of spreading COVID-19, both the practitioner and the member can be located at their homes for telehealth and telephone visits.

Delay of Inpatient and Outpatient Elective Surgery and Procedural Cases during COVID-19 Peacetime Emergency

- In effort to ease the impact of the restrictions on elective surgery and procedural cases during the COVID-19 pandemic, Blue Cross and eviCore healthcare will be modifying the approval timeframes for prior authorization for these services.
- New prior authorization requests processed on or after March 26, 2020, will be approved for a minimum of 180 days.

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- Blue Cross and eviCore healthcare will also be proactively extending previously approved prior authorizations for elective surgeries and procedures where the service has not yet been provided. Blue Cross and eviCore will be working to update these existing authorizations by the time the restrictions on these surgeries and procedures is lifted.
- Members and providers will receive additional communication related to any changes in existing authorization timeframes. Blue Cross will also update providers if any action is needed when these procedures are rescheduled in the future.

As a reminder, here are the areas eviCore manages:

eviCore manages seven specialty areas of care:

- Lab Management
- Medical Oncology
- Radiation Therapy
- Radiology; Cardiology
- Musculoskeletal
- Sleep Management

For Medicare, eviCore also manages Post-Acute Care (This program was implemented January 2019 for Medicare Advantage members only.)

- Skilled Nursing Facility (SNF)
- Long Term Acute Care (LTAC)
- Inpatient Rehabilitation Facility (IRF)
- Home Health Services
- DME

Prior Authorizations:

1Q: Will any prior authorization requirements be waived?

1A: Prior authorizations will not be required for medically necessary services and items related to the diagnosis and treatment of COVID-19. Blue Cross may require medical records if unable to determine if the claim is related to COVID-19 or to determine the medical necessity of the services and items. In the event a prior authorization is submitted to eviCore for COVID-19 related diagnosis and treatment, the prior authorizations will be auto-approved.

2Q: Are there any changes to the prior authorization requirements and/or process for DME for patients without COVID-19?

2A: Yes, eviCore will auto-approve DME codes in the following categories for Medicare Advantage members with COVID-19 and non-COVID-19 diagnoses:

- Oxygen
- Nebulizers
- Ventilators
- Chest wall precursors
- Cough stimulating devices and all associated accessories

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Prior authorization is not typically required for DME in these categories for commercial members.

3Q: Are there any changes to the prior authorization requirements and/or process for Post-Acute Care services?

3A: Blue Cross and eviCore will approve all home health care services and skilled nursing facility (SNF) admissions for Medicare Advantage and commercial members with COVID-19 and non-COVID-19 diagnoses as follows:

- Home Health: Initial home health requests will be approved for 60 days. Home health extension requests will be approved for 30 days at a time until the pandemic has passed.
- Skilled Nursing Facilities: Admissions from acute care facilities to skilled nursing facilities (SNF) will be approved for the first 7 days to help free up hospital beds.

The provider will still need to notify Blue Cross or eviCore of the request so the admission can be approved and tracked for follow up throughout the length of stay.

4Q: How will Blue Cross and eviCore accommodate approved prior authorizations for non-urgent and elective services that have been postponed or delayed due to the COVID-19 outbreak?

4A: eviCore and Blue Cross will be working to proactively extend prior authorizations for elective services and some non-urgent non-elective services. The member and provider will get a new letter with the extended approval time period. This information will also be reflected within the Auth/Referral Dashboard in the Availity portal. Non-elective services where the member's condition may change over time and coverage criteria may no longer be met if the service is delayed will not be extended and may need a new authorization when the service is rescheduled.

Eligibility:

1Q: If an employer needs to furlough employees or reduce their hours, how does this impact coverage eligibility?

1A: During this uncertain time and because the governor declared Minnesota in a Peace-time State of Emergency, Blue Cross wants to support employers and members. We understand employer business situations are undergoing significant changes. Until otherwise noted from Blue Cross, coverage is effective until the employer chooses to terminate employee coverage.

Employee's whose coverage terminates will receive a letter from Blue Cross outlining their health insurance coverage options.

