

COVID-19 & Payer Information

OHA has worked with the private payer community to aggregate in one location the plans' changes to alleviate the administrative and financial burden as hospitals deal with COVID-19 crisis. This page will be updated as we continue to receive information from payers. If you have any questions, or if you have information to be added, please contact [Morris Ellington](#).

Aetna

COVID-19 Telehealth Coverage

For the next 90 days, until June 4, Aetna will waive member cost sharing for a covered telemedicine visit regardless of diagnosis. Aetna members are encouraged to use telemedicine to limit potential exposure in physician offices. Cost sharing will be waived for all virtual visits through the Aetna-covered Teladoc® offerings and in-network providers. Self-insured plan sponsors will be able to opt-out of this program at their discretion.

COVID-19 Cost Sharing

Aetna is waiving co-pays and applying no cost-sharing for all diagnostic testing related to COVID-19. This policy will cover the cost of a physician-ordered test and the physician visit that results in a COVID-19 test, which can be done in any approved laboratory location. Aetna will waive the member costs associated with diagnostic testing for all Commercial, Medicare and Medicaid lines of business. The policy aligns with new Families First legislation requiring all health plans to provide full coverage of COVID-19 testing without cost share. The requirement also applies to self-insured plans.

SNF, IRF, and LTACH

In December, Aetna reported that in March it would begin requesting clinical information for an acute rehabilitation and skilled nursing facility and administratively deny claims if the requested information was not received. Aetna will not be implementing changes to the policy at this time. Aetna's concurrent review nurses may request clinical records. When nurses request the clinical records, Aetna asks that you send the clinical information timely. This ensures that members receive appropriate care, when admitting an Aetna member to an acute rehab or skilled nursing facility. Aetna will notify you of any future changes.

Reference Links

- [Aetna COVID-19 FAQ](#)
- [Aetna COVID-19 Communications Update](#)
- [CVS Health announces cost-sharing and co-pay waivers for COVID-19-related treatment for Aetna members](#)
- [Timely notification for acute rehabilitation centers and skilled nursing facilities](#)

- [Aetna Updates](#)

Anthem

COVID-19 Telehealth Coverage

Anthem covers telehealth services for providers who have access to those platforms/capabilities today. Effective March 17, Anthem's affiliated health plans will waive member cost share for telehealth (video + audio) visits, including visits for mental health or substance abuse disorders, for our fully insured employer plans, Individual plans, Medicare plans and Medicaid plans where permissible for 90 days.

Cost sharing will be waived for members using Anthem's telemedicine service, LiveHealth Online, as well as care received from other providers delivering virtual care through internet video + audio services. Self-insured plan sponsors may opt out of this program.

COVID-19 Cost Sharing

Anthem Affiliated health plans will waive cost shares for fully- insured employer, individual, Medicare and Medicaid plan Members—inclusive of copays, coinsurance and deductibles—for COVID-19 test and visits to get the COVID-19 test. Test samples may be obtained in many settings including a doctor's office, urgent care, ER or drive-thru testing. While a test sample cannot be obtained through a telehealth visit, the telehealth provider can help you get to a provider who can do so. The waivers apply to members who have individual, employer-sponsored, Medicare and Medicaid plans.

Other Policy Updates

Policy actions announced March 27 include suspension of prior authorization requirements for patient transfers, along with the suspension of prior authorization requirements for use of medical equipment critical to COVID-19 treatment. Additionally, Anthem will cover respiratory services for acute treatment of COVID-19 along with in-network and out-of-network coverage for COVID-19 laboratory testing. To further ease the administrative demands on providers, Anthem will also temporarily adjust handling and monitoring of claims and audits. Proactive steps are underway to communicate these changes to providers via Anthem's provider portal and provider services team.

Reference Links

- [Information from Anthem for Care Providers about COVID-19](#)
- [Prior Authorization and Other Policy Adjustments](#)
- [Information from Anthem for Care Providers that perform ABA Services during COVID-19](#)

Buckeye Health

COVID-19 Telehealth Coverage

Buckeye is increasing the scope and scale of its use of telehealth services for all products for the duration of the COVID-19 emergency. These coverage expansions will benefit not only members who have contracted or been exposed to the novel coronavirus, but also those members who need to seek care unrelated to COVID-19 and wish to avoid clinical settings and other public spaces. Buckeye is continuing \$0 member liability (copays, cost sharing, etc.) for care delivered via telehealth.

