

AN UPDATE FOR EMPLOYERS

What follows is the Q/A transcript from the April 7 COVID-19 Coverage Webinar. Information presented reflects practices and policies that were in place April 7, 2020.

Q Many of us are concerned about keeping our employees covered even if they have **reduced hours or are furloughed**. Could you go over those coverage extensions again?

A If an employer reduces their hours for employees below the current eligibility guidelines outlined in their health plan, Blue Cross is going to be flexible in working with those employers to keep their employees on the health plan. As long as the premium is paid for the health plan, that is key. So, as part of this flexibility, we'll work with the employers related to the premium payment too. If they have furloughed employees, laid off employees, or their hours are reduced, we're going to be flexible. And again, it's just kind of bringing it down to if the premium comes in the door and those people are on the billing, we're going to work with you and keep them on the billing and keep them covered.

Q What applies to **self-funded plans**, and where we should turn for specific information if we have questions?

A The self-funded employer is required to pay for the testing piece of the COVID-19 test, so we're making sure we have that piece covered in their coverage. For example, if the self-funded employer wants to extend that to include telehealth for other items, or treatments related to COVID-19, that's when I would suggest they talk to their Blue Cross Blue Shield rep about extending that coverage. And I think somebody had posed a question early on about an amendment for their plan being needed. No, there won't be an amendment needed for that additional coverage. Just reach out to your Blue Cross Blue Shield rep and they'll work with you, the self-funded client, to enhance those benefits if you desire to do so.

Q What is Blue Cross Blue Shield of North Dakota covering when it comes to **COVID-19 treatments**?

A From our press release last Thursday, Blue Cross is waiving all **cost-share for testing and treatment related to COVID-19** for all our fully insured business. So that's individual business as well as fully insured employer group business, and then of course that initial testing piece is covered if you're self-funded. If you want the additional coverage as a self-funded client, just reach out to a Blue Cross Blue Shield rep about enhancing the benefits that you have right now.

Q For self-funded, you mentioned **COVID-19 testing telehealth covered and no out-of-pocket**. How is testing done via telehealth?

A Unfortunately, there's not a clear-cut line. Certain providers can use somewhat evaluation of COVID-19 effect but by and large most of the evaluation of COVID-19 diagnosis has to be done through the appropriate CDC screening process. So it's more of a referral process if people are symptomatic with COVID-19 symptoms, we'll likely refer them to the local provider for the appropriate diagnostic testing.

Q Is Amwell cost only waived if visit is COVID-related?

A At this point we have taken the decision to put all of our fully insured clients, **all urgent-care visits—COVID-19-related or not—are covered**. The idea is to avoid the exposure to individuals by going into providers' office for something like sinusitis or an earache. Additionally we've taken that for our self-funded clients as well that urgent-care visits, regardless of COVID-19 or not, there is no cost-share should that self-funded client elect to do that. You know, almost even more importantly, though, are behavioral health visits. So, either through your local provider or Amwell, we think it's important to make sure that we're again decreasing exposure to COVID-19 through providers' facilities so those visits can be waived. For self-funded clients or fully insured clients, those are waived.

Q When will Blue Cross Blue Shield begin paying for telehealth for counseling?

A Currently for our fully insured clients, those costs are waived during the COVID-19 period. For self-funded clients, those clients can make that election to waive that so the member has no out-of-pocket experience. But we know it's an important vehicle to have an app address behavioral health needs. So we ask that self-funded clients talk to their account management team from Blue Cross Blue Shield North Dakota. For self-funded, those telehealth visits are all currently waived for behavioral health.

Q So in the event of a COVID-19 diagnosis, out-of-pocket costs are waived. Does this include deductibles?

A On April 2, we informed folks that we would be waiving cost-shares for all co-pay, deductible, co-insurance for all COVID-related treatments, testing and treatment. And that, again, was for all fully insured business, whether it be individual plans or employer group.

Q Is this information being shared with our staff through Blue Cross Blue Shield, or should we be sharing as business managers and HR leads?

A As far as sharing information, we can certainly make sure that internal staff has the information provided here, whether or not they were part of a distribution list to begin with.

NOTE: Please send employees to [BCBSND.com/COVID-19](https://www.bcbsnd.com/COVID-19) for the most up-to-date information.

I would encourage you to share any applicable information with your staff as well as it relates to this webinar. So the answer to the second part of her question, if Blue Cross is sharing, how are you communicating this out, I think you answered that, we could add them to the email distribution list if that was something you would like.

