

COVID-19 information from Anthem Blue Cross and Blue Shield Medicaid (March 24 update)

Anthem Blue Cross and Blue Shield Medicaid (Anthem) is closely monitoring COVID-19 developments how they will impact our customers and our health care provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) to help us determine what action is necessary on our part.

To help address care providers' questions, Anthem has developed the following frequently asked questions:

What is Anthem doing to prepare?

Anthem is committed to help provide increased access to care while eliminating costs to help alleviate the added stress on individuals, families and the nation's healthcare system.

These actions are intended to support the protective measures taken across the country to help prevent the spread of COVID-19 and are central to our commitment to remove barriers and support communities through this unprecedented time.

Anthem is committed to help our members gain timely access to care and services in a way that places the least burden on the healthcare system. Our actions should reduce barriers to seeing a doctor, getting tested and maintaining adherence to medications for long-term health issues.

COVID-19 testing and visits associated with COVID-19 testing

Anthem will waive cost shares for members — including copays, coinsurance and deductibles — for COVID-19 tests and visits associated with the COVID-19 test (including visits to determine if testing is needed). Tests samples may be obtained in many settings including a doctor's office, urgent care, ER or even drive-thru testing once available. While a test sample cannot be obtained through a telehealth visit, the telehealth provider can connect patients with a test. The waivers apply to Medicaid plans.

Telehealth (video + audio):

For 90 days effective March 17, 2020, Anthem will waive member cost shares for telehealth visits, including visits for mental health or substance use disorders, for our Medicaid plans.

Cost sharing will be waived for members receiving telehealth from providers delivering virtual care through internet video and audio services.



<https://medproviders.anthem.com/ky>

Telephonic-only care

For 90 days effective March 19, 2020, Anthem will cover telephonic-only visits with in-network providers. Out-of-network coverage will be provided where required. This includes covered visits for mental health or substance use disorders and medical services for Medicaid plans. Cost shares will be waived for in-network providers only. Exceptions include chiropractic services and physical, occupational, and speech therapies. These services require face-to-face interaction and therefore are not appropriate for telephone-only consultations.

Prescription coverage

Anthem is also providing coverage for members to have an extra 30-day supply of medication on hand. We are encouraging that when member plans allow, they switch from 30-day home delivery to 90-day home delivery.

Will Anthem waive member cost shares For COVID-19 testing and visits associated with COVID-19 testing?

Anthem will waive cost shares for our Medicaid plan members — including copays, coinsurance and deductibles — for the COVID-19 test and associated visits. Tests samples may be obtained in many settings including a doctor's office, urgent care, ER or even drive-through testing once available. While a test sample cannot be obtained through a telehealth visit, the telehealth provider can connect members with testing. The waivers apply to Medicaid plans.

What services are appropriate to provide via telehealth?

- Anthem covers telehealth (in other words, video + audio) services for providers who have access to those platforms/capabilities today.
- Effective March 17, 2020, Anthem will waive member cost share for telehealth (video + audio) visits, including visits for mental health or substance abuse disorders, for our Medicaid plans for 90 days. Cost sharing will be waived for members receiving care from providers delivering virtual care through internet video + audio services.

Will Anthem cover telephone-only services in addition to telehealth via video + audio?

Anthem does not cover telephone-only services today (with limited state exceptions) but we are providing this coverage for 90 days effective March 19, 2020, to reflect the concerns we have heard from providers about the need to support continuity of care for members during extended periods of social distancing. Anthem will cover telephone-only medical and behavioral health services from in-network providers and out-of-network providers when required by state law. Anthem will waive associated cost shares for in-network providers only, except where a broader waiver is required by law. Exceptions include chiropractic services, physical, occupational, and speech therapies. These services require face-to-face interaction and therefore are not appropriate for telephone-only consultations. Self-insured plan sponsors may opt out of this program.

What codes would be appropriate to consider for a telehealth visit with a patient who wants to receive health guidance related to COVID-19?

Based on standard coding guidelines from the AMA and HCPCS, Anthem would recognize telehealth modifiers 95 or GT that are appended with office visit codes 99201-99215, for reimbursement as a telehealth service. Anthem also recognizes, but does not require, Place of Service (POS) code "02" for reporting telehealth services.

How is Anthem monitoring COVID-19?

Anthem is monitoring COVID-19 developments and what they mean for our associates and those we serve. We are fielding questions about the outbreak from our customers, members, providers and associates. Additionally, our clinical team is actively monitoring external queries and reports from the CDC to help us determine what, if any, action is necessary on our part to further support our stakeholders.

Anthem has a business continuity plan for serious communicable disease outbreaks, inclusive of pandemics, and will be ready to deploy the plan if necessary.

Our enterprise-wide business continuity program includes recovery strategies for critical processes and supporting resources, automated 24/7 situational awareness monitoring for our footprint and critical support points, and the Virtual Command Center for Emergency Management command, control and communication.

In addition, Anthem has established a team of experts to monitor, assess and help facilitate timely mitigation and response where it has influence as appropriate for the evolving novel coronavirus threat.

Does Anthem have recommendations for reporting, testing and specimen collection?

The CDC updates these recommendations frequently as the situation and testing capabilities evolve. See the latest information from the CDC: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>.

What diagnosis codes would be appropriate to consider for a patient with known or suspected COVID-19?

The CDC has provided coding guidelines related to COVID-19: <https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf>.

Is Anthem waiving member cost-shares when a member needs treatment from a doctor or a hospital related to COVID-19?

No. The waiver of member cost shares is for the COVID-19 test and visits to get the COVID-19 test. This waiver does not apply to treatment.

However, keep in mind telehealth visits for any covered treatment do not require member cost sharing for 90 days. See other FAQs for details.

What member cost-shares will be waived by Anthem affiliated health plans for virtual care through internet video + audio or telephonic-only care?

Effective March 17, 2020, Anthem's affiliated health plans will waive member cost share for telehealth (video + audio) visits, including visits for behavioral health, for our Medicaid plans where permissible for 90 days. Cost sharing will be waived for members receiving care from providers delivering virtual care through internet video + audio services.

Effective March 19, 2020, Anthem will cover telephone-only medical and behavioral health services from in-network providers and out-of-network providers when required by state law for 90 days. Anthem will waive associated cost shares for in-network providers only except where a broader waiver is required by law.

Exceptions include chiropractic services, physical, occupational, and speech therapies. These services require face-to-face interaction and therefore are not appropriate for telephone-only consultations. Self-insured plan sponsors may opt out of this program.

Does Anthem require a prior authorization on the focused test used to diagnose COVID-19?

No, prior authorization is not required for diagnostic services related to COVID-19 testing.

In case of mass epidemic, how can you ensure that your contracted providers can still provide services?

Anthem is committed to working with and supporting its contracted providers. Our benefits already state that if members do not have appropriate access to network doctors that we will authorize coverage for out-of-network doctors as medically necessary.

Are you aware of any limitations in coverage for treatment of an illness/virus/disease that is part of an epidemic?

Our standard health plan contracts do not have exclusions or limitations on coverage for services for the treatment of illnesses that result from an epidemic.

Does Anthem expect any slowdown with claim adjudication because of COVID-19?

We are not seeing any impacts to claims payment processing at this time.

What is the best way that providers can get information to Anthem's members on Anthem's alternative virtual care offerings?

The website <https://www.anthem.com> and the member-facing blog (<https://www.anthem.com/blog/member-news/how-to-protect>) are great resources for members with questions and are being updated regularly.

Anthem members also can call the Anthem 24/7 NurseLine at the number listed on their Anthem ID card to speak with a registered nurse about health questions.