



COVID-19 Pandemic Frequently Asked Questions for Providers

April 28, 2020

Changes affect all HAP members unless otherwise notified.

We appreciate your partnership during this unprecedented time. We are grateful to your health care teams who are on the front lines ensuring the safety and well-being of our community.

This document provides an overview of the changes HAP has made to policies and processes so you can quickly and easily provide care to your HAP patients. It also highlights the support we've provided to our members and employer groups.

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COVID-19 Testing

1. Does HAP waive cost sharing for COVID-19 testing?

Yes.

COVID-19 Treatment

1. Does HAP waive cost sharing for treatment of COVID-19?

Yes. HAP will waive member cost-sharing for testing and treatment of COVID-19, according to state and federal guidelines, which includes deductibles, copays and co-insurance associated with treatment for the virus. This cost-sharing waiver is for inpatient or outpatient testing and treatment from an in-network provider and is currently in effect for services rendered through June 30, 2020.

Telehealth and Virtual Visits

1. How does HAP define telehealth and virtual visits?

Telehealth is defined as real time audio/visual visit. Virtual visit is defined as a phone visit with provider. CMS guidelines have changed due to COVID-19; therefore, if a provider can do any kind of HIPAA compliant video or audio call such as FaceTime or Skype, that is considered a telehealth visit.

2. How is HAP covering virtual visits and telehealth?

HAP is waiving all member cost share for virtual visits and telehealth from March 15 through June 30. We'll continue to evaluate the effective date of this change as the pandemic response continues to evolve.

All virtual visits and telehealth services will have cost share waived whether the service was initiated in response to COVID-19 symptoms or other general health concerns. This includes primary care, specialty care, behavioral health and autism.

This affects the following HAP plans:

- Medicare (group and individual); individual members; fully insured employer group customers.
- Medicaid has extended telehealth benefits to include visits based at home. HAP covers telehealth services for Medicaid members and there is no cost share associated with those services.

Note: Self-insured employer group customers control their own health benefits and HAP is working with its self-insured customers to determine how they will cover telehealth services.

3. Are wellness services (G0438 and G0439) covered via telehealth?

Yes, wellness visits (G0438 and G0439) are covered when provided via telehealth. Please refer to our Benefit Administration Manual for the Telemedicine, Telehealth & Virtual Care Services policy. The policy also contains links to CMS resources for codes.

4. Are preventive visits covered via telehealth?

Preventive visits (99381-9939) are not covered via telehealth, consistent with CMS guidelines. These service codes include expectations or aspects of care that are not feasible by audio/visual telemedicine technology (listening to breath sounds, heart sounds, palpitation of the abdomen, etc.). We're reevaluating if this could be covered in the future.

5. Do you cover PT/OT/ST therapy via telehealth?

Yes. Please refer to our Benefit Administration Manual for the Telemedicine, Telehealth & Virtual Care Services policy for more information. Applies to all Medicare Advantage, HAP/AHL Commercial and Individual product members. HAP Empowered Medicaid members continue to follow MDHHS directives.

6. Do you cover autism via telehealth?

Yes. Please refer to our Benefit Administration Manual for the Autism Spectrum Disorders, Evaluation and Treatment policy for coverage criteria.

Prior Authorizations and Referrals

1. Is prior authorization required for skilled nursing facility admissions from an acute care facility?

HAP will not require hospitals to submit prior authorization for admissions to skilled nursing facilities. Instead, skilled nursing facilities can communicate directly with hospitals and accept HAP members. SNFs need to submit the clinical information below within three business days of the admission date.

- Patient medical history and physicals
- Therapy evaluation
- Proof of medical necessity (only if therapy isn't required)

2. Have effective dates of existing and new pre-service authorizations been extended?

Yes. We've extended effective dates of existing and new pre-service authorizations to 365 days; 180 days now for high-tech imaging, sleep studies and ZOLL LifeVests.

3. Has HAP removed authorizations for out of plan/out of network services for any members?

Yes. We've removed authorizations for out of plan/out of network services for all Medicare, MMP and DSNP. No PCP referrals required for HAP Primary Choice Medicare (HMO) and HAP Choice Medicare (HMO) plans.

