COVID-19

Frequently Asked Questions April 28, 2020

Frequently Asked Questions (FAQ)

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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 CORONOVARIUS.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 disease[ii], 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 arrest[iii]. 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? Update 4/11

The combination of new data about how COVID-19 spreads and the widespread infection that has occurred in some communities has recently led The Centers for Disease Control and Prevention (CDC) to recommend wearing a cloth face covering to cover the nose and mouth .This is recommended to protect people around you in case someone is infected but doesn’t have symptoms .

Remember this is an addition to maintain social distancing efforts and hand washing and not in place of masks as a voluntary measure in public when social distancing measures are more difficult to maintain when at grocery stores and pharmacies.

The CDC especially recommends wearing cloth face masks in areas of significant community-based transmission. The CDC has indicated that it is advisable to wear a cloth face mask to slow the spread of the coronavirus as it helps people who do not know they have the virus from spreading it to other people. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure.

The supply of surgical or N-95 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). These masks should be reserved for health care workers and first responder. Please refer to www.coronavirus.gov

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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

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

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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

What is the likelihood of COVID-19 reinfection? Can antibody tests be used to determine if someone has recovered from COVID? New 4/18

The likelihood that someone is going to get reinfected is small. Like other coronaviruses and viruses in general, there is a period of time at which people remain protected because the way one gets rid of virus is through an antibody response. This is called an amnestic response, meaning it has memory. The body "remembers" an invading substance and produces antibodies against it. The antibody tests available now show antibodies, but there is no proof that these antibodies are amnestic.

In the four months that COVID-19 has existed, we have not seen evidence of reinfection. One of the limitations of antibody testing is that people do not make antibodies until the 7th to 12th day of illness. As a result, a negative test may still indicate a person who has COVID but has not made antibodies yet.

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 are 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, co-payments and co-insurance), 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 (co-payments, co-insurance and deductibles) will not apply.
- For plans with in- network benefits only, cost sharing (co-payments, co-insurance, 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.

Does UMR provide any support services for those people who have been affected by the virus? Updated 4/28

The CDC website is the best place to go to stay up to date on the developing COVID-19 virus.

Optum is offering a free emotional support help line for all people impacted. This help line will provide those affected access to 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. 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.

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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.

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 COBRA[1] 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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If an employee declined COBRA coverage in the last 30 days, does this reopen their ability to elect? New 4/11

If a COBRA-eligible member declined COBRA coverage, they will no longer be eligible. They would need to consider one of the options available for individuals, such as the Health Insurance Marketplace or a short-term duration policy.

How do I pay for COBRA? New 4/4

The COBRA Administrator should communicate to the person within 14 days about the COBRA[1] 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 plans will waive member cost sharing (co-payment, co-insurance and deductible), 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, co-payments and co-insurance would apply to care, services or supplies beyond the test itself and test-related provider visit.

Is the COVID-19 diagnostic test and test-related visits covered for self-funded clients? Update 4/28

Self-funded customers, including HDHP/HSA, must waive member cost sharing, including co-payments, co-insurance and deductibles, for COVID-19 diagnostic test and test-related visits, including related items and services at physician office, urgent care, emergency room, or through a telehealth visit that are covered under the member's plan.

Would mileage expenses be reimbursable for concierge services or other items related to obtaining COVID-19 testing? New 4/28

No, items or services not covered under a member's plan would not be covered for COVID-19 testing or testing-related services. For example, mileage expense, transportation, meals, etc. are not covered.

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, co-payments and co-insurance 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.

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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.

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.

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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 you can go in your area for a test.

Are diagnostic tests readily available from physicians? Update 4/19

The COVIID-19 diagnostic tests are being made available now but check with your physician to see if they have the test or where you can you can go in your area for a test. A member may also check test site locations using the Test Locator Tool on myuhc.com.

If a physician requests a second test for COVID-19 to determine if a member is positive, would the second test be covered? New 4/28

Our claim payment is dependent upon accurate coding. If coded as a test, we will pay multiple COVID-19 tests at zero cost share.