Any services that can be delivered virtually will be eligible for telehealth coverage.

All prior authorization requirements for telehealth services will be lifted for dates of service from March 9 through June 30. Telehealth services may be delivered by providers with any connection technology to ensure patient access to care.

COVID-19 Cost Sharing

All member cost share (copayment, coinsurance and/or deductible amounts) will be waived across all products for any claim billed with the new COVID-19 testing codes.

Other Policy Updates

Buckeye has worked with the Ohio Department of Medicaid and has agreed to the following changes to help hospitals and other providers during the state of emergency because of the COVID-19 public health crisis:

- Waiver of prior authorization requirements for most medical procedures, equipment and pharmaceuticals (with some limited exceptions).
- Buckeye will cover all COVID-19 testing at 100% of Medicare rates.
- Buckeye will cover treatment and vaccinations for COVID-19 without restrictions and cost sharing.
- Buckeye will relax many of our pharmacy requirements:
 - Relaxed refill thresholds
 - Waive any copayments and cost sharing
 - Allow acute opiate prescriptions to be filled for up to 14 days
 - All a 90-day supply of certain drugs
 - Allow billing for over-the-counter supplies without a prescription
 - Accept claims from all providers for 365 days
 - Expand options to bill for telehealth, consistent with OAC rule 5160-1-18
- Enhance reporting, including in regards to prompt pay and members who test positive for COVID-19
- Enhanced communications with providers and members regarding new procedures

Reference Links

- [New Telehealth Policies Expand Coverage for Health Care Services](#)
- [Buckeye Health FAQs](#)

CareSource

COVID-19 COVID-19 Telehealth Coverage

The OAC Telehealth Services rule 5160-1-18 and the CareSource Telemedicine Services Reimbursement Policy have temporarily been superseded by the emergency rule 5160-1-21 published by Ohio Department of Medicaid. CareSource will be adhering to this rule effective March 9. CareSource will waive all required face-to-face visit requirements for new and established members as further outlined in the rule.

COVID-19 Cost Sharing

CareSource will waive member cost sharing, including copays, coinsurance and deductibles, for COVID-19 diagnostic testing. The testing must be provided at approved locations in accordance with CDC guidelines.

Reference Links

- [No out-of-pocket costs for coronavirus testing for CareSource members](#)
- [CareSource Telehealth Services](#)

Cigna

COVID-19 Telehealth Coverage

Cigna is making it easier for customers with immunosuppression, chronic conditions or who are experiencing transportation challenges to be treated virtually by in-network physicians with those capabilities. Cigna is implementing this enhanced measure through May 31 to protect its most vulnerable customers by mitigating exposure risks and alleviating transportation barriers.

COVID-19 Cost Sharing

Cigna waived member co-pays or deductibles for office visits and telehealth screenings related to COVID-19 testing through May 31. Effective March 23, Cigna waived prior authorizations for the transfer of its non-COVID-19 customers from acute inpatient hospitals to in-network long-term acute care hospitals. In place of prior authorizations, Cigna will require notification from the LTACH on the next business day following the transfer. This policy will remain in place through May 31 and applies to Cigna commercial and Medicare Advantage plans. Cigna has also waived prior authorizations for the transfer of its patients to other in-network subacute facilities, including skilled nursing facilities and acute rehab centers.

Other Policy Updates

- Waiving cost-sharing for the COVID-19 diagnostic test when recommended by a health care professional.
- Waiving cost-sharing for office visits related to COVID-19 testing.
- Waiving cost-sharing for telehealth screenings for COVID-19.
- Making it easier for customers to be treated virtually by their own physicians.
- Offering free home delivery of up to 90-day supplies for Rx maintenance medications available through the Express Scripts Pharmacy and 24/7 access to pharmacists.
- Providing supportive resources for customers, clients and communities for managing anxiety, fear, stress and improving resiliency.
- Offering a 24-hour toll-free help line (1-866-912-1687 ) available to the general public to speak with qualified behavior health clinicians who can provide one-on-one support.