4. Has HAP removed referral requirements for any plans requiring them?

Yes. Referrals are not required for HAP Primary Choice Medicare (HMO) plans, HAP Choice Medicare (HMO) plans, tiered network plans. This is effective March 10 through end of State declared emergency.

5. Will HAP waive authorization for outpatient testing with a suspected or confirmed COVID diagnosis, i.e. high-tech imaging, DME?

Yes.

6. Does HAP temporarily allow speech therapy for children with a diagnosis other than autism at medical facilities since services are not available at schools now due to state of emergency?

Yes.

7. Do you cover out of network care for COVID-19 for Medicare members?

Yes. We cover all medically necessary covered Medicare Advantage plan benefits provided at non-contracted providers. The provider must participate with original Medicare. This is effective March 10 through end of State declared emergency.

Appeals

1. What are the provider appeals timelines during the COVID-19 crisis?

HAP is waiving appeals timelines during the emergency timeframe.

Financial

1. What is HAP doing to offer financial relief for providers?

We pay claims quickly and have experienced no operational barriers to our work. Additionally, we're providing cash flow relief by expediting our 2019 Best Practice payments. We're evaluating other opportunities for financial relief.

2. **How is HAP handling sequestration?**

HAP will follow the Centers for Medicare and Medicaid Services and restrict sequestration temporarily beginning May 1, 2020. Per CMS, section 3709 of the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act"), temporarily suspends sequestration of Medicare programs between May 1, 2020 and December 31, 2020, which we will refer to as the "sequestration suspension period."

Prescription Coverage

1. **What is HAP doing for prescriptions?**

HAP is offering free in-home medication delivery service to ensure our members have adequate drug supply on hand. The delivery cost is free for members to get medications sent to their homes through Pharmacy Advantage. HAP members can request all their drugs from Pharmacy Advantage. This service is available for all of our HAP members - Medicare, Medicaid, Dual Medicare/Medicaid, and Commercial population.

2. **What if members can't get prescriptions from in network pharmacies?**

HAP will reimburse members for prescriptions obtained from out of network pharmacies when the member cannot reasonably obtain medications from in network pharmacies

Durable Medical Equipment Provider Specific Questions

1. **What prior authorization requirements are you following during this time?**

HAP will follow the MDHHS and CMS guidance below.

2. **What documentation can be used for hospital discharges that require oxygen treatment?**

DME suppliers can use provider's documentation of COVID-19 rationale for O2 equipment with a qualifying oxygen sat. DME script can be written for up to 60 days if medically necessary from date of discharge. Discretion of provider to determine allowable timeframe. After prescription expires, the patient will require a reevaluation.

3. **With an increase in oxygen orders with the primary diagnosis of COVID-19, is the diagnosis COVID-19 enough on its own? If sufficient, how long can oxygen be provided to patients with the primary (only) diagnosis of COVID-19?**

COVID-19 diagnosis with a qualifying oxygen sat. qualifies for up to first 60 days or length of script and then patient needs to be re-evaluated. DME supplier should check at 30 days to assess if patient requires oxygen beyond the initial 30 days or when patient no longer needs oxygen any longer. Use new diagnosis code U07.1, COVID-19, effective from April 1, 2020. Use CDC codes for COVID-19 conditions before the new COVID-19 code is available.

4. **With members fearing they will run out of supplies; can we ship orders early?**

HAP will follow CMS billing rules for refills which allows to process well in advance. This will minimize unintended consequence of DME shortages due to stockpiling. DME can be delivered as early as 10 calendar days earlier than refill date which HAP follows for Medicare, Medicaid and Commercial.

5. **Will HAP offer subsidy's to members or suppliers who have out-of-pocket expenses for DME/medical supplies, if the member can't make payments due to COVID-19 impacts?**

HAP will follow CMS and MDHHS guidelines for member cost share which at this time does not include the scope of DME and supplies. HAP will continue to assess the environment for additional changes.