2Q: If the employer determines they will not be able to re-open and will end their business, is the coverage terminated?

2A: If the business cannot be sustained and the entire group is terminating coverage, standard contract termination provisions apply. In this case, Minnesota state continuation of coverage does not apply. Individuals will receive a letter from Blue Cross outlining their health insurance coverage options.

Note: There must be at least one employee with active coverage on the plan to keep the group plan active.

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Doctor on Demand Clinical Update:

- During this pandemic, many patients have questions about risk factors, self-care and other topics that are most comforted by speaking with a physician.
- To help serve more patients at once, Doctor On Demand is conducting a series of 30-45 minute COVID-19 webinars.
- During intake, if the waiting room is closed, or elsewhere on our website, patients may see a prompt offering the webinar as an option to receive coronavirus information.
 - The prompt reads: "Due to the volume of individuals seeking care, we strongly recommend that if you are not currently experiencing any symptoms that you sign up for our free webinar instead. During the webinar, our medical team will go over the latest information regarding coronavirus and there will be time for questions."
- Webinars are currently being conducted through the GoToWebinar software, and hosted by one of Doctor On Demand's providers.
- Webinars are for educational purposes, and free.

Webinar Dates:

- Tuesday, March 24 @ 5pm CT
 - <https://attendee.gotowebinar.com/register/5990501493207415308?source=DOD-GTM>
- Wednesday, March 25 @ 2pm CT
 - <https://attendee.gotowebinar.com/register/7189461748692571404?source=DOD-GTM>
- Thursday, March 26 @ 1pm CT
 - <https://attendee.gotowebinar.com/register/7449994327428993036?source=DOD-GTM>
- Friday, March 27 @ 1 pm CT
 - <https://attendee.gotowebinar.com/register/2570090143987052044?source=DOD-GTM>

Additional Doctor on Demand Support Services:

- Our team enhanced the COVID-19 assessment this weekend. The main goal of these changes were to refine our protocols to better triage the most at-risk patients, directing them to see a doctor while recommending others self-care at home or see a behavioral health provider.
- We have launched a new feature enabling patients to take a free "group visit", an interactive webinar with one of our Medical Directors. This is enormously appreciated by patients who are scared or perhaps deterred by our longer-than-usual wait times.
- To improve our patient waiting experience, we improved and launched a new SMS messaging program to alert patients at the 40, 30, 8 and 3 minute wait time marks to better manage expectations.

For COVID-19 visits, Doctor On Demand doctors will evaluate and assess their patients to determine who is classified as a person under investigation (PUI) or suspected of COVID-19 based on up-to-date criteria and changes to local transmission patterns. Their Clinical Support and Care Team then determine if there are testing resources in the patient's area. One of the three options below will occur based on the patient's local area and available resources:

1. Patient may be sent to a drive-by testing site
2. Patient may be sent to a local testing center

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3. If neither No.1 or No. 2 choice is available in the patient's local area, Clinical Support and Care Team representative consults with the local public health department to report the case and determine next steps based on public health department recommendations

Below is a link to Doctor On Demand's coronavirus preparation and prevention landing page that includes a link to their assessment:

https://www.doctorondemand.com/coronavirus?utm_source=consumer&utm_medium=web&utm_campaign=COVID19_HomeBanner_LearnMoreLP

Below is the content from Part 1 FAQ -Released 3/18/20

No revisions as of 3/24/20

Blue Cross coverage commitments for COVID-19

Please be assured that *when medically necessary and appropriate* — which is currently determined by accepted guidelines from the Center for Disease Control and/or the Minnesota Department of Health — a screening test ordered by a medical professional *will be covered* at no cost with no prior authorization required.

Blue Cross will cover the full cost of medically necessary diagnostic tests and office visits that are consistent with CDC guidance related to diagnosing COVID-19.

With no cost to the member, Blue Cross will pay for the appropriate medically necessary diagnostic testing and related office visits (including urgent care and emergency department visits) for fully insured employer members who meet CDC guidelines for testing. These members will not have any co-pay, co-insurance, or deductible costs for COVID-19 tests and related office visits. Any care needed once diagnosis of COVID-19 has occurred will be covered consistent with your standard health plan benefits.

