

COVID-19

Frequently Asked Questions April 5, 2020



A UnitedHealthcare Company



KEY RESOURCES – COVID-19

External

- [CDC COVID-19 Site](#) - what you should know, situation updates, community impacts and resources
- [CDC Travel recommendations](#)
- [IRS Notice on High Deductible Plans with HSA](#)
- [Family First Coronavirus Response Act \(H.R. 6201\)](#)

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CLINICAL

INFORMATION IN THE FOLLOWING SECTION IS SOURCED FROM THE CDC. REFER TO THE CORONAVIRUS.GOV AND CDC WEBSITE FOR THE MOST CURRENT INFORMATION.

What is it?

COVID-19 is a respiratory infection. It is caused by an RNA virus called nCoV19 that is part of the SARS lineage of coronaviruses.

What are the symptoms?

The symptoms of COVID-19 are: fever, cough and shortness of breath. Those who develop this serious illness generally are found to have pneumonia.

How does it spread?

COVID-19 can spread from person to person, primarily between people who are in close contact – within about 6 feet of one another, through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then by touching their mucous membranes (mouth, nose, eyes). It is believed it can live on surfaces in the range of hours to days. Some early studies indicate that it may also be passed through stool/feces.

Is there a vaccine?

There is currently NO vaccine to protect against COVID-19. While there are numerous efforts underway to develop a vaccine, (in fact you may have heard the first human trial began on 3/17/2020) historical experience would suggest it will at least a year before one is commercially available. Please refer to www.coronavirus.gov

Who is most at risk?

Most cases of COVID-19 worldwide have been mild and >80%ⁱ of infected individuals have been able to fully recover at home. However some people are at higher risk of getting very sick from this illness and should take additional precautions. Those people include:

- People over the age of 60, particularly people over the age of 80;
- People who have chronic medical conditions like heart disease, diabetes, chronic lung disease, chronic renal diseaseⁱⁱ, cancer and obesity; and
- People who have a suppressed immune system from medications or those that have a compromised immune system.

Early indication is that the cause of death in individuals with COVID-19 is sepsis, ARDS and/or cardiac arrestⁱⁱⁱ. Please refer to www.coronavirus.gov.

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What should I do if I have symptoms?

If someone thinks they have been exposed to COVID-19 and develops symptoms such as fever, cough and/or difficulty breathing, they should first CALL a health care professional for medical advice. Please refer to www.coronavirus.gov.

If an employee is immune suppressed due to medication or prior organ transplant, should they be quarantined if they have no other conditions or symptoms (fever, shortness of breath, cough, travel or exposure)?

CDC guidance is for those with high risk to self-quarantine or socially isolate and take other precautions outlined on the CDC site. Please refer to www.coronavirus.gov.

Is it true that people can infect others before they themselves show any symptoms?

Yes. It is believed a person can be contagious several days before symptoms appear and up to 14 days after symptoms have ended. Please refer to www.coronavirus.gov.

Should healthy individuals wear a mask to prevent COVID-19 infection?

The CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory illnesses, including COVID-19. Wearing a facemask may cause you to touch your face more often. You should only wear a mask if your health care professional recommends it. A facemask may be recommended for people who have symptoms consistent with COVID-19 to protect others from the risk of getting infected. The supply of face masks are crucial for health workers and other people who are taking care of someone infected with COVID-19 in close settings (at home or in a health care facility). Please refer to www.coronavirus.gov.

Is COVID-19 more dangerous to the autoimmune compromised than the common flu?

Individuals, who are immune compromised or on immunosuppressive medications, may be at higher risk for getting very sick from the virus. For now there is limited information in comparative data compared to other illnesses. Please refer to www.coronavirus.gov.

Why are diabetics considered a higher risk category?

The CDC outlined areas where individuals may be at higher risk and should take additional precautions. Some people will have no or relatively mild symptoms, but the CDC considers those with heart, lung, blood pressure, diabetes and immune compromised at more at risk. Please refer to www.coronavirus.gov

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Are people with asthma at a greater risk?

Yes, adults with chronic respiratory conditions such as asthma may put them at higher risk. Please refer to www.coronavirus.gov

How dangerous is this virus to pregnant women?

Information at this time is very limited on COVID-19 in pregnancy. It is believed at this time pregnant women may be at a greater risk of getting sick from COVID-19 than the general population. Pregnant women in general may be at increased risk for some infections as they experience changes in their immune systems as a result of pregnancy. It is advisable that all pregnant women practice social distancing. Please refer to www.coronavirus.gov

Will someone who has had the virus and been on isolation at home need to be retested?