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, deductibles, co-payments and co-insurance 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

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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, co-pays and co-insurance, 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

Do UMR customer plans cover antibody detection tests (Serology - IGG/IGM/IGA for SARS-nCOV2 (COVID19)? New 4/28

For the duration of the emergency period, plans will cover these tests at no cost share to the member when ordered by a physician or health care provider.

UMR strongly supports the need for reliable testing and encourages employers and members to consider tests that either have FDA approval or an emergency use authorization from the FDA.

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.

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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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TREATMENT AND COVERAGE

COVID-19 TREATMENT

How is COVID-19 treatment defined? New 4/11

If a client wants to waive cost share (co-insurance, co-payment, deductible) for their members for COVID-19 treatment it includes the following services:

- Office visits
- Urgent care visits
- Emergency department visits
- Observations stays
- Inpatient hospital episodes
- Acute inpatient rehab
- Long-term acute care
- Skilled nursing facilities

If an ASO client has agreed to waive member cost share for the treatment of COVID-19 and a member with an underlying co-morbidity (i.e. such as diabetes, heart disease etc.) has an inpatient stay for treatment of the virus, will hospitals be able to split the inpatient bill so that member cost share will not apply to the COVID-19 treatment but will apply to services related to the co-morbidity? New 4/17

Our hospital contracts are structured such that the majority of hospitals are reimbursed based on all-inclusive diagnosis-related group (DRG) or per diem payments. In either case, the reimbursement rate covers all charges associated with an inpatient stay from the time of admission to discharge, so it isn't feasible for hospitals to split inpatient claims.

How is transportation covered? New 4/28

Ground emergency and medically necessary non-emergency ambulance transportation for COVID-19-related services will be paid according to plan benefits. Cost sharing (co-pays, co-insurance and deductible) will be waived for customer plans that chose to waive cost sharing for all treatment of COVID-19. When covered under the plan, coverage will include ground transportation from facility to facility (i.e., acute to acute OR acute to post-acute) for patients with a positive COVID-19 diagnosis. This does not include transportation to a residence. Always check the plan document for coverage details.

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If a member is not feeling well and has some symptoms but is not tested for COVID-19 (for example they receive a flu test) and the visit and test are not coded as COVID-19, how will the care be paid? New 4/28

The provider should bill for the services conducted. In this case, there is no COVID-19 testing diagnosis or test codes billed or COVID-19 diagnosis code associated with the care, so it would be paid based on the member's normal benefit plan and standard cost share applies.

Are items like Pedialyte and Gatorade covered as a COVID-19 test-related expense? New 4/28

No. These are not covered under medical benefits.

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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.

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Can members use Sanvello at no cost share? New 4/11

Yes, in addition, Sanvello is offering free premium access to its digital care delivery platform. This offer, available globally, makes Sanvello' s clinically validated techniques, coping tools and peer support free to anyone impacted by COVID-19 immediately for the duration of the crisis. Sanvello Health is a UnitedHealth Group company.

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 (co-payment, deductible or co-insurance).

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 ton 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

For plans that cover telehealth, members may use telehealth interactive audio-video technology with their behavioral health provider. 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.

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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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PHARMACY COVERAGE

Will pharmacy coverage or treatment be impacted by COVID-19?

Eligible UMR members with OptumRx pharmacy benefits who need an early prescription refill to ensure they have sufficient medication on hand may request one through their current pharmacy. We encourage members to consider their current supply as well as their near term medication needs prior to refilling prescriptions early.

The recent change to the refill too soon edit allows members with active eligibility to obtain an early refill of their prescription medications if they have refills remaining on file at a participating retail, specialty or mail-order pharmacy.

The refill obtained will stay consistent with the standard days' supply previously filled by the member as allowed by their plan (e.g., 30 or 90 day supply).

Delivery options are available through Optum home delivery, which has no delivery fees and through select retail pharmacies including Walgreens and CVS who have waived delivery fees.