SNF, IRF, and LTACH

Effective March 23, Cigna will waive prior authorizations for the transfer of its non-COVID-19 customers from acute inpatient hospitals to in-network LTACHs. In place of prior authorizations, Cigna will require notification from the LTACH on the next business day following the transfer. This policy will remain in place through May 31 and applies to Cigna commercial and Medicare Advantage plans. Cigna has also waived prior authorizations for the transfer of its patients to other in-network subacute facilities, including skilled nursing facilities and acute rehab centers.

Reference Links

- [Cigna makes it easier for hospitals to focus on COVID-19 by helping accelerate patient transfer](#)
- [Cigna COVID-19 News Release March 13](#)
- [Cigna COVID-19 Billing Guidelines](#)

Humana

COVID-19 Telehealth Coverage

Humana will waive out-of-pocket costs for telemedicine visits for urgent care needs for the next 90 days. This will apply to Humana's Medicare Advantage, Medicaid and commercial employer-sponsored plans, and is limited to in-network providers delivering live video-conferencing.

COVID-19 Cost Sharing

Waiver of all member out-of-pocket costs beginning March 12 for the next 90 days. Testing

for COVID-19 will be fully covered with no out-of-pocket costs for patients who meet CDC guidelines at approved laboratory locations. This applies to members of Humana's Medicare Advantage, Medicaid and commercial employer-sponsored plans.

Reference Links

- [Humana COVID-19 Resources](#)
- [Expanded Coverage Effective March 24](#)

Medical Mutual

COVID-19 Telehealth Coverage

For all insured members, visits between a Medical Mutual member and his/her provider via telehealth (telemedicine) are covered, whether an on-demand or a scheduled visit, if the service would be covered when conducted in person. This includes initial visits with a provider. During the current state of emergency in Ohio, Medical Mutual is waiving the requirement that telehealth (telemedicine) visits have a visual encounter.

Therefore, telephonic visits, in addition to web or app, will be covered at this time. For members covered by self-funded plans, benefits may be different, and the patient should verify coverage.

Other Policy Updates

Medical Mutual says once the emergency has passed it will evaluate all changes made and determine which, if any, will continue post emergency.

Other Policy Updates

As of March 27, Medical Mutual is focused on reacting to the situation at hand as quickly as it can. Once the emergency has passed Medical Mutual will evaluate all of the changes made and determine then which, if any, will continue post emergency.

SNF, IRF, and LTACH

Medical Mutual's clinical team is positioned to be responsive to urgent requests for services subject to prior authorization, including elective (including direct) admissions and post-acute care for LTAC, IRF and SNF services. To facilitate discharge to post-acute care providers, we are requesting that hospital utilization review teams notify Medical Mutual's clinical team as soon as possible when identifying the need so we can process the medical necessity review early in the hospital stay.

Reference Links

- [COVID-19 Provider FAQs](#)

Molina

COVID-19 Telehealth Coverage

Molina is providing virtual urgent care for Marketplace members through its partnership with Teladoc. Molina is expanding Teladoc to all Molina Medicare and Medicaid members.

COVID-19 Prior Authorization (PA) Requirements

PA extended to May 31

COVID-19 Cost Sharing

Molina Healthcare announced it would waive member costs associated with testing for the coronavirus, which causes COVID-19. The waiver applies to the test for coronavirus and the office visit – including physician offices, urgent care, or emergency departments – associated with that test.

Reference Links

- [Molina Healthcare Responds to Coronavirus Pandemic](#)
- [Molina Healthcare Waives COVID-19 Testing Costs for Members](#)
- [Molina Healthcare of Ohio Takes Measures to Provide New Resources to Support Members Due to COVID-19](#)
- [Molina Provider Bulletin](#)

UnitedHealthcare

COVID-19 Telehealth Coverage

For COVID-19 testing related telehealth visits with a health care provider, cost-sharing is waived during this national emergency. For other health related telehealth visits, cost sharing and coverage will apply as determined by the individual's health benefits plan, through June 18, 2020.

COVID-19 Cost Sharing

UHC is waiving cost sharing for COVID-19 testing during this national emergency. And they are 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 care center, an emergency department or through a telehealth visit. This coverage applies to Medicare Advantage, Medicaid and employer-sponsored plans.

Reference Links

- [UnitedHealthcare COVID-19 Resources](#)
- [UnitedHealthcare COVID-19 Telehealth Services FAQs](#)

- COVID-19 Prior Authorization and Ongoing Patient Care Updates
- COVID-19 Testing, Coding and Reimbursement