Q What are options for those losing jobs and employer-provided coverage that can't afford COBRA? Does North Dakota unemployment or CARES offer help?

A There may be assistance through the CARES act, but I know that this would be a qualifying event if they lose their job so they certainly could check at [Healthcare.gov](https://www.healthcare.gov) to see if they would qualify for the APTC, the tax credit available to them enrolling with individual coverage. Employees can contact BCBSND agents to help them check on this by calling their local office, or 701-280-BLUE.

Q Related to COVID-19 diagnosis, can you elaborate on no cost-sharing? This attendee has an HDHP—high-deductible health plan. Is the deductible waived if I'm hospitalized?

A According to our press release from April 2, it does appear that all cost-shares are waived including co-pay, co-insurance and deductible, and they'll be paid at the in-network rate. So that out-of-pocket cost includes incremental medical co-pays, deductibles, co-insurance charges related to any treatment of COVID-19.

Q And then, the last part of this question was, if we could explain any differences between in-network and out-of-network providers as it relates to that.

A From the statement it appears that everything would be covered at the in-network level. So if they went to an out-of-network provider, they should be paid at the in-network level.

Q What is Amwell? Also, it would be good if you could elaborate on what telehealth services would not be covered for cost-share.

A So Amwell is a national provider who's been in the quote-unquote telehealth business for over a decade. It allows us to provide online video visits across the country regardless of where membership resides.

We still recommend the use of local providers if you have a relationship with them—please check them to see if they can provide telehealth visits. But Amwell does provide us with parity across the country for our membership.

We've had a relationship with them since 2018, and they are basically used for urgent-care-type visits. So if you have sinusitis or earache—again, things that are probably not COVID-19 related—are best used to be sought care through Amwell. And they cover specific things like urgent care, behavioral health, both psych and therapy, as well as nutrition and lactation counseling. But your local provider likely has a larger bandwidth of services they provide.

Certain things that aren't covered by telehealth, and we're following CMS and CDC guidelines: elective procedures, chiropractic care, and some other services are not covered by telehealth at this time. And again, we're following both guidance from the CMS and CDC facilities.

Q Do you have a simple list that explains to self-funded plans what has been put into the plans and what needs to be requested to be put into the plans to comply with the mandate?

A We can certainly make sure we include more detail in the answer to the question. So when we put the Q&A out, we can be sure to include a more-detailed list there. It's mainly the testing piece of it, and then we'll include anything else that may apply as well.

Retroactive to March 1, 2020, all plans (fully insured and self-funded) are required to waive cost share on any medically necessary diagnostic tests consistent with CDC guidelines at no cost share to members. This includes the related in-network provider office, urgent care or ER visit. In addition, cost-sharing will be waived on telehealth visits that pertain to the testing of COVID-19. This expansion is effective through May 31, 2020.

Self-funded plans also have the option to waive cost share on all telehealth services (i.e., even those not related to the testing of COVID-19) and the treatment of COVID-19. To "opt-in" to the expansion of telehealth services and/or the treatment of COVID-19, employers should notify their BCBSND representative.

We're not requiring any manipulation of contracts or anything at this point due to the pandemic. These are services we're doing to protect our membership and the clients' memberships.

Q So there is no benefit plan contract manipulation needed at this time, correct?

A Correct. No amendments needed; we won't be doing an amendment like self-funded clients are used to. We won't be doing that amendment piece of it just due to the extenuating circumstances.

Q So if a self-funded plan elects to waive costs that means that the employer is paying the cost instead of the employee, right?

A Yes, if the employer decides to have those costs waived, the employer would be paying these costs—the employee would not have those cost-shares, obviously. And then whenever the employer is paying a service, that does accumulate towards the individual stop-loss of the person they are paying the service for.

Q Will any mental-health-related issues, drugs prescribed, etc., caused by COVID-19 be covered?

A Mental-health-related issues, drugs prescribed etc. as a result of the pandemic situation but not due to a diagnosis of COVID-19 are covered per the current provisions of the member health benefit plan. We encourage members who have questions around treatment to utilize the number on the back of their ID card to discuss any treatment options with case management.

Q Was it mentioned that probationary periods are waived?

A The employers typically set their own probationary periods, which is the time period they want that employee to work for them before being eligible for benefits. When that employer has a set probationary period, we're going to allow employers to remove or reduce those probationary periods that they had set. And if they want to make a new employee eligible sooner, just let us know what you want to change that probationary period to. So, feel free to reach out to your Blue Cross Blue Shield rep and we can get that confirmation in writing from you and then get that probationary period removed if that's your desire.

