UMR COVID-19 Standards, Options and Decisions Guide

✓ Standards	! Options	! Decisions
COVID-19 TESTING and TESTING-RELATED Visits		
Standard: Per the Families First Coronavirus Response Act (FFCRA), plans must waive member cost-sharing (copayments, coinsurance, deductibles) for approved and authorized COVID-19 testing and testing-related visits at physician offices, urgent care centers and emergency departments for members enrolled in comprehensive medical plans, and Medicare managed care plans. Testing must be provided at approved locations in accordance with U.S. Centers for Disease Control and Prevention (CDC) guidelines. Waiver of cost share applies ***in and out of network*** and relies upon accurate COVID-19 coding. Coverage is effective for dates of service February 4, 2020 forward to support the availability of COVID-19 coding. Please note, we have not determined an end date for coverage of testing and testing related visits at zero cost share.	***Options:*** Please note, clients who are considering an end date for these services are requested to refrain until such time that the emergency period has ended.	**No Decision Required** Per the Families First Coronavirus Response Act (FFCRA), all self funded plans will follow standard.
COVID-19 TREATMENT		
Standard: No federal regulatory requirement plans. However if clients are waiving cost share for treatment please note the following: • Start dates for coverage of treatment should begin on February 4, 2020 for dates of service on/after 2/4/2020. • Clients who are considering an end date for these services are requested to refrain until such time that the emergency has ended. • Providers will bill with normal CPT codes and modifiers using diagnosis codes to identify claims associated with COVID-19 diagnosis.	***Options:*** ❑ Waive cost share (copayments, coinsurance, deductibles) for **all services and treatment** for covered services**, in and out of network** when associated with COVID-19 ❑ ***Limit*** *coverage to* ***in-network*** *only* ❑ *Use a* ***specific end date*** *for coverage of these services.*	**Unless indicated otherwise, self-funded plans will continue to cover COVID-19 treatment according to plan benefits, in and out of network.**
Teladoc (or other customer vendor) Telemedicine/Virtual Visits		
Standard: Per the FFCRA waive cost-share (copayments, coinsurance, deductibles) for telemedicine/Virtual Visits related to COVID-19 testing from February 4, 2020 until June 18, 2020. This applies to customers who currently offer telemedicine/Virtual Visits through Teladoc (or other customer vendor) • Federal regulations require that we waive cost share for COVID-19 related visits from 2/4/2020 forward. UHC will review claims to reimburse cost share applied to claims for COVID-19 diagnosis during this period. Informational: • Administratively Teladoc (or other customer vendor) may not be able to identify COVID-19 related services up-front. Members who pay their copayment upfront will be reimbursed when the claim is paid.	***Options:*** ❑ *Waive cost-share for* ***all Teladoc*** *(or other customer vendor) visits regardless of diagnosis for dates of service March 1, 2020 through June 18, 2020.* Includes all services that they have today – general medicine and/or behavioral health and/or dermatology. Please note, this applies to customers who currently offer telemedicine/Virtual Visits through Teladoc (or other customer vendor). **OR** ❑ ***Add new*** *coverage with Teladoc. Please note, minimum 1 year contract will apply.*	**Unless indicated otherwise, self-funded plans who currently have Teladoc (or other customer vendor) will waive cost-share for *telemedicine/ V*irtual Visits for COVID-19 test related visits, per the FFCRA.**
Telehealth – COVID Testing related visits		
Standard: Per the FFCRA waive cost-share (copayments, coinsurance, deductibles) for telehealth visits related to COVID-19 testing from February 4, 2020 until June 18, 2020. All eligible ***in and out of network*** medical providers who have the ability and want to connect with their patient through live video-conferencing or audio-only (telephonic), may do so. Member cost-share waived. For plan's that do not currently cover telehealth visits, coverage for this services will be turned on for COVID-19 diagnosis only during the emergency period.	***Options:*** Please note, clients who are considering an end date for these services are requested to refrain until such time that the emergency period has ended.	**No Decision Required** Per the FFCRA all self funded plans will follow standard.

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Standards	Options	Decisions
Telehealth – Non-COVID-19 related visits		
Standard: No federal regulatory requirement. However, if clients are implementing telehealth, please note the following: • This change applies to providers who have the ability and want to connect with their patient through live video-conferencing or audio-only. • Live video-conferencing is required for Physical, Speech and Occupational Therapies. • Coverage will be for dates of services March 1, 2020 until June 18, 2020. Includes patient to physician and physician to physician.	***Options:*** ❑ *If currently cover telehealth, waive cost-share for all **in and out of network** providers. Includes medical and behavioral health* **OR** ❑ ***Limit** cost share waiver to **in-network** only* ❑ *If currently do not cover telehealth, **add new** coverage for telehealth (at regular plan benefits or with cost share waived)* Please note, applying cost-share or waiver of cost-share to certain provider types or specific services is complex and may require significant lead time to allow for coding and testing.	**Unless indicated otherwise, self-funded plans will cover non-COVID-19 telehealth visits according to plan benefits, in and out of network.**
Cryopreservation and Storage of Embryos		
Standard: No federal regulatory requirement.	***Options:*** ❑ **Self-funded** customers who offer fertility benefits and currently exclude cryopreservation and/or storage, may opt-in to cover **cryopreservation** and/or **storage** at plan benefits or waive cost share.	**Unless indicated otherwise, self-funded plans will follow current plan benefits.**
Pharmacy – Early Prescription Refill		
Standard: Per our business decision, all UMR OptumRx members who need help obtaining an early prescription refill can call the number located on the back of their medical ID card for assistance or work with their pharmacist for refills. As of now we will allow a one-time override, but will closely monitor the situation to determine how long this option will remain in place.	**No Options Available**	**No Decision Required** All self funded plans will follow standard.
Certain over-the-counter (OTC) medical products as qualified medical expenses		
Standard: The CARES Act restores the ability to use HSAs, FSAs and HRAs to purchase certain OTC medical products, like Tylenol, Claritin and Pepto-Bismol, etc., without a doctor's prescription. For the first time, menstrual care products are considered qualified medical expenses for payment or reimbursement with an HSA, FSA or HRA. These changes apply to amounts paid or expenses incurred on or after January 1, 2020. Both provisions for OTC and menstrual products are ongoing without an expiration date.	**No Options Available**	**No Decision Required** Per the CARES Act all self funded plans will follow standard.