



Frequently asked questions regarding coronavirus (COVID-19)

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GENERAL QUESTIONS

- **Is Blue Shield of California covering the cost of tests and test kits for COVID-19?**

We are taking immediate steps to support Gov. Newsom's action to expand coronavirus (COVID-19) coverage to promote the health, safety and well-being of all Californians, and to administer our plans in accordance with federal and state mandates regarding coverage of testing and related screening services for COVID-19.

To remove any barriers for appropriate testing, Blue Shield of California is waiving the need for prior approval and all cost-sharing for COVID-19 testing prescribed by a physician and administered by a health care professional for all members enrolled in Blue Shield's fully insured commercial, Medicare, and Medi-Cal plans. Cost-sharing will also be waived for hospital, urgent care, emergency room, and office visits where the reason for the visit is to screen or test for the virus. Blue Shield also will not require prior authorization for medically necessary emergency care, consistent with our current practice.

Blue Shield of California is working closely with our self-funded plan sponsors/customers to implement analogous changes in accordance with federal law.

- **Are there any prior authorizations required for COVID-19 testing – and if so, will they be waived?**

No, Blue Shield will not require prior authorization or cost-sharing for medically necessary COVID-19 testing and related screening, including a related hospital, office, emergency room, or urgent care visit, in accordance with state and federal requirements.

- **How much do tests and test kits cost?**

Blue Shield is estimating that the average test cost is \$60 based on announced payment policy for Medicare. Blue Shield of California is waiving the need for all cost-sharing for COVID-19 testing prescribed by a physician and administered by a health care professional

- **Are at-home Coronavirus test kit covered by Blue Shield and will the copay be waived?**

At this time, at-home self-administered test kits for COVID-19 are not covered. Although people may choose to purchase them regardless of health coverage, the accuracy of such tests is not yet known. We advise people to contact their physician if they have symptoms or have been exposed to the virus.

- **What is Blue Shield telling members in terms of seeking treatment?**

Member communications related to coronavirus are posted on the [Broker Connection COVID-19 resource page](#). Member resources and information relevant to coronavirus also are prominently displayed at [blueshieldca.com](https://www.blueshieldca.com).

- **Do benefits and coverage plan documents (such as Summary of Benefits and Coverage (SBC), Summary of Benefits (SOB), Evidence of Coverage (EOC) documents or contracts) require any amendment or update?**

We typically do not update Summary of Benefits and Coverage (SBC), Summary of Benefits (SOB), Evidence of Coverage (EOC) documents or contracts for a specific disease. However, we will evaluate impact to contracts with direction from state and federal regulators.

- **Has Blue Shield received any claims related to COVID-19?**

Due to federal privacy laws, we will not comment on whether any of our plan members have the virus or are receiving treatment.

- **Is COVID-19 claims activity being tracked?**

Yes, the activity is trackable. We are currently working on reports to track activity.

- **Have any new algorithms or other data efforts been put in place to detect patterns or cases?**

Manifest Medex, California's health information network that Blue Shield of California participates in, is investigating to see if they can spot any trends, etc.

- **When will Blue Shield be ready to process claims with no cost-sharing for any COVID-19 related services?**

March 18th. Any claims received between February 4th and March 18th will be re-adjudicated at zero cost sharing for COVID-19-related testing and screening services in accordance with state and federal law.

- **Is Blue Shield preparing its grievances and appeals divisions (for providers and enrollees) to address any appeal that may come in if a provider or patient believes the claims were NOT processed correctly per this order?**

Yes. Our Appeals and Grievance teams are included in the implementation of these new regulatory requirements.

- **If a member pays for the copay either through an office visit or Teladoc, because the provider requested payment at time of service, how will they get reimbursed?**

The member should call the number on the back of their medical card and Customer Care will work with them to get reimbursement issued.

- **If a member becomes infected while traveling abroad, would this qualify for emergency/international coverage under their Blue Shield plan?**

Under the global care provisions of their plan, Blue Shield of California members are provided emergency medical assistance when travelling out of country, This includes telephonic support, finding a provider, and assistance with subsequent claim payments. Should a member become diagnosed with COVID19, they would qualify for emergency international coverage. The approval for any coverage is subject to their covered benefits. (i.e. repatriation is not a covered expense).