Can you comment further on the pharmacy supply chain and availability of medications? Can our employees still rely on mail order?

We do not anticipate delays in dispensing prescriptions related to COVID-19. This includes Optum.

We do not anticipate COVID-19-related delays in dispensing prescriptions from Optum-owned pharmacies. This includes Optum Home Delivery, Optum Specialty, Optum Infusion Services, Genoa and Diplomat. As of March 18, manufacturers have indicated all 300 of the top utilized prescriptions have over a 60-day supply.

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ASO – BUSINESS DISRUPTION AND STOP LOSS SUPPORT

PLEASE REFER TO OTHER SECTIONS FOR ADDITIONAL INFORMATION.

What should a self-funded employer consider relative to stop loss risk, plan documents, cost projections or other implications concerning COVID-19?

Self-funded clients are considered the plan fiduciary. As such, they are the final authority on plan design provisions and should consult with their professional advisors.

Will UHC-BP stop loss policies follow the underlying plan document to determine eligible, or not covered, stop loss insurance claims?

If UHC-BP is your stop loss carrier, plans that automatically include coverage for services covered based on new Federal legislation (e.g., Family First Coronavirus Response Act) will automatically have eligible plan claims considered eligible charges under the UHC-BP stop loss policy. However, UHC-BP will not automatically include stop loss insurance coverage for plans electing benefits above the Federal requirements.

Eligibility guidelines under UHC-BP stop loss policy will follow the underlying plan design eligibility guidelines. This includes Leave of Absence, Temporary Layoffs, Active at Work Provisions and COBRA. UHC-BP stop loss will also accommodate the Plan's waiver of rehire waiting periods should the Plan choose to change its eligibility rules to do so. The one exception to this provision is that UHC-BP will NOT agree to coverage for newly enrolled individuals covered if a customer holds a Special Enrollment.

For third-party stop loss, if UMR placed the stop loss with one of UMR's preferred stop loss insurers, UMR will assist clients in getting responses to questions from our preferred insurers. For any stop loss placed by a producer directly (not through UMR) with a third party stop loss insurer (including a UMR preferred insurer) it is the clients responsibility for confirming with their stop loss insurer that their stop loss coverage aligns with their plan coverage decisions.

If a client reduces the hours of part of their workforce in response to the COVID-19 National Emergency, can a self-insured company continue to cover those employees?

Yes. If UHC-BP is your stop loss insurer, as long as you continue to pay administrative fees and claims costs, along with your stop loss premium, you may continue to cover reduced-hour employees even though they are not actively at work during the emergency. Please note that you must administer the plan on a uniform, nondiscriminatory basis. You may not choose only certain people for whom you continue to pay claims.

For third-party stop loss, if UMR placed the stop loss with one of UMR's preferred stop loss insurers, UMR will assist clients in getting responses to questions from our preferred insurers. For any stop loss placed by a producer directly (not through UMR) with a third party stop loss insurer (including a UMR preferred insurer) it is the clients responsibility for confirming with their stop loss insurer that their stop loss coverage aligns with their plan coverage decisions as well as any questions about covering reduced hour employees who are not actively at work for some period.

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How will your stop loss handle timely filing for stop loss claims? NEW 3/27

UHC-BP will ensure coverage for any eligible stop loss claims if the underlying plan covers the claims

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What about continuation coverage for self-insured plans?

If UHC-BP is your stop loss insurer and your group is subject to COBRA, as long as one person remains actively employed, terminated employees may elect to continue coverage under COBRA under the normal notice and election procedure. If UHC-BP is not your stop loss insurer, be sure to check with your stop loss insurer about any rules it may have regarding minimum enrollment of active employees for stop loss coverage. If the plan has no active employees, the plan is terminated and COBRA is not an option. In that case, employees would have a special enrollment period to enroll in individual coverage. You may contact (800) 827-9990 or https://www.healthmarkets.com for individual market coverage options.