Blue Cross will waive all prior authorizations for diagnostic tests and for covered services that are medically necessary and consistent with CDC guidance if diagnosed with COVID-19.

We've received questions about coverage for furloughed employees. Blue Cross' position is to support our employers and members during this difficult time. For non-terminated employees, whether furloughed or experiencing reduction of work hours, coverage and premium payments continue to be business as usual. Terminated employees have coverage until the end of the month of the termination date. For new hire coverage, the look back period should be based on the original effective hire date.

We continue to work with government entities and are reviewing situations on a daily basis.

Prime Benefits

As announced last week, for members who have Prime Therapeutics as their pharmacy benefit manager, Blue Cross will increase access to prescription medications by waiving early medication refill limits on prescription maintenance medications (consistent with member's benefit plan). Blue Cross and Prime are working closely to monitor medication stock levels and want to balance helping members getting an early refill while monitoring inventory levels.

Key Points:

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- Blue Cross encourages members to use the 90-day mail order benefit or 90-day supply at retail pharmacy benefit, if one exists.
- Members can get one additional refill for a 30-day prescription. There isn't a waiting period restriction. Members will need to follow standard refill timelines after that.
- For 90-day refills, members can get one early refill 22 days before the end of their 90 days. This has always been Prime's disaster protocol to both allow members the opportunity to get an early refill on a 90-day prescription and to ensure pharmacies maintain inventory levels.
- This refill benefit took effect on 3/11/20.
- Prime benefits apply to all members who have Prime regardless of their state or U.S. territory residence.

Blue Cross will also ensure formulary flexibility (for all formularies including all tiers) if there are shortages or access issues. Our members' health is our top priority and we will ensure medication alternatives are available to treat member conditions. Prime and Blue Cross have implemented these types of exceptions before relating to natural disasters, such as hurricanes, and have established protocols in place with pharmacies.

Doctor on Demand (DoD) Online Care Opportunity

We know members are concerned about going to public places and may make decisions about accessing needed care due to outbreak concerns or costs. Blue Cross is covering the member cost share for our fully insured plans.

Removing member cost share for all Doctor on Demand visits is important. It can be clinically challenging to sort COVID-19 versus cold/flu and we want to ensure the member has the best experience possible by eliminating a surprise charge or different experience based on condition.

Key Points about this opportunity:

- No member cost for **all Doctor on Demand visits for all commercial lines of business** and Medicare effective 3/14/2020 and ending 4/13/20.
- This opportunity includes **all types of Doctor on Demand visits including mental health**. The visit does not need to be COVID-19 related.
- We will continue to evaluate opportunities with Doctor on Demand and will keep you updated as we review our approach.

Support for Members with COVID-19

Blue Cross has encouraged providers to contact us when they have a member with a diagnosis or suspected diagnosis of COVID-19. We have implemented additional infrastructure support for providers to notify us so we can support these members as quickly as possible. By providers notifying us, our Care Management nurses can assist with a smooth transition to home if admitted, or support them at home if under self-quarantine, while ensuring essential needs are met.

IRS Guideline Change

On 3/11/20, the Internal Revenue Service (IRS) and the Department of Treasury (Treasury) released [Notice 2020-15](#) to allow coverage of testing and services related to the coronavirus (COVID-19) before the deductible for people with high-deductible health plans and HSAs.

The Notice states that all medical care services received and items purchased associated with testing for and treatment of COVID-19 that are provided by a health plan without a deductible, or with a deductible below the

minimum annual deductible otherwise required under section 223(c)(2)(A) for an HDHP, will be disregarded for purposes of determining the status of the plan as an HDHP.

Blue Cross Business Resiliency & Preparedness

Our organization takes a number of steps on an ongoing basis to prepare for crises and other situations that may impact our normal course of business, an effort led by a dedicated internal Enterprise Resilience Office. A number of preparatory efforts are now underway in anticipation of COVID-19 becoming more widespread, including ensuring readiness of our pandemic plan. We are also closely tied into a variety of federal and state level resources to help inform our activities.