6. **Will HAP waive requirements on the prescription (date of birth, ID number, diagnosis, gender, times testing, etc.)?**

HAP will follow MDHHS and CMS guidance below.

7. **Will HAP waive medical record documentation, if required for a supply or order if we're unable to obtain it during this time?**

HAP will follow MDHHS and CMS guidance below.

8. **Will HAP waive expired documentation or prescription renewals for existing members?**

HAP will follow MDHHS and CMS guidance below.

MDHHS Guidance

Bulletin [MSA 20-14](#): Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Providers, Hospitals, Physicians, Pharmacies, Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs)

Start Date: March 26, 2020

End Date: 30 days following the termination of the Governor's Declaration of a State Emergency Order (2020-04, COVID-19) or the first of the following month, whichever is later

Applies to: MMP, Medicaid, HMP, CSHCS

Excludes: Commercial and Medicare

Here are the guidelines from the MDHHS:

- Waive quantity limits, prior authorization and documentation requirements for:
 - Respiratory equipment/supplies (e.g. ventilators, suction catheters, oxygen, etc)
 - Medical supplies the member typically receives through home delivery (e.g. diabetic supplies, incontinence supplies, enteral formulas, etc.)
- Ordering provider must establish medical necessity for specified equipment/supplies and quantities on order.
- Physician order must be kept in the member file and be available upon request.
- All other documentation requirements (timeliness, medical records, tests results, etc) are waived during emergency.
- Waive POA and need for new medical documentation for the replacement of medical equipment/supplies that have been lost, destroyed, damaged or otherwise rendered unusable or unavailable during emergency.

CMS Guidance

COVID-19 [Emergency Declaration Health Care Provider Fact Sheet](#) (3/13/2020)

Start date: March 13, 2020

End date: Continue up to the termination of the Governor's Declaration of a State Emergency Order

Applies to: Medicare, MMP, DSNP, Commercial

Excludes: Medicaid, ASO

Here are the guideline from CMS:

For Durable Medical Equipment Where Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) is lost, destroyed, irreparably damaged, or otherwise rendered unusable:

- Contractors have the flexibility to waive replacements requirements such that the face-to-face requirement, a new physician's order, and new medical necessity documentation are not required.
- Suppliers must still include a narrative description on the claim explaining the reason why the equipment must be replaced.
- Suppliers need to maintain documentation indicating that the DMEPOS was lost, destroyed, irreparably damaged or otherwise rendered unusable or unavailable as a result of the emergency.

HAP will continue to assess the situation and revise policies as needed or if government rulings require changes.

Communicating with Members, Employers and Providers

1. How have you communicated with members, employers and providers?

Below is an outline of the ways we've communicated.

Members

- We've posted the following information on **hap.org**:
 - COVID-19 testing and treatment
 - Getting care (virtual visits on telehealth)
 - Prescription coverage
 - Travel and quarantine
 - Scam and fraud protection
 - Helpful resources on the latest health and wellness news, tips and answers to questions by HAP experts, as well as helpful ideas to improve well-being
- We've sent direct mail to members about in-home prescription delivery
- We've called members at highest risk of food insecurity and social isolation. Actions range from assessing care management needs to offering free meals for up to two weeks. This will be offered through the State declared emergency.

Employers

- Employers have access to the online information available for members, as well as the following specific employer information **hap.org**:
 - Legislative information
 - Premium payment
 - Temporary staff changes
 - Special enrollment periods
 - Other coverage options
 - Business resources with information on recent legislation, available resources and answers to questions about their HAP plan. There is also a hotline:
Business Information Hotline
(248) 776-4000
Hours: 8:30 a.m. – 4:30 p.m.

Providers

- Providers have access to the online information available for members, as well as the following specific provider information **hap.org**:
 - HAP policy updates related to COVID-19 (in the newsroom)
 - Business resources with information on recent legislation, available resources and answers to questions about their HAP plan. There is also a hotline:
Business Information Hotline
(248) 776-4000
Hours: 8:30 a.m. – 4:30 p.m.

Pharmacies

- We've worked directly with our pharmacies on early medication refills and prescription home deliveries.