- **When a vaccine is finally made available, will that be covered in essential health benefits?**

Yes, it will be covered.

- **Will Blue Shield of California continue to enforce active at-work provisions for fully insured employer groups that have reduced their workforce or workforce hours?**

The terms of our fully-insured group service agreements continue to apply to employee eligibility for coverage. Please refer to the agreement and note that there are provisions in most fully-insured group service agreements that may allow for continued coverage for members who are impacted by a temporary suspension of work or temporary reduction of hours in certain circumstances, such as a layoff, furlough, or approved leave of absence. This may be permitted under the employer's policies regarding coverage, under the following conditions:

- If the subscriber ceases active work because of a disability due to illness or bodily injury, or because of an approved leave of absence or temporary layoff, payment of dues for that subscriber shall continue coverage in force in accordance with the employer's policy regarding such coverage.
- If the employer is subject to the California Family Rights Act of 1991 and/or the federal Family and Medical Leave Act of 1993, and the approved leave of absence is for family leave pursuant to such Acts, payment of dues for that subscriber shall keep coverage in force for the duration(s) prescribed by the Acts. The employer is solely responsible for notifying employees of the availability and duration of family leaves.

Please also note that employees who lose eligibility for coverage due to a reduction of hours or suspension of work may have the right to continue coverage under COBRA or Cal-COBRA. Please refer to your group service agreement for additional information.

- **For groups in industries affected by COVID-19 closures, will Blue Shield of California provide a grace period other than the usual 30 days for premium payment?**

For now, we're referring all clients back to their existing contracts and highlighting provisions that help employers and their employees maintain coverage..

- **Will there be any disruption or delay in processing claims?**

Over the last several years, Blue Shield of California has made significant investments in its technological infrastructure and contingency planning. We are happy to report that there have been no material changes in claim reporting lag, claim processing lag, or other claim-payment related procedures as a result of new business protocols resulting from the recent COVID-19 pandemic.

- **With Blue Shield transitioning to teleworking, what will be the impact for Customer Operations, including call centers?**

We have augmented staff through cross-training and are actively working with our vendors to increase their staffing levels. As a result, there has been no material changes in processing or service levels in our call centers, utilization management, or case management.

- **What has been / will be the impact on medical management?**

We are pleased to share that we have no disruptions for medical management, and we will continue to monitor the situation to ensure our members have access to care. The Blue Shield of California team is assessing current practices and reviewing service level trends for both utilization management and case management and actively adjusting practices as needed.

ACCESS TO CARE

Pharmacy

- **Are there any prescription medications to treat COVID-19? Is there a vaccine to prevent coronavirus disease?**

Blue Shield is closely monitoring for announcements from the CDC and FDA for prescription drugs and vaccines that become available for the treatment or prevention of coronavirus to ensure access for our members. [Visit the CDC COVID-19 website for additional information.](#)

- **How can a member practice social distancing and conveniently access their prescription medications?**

Members can practice social distancing by:

- Contacting their local retail pharmacy about delivery services
- Filling their medications at pharmacies with drive-through pick-up options
- Filling extended day supply of maintenance medications
 - Commercial members can access 90-day supplies of maintenance medications through our mail-service pharmacy, CVS Caremark. 90-day supply prescriptions are available for maintenance medications used to treat chronic conditions. Call your doctor to switch to a 90-day prescription.
 - Medicare members can also fill a prescription for a 90-day supply of maintenance medications at retail pharmacies in addition to our mail service pharmacy. Call your local pharmacy to ask about delivery or utilize the drive-thru window when picking up prescriptions, if available.
 - Medi-Cal members can also fill a prescription for up to 100-day supply of their medications at retail pharmacies and our mail service pharmacy.

For more information on how to fill extended day supply prescriptions through CVS Caremark mail-service pharmacy, visit our website at www.blueshieldca.com/pharmacy and select "Mail Service Pharmacy" under the "Pharmacy Networks" section. Members can also call CVS Caremark directly at (866) 346-7200.