Our preparatory actions include:

- ensuring readiness of our pandemic plan such as business continuity requirements and testing technology
- restricting non-essential business travel
- ensuring all associates have the technology needed to work remotely

These and other initiatives are being led in close coordination with our executive team and a cross-functional group of leaders that represent every area of the organization and our third party vendors. Each of our business critical third party vendors is required to provide a full pandemic plan, inclusive of business continuity requirements, and is in close communication with our leaders to ensure appropriate readiness in case of a pandemic.

In addition to the information above, we want to assure you our readiness planning also includes:

- Customer service and clinical management support
- Client operations support including our portals and other business platforms
- Provider support (see more details below)
- Daily Blue Cross internal operations platform work including claims adjudication and billing invoicing
- Downstream vendor operations readiness and support

1Q: What changes will be initiated to customer service to accommodate increases in member calls?

1A: We have a pandemic planning work group in place and are assessing many different areas of the business. Workforce planning will continue to be reviewed and adjusted as needed, such as, extending hours and increasing staffing.

2Q: Are call centers staffed to be able to manage a surge in call volume due to Blue Cross employees (associates) getting sick or having to be self-quarantined? What other measures have you implemented/are you considering in the event of a significant number of your associates becoming sick with COVID-19?

2A: Blue Cross has plans to keep our associates as healthy as possible while maintaining our business operations to serve our members, providers, agents and customers. Planning considerations include travel guidance for associates, preparing for associates to work remotely if necessary, assessing vendor readiness and working closely with providers to ensure they can provide our members with the care and information they need.

3Q: Is Blue Cross working on contingency planning in the event of a large scale quarantine?

3A: Yes. Blue Cross is closely monitoring the guidance of the Centers for Disease Control (CDC), the State Department and the Minnesota Department of Health. Our pandemic planning work group includes leaders across the company to plan for business continuity for all scenarios.

COVID-19 Overview

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1Q: What information can you provide about the testing?

1A: Blue Cross is referring this question to the [CDC website testing information page](#). There are different testing methods and a member's provider will make the appropriate clinical decisions to support a diagnosis.

As you may have heard in news reports and from the CDC website, the availability of testing kits and clinical recommendations for testing are continuing to be updated and modified as we learn more.

Provider Information

1Q: Are there specific providers or hospitals that Blue Cross is recommending for use if COVID-19 infection is suspected?

1A: The CDC recommends people who are concerned about their health and COVID-19 should contact their health provider for guidance.

2Q: Do Blue Cross providers have the test kits?

2A: Our Provider Relations team is in communication with our hospital systems and major laboratory companies concerning COVID-19 test kits. COVID-19 laboratory tests must be done at approved locations in accordance with CDC guidelines. Per the CDC guidelines, patients who are concerned about COVID-19 are recommended to contact their physician and ask about their options for testing.

International Travel Benefits

1Q: If our employees ask about international benefits or coverage for evacuations, what can we tell them?

1A: International travel benefit coverage varies among our employer groups. We recommend members consult their benefit book. If a member would like to purchase additional coverage, GeoBlue offers medical insurance for members traveling internationally.

The plans are available for purchase by members and non-members on our website. The travel health plans include coverage for illness, injury, accidents, medical evacuation and repatriation of remains. Online information about GeoBlue: www.Bluecrossmn.com/geoblue

Reliable Information

Blue Cross is providing information about benefits and support on our website, bluecrossmn.com.

The best resource for the most up-to-date information on the coronavirus [can be found on this landing page](#) from the Centers for Disease Control and Prevention (CDC). By going to the CDC site, you can find the number of confirmed cases in the U.S. as well as traveler information and a general overview of the virus. You can also [visit their FAQs page](#) for more helpful information [and review their guidance for employers](#).

The Minnesota Department of Health also has resources available. [Visit their landing page to stay up to date on local information related to coronavirus](#).