People with COVID-19 who have stayed home (home isolated) can stop home isolation and move to 14 days of home quarantine under the direction of their treating physician, state/local health department and government regulations.^{iv} Generally, home isolation is lifted under the following conditions:

- You received two negative tests in a row, 24 hours apart. AND
- You no longer have a fever (without the use medicine that reduces fevers). AND
- Other symptoms have improved (for example, when your cough or shortness of breath have improved)
 - Please refer to www.coronavirus.gov.

If someone is near another person with COVID, but the person doesn't cough or sneeze, are you at risk of contracting this disease? NEW 3/27

Yes. The virus that causes COVID-19 is spread from person to person. The CDC continues to recommend that actively sick patients be isolated until they are better and no longer pose a risk of infecting others. Please refer to www.coronavirus.gov

If a person has self-quarantined for 14 days after exposure, but has not developed symptoms, may they return to work on the 15th day without any fear of an occurrence? NEW 3/27

A person who has been released from COVID-19 quarantine is not considered a risk for spreading the virus to others if they have not developed the illness during the 14-day incubation period.

14 days is the longest incubation period seen with other similar corona viruses. Therefore, the period of quarantine is 14 days, starting with the last day of exposure if no symptoms develop.

Please refer to www.coronavirus.gov

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Once you get the virus and recover are you immune or can you get it again?

Human immune response to COVID-19 is being studied. For other coronavirus infections such as SARS reinfections is unlikely to occur after recovery. It is unlikely that a person with a healthy immune system would get re-infected from a virus as long as there has been no viral mutation^v. However it is unknown at this time if similar protection will occur with COVID-19. Please refer to www.coronavirus.gov

Sources

1. China Centre for Disease Control & Prevention, Statistica
2. China Centre for Disease Control & Prevention, Italian Portal of Epidemiology for Public Health
3. medRxiv 2020.02.26.20028191
4. CDC, WHO, Laure, et.al, 2020
5. <https://www.cdc.gov/safewater/effectiveness-on-pathogens.html>
6. National Institute of Allergy and Infectious Diseases
7. CDC, WHO, Laure, et.al. 2020
8. National Institute of Allergy and Infectious Diseases

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PRIOR AUTHORIZATION AND UTILIZATION MANAGEMENT

If a member has a valid prior authorization for a surgery that has been postponed, will the member be required to go through the prior authorization process again?

Approved prior Authorizations received 3/2/2020 or after will be extended through 12/31/2020.

Prior authorization until May 31, 2020:

- If the notification date is from March 2, 2020:
 - For prior authorization cases that are approved extend the approval to 12/31/2020 not approving past member eligibility
 - For continuing services UMR will not approve additional services, but extend the date range for the requested services to be completed
 - For elective inpatient cases UMR will follow standard process
 - Existing cases will be extended if requested by the provider and/or member

Has UMR reduced prior authorization requirements to reduce the administrative burden for physicians and facilities? [Update 4/4](#)

UMR continues to adopt measures that will reduce administrative burden for physicians and facilities to help members more easily access the care they need. This includes:

- Suspension of prior authorization requirements to a post-acute care setting through May 31, 2020
 - Waiving prior authorization for admissions to: long-term care acute facilities (LTAC) and skilled nursing facilities (SNF)
 - Consistent with existing policy, the admitting provider must notify us within 48 hours of transfer and penalties still apply
 - Length of stay reviews still apply, including denials for days that exceed approved length
- Suspension of prior authorization requirements when a member transfers to a new provider through May 31, 2020.
 - Providers are not required to submit a new prior authorization when a member moves to a different yet similar site of care for the same services (e.g. hospital transfers or practice transfers)
 - Consistent with existing policy, the admitting provider must notify us within 48 hours of transfer so that the existing authorization can be transferred. Penalties still apply.

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FEDERAL GUIDANCE

What information do you have on the Federal Legislation that passed 3/18?

The Families First Coronavirus Response Act (HR 6201) (“Act”) requires group health plans and health insurance issuers offering group or individual health insurance coverage (including grandfathered plans) to cover COVID-19 testing and certain COVID-19 testing related items and services without cost sharing (deductibles, copayments and coinsurance), prior authorization or other medical management requirements.

