



Updated April 30, 2020

Blue Shield COVID FAQs for employer groups, brokers and consultant partners

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Covered services: Medical

1. Is Blue Shield of California covering the cost of testing and treatment for COVID-19?

Blue Shield will waive out-of-pocket costs for co-payments, coinsurance, and deductibles for COVID-19 testing or screenings performed virtually using telehealth (including Teladoc) or in a doctor's office, urgent care center, or emergency room (ER).

Blue Shield will not require prior authorization for medically necessary emergency care, consistent with our current practice.

On April 1, 2020, Blue Shield announced it will also waive co-payments, coinsurance, and deductibles for *treatment* for COVID-19 received between March 1, 2020 and May 31, 2020. This applies to the following plan types:

- Fully-insured employer-sponsored plans
- Plans purchased through Blue Shield of California directly
- Plans purchased through Covered California
- Medicare Advantage plans
- Medicare Supplement plans
- Self-insured and flex-funded employer-sponsored plans where the plan sponsor has elected to pay for copays, coinsurance, and deductibles for COVID-19 treatment. These plans are not required to cover these costs. Blue Shield of California's account teams are working to communicate directly with Self-funded and flex-funded clients regarding options for cost-sharing waivers; clients with questions on this topic should contact their account team.
- Medi-Cal members have no out-of-pocket costs for treatments.

2. When did Blue Shield start to process claims with no cost-sharing for COVID-19-related services?

On March 18, 2020, Blue Shield began processing member co-pays, coinsurance, and deductibles at no cost. Any claims received between January 27 and March 18 will be re-adjudicated at zero dollars for COVID-19-related *testing and screening* services in accordance with state and federal law.

On April 1, 2020, Blue Shield announced it would also waive member co-payments, coinsurance, and deductibles for treatment, effective March 1 through May 31 for fully insured plans. Self-funded and flex-funded clients are provided the option to opt-in to this program by April 10.

3. What treatments are covered?

Any treatments for COVID-19 from doctors, hospitals, and other health care professionals in a plan's network from March 1 through May 31, 2020 are covered. Providers must use proper diagnosis and procedure codes related to COVID-19 for Blue Shield of California to waive member deductible, copay, and coinsurance liability for treatment.

4. Are at-home Coronavirus test kits covered by Blue Shield and will the co-payment be waived?

At this time, Blue Shield and Blue Shield Promise only cover self-administered test kits that are FDA-approved, or emergency use authorized, or authorized under other guidance from the Secretary of the Department of Health and Human Services consistent with the federal CARES Act. Other self-administered tests available on in the market may not be accurate and are not covered.

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In addition, Blue Shield and Blue Shield Promise require that self-administered tests are ordered by a health care provider, sent to the approved laboratory specified on the kit, and processed in accordance with FDA and other guidance, as applicable. This policy is in accordance with applicable legislation, including the federal CARES Act.

Blue Shield and Blue Shield Promise will not cover self-administered test kits that fail to meet the conditions specified above.

Members should call the phone number on the back of their member ID card to confirm coverage.

5. Is anti-body testing included under the blanket of COVID-19 testing?

- a. Yes, antibody testing is covered, consistent with the CARES Act mandate.
- b. To be covered with no cost sharing, the antibody testing must be approved under FDA or other government guidance.
- c. This will apply as long as the public health emergency is in effect.

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

Yes. It will be covered.

7. Are you aware of any limitations in coverage for treatment of an illness/virus/disease that is part of a pandemic?

No. Blue Shield standard contracts do not have exclusions or limitations on coverage for services for the treatment of illnesses that result from a pandemic.

8. Do HMO members still need to go through their allocated primary care provider (PCP) to get COVID-19 testing and treatment?

Yes –except in emergency situations.

9. If a member visits an out-of-network provider for COVID-19 treatment, will it be covered?

In the case of a medical emergency, care provided by in-network and out-of-network providers will be covered for all plans. Outside of an emergency, members should seek care from in-network providers to save money and to prevent having to pay out-of-pocket. If a member has a plan with out-of-network covered benefits, Blue Shield will cover both in-network and out-of-network copayments, coinsurance, and deductibles for COVID-19 covered benefits. However, out-of-network providers may charge more than the covered benefit amount. In this case, the member may be responsible for paying the difference.

10. Is Blue Shield ensuring that COVID-19 testing and treatment is affordable for members with high-deductible plans.

Blue Shield is waiving co-payments, coinsurance, and deductibles for COVID-19 testing, screening, and treatment in accordance with state and federal law and in the same manner as for other commercial plans.

Recent IRS guidance (issued March 11, 2020), clarified that these cost-sharing waivers are permissible for high-deductible health plans and will not cause enrollees to become ineligible for contributions to their health savings accounts or cause a plan to lose its status as a high-deductible health plan.

