

MVP:

The New York State Department of Financial Services (DFS) and Vermont Department of Financial Regulation (DFR) require private health insurers in New York and Vermont to make COVID-19 testing free for patients by waiving any out-of-pocket costs. This means **COVID-19 screening and testing is free for all MVP members**. The member will not be responsible for any co-payments, other cost-share, or fees associated with:

- An emergency room visit or visit to an in-network health care provider for the purpose of getting tested for COVID-19.
- Drive-thru specimen collection sites.
- Telemedicine services, like MVP's [myERnow](#) virtual emergency room and [myVisitNow](#) online doctor visits.

myERnow: Free virtual ER visits for those who have COVID-19 symptoms

For more information: <https://www.mvphealthcare.com/covid19/>

CDPHP:

The following telemedicine services are being made available to CDPHP members at no cost-share:

- [ER Anywhere](#) - Emergency telemedicine app available to members 24/7 for consultations, triage, testing, and treatment. ER Anywhere is a safe and convenient alternative to the emergency room.
 - Members can access ER Anywhere by downloading the mobile app or calling 1-866-ER-Anywhere.
- [Doctor on Demand](#) – Telemedicine app available 24/7 for consultation, testing, and treatment. Doctor on Demand is a safe and convenient alternative to urgent care.
 - Members can access Doctor On Demand by downloading the mobile app or logging into the [Doctor On Demand website](#).
- CDPHP is also encouraging members to take advantage of telephonic consultations.
 - *To that end, CDPHP will be covering telephonic consults (audio and video) with participating providers for physical and mental health services.*

Source: <https://www.cdphp.com/members/wellness/common-health-topics/cold-and-flu/corona-virus/telemedicine>

BlueShield of Northeastern NY:

Media Statement from Blue Cross Blue Shield Association President and CEO:

All 36 independently operated BCBS companies and the Blue Cross and Blue Shield Federal Employee Program® (FEP®) are expanding coverage for telehealth services for the next 90 days. The expanded coverage includes waiving cost-sharing for telehealth services for fully insured members and applies to in network telehealth providers who are providing appropriate medical services. We are also advocating for physician and health system adoption of social distancing-encouraged capabilities such as video, chat and/or e-visits. This builds on the commitment we previously announced to ensure swift and smooth access to care during the COVID-19 outbreak.” Link for more [here](#).

From BSNENY website:

BlueShield strongly recommends members use telehealth to connect with a doctor when possible. In some instances, your physician may offer telehealth, or you can use BlueShield’s telemedicine provider, Doctor on Demand. Virtual visits are a safe and effective way for members to consult a doctor to receive health guidance related to COVID-19 from their homes via smartphone, tablet or computer-enabled webcam 24/7. Using telehealth as a first step may lower your risk of getting sick or exposing others to illness. <https://www.bsny.com/content/neny/about/news/coronavirus.html>

Excellus BCBS:

A telehealth visit is an option for initial screenings when an in-office visit is not an option. Telehealth services are covered under all product lines.

- During the COVID-19 State of Emergency declared by Governor Cuomo, electronic information and communication technologies for telehealth include *“telephonic or video modalities (including technology commonly available on smart phones and other devices) when medically appropriate to deliver health care services.”*
- **Excellus will waive the cost-share for all telehealth visits (not just those related to COVID-19) for all members until the State of Emergency has been lifted.**
- In-network telehealth visits will be covered with **no member cost-share** when the services would have been covered under the member’s policy if delivered in-person, including behavioral health treatment. To be covered as an office visit, the telehealth consultation must include all elements necessary for the service to be considered an office visit.
- The patient must provide consent prior to rendering telehealth services. The consent can be written or verbal and must be documented in the patient’s medical record. Their website contains an example of a [telehealth patient consent form](#).
- Place of service code 02 is required for all telehealth services. To address concerns of virus spread/contraction during this outbreak, Excellus will reimburse all telehealth visits billed with place of service code 02 at the same rate as in-person visits for the same CPT code, and they will use the higher non-facility (office) relative value units for dates of service from **March 13, 2020 until the State of Emergency has been lifted.**

- The appropriate modifier should also be used, when applicable:
 - **95:** Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system
 - **GQ:** Via asynchronous telecommunications system
 - **GT:** Via interactive audio and video telecommunications system
 - **G0:** New – telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke

Physical therapists: Teletherapy must meet the criteria set forth in our corporate medical policy. You can bill a non-MD phone only or non-MD video visit if you have a secure HIPAA compliant portal.

To learn more about telehealth services, please send an email to Provider.Relations@excellus.com. Please include any questions you have about telehealth so that we can make every effort to provide information that is relevant to you.

<https://provider.excellusbcbs.com/coronavirus>

Fidelis:

Effective March 14, 2020, Fidelis Care is in the process of updating systems to ensure members can use telehealth services from participating providers with cost sharing waived (in products that have member cost sharing). Providers are responsible to ensure any copays, coinsurance, or deductible charges are waived for Fidelis Care members at the time of telehealth services, and claims will be adjusted to reflect provider payments with \$0 member liability upon processing.