- This coverage includes the COVID-19 diagnostic test and a COVID testing-related visit to order or administer the test. A testing related visit may occur in a physician’s office, via telehealth, in an urgent care center or in the emergency room.
- For plans with in- network and out- of- network benefits cost sharing (copayments, coinsurance and deductibles) will not apply.
- For plans with in- network benefits only, cost sharing (copayments, coinsurance, deductibles) will not apply for emergency services or when an in- network provider is not available.
- Telehealth services apply both in and out-of-network.
- The Act is effective March 18, 2020 to apply retroactively.

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MEMBER SUPPORT

What is UMR doing to help members concerned with COVID-19?

UnitedHealthcare, including UMR, has a team of experts closely monitoring COVID-19, formerly known as the Novel Coronavirus or 2019-nCoV. Our top priority is the health and well-being of the people we serve.

As with any public health issue, UnitedHealthcare, including UMR, will work with and follow all guidance and protocols issued by the [U.S. Centers for Disease Control and Prevention \(CDC\)](#), Centers for Medicare & Medicaid Services (CMS), Food and Drug Administration (FDA), and state and local public health departments.

Does UMR provide any support services for those people who have been affected by the virus?

While the CDC is the best place to go to stay up to date on this still developing situation, Optum is offering a free emotional support help line for all people impacted. This help line will provide those affected access to specially trained mental health specialists. The company's public toll-free help line number, 866-342-6892, will be open 24 hours a day, seven days a week for as long as necessary.

This service is free of charge and open to anyone. Specially trained Optum mental health specialists help people manage their stress and anxiety so they can continue to address their everyday needs. Callers may also receive referrals to community resources to help them with specific concerns, including financial and legal matters.

How can people access Sanvello free if they are impacted by COVID-19? **New 3/29**

Sanvello Health, Inc., a leading provider of digital and telephonic mental health solutions to individuals, businesses and payers will be providing free premium access to its digital care delivery platform.

This offer makes Sanvello's clinically validated techniques, coping tools and peer support free for the duration of the crisis to anyone impacted by COVID-19.

To activate free premium access, anyone can download Sanvello for free from the App Store or Google Play and create an account to begin using the strategies, tools, and peer support.

If an individual is tested and the provider rules out COVID-19, does the employee get any documentation that they can provide their employer for return to work clearance?

This is a policy determined between the employer and employee.

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Is UMR able to offer help to employees who are losing their health insurance coverage after being laid off?

UnitedHealthcare offers individuals a range of individual health insurance plans. Interested individuals may contact (800) 827-9990 to speak with an advisor who can assist. They can also visit <https://www.healthmarkets.com> to apply directly.

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COBRA

When a job situation has changed, can the impacted member get health insurance through COBRA? [New 4/4](#)

A person may qualify for COBRA coverage if their job situation has changed in one of these ways:

- They lost their job, either voluntarily or by the decision of the company (for any reason except gross misconduct) and they lost your health coverage
- They had the number of hours per week they worked reduced, so they no longer were eligible for benefits and lost their health coverage

If this happens, there is a timeline they can follow:

- Within 30 days the employer notifies the plan of the change.
- Within 14 days after the employer's notice is received, the individual will receive a letter from the COBRA administrator about the COBRA¹ continuation coverage that's available to them.
- Within 60 days, the individual needs to decide whether to sign up for coverage.

How can a person get health insurance if they don't qualify for COBRA? [New 4/4](#)

They may be able to get coverage through the [Health Insurance Marketplace](#). It may also cost less than COBRA continuation coverage. There are special enrollment periods available when the job situation, such as loss of job or fewer hours resulting in no benefits, has caused the person to lose coverage.

Through the Marketplace they may qualify for free or low-cost coverage from [Medicaid](#) or the [Children's Health Insurance Program \(CHIP\)](#).

The person can also compare costs to see if a short-term insurance plan would work for their needs. Standard [short term health insurance plans](#) can help fill a gap in coverage from 1 month to just under a year.²

How does COBRA coverage work? [New 4/4](#)

COBRA is a short-term insurance that's usually available for up to 18 months after a person's job situation has changed. (In some situations, COBRA coverage may extend beyond 18 months).

Generally, a person can get COBRA coverage if they worked for a business that employs 20 people or more. There are exceptions to this, so the person should confirm with the employer.

With COBRA, persons can continue the same coverage they had when they were employed. That includes medical, dental and vision plans. They cannot choose new coverage or change plans to a different one. For example, if a person had a medical plan and a dental plan, they can keep one or both. But they wouldn't be able to add a vision plan if it wasn't part of the plan they had before COBRA.