Covered services: Pharmacy benefits

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

Currently, there is no specific medication to prevent or treat coronavirus in the outpatient (community) setting although treatments and vaccines are currently being studied for safety and efficacy. The drugs chloroquine and hydroxychloroquine have just received FDA approval for emergency use to treat hospitalized (inpatient) patients only. The authorized hospital supply will be distributed in coordination between the Strategic National Stockpile (SNS) and the Federal Emergency Management Agency (FEMA). Outpatient treatment still consists of symptom treatment and/or supportive care. Blue Shield is closely monitoring announcements from the Centers for Disease Control (CDC) and Food and Drug Administration (FDA) for prescription drugs and vaccines that become available for the treatment or prevention of coronavirus to support access for our members.

2. **Are members allowed to fill their prescriptions earlier or have larger fill or refill amounts to offset difficulties with getting medications?**

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

3. **What happens if there are shortages of medications due to this pandemic?**

In the event of a prescription drug shortage, Blue Shield has a standard process in place to take immediate steps so that members have access to alternative medications to treat their condition. 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.

4. **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. Many pharmacies are offering free delivery service during this time of social distancing
- 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, when possible.
- Medi-Cal members can also fill a prescription for up to 100-day supply of their medications at retail pharmacies and through 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 and select "Mail Service Pharmacy" under the "Pharmacy Networks" section. Members can also call CVS Caremark directly at (866) 346-7200.

Covered services: Virtual Care

1. Does your standard employer group plan contract cover telemedicine?

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 SM.
- For Self-funded plans, telemedicine services may also be available through Teladoc and Nurse Help 24/7 SM, 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.

Please visit the [website](#) for further detail regarding the availability of telehealth services.

2. Will we waive copays for calls to Teladoc?

Copays and co-insurance for any Teladoc visits, including for behavioral health services¹, will be waived for members enrolled in all Blue Shield commercial plans until May 31, 2020, including Individual & Family and employer-sponsored plans that offer Teladoc, whether or not related to services for COVID-19.

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 enjoy \$0 out-of-pocket costs for Teladoc services.

3. If a member pays for the co-payment, either through an office visit or Teladoc, because the provider requested payment at time of service, will they be reimbursed?

If a member is improperly charged for a co-payment, the member should call the number on the back of their member ID card and Customer Care will work with them to get a reimbursement issued.

¹ For Blue Shield plans that offer Teladoc dermatology services, the waiver of cost sharing does not apply to those services.

Covered services: Behavioral health

1. What services does Blue Shield offer for members with anxiety over this outbreak?

Through May 31, 2020, Blue Shield is making Teladoc health, including behavioral health services, available with no member cost sharing for all members with access, including all Blue Shield fully insured commercial plans.

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Blue Shield Promise Medicare Advantage, Cal MediConnect, and Medi-Cal members will be able to leverage tele-behavioral health services through Teladoc as well as Beacon Health Options.

Members can log in to their online account to see if they have access to Teladoc. Members in Medicare Supplement Plans and IFP grandfathered plans have access to Teladoc behavioral health services via a dedicated gateway at <https://member.teladoc.com/bsc>.

During this time, all Teladoc behavioral health services will be exempt from copays, regardless of the reason for the visit, including encounters with psychiatrists, psychologists, licensed clinical social workers, and marriage family therapists.

Not all Administrative Service Only and other self-funded groups offer Teladoc services. Members in self-funded plans can verify the availability of Teladoc services with their employer or by calling Blue Shield customer service.

Mental health services also continue to be available from providers other than Teladoc. If the Evidence of Coverage (EOC) or Certificate of Insurance (COI) states that mental health services are available through Mental Health Services Administrator (MHSA) network, members can search for providers in the MHSA network through the provider directory. The standard office visit copay applies to MHSA Tele-behavioral health appointments.

2. Blue Shield provides our LifeReferrals 24/7SM Employee Assistance Program (EAP) to all fully-insured large (101+) groups and it is available as an optional buy-up for Self-funded employers.

The LifeReferrals 24/7SM program offers access to support services 24 hours a day, seven days a week, including assessments and referrals for consultations for health and psychosocial issues. Professional counselors can provide confidential telephone or in-person support by appointment.

Eligibility and enrollment

1. **Will there be a special enrollment period for individuals who wish to enroll at this time?**

Employer groups may enroll new members off-anniversary through a Special Enrollment Period (SEP) through June 30, 2020, with July 1 as the latest effective date. This SEP is for employees who previously declined coverage for themselves or their dependents.

- For an April 1, 2020, effective date, enrollment request must be received no later than April 15.
- For May 1, June 1, and July 1