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Is there a requirement for the SPD to be updated prior to making plan changes to support COVID-19? New 3/27

Generally, the changes we are making to support zero cost share for the diagnosis and testing associated with COVID-19 offer a better benefit. As such, we have 210 days from the end of the plan year to issue the changes. Self-funded customers should continue to monitor their SPDs for required changes including stop loss language and, as always, validate their approach with legal counsel.

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Can a self-funded client cover more than just the test and test-related expenses at no cost share? Update 3/27

Yes, if a client wishes to cover certain services above and beyond diagnostic testing or test-related visit or to cover COVID-19 treatment they can do so. Talk with your account representative.

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Are you offering fee holidays?

No, we are not waiving administrative fees nor stop loss premium if UHC-BP is your stop loss insurer. Our contracts include standard provisions for late payment.

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Are furloughed employees eligible for self-funded plans?

Employees remain eligible for coverage if they remain an active employee during periods of temporary layoffs and/or reduction in hours. UMR is reliant on employers to notify us of employment status of their employees. If the employer chooses to pay for their coverage, then you would not notify us of a coverage change and furloughed employees would remain on the plan.

For third-party stop loss, if UMR placed the stop loss with one of UMR's preferred stop loss insurers, UMR will assist clients in getting responses to questions from our preferred insurers. For any stop loss placed by a producer directly (not through UMR) with a third party stop loss insurer (including a UMR preferred insurer) it is the clients responsibility for checking with their stop loss insurer on such questions.

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FINANCIAL, OPERATIONS AND REPORTING

If a self-funded customer has tiered administrative fees based on enrollment, and they experience a change in covered lives due to layoffs or furloughs related to COVID-19, will their administrative fees change? New 3/27

No, for the next 60 days, we will not change any administrative fees based on a change in enrollment.

If a new customer, effective April 1 or May 1 has a change in enrolled census due to layoffs associated with COVID-19, will their quoted rate change? New 3/27

Yes, standard new business submission review will continue. If the enrolled census changes by more than 10% we will reserve the right to re-rate the group. Depending on the magnitude of the census change, the coverages for which the group qualifies may also change.

Unless the self-funded client notifies UMR of their intention to terminate, we continue the plan per ASA.

Will wellness credits roll over due to COVID-19? New 4/18

There are no plans to carry over wellness credits at this time. This will be evaluated again later in the summer.

Can a self-funded group have a special enrollment and, if so, are their limitations to what may be offered? New 4/18

A self-funded client can hold a special enrollment period, however, any current member must stay with the existing plan, unless

- The client chooses to add a leaner plan design (higher deductible, lower co-insurance or otherwise actuarial value less than existing plans), then existing members can elect to buy down, but only to that plan.
- New members can pick from any of the plan designs offered, however, new members added will not be covered under stop loss (if stop loss is offered)
    - For third-party stop loss, if UMR placed the stop loss with one of UMR's preferred stop loss insurers, UMR will assist clients in getting responses to questions from our preferred insurers. For any stop loss placed by a producer directly (not through UMR) with a third-party stop loss insurer (including a UMR-preferred insurer) it is the clients responsibility for checking with their stop loss insurer on such questions.

Will renewal rate actions be delayed as a result of the COVID-19 national emergency?

Renewals and all necessary information will be released on a timely basis.

Is there a way that UMR will be able to provide COVID-19 claims reporting?

UMR is working on reports related to COVID-19 and will make those available as appropriate once claims are processed for payment.

Does UMR have a business preparedness (continuity) plan?

Yes. The plan addresses business continuity strategies for all forms of events natural and man-made including pandemics. The strategies focus on our critical business functions and planning for the worst-case scenarios so that we can react quickly and efficiently adding value to our business and customers, members and other stakeholders through effective risk reduction, compliance with industry, contractual and regulatory standards, and safeguarding our operations and assets.

For additional detail on UnitedHealth Group Enterprise Resiliency and Response including the latest COVID-19 information use the Active Public Events SharePoint .