- **What if a member cannot access their current supply of medication or requires an early refill of their medication?**

Blue Shield will waive early refill limits on maintenance medications for our commercial, Medicare, and Medi-Cal members. Blue Shield does not recommend stockpiling of medications, but early refill limits have been waived so that members can refill an extended supply of their maintenance medication according to their benefit.

- **With the interrupted supply chain between the US and China, there are general concerns about a pending shortage of prescription drugs. What is BSC doing about access to prescription drugs in the event of a shortage?**

Blue Shield's process includes monitoring drug shortage notifications from the FDA, evaluating and changing formulary coverage, and if necessary, identification of alternative medications to treat the same condition. Affected members and their prescribers will be notified of the shortage and applicable treatment alternatives in the event of a shortage.

- **How long will these new prescription drug policies be in effect?**

Blue Shield will continue to monitor this situation and will update prescription drug policies as needed to ensure members have access to quality pharmacy benefits.

Telehealth (Teladoc)

- **What telehealth services are covered by Blue Shield of California?**

Telemedicine services are covered under Blue Shield's standard plan designs for fully insured and self-funded (ASO and Shared Advantage/Shared Advantage+), as follows:

- For all plans, telemedicine services are available as a covered benefit through those network providers that offer such services, including Mental Health Service Administrator participating providers.
- For fully insured plans, telemedicine services are also available through Teladoc and Nurse Help 24/7.
- For self-funded plans, telemedicine services may also be available through Teladoc and Nurse Help 24/7, if the plan sponsor has elected to offer those programs.

In addition, Blue Shield is expanding access to telehealth services in response to COVID-19 by allowing providers to provide services using an expanded range of telehealth platforms. This applies to all telehealth services, including medical-related and behavioral health services, performed appropriately during the COVID-19 public health emergency.

Under Blue Shield's standard stop loss contract, covered telemedicine services would accrue toward the claim liability for the specific and aggregate deductible.

Please visit the following website for further detail regarding the availability of telehealth services:

https://www.blueshieldca.com/bsca/bsc/wcm/connect/provider/provider_content_en/guidelines_resources/telehealth-virtual-care.

- **Will we waive copays for calls to Teladoc?**

Copays and co-insurance for any Teladoc visits will be waived for members enrolled in all of Blue Shield's commercial plans until May 31, including Individual & Family and employer-sponsored plans. Members enrolled in Blue Shield's Trio, Tandem and Medicare Advantage plans, plus Blue Shield of California Promise Health Plan Medicare, Cal MediConnect, and Medi-Cal beneficiaries, already have \$0 out-of-pocket costs for Teladoc services.

Teladoc cost share waiver applies to ALL visits during this time, not just those associated with COVID-19.

ASO: During this period, claims for Teladoc services will not be invoiced back to self-funded groups and therefore will not accrue toward stop loss deductibles for self-funded groups that have Blue Shield stop loss.

- **Do all members with access to Teladoc have this service listed on their member ID cards?**

All current member ID cards for plans with Teladoc access include the Teladoc copay and the Teladoc phone number. Customized ID cards may not have this information.

- **Since Teladoc cannot actually run testing since it's a virtual visit, what is the protocol if the provider decides that the member should be tested?**

Teladoc's protocols regarding COVID-19 diagnostic testing services is as follows: Teladoc providers will notify the Teladoc leadership team of suspected cases and contact the appropriate public health departments in accordance with local reporting requirements. The public health department will take the lead to initiate diagnostic testing and guide individuals on any at-home self-monitoring, at-home supervised isolation, or quarantine requirements.

As this is an evolving situation, Teladoc will adjust their protocols, as appropriate, based upon evolving CDC and WHO guidance.

Please visit teladoc.com/coronavirus/ for more information.

Heal (Home visits)

- **Which Blue Shield of California members have access to Heal?**

Heal is available to Blue Shield of California members as a covered benefit, for certain lines of business (LOBs) who are located in [Heal service areas](#).