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How do I pay for COBRA? New 4/4

The COBRA Administrator should communicate to the person within 14 days about the COBRA¹ continuation coverage that's available. The person then has 60 days to decide whether to sign up.

Under COBRA, individuals are required to pay the full premium for coverage, plus an administrative fee. When employed, the employer generally pays for some of the cost of your health insurance. That means individuals are likely to pay more for COBRA coverage.

[Learn more about COBRA coverage](#)

Footnote:

1. Read more about COBRA health coverage from the United States Department of Labor at COBRA Continuation Coverage. Personal insurance is not the same as COBRA, so review your COBRA information carefully. Your time to elect COBRA is limited by law. Failure to elect and exhaust COBRA will eliminate HIPAA eligibility. You may have additional rights under state law.
2. Product design and availability vary by state. Term lengths available vary by state.

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TESTING

Does UMR cover the test for COVID-19?

UMR's self-funded customers will waive member cost sharing, for COVID-19 testing during this national emergency. Plans are also waiving cost sharing for COVID-19 testing related visits during this same time, whether the testing related visit is received in a health care provider's office, an urgent center, an emergency department or through a telehealth visit.

Testing must be provided at approved locations in accordance with U.S. Centers for Disease Control and Prevention (CDC) guidelines.

Other costs beyond the test and test-related physician office, urgent care, emergency room, telehealth visit and items and services related to the visit will be covered based on the terms in the medical plan. Therefore, deductibles, copayments and coinsurance would apply to care, services or supplies beyond the test itself and test-related provider visit.

Do high-deductible plans with a Health Savings Account (HSA) cover the COVID-19 test prior to reaching a deductible?

Yes. Such plans must cover the COVID-19 test and test-related visit at no cost share prior to the member meeting their deductible and if the member has already met their deductible there is no additional deductible. Other costs beyond the test and test-related visit will be covered based on terms of the medical plan. Therefore, deductibles, copayments and coinsurance would apply to care, certain services or supplies beyond the test and test-related visit itself.

The test-related visit includes a physicians' offices, urgent care centers, emergency rooms, and through telehealth visits.

Will testing for COVID-19 be covered as a preventive service under the Affordable Care Act (ACA)?

The cost of COVID-19 testing is considered an essential health benefit but is not classified as a preventative health benefit.

Does the provider or lab need to use a specific HCPCS code to have the COVID-19 test covered? **New 3/27**

Yes. The new HCPCS and CPT codes to cover the test are:

- U0001- to be used for the tests developed by the Centers for Disease Control and Prevention (CDC).
- U0002 – Used by laboratories performing non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19).
- 87635 Pathology and Laboratory code for severe acute respiratory syndrome coronavirus 2 (SARS-2-Co-2). Most national laboratories will use this code.

Codes apply to fully insured and self-funded plans in- and out-of-network.

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There will be diagnosis codes specific to the virus that will be billed for testing related visits. They are as follows:

- Z03.818- Used for cases where there is a concern about a possible exposure to COVID -19.
- Z20.828- Used for cases where there is an actual exposure to someone who is confirmed to have COVID-19.

Where can a member go to get a COVID-19 test?

If a primary physician or medical professional thinks the member may have COVID-19, they will contact the CDC or the local public health department for steps to follow on testing. Tests supplied by the CDC and some state public health departments are available at no charge. The Food and Drug Administration (FDA) has also approved testing at designated labs around the country.

The CDC recommends providers use their judgment to determine if a patient should be tested. The provider may collect a respiratory specimen or in certain situations, the provider may refer a member to one of the approved locations and our customer's plans will cover the COVID-19 test and test-related visit at no cost.

Will UMR cover the "rapid" point of care testing for COVID-19? **New 4/3**

Customer plans will cover COVID-19 testing for members. Coverage includes the recently announced "rapid" point of care" COVID-19 test that has been authorized under the FDA Emergency Use Act (EUA). This testing will be available to patients tested in clinical settings who are equipped to run the test, such as urgent care and emergency departments. The "rapid" point of care will be billed under the same CPT code (87635) as the other COVID-19 tests.

This test has been authorized only for the COVID-19 test and not for any other viruses or pathogens.

Are tests readily available for physicians?

The tests are being made available now, but check with your physician to see if they have the test or where you can go in your area for a test.

Can a client opt out of covering the test or test related expenses?