Can wellness credits be used for supplies like hand sanitizers and thermometers that are part of return-to-work or return-to-office programs? New 4/28

Yes, UMR wellness credits may be used to purchase hand sanitizers, thermometers or other supplies use to provide a healthy and a safe workplace as employees are returning to the workplace.

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PAYMENT INTEGRITY

How are we enhancing our fraud, waste and abuse programs to address specific actions related to COVID? New 4/17

Our Payment Integrity fraud, waste, abuse and error (FWAE) processes are based on historical knowledge and factors that have been identified as associated with or indicative of a higher risk for FWAE. Leveraging this process, Payment Integrity has designed and deployed additional analytics based on anticipated aberrant behavior related to COVID.

As the COVID claim and billing history matures, these analytics will continue to be edited or enhanced, reflecting the traditional model focused on historical knowledge. In addition, we are coordinating with national and state agencies and regulators to address emerging COVID fraud schemes.

How are we helping to control balance billing for out-of-network (OON) office visits associated with the COVID-19 testing and testing-related visits at physician offices? New 4/17

Payment Integrity standard processes include monitoring for aberrant and/or egregious billing for both in- and out-of-network providers.

The potential for member balance billing will be monitored and addressed through our standard process, which includes, but is not limited to, member communication, and provider and member notifications around balance billing rules.

How are we protecting members from egregious OON billing associated with COVID testing? New 4/17

Member balance billing is being monitored and addressed through UMR standard processes, which include member communication and provider and member notifications around balance billing rules.

What, if anything is UMR doing from a health plan and/or policy perspective to protect employers from "unreasonable" costs related to COVID-19 testing/treatments? New 4/17

UMR has implemented several processes to validate that claims paid for COVID tests strictly adhere to regulatory guidance and pricing. Claims can be reviewed both pre- and post-payment, and any providers with aberrant billing practices will be subject to our fraud, waste and abuse processes.

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FSA, HRA, HSA ACCOUNTS

What options do employees have for their FSA? New 4/3

Based on current regulations and subject to any restrictions or limitations that may exist specific to individual plan documents and design, employees may have existing options to modify their pre-tax elections for a dependent care FSA (DCFSA) to support their needs at this time. Examples include:

- Suspend election: If the daycare has closed and is not billing for services, the employee may consider suspending their FSA election. They may choose to re-elect the DCFSA once daycare services resume.
- Modify election:
  - An employee may increase or decrease their election if the daycare provider has adjusted their fee schedule during this time.
  - If a child is switched from a paid provider to "free care" (i.e. neighbor or relative) or no care, an election change should be permissible whenever there is a change in provider.
- Add election: Should family needs require that a new care provider is added whose services have a cost, the employee may add an election. For example, if an employee needs to hire a babysitter to care for children while they are working in their home. This will qualify so long as the babysitter is over the age of 19 and is not the spouse, the parent of the child, or anyone claimed as a dependent on the employee's tax returns.

Customers should consult with their own legal counsel and review their plan language.

Can a plan extend timely filing deadlines for FSA? New 4/1

A customer may change that today. All plan documents would need to be updated.

Will grace periods (to pay claims incurred this year for an extra 2.5 months from prior year balances) get extended due the current situation (perhaps due to quarantine or hospitalizations) to allow more time to submit claims? New 4/1

No changes to current regulations have been received yet.

Will the IRS allow any unused DCFSA balances to carry over so members do not lose them? New 4/1

No changes to current regulations have been received yet.

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Can a member with a DCA submit claims even if they have stopped contributing to the account? New 4/17

The customer may allow employees to change their elections and spend down their DCA.

If the DCA does not have the spend down option, as long as the customer doesn't term that member, the member may submit a claim for any applicable date of service in order to be reimbursed from the remaining DCA balance. If you are unsure as to whether your plan has the DCA spend down option, consult your FSA SPD or contact your account manager.

What happens if the debit card does not work on the OTC purchases? New 4/17

A member may use the accounts to purchase the products. However, when a person attempts to use the payment MasterCard, it may not work at the moment. This is because individual pharmacies and convenience stores must update their systems to recognize these products as qualified medical expenses for purchases for notional accounts. Some UMR HRA plans do not allow OTC purchases on the debit card.