PPO:

- Fully Insured PPO plan members
- Shared Advantage plan members
- Federal Employee Program (FEP) PPO
- Medicare Advantage PPO members
- Tandem PPO: Promotional for 2020 for Tandem PPO members - the first Heal physician visit in 2020 to Tandem PPO member is free; subsequent visits subject to office visit copay.
- ASO: There is no “buy-up” necessary for ASO members. All PPO plan members have access to Heal, however, their copays may differ.

HMO:

- Trio HMO: Promotional for 2020 for Trio HMO members - the first Heal physician visit in 2020 to Trio HMO members is free; subsequent visits subject to office visit copay

Please note:

- Any Blue Shield HMO member who does not have the benefit can still contact Heal for a visit – they will just have to pay full cost for the visit.
- Heal will let the member know what their co-pay or full cash price is up front. It will vary according to the member’s benefit plan.

- **Which members do NOT have access to Heal?**

Heal is not available in [covered service areas](#) to members who are enrolled in the following Blue Shield of California plans:

- Medicare Advantage HMO members
- Any Blue Shield of California Promise members (Medicare, Medi-Cal, Cal MediConnect)

- **Will a member’s co-payment be waived for Heal visits?**

Co-payment will be waived for visits that include a physician-prescriber testing or screening for COVID-19.

- **Do Heal doctors have kits to do COVID-19 testing?**

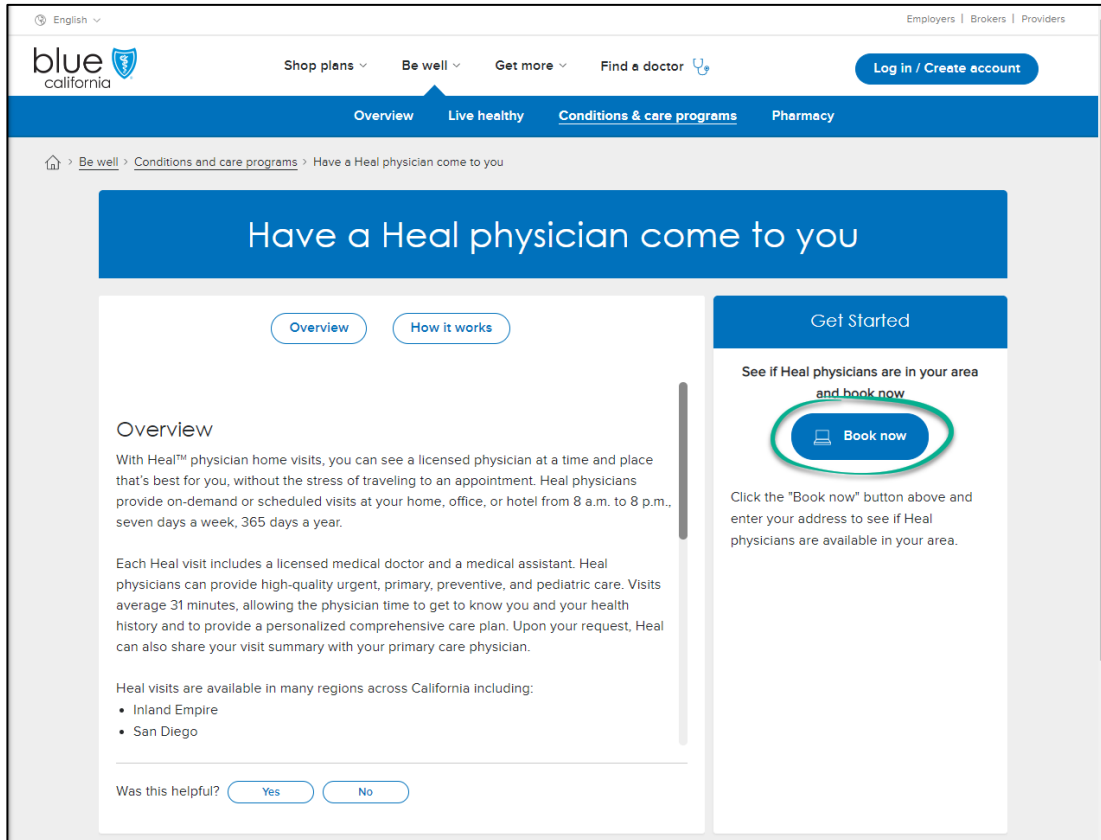
Heal is now able to conduct COVID-19 testing for patients who – based on a telemedicine screening – are at risk for COVID 19. Heal launched telemedicine in response to the COVID-19 outbreak so patients can book and receive video calls within the Heal app from a Heal Doctor for coronavirus screening. There is now a symptoms checker in the app and website during booking that funnels those with symptoms to telemedicine.