Based on federal legislation passed on March 18, 2020, all plans are required to cover these services without cost sharing during the emergency period.

Do high-deductible plans with a Health Savings Account (HSA) cover the COVID-19 test prior to reaching a deductible?

Yes, as required under the federal legislation such plans must cover the COVID-19 test and other testing related visits at no cost share prior to the member meeting their deductible. Other costs beyond the test and related visits will be covered based on medical plan benefits. Therefore,

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deductibles, copayments and coinsurance would apply to care, services or supplies beyond the test itself.

Will drive-up testing be an option?

If your health care provider determines you should be tested for COVID-19 and orders the test, they should work with local and state health departments to coordinate testing. As long as the testing place is at an FDA approved facility/location and administered in accordance CDC Guidelines, it will be covered.

Are COVID-19 home tests covered? **New 3/27**

At this time, the FDA has not authorized any test that is available to purchase for individuals to test at home for COVID-19. Call your health care provider right away if you believe you might have been exposed to COVID-19 or have symptoms such as fever, cough or difficulty breathing. If your health care provider determines you should be tested for COVID-19 and orders a test, they should continue to work with local and state health departments to coordinate testing, or use COVID-19 diagnostic testing authorized by the Food and Drug Administration under an Emergency use Authorization through clinical laboratories.

Can a member self-refer for the test?

No. A member should call their physician right away if they believe they might have been exposed to COVID-19. The provider will have special procedures to follow. If the provider feels a COVID-19 test is indicated, the provider will collect a respiratory specimen. In certain situations, the provider may refer a member to one of the approved locations and UMR customer plans will cover the test without cost sharing.

If the test comes back positive for COVID-19, will my treatment be covered?

Treatment for COVID-19 would be covered in accordance with the terms of the medical plan. Cost share, deductibles, copays and coinsurance, will apply to treatment beyond the test and test-related visits.

Are more labs available for testing, such as LabCorp and Quest?

Yes, per CDC as of March 23, the total number of public health laboratories that have completed verification and are offering testing is 91. This includes one or more PHL in 50 states plus DC, Guam and Puerto Rico. CDC is updating this information regularly.

https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/testing-in-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Ftesting-in-us.html

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Should children with symptoms be tested?

UMR encourages members with children to contact their child's pediatrician, who will review the symptoms and determine if a test is recommended.

How long before test results are known?

Test results were taking three to four days; however, that is speeding up with the incorporation of more labs. A 24-48-hour turnaround now is more common.

Can telehealth providers evaluate symptoms and send the individual for a COVID-19 test?

A telehealth provider may determine whether the individual should be sent to a CDC approved location for a COVID-19 test. The COVID-19 test and test-related telehealth visit is paid at no cost share.

Will zero cost share be available for an employee that is required to remain outside of the country due to COVID-19? New 4/4

Coverage for the test and test-related visits will be paid at zero cost share. The claim is processed by a transaction accommodating the foreign exchange rate according to the terms in the member's plan.

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VIRTUAL VISITS AND TELEHEALTH

What is the role to Telehealth/Virtual Visits?

With the help of communication technologies, many members can now interface with health care providers from the comfort of their own home. This may be especially helpful during a pandemic. It can help individuals know if they should get a COVID-19 test for the virus while supporting social distancing.

UMR customers have access to two models for digital access to providers:

Virtual Visits, which are included in many of our customer's self-funded plans, allow members to contact Teladoc, (or other customer vendors) that provides access to physicians, and offers a range of services for acute non-emergent needs. To start a Virtual Visit, the member may login to Teladoc.com. Where necessary, the Virtual Visit provider may refer the patient to be seen by their own provider or specialist.

Telehealth services provide the member with the ability to contact their own choice of physician in the network rather than going through a Virtual Visit provider. The physician must have the appropriate technology to provide live, two-way audio and visual communication with the patient.

If persons are experiencing symptoms or think you might have been exposed to COVID-19, please call your health care provider right away and ask what telehealth options may be available.

When available, either telehealth services or the Virtual Visit benefit may be a preferred option to an in-person visit, allowing faster support and reducing exposure to the virus or exposing others to the virus. Telehealth and Virtual Visits both help reduce demand on the health care system as it addresses the needs created by the virus.

When a COVID-19 test is done, the test and test-related virtual visit will be covered at no cost share. Please note that claims for treatment will pay according to the member's plan benefits.

Is there a Virtual Visit option for members?