Q Did you state that waiving of costs only applies to fully insured plans unless the self-funded plans elect to waive?

A Yes, that is correct. So initially Blue Cross Blue Shield decided to waive it on the fully insured side of business, but we wanted to make sure that self-funded employers could be opting-in for that extra payment. So they're still going to pay for the testing piece of it, but if they want to waive all cost-shares on all the treatment included, that's something that they should just reach out to their Blue Cross Blue Shield rep so we can make sure that we note that for your particular employer group.

Q For the **premium grace period** mentioned, based on the company size, is company size based on how many covered participants or full-time employees regardless of covered employees?

A I think that no matter what your size is as an employer, if you are having some struggles with paying the premium, please let us know so that we can reach out to our billing department, inform them, so that they are aware that, hey, it's going to take this time period for us to get X dollars in. We can look at setting up payment plan options. But just again, I encourage you to reach out in those particular circumstances, because everybody's probably will be a little different, so I don't think there's a really good canned answer, and I don't think it's so specific to which side you are on as far as how many contracts you have on your employer group billing. Focus more on, if you're having those struggles, reach out to us, and we'll be more than willing to work with you as much as we possibly can.

Q If a person tests positive for COVID, and the doctor says to stay home, is there any help with stay-home costs?

A I don't know that we've had any discussions particularly around that, but I would assume that if it's COVID-19 related, services would be covered.

Q What needs to be done if our **self-funded** plan wants to opt-in to **cover out-of-pocket costs**?

A Reach out to your Blue Cross Blue Shield rep and we'll get the details from you as far as who you are and that you're wanting to waive the cost-share for treatment. And we'll add that to the benefits, but again, we won't make a formal amendment of that.

Q In regard to employees **accessing their health plans sooner**—is there no waiting period, or what is the new waiting period? So if an employee begins work on 4/1, are they eligible to begin health insurance on April 1 now?

A We're leaving that up to the employer to determine that eligibility. And again, if they wish to remove any probationary period that they had previously set, our general rule of enrollment is to enroll folks on the first or the 16th of a month, directly following their full-time employment date. And then if you as an employer wish to offer them coverage on the day of hire, as long as it's the first or the 16th, we can accommodate that, so just let us know that's your desire.

Q So as the employer, they keep paying premiums for full-time employees while they're on **furlough**. Is it up to the employer if the premium portion will need to be recouped later when the full-time employees are back to work?

A Since the employer does that today, and if they discontinue taking that amount from their paychecks, that's something that they'll need to revisit at a future date when they're able to take that dollar amount from their paycheck again. We just look at the total premium coming in, we don't necessarily always know—especially our billing department doesn't know which portion of that premium is paid by the employer versus the employee. So very good question, and I hope that helps.

Q If a self-funded plan opts-in to **cover out-of-pocket costs**, it's only the out-of-pocket costs related to COVID-19, correct?

A Yes, that's correct unless of course they want a lengthier discussion about other costs they want to change on their plan entirely. But right now, at this point in time, assuming that's not the renewal, our focus right now is COVID-19, and that cost-share waiving would be specific to COVID-19 testing and treatment.

Q Can you elaborate on the possible option of employees **paying premiums with a credit card**?

A I just checked with our finance department, and it was supposed to have been updated last night in our system to allow this. So I'm guessing that, if not as of today, in the very near future here, probably this week, we'll be able to allow employers—and we've kind of focused on small employers first, but just let us know if you have that desire as a larger employer. But we'll need to confirm that with our finance department as far as if they'll allow the large employer to do that. But we'll get the details of how to submit that payment via credit card as soon as we know the details and confirmation that it's working on our end.

UPDATE: As of Tuesday afternoon (April 7), an employer was able to pay via credit card. Employers who have access to the employer portal should be able to pay via credit card now. We have noted that small employers have this function, but some other employers may be able to view the option too. The dollar threshold is set at \$50,000 for an employer to be able to pay via credit card.

Q Is there a **deadline for self-funded groups to decide to opt-in**?

A I'm not sure that there's a deadline per se, but I know that a lot of this coverage is through May 31, so I would say, the sooner you make your decision, the more comfortable employees probably will feel, knowing that answer. And just let us know if you come to that decision, reach out to your Blue Cross Blue Shield rep and we'll work with you at that point.