- **Where can a member find out if they have access to Heal in their plan benefits or not?**

Heal is not listed on member ID cards or Evidence of Coverage (EOC) documents.

To find out if you have access to Heal please call (844) 644-4325, or follow these simple steps:

1. Go to blueshieldca.com/heal, and click the “Book now” button:



2. The member will be prompted to create an account via single sign on.
3. Before a member books an appointment, the system will tell them their cost share in real time, based on their benefits and insurance information, and if they are [in geographic location where a Heal physician is available](#).

- **Can members who don't have access to Heal as a benefit schedule a Heal visit?**

Yes, if Heal is not a covered benefit, the member can contact Heal directly about scheduling a visit. The cash price varies. It is currently \$159 in California, but in other states, it may be different. There may be other states where it is slightly higher. Members should always be directed to Heal to confirm the cash visit price. Heal offers remote house calls (telemedicine) for \$19 for cash paying users.

- **What is the charge for a remote house call (telemedicine)?**

Cost sharing is waived for remote house calls (telemedicine) for coronavirus screening for members whose plan benefits include Heal. For cash pay users, a Heal remote house call is \$19.

More information is available on heal.com/coronavirus/.

SELF-FUNDED | ASO GROUPS

- **What if a self-funded client wants to opt out of this and have COVID-19 testing and screening remain subject to member cost share?**

The federal government has enacted a mandate that all health plans, including self-funded plans, provide coverage for COVID-19 testing and related services without cost sharing. To support compliance with this federal mandate, Blue Shield is not offering self-funded clients the option to opt-out of cost sharing waivers for these services. Blue Shield of California's Account Managers are working to communicate directly with self-funded clients regarding cost-sharing waivers, and clients with questions on this topic should contact their Account Manager.

- **What is the expected cost for screening and testing for coronavirus?**

The average test cost is estimated to be under \$60 based on announced payment policy for Medicare.

HIGH-DEDUCTIBLE HEALTH PLANS

- **What about co-pays, cost-shares for high deductible plans? Are they waived for members? As these tests may not be considered preventative care under IRS guidance – how is this being managed?**

Recent **IRS guidance** clarified that Blue Shield and other health insurers can provide coverage associated with COVID-19 screening and testing for HDHPs with no cost-sharing. Blue Shield will waive all cost sharing for COVID-19 testing prescribed by a physician and administered by a health care professional. At-home test kits are not covered at this time.

MEDICARE

- **Is Blue Shield of California is waiving coronavirus testing cost shares for GMAPD plans?**

Blue Shield of California and Blue Shield of California Promise Medicare plans already have a \$0 copay for lab services; there is no need to waive the cost of COVID-19 testing as it already applies zero member cost share. Cost-sharing is also waived for provider visits related to screening or testing for COVID-19 for Medicare members.

SPECIALTY BENEFITS – DENTAL / VISION

- **How are BSC Dental and Vision members plugging in during the COVID-19 outbreak?**

Many dental and vision care providers are ceasing regular care services to maintain safe distancing in the interest of patient and staff health and safety. Most offices are still available with telephonic support and emergent care.

For Dental members, DBP's customer service teams are still working and ready to help our members. DBP has repurposed their network team to perform provider outreach so they can keep a list of providers that are available. If a member has an urgent need to see a dentist, have them call 888-702-4171 or the number on their dental ID card and the customer service team will help them get an appointment with an available network provider.

If a vision member has lost or broken eye wear, have them call MES Vision customer service at 877-601-9083 and the representative will help them find a location to be seen. If a provider can't be located, there are alternate options such as getting them the adjustable glasses that work in the short-term or waiving the prescription verification process so they can order online.