Virtual Visit options are available to members in many plans. Where available, and if covered under their plan, members can schedule a Virtual Visit with a provider. Virtual Visit providers like Teladoc (or other customer vendors) have developed guidelines for members who think they may have been infected by COVID-19.

Teladoc offers telehealth solutions in the USA and 175 countries.

A member's Virtual Visit is a good place to discuss concerns and symptoms. Where indicated, the Virtual Visit provider may refer the member to their physician.

When a COVID-19 test is done, the test and test-related virtual visit will be covered at no cost share. Please note that claims for treatment will pay according to the member's plan benefits.

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Can a Teladoc provider order the COVID-19 test? **New 4/2**

At this time, the Teladoc provider follows the CDC guidance. When a Teladoc doctor identifies a COVID suspected case, they advise individuals to call their local doctor or their state's public health hotline to verify test availability and to "let them know before you go" so that the in-person care facility can direct them appropriately and minimize potential exposure for others.

Additionally, they contact the appropriate public health department in accordance with local reporting requirements. Each public health department defines its own parameters regarding what notifications are required and how they contact patients to initiate diagnostic testing, conduct contact tracing, and/or implement at-home self-monitoring, at-home supervised isolation, or quarantine requirements.

Can a member use both audio-visual and audio only for a Telehealth visit? **New 3/27**

For customers who cover telehealth visits, UMR members may have a telehealth visit with a health care provider using either audio-video or audio-only while a patient is at home.

Benefits will be processed in accordance with the member's plan. Member cost sharing will be waived for COVID-19 testing related visits during this national emergency.

Which types of care providers do the policy changes apply to? **New 3/29**

Generally CMS' policies allow the following types of care providers eligible to deliver telehealth services:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse-midwife
- Clinical nurse specialist
- Registered dietitian or nutrition professional
- Clinical psychologist
- Clinical social worker
- Certified registered nurse anesthetists

Can telehealth services be used for physical therapy, occupational therapy and speech therapy? **New 3/27**

For customers who cover telehealth visits, UMR will allow members to use telehealth interactive audio-video technology with their physical, occupational and speech therapists while a patient is at home. These visits will be paid based on the member's benefit plan, which may include visit limits.

How will UMR reimburse providers for a Telehealth encounter?

UMR will reimburse both participating and non-participating care providers who submit appropriate telehealth claims according to the terms of applicable member benefit plans.

The COVID-19 test and test-related visit will be reimbursed at no cost share (copayment, deductible or coinsurance).

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Can you clarify whether Telehealth can be offered and paid at 100% before the deductible has been met on a HDHP plan and not disqualify them from making HSA contributions?

Yes, the Coronavirus Aid, Relief and Economic Security (CARES) Act allows HSA qualified high-deductible health plans (HDHPs) to cover telehealth services for any condition before the deductible is met. Change is effective for plan years on or before 12/31/2021.

The Internal Revenue Service advised that High-deductible health plans (HDHPs) can pay for COVID-19-related testing and treatment, without jeopardizing their status. This also means that an individual with an HDHP that covers these costs may continue to contribute to a health savings account (HSA).

In Notice 2020-15, posted on IRS.gov, the IRS said that health plans that otherwise qualify as HDHPs will not lose that status merely because they cover the cost of testing for or treatment of COVID-19 before plan deductibles have been met. The IRS also noted that, as in the past, any vaccination costs continue to count as preventive care and can be paid for by an HDHP. This notice applies only to HSA-eligible HDHPs.

The COVID-19 test and test-related physician office, urgent care, emergency room, Virtual Visit and telehealth visit will be covered at no cost share.

Employees and other taxpayers in any other type of health plan with specific questions about their own plan and what it covers should contact UMR by calling the number on the back of their ID Card.

Are telehealth visits covered for behavioral health as well as medical? [Update 4/3](#)

During this emergency period, for plans that cover telehealth, members may use telehealth interactive audio-video technology with their physical, occupational and speech therapists while a patient is at home. Make sure to ask all doctors and therapists if they can support telehealth visits when discussing your care.

If a self-funded client decides to offer zero cost-share for Virtual Visits, does that require the client to extend that benefit to behavioral health in support of mental health parity?

We are awaiting further clarity from the government on mental health parity. Additional details will be forthcoming.

Are Teladoc visits or telehealth visits covered for UMR customers who have preventive plan members? [New 3/27](#)

Yes, if the customer's preventive allows access to Teladoc (or other customer vendor).

If their personal physician offers telehealth services, they may utilize those services.

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