



Independence answers client questions about COVID-19

Frequently Asked Questions

Independence is committed to ensuring that our members have access to the care they need, at the right time, and in the right setting. As COVID-19 has escalated into a serious global health threat, we are working to make sure that our members can receive appropriate testing and treatment for this virus, if needed. As the situation continues to evolve and we receive guidance, we will continue to evaluate our client and member needs.

We encourage you to visit www.ibx.com regularly for the latest news and updates.

About Telemedicine

1) If members use local providers (non-MDLive) for telemedicine, will their copays be waived during the 90 days?

Yes, copays for local Primary Care Providers that have telemedicine are also being waived for the 90-day period from March 6 – June 4, for all uses of telemedicine, even if unrelated to COVID-19. In addition, Penn OnDemand will not be taking cost share during this period. We will continue to monitor and evaluate the end date as the situation evolves.

Customers that have contracted directly with a telemedicine provider that submits claims to Independence for payment will be handled on a case-by-case basis following customer decisions. If a customer does not currently offer any type of telemedicine solution, they will be excluded from this benefit enhancement.

2) What are telemedicine providers doing to handle additional volume in addressing COVID-19?

MDLive is continuously looking at volumes of visits and adding doctors while adhering to their credentialing process. MDLive is working with current providers that are on the vendor's platform, but licensed in other states, to help them get licensed in other states with increased COVID-19 activity and where our membership is located. Members may experience longer than expected wait times as providers work to expand their networks. On average, members are being seen by a provider within 35 – 40 minutes.

3) Why is telemedicine a preferred way to evaluate someone who suspects they may have COVID-19 (coronavirus)?

In light of the recent COVID-19 (coronavirus) outbreak, The CDC recommends leveraging telemedicine to direct people to the right level of care for their unique medical needs. Adopting telemedicine helps limit the spread of the virus by eliminating the risk of exposure to germs in the ER, urgent care, and primary care offices.

4) How is your telemedicine vendor (diagnostic and/or treatment of COVID-19) handling the clinical evaluation prior to referring a patient to their primary care provider, urgent care, or ER? What is involved in the symptom checking?

Prior to an encounter, the patient will share details of their symptoms through a brief questionnaire online or on the phone. This information is then reviewed by the provider prior to an encounter. Most patients with confirmed COVID-19 have developed a fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). These are the symptoms providers will be looking for.

If a member calls MDLive and advises they have been to an area impacted by the virus or have been in close contact with another individual who had visited a high impact area, they will be considered a Patient Under Investigation (PUI). The provider will then advise the patient to avoid public places, so they do not potentially expose additional people.

- If the patient has mild symptoms, they will be instructed to stay at home unless seeking medical care and will be instructed on what other measures can be taken while at home. The member will be referred to the CDC website for additional details. Afterwards, the provider will send an email to MDLive's quality control department, which will then follow up with the PUI during regular business hours.
- If the PUI falls into any of the following categories, they will be directed to the ER immediately:
 - severe symptoms that have the characteristics of COVID-19 (Coronavirus)
 - high risk (Chronic conditions)
 - have a complicated pregnancy (high risk, multiple gestation)
 - a child under 36 months of age with a fever of over 100.4

If a patient is referred to the ER, the provider will call the ER in advance and alert them of the patient's arrival. The provider will then email MDLive's Quality Control Department with details on the name and location of the ER the patient went to and date they were referred. MDLive's Quality Control Department will then follow up with the PUI during regular business hours.

Lastly, with the permission of the patient, the provider can share the information from the visit with the patient's PCP.

5) If a member was charged a copay for telehealth at any point since the March 6 announcement, will they be reimbursed for the cost-sharing? What is the process for reimbursement?

Yes. MDLive will reimburse members any cost-sharing they paid. At this time, MDLive will credit the member within 30 days or sooner. Reimbursement will show as a credit on their credit card or banking statement.

6) Is telemedicine utilization being defined as a preventive service? If so, is it then not subject to deductible in HSA HDHPs?

Telemedicine visits are not being treated as preventive, but we will be waiving all cost sharing for this service for the next 90 days. The IRS released new [guidance](#) on March 11 to allow testing and treatment services before the deductible is met for people with HDHPs and HSAs.