Members should first try to use the card as they normally would to make the purchase. If the sale does not process, the person may pay out-of-pocket and then reimburse themselves with their account funds. Keep the itemized receipts, which are needed to verify the purchases so they can be reimbursed.

Reminder for HSAs, the debit card may be used as it normally is since no claim reimbursement process is required. As always, the receipts should be kept for tax purposes.

Can members who have to stay home with children stop contributions to a dependent child (DC) FSA? New 4/1

The current IRS regulations allow a participant to discontinue contributions to their DCAPs when they are not actively at work or on an approved leave of absence. The employee may be considered not eligible to participate since the daycare is not needed for the employee to maintain gainful employment. This may also be viewed as a change in status allowing the employee to request a change in their current election.

Therefore, the employee may be permitted to discontinue their election to contribute or change their election to stop contributing. Once the employee need daycare services, they could re-enroll in the DCAP and begin contributing again. The customer's plan language should address this.

Customers should consult with their own legal counsel and review their plan language.

If an employee is furloughed but not terminated, can a customer continue to keep them on 'active' FSA coverage to spend down balances? New 4/1

If the employee is not terminated, they may be treated as an active employee depending on the eligibility language in the plan. It is up to the employer how they want to handle. The employer may need to amend their plan language.

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Did the CARES Act change the requirement for prescriptions for over-the-counter (OTC) medications? New 4/1

Yes. The CARES ACT (COVID Stimulus Bill) that was recently passed by Congress permanently reinstates coverage of over-the-counter (OTC) drugs and medicines as eligible for reimbursement from FSAs, HRAs, HSAs, and Archer MSAs without need for a prescription.

It further expands the definition of qualified OTC items to include menstrual care products.

This change is effective for expenses incurred on or after Jan. 1, 2020.

Please note that not all UMR HRA plans cover OTC expenses. Please refer to the HRA section of the plan document to determine whether OTC expenses are allowable under the plan.

Did the CARES Act change the requirement for prescriptions for over-the-counter (OTC) medications? Update 4/28

Yes. The CARES ACT (COVID Stimulus Bill) that was recently passed by Congress permanently reinstates coverage of over-the-counter (OTC) drugs and medicines as eligible for reimbursement from FSAs, HRAs, HSAs, and Archer MSAs without need for a prescription.

It further expands the definition of qualified OTC items to include menstrual care products. This will apply automatically to any account type that currently covers OTC. UMR will not change eligible expenses to those accounts not currently covering OTC, such as an HRA that only pays expenses that a medical plan would cover.

This change is effective for expenses incurred on or after Jan. 1, 2020.

Since the tax deadline was moved to July 15, 2020, can individuals continue to contribute to a 2019 HSA? New 4/1

Yes, since the federal income tax filing deadline has been extended from April 15, 2020 to July 15, 2020 (IRS Notice IR-2020-58), individuals may continue to make 2019 health savings account (HSA) contributions to July 15, 2020.

Can high-deductible health plans (HDHPs) with an HSA provide pre-deductible coverage for telehealth or Virtual Visits? New 4/2

According to High Deductible Health Plans and Expenses Related to COVID-19 Guidance, high-deductible health plans (HDHPs) with an HSA may provide pre-deductible coverage for telehealth and other remote care services. This provision will last until Dec. 31, 2021. The plan year must begin prior to this date.

Can a member close or make an adjustment to their commuter expense reimbursement adjustment account (CERA)? New 4/1

Yes. Individuals may adjust or discontinue their payment to the account. Funds in the account may be used for future commuter expenses within plan guidelines.

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[i] China Centre for Disease Control & Prevention, Statistica
[ii] China Centre for Disease Control & Prevention, Italian Portal of Epidemiology for Public Health
[iii] medRxiv 2020.02.26.20028191
[iv] CDC, WHO, Laure, et.al, 2020
[v] National Institute of Allergy and Infectious Diseases

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