Fidelis Care will continue to support, promote, and align with New York State guidance to providers on allowable parameters to render telehealth and telephonic services to members.

Free through **Fidelis Care** Qualified Health Plans (Metal-Level Products) - Access free video appointments now

- a. Search for 'Babylon Health' on Google Play or in the App Store and download to your smartphone or tablet.
- b. Open the app and register your details. Enter your details exactly as they appear on your Fidelis Care member card.
- c. Enter the code '**FIDELIS**' to unlock Babylon Video Appointments for free. If you're not covered by Fidelis Care Qualified Health Plans (Metal-Level Products), you can still use the app, but you cannot book a video appointment

As an important resource for providers, we encourage you to access the information on Fidelis Care's provider portal at providers.fideliscare.org. On the portal, you can:

- Check claim status
- Confirm member eligibility and benefits
- Submit authorization requests

- Check on the status of an authorization
- View provider remittance advice

We also encourage you to use Fidelis Care's Interactive Voice Response as another way to check claim status and member eligibility. <https://www.fideliscare.org/Provider?id=303>

United HealthCare:

Starting March 18, 2020, UnitedHealthcare expanded policies around telehealth services for Medicare Advantage, Medicaid and commercial members. In addition, effective on March 31, 2020 until June 18, 2020, we will also waive cost-sharing for in-network telehealth visits for medical, outpatient behavioral and PT/OT/ST, with opt-in available for self-funded employers.

Expanded Provider Telehealth Access

UnitedHealthcare is waiving the Centers for Medicare and Medicaid's (CMS) originating site restriction and audio-video requirement for Medicare Advantage, Medicaid and commercial members from March 18, 2020 until June 18, 2020. Eligible care providers can bill for telehealth services performed using interactive audio/video or audio only, except in the cases where we have explicitly denoted the need for interactive audio/video such as with PT/OT/ST, while a patient is at home.

<https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services.html>

MEMBER RESOURCES AND GUIDANCE

- COVID-19 Testing: UnitedHealthcare will cover testing for Coronavirus (COVID-19) at approved locations for insured Medicaid and Medicare members.
- Coverage if you have COVID-19: UnitedHealthcare will cover a provider visit for COVID-19 in the same way that we cover other provider visits based on your health benefits plan.
- Early Prescription Refills: UnitedHealthcare members can also fill existing prescriptions early (up to a 90-day refill) through direct pharmacy or mail order. Members can call 800-791-7658, or speak directly to a pharmacist, in order to get an early refill.
- Emotional Support Line for support with stress: Optum, part of UnitedHealth Group, is opening its Emotional-Support Help Line.
 - Professionally trained, mental health staff are there to support people who may be suffering from fear or stress from COVID-19.
 - Line number is 866-342-6892 and will be open 24 hours a day, seven days a week. The service is free of charge and open to anyone.

Will United be processing telehealth claims for the well visits and follow-up BH, to count towards the measure? (Also, the general question if United will be reimbursing for any tele-visits unrelated to the contract): **Everything is waived as long as the system is approved by the State. Please refer to the website to see the systems the state is currently accepting:** www.uhcprovider.com/covid19

Virtual Visits - Set up a **myuhc.com** account if you don't already have one or sign in to get started. Please note that **wait times may be longer than normal** for Virtual Visits due to high volume related to COVID-19.

Empire BCBS:

For 90 days effective March 17, 2020, Empire began waiving member cost sharing for telemedicine visits, including covered visits for mental health and substance use disorders, for our fully insured employer plans, Individual plans, Medicare plans and Medicaid plans, where permissible. This applies to use of our LiveHealth Online platform, as well as for care received from other providers delivering virtual care through internet video + audio services. Self-insured plan sponsors may opt out of this program.

Effective March 19, 2020, Empire began waiving member cost sharing for telehealth visits (by phone or FaceTime/Skype) with in-network providers, including covered visits for mental health and substance use disorders and medical services. Cost sharing is waived for in-network providers only and applies where medically appropriate if all other requirements for a covered health service are met. Out-of-network telehealth visits are also covered if the member's benefit plan has out of network benefits but may be subject to cost sharing. This applies to our fully insured employer plans, individual plans, Medicare plans and Medicaid plans, where permissible. Self-insured plan sponsors may opt out of this program.

Exceptions include chiropractic services, physical, occupational, and speech therapies. These services require face-to-face interaction and therefore are not appropriate for telehealth. This waiver will remain in place for 90 days.

Deductible will apply to telehealth and telemedicine visits unrelated to COVID-19 as required for high deductible health plans to preserve tax deductibility of associated HSAs.

<https://providernews.empireblue.com/article/information-from-empire-for-care-providers-about-covid-19>

<https://startlivehealthonline.com/landing.htm>