7) What is MDLive’s position on COVID-19 (Coronavirus)? Are they providing any additional services?

For members who have symptoms of the virus, MDLive doctors can assess their condition and help determine the necessary next steps, all from the comfort of their home. Please visit <https://www.mdlive.com/coronavirus/> for more information.

8) Are you aware of any discussions at Independence about the potential tax implications of covering novel coronavirus testing as preventive for HSA-compatible HDHPs?

Telemedicine visits are not being treated as preventive, but we will be waiving all cost sharing for this service for the next 90 days. The IRS released new [guidance](#) on March 11 to allow testing and treatment services before the deductible for people with high-deductible health plans and HSAs.

About COVID-19 Testing and Coverage

1) How much is the test for COVID-19 for a self-funded group?

Independence continues to work with LabCorp to develop and provide the applicable pricing. CMS has not set pricing for COVID-19 testing, but they are expected to do so soon. Any pricing will be set at the 2020 National Limitation Amount (NLA) as part of the emergency response to COVID-19.

2) How is the test being handled for HDHP members — related to copay and deductible?

The IRS released new [guidance](#) on March 11 to allow testing and treatment services before the deductible is met for members with HDHPs and HSAs.

3) Where should a member go to get tested?

They can use telemedicine services or visit their Primary Care Physician who can help determine next steps based on their symptoms. Any COVID-19 lab work performed at government testing sites will be covered at no cost to the employer group or the member. Otherwise, the test must be done at an in-network lab or facility to be covered under the member’s plan.

4) Is a script from a health care provider needed for a member to have the test done?

If a member presents with COVID-19 symptoms and sees a provider, that provider will do a swab in the office and send it off to an approved lab to run the COVID-19 test. The member is not responsible for getting the order for the lab. The doctor will submit the order directly to the lab.

5) In the case that a member gets tested multiple times for COVID-19, will it be paid at 100% preventive each time?

There is currently no limit on testing. Physicians are being directed to follow CDC guidelines on appropriate testing.

6) If a member is being medically treated with a COVID-19 diagnosis, will standard hospitalizations and/or ER cost share apply?

Yes, as of now, standard cost sharing will apply. However, this is an evolving situation and this response is based on information we have received to date. If we receive new guidance and/or regulatory requirements that dictate how cost sharing will be handled for hospitalizations and/or ER visits due to COVID-19, we will provide an update.

7) What would dictate someone to go to the doctor, an ER, or an urgent care center?

Generally speaking, the CDC is recommending people call their doctor as follows: If you think you have been exposed to COVID-19 and develop a fever and symptoms of respiratory illness, such as cough or difficulty breathing, call your health care provider immediately. Also, please refer to the CDC for additional information: <https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html>

About Rx

1) Will Independence waive prescription drug refill limits?

Independence has lifted prescription refill restrictions, such as the “refill too soon” limit, for all commercial, individual, CHIP, and Medicare Advantage members with Independence pharmacy benefits. We also encourage members to use their 90-day mail order benefit. Members who don’t have a 90-day prescription are encouraged to talk with their doctor to see if that option makes sense for them. In the case of medication shortages or access issues, Independence members will not be responsible for additional charges that stem from obtaining a non-preferred medication if the preferred medication is not available.

We are carefully monitoring COVID-19 developments and will make adjustments to policies as appropriate. We recommend that members call the Pharmacy Services number on their ID cards as needed if they require additional medication refills due to a potential quarantine situation.

About Business Continuity

1) What is your business continuity plan if your key offices were to be closed?

Over recent years we have invested in our technology and training so that most of our employees are able to work from home. As part of our business-continuity planning, several Independence departments successfully began working from home during the week of March 2 to “stress-test” technology, and on March 10 the company offered all internal business areas the opportunity to work remotely. In addition, we work with a member services vendor that has multiple locations throughout the country, to back up our customer service operations center. We also have support relationships with other Blue plans around the country, and the Blue Cross and Blue Shield Association keeps us connected to high standards of collaboration and cooperation, especially in times of a health crisis.

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(these FAQs updated 3.12.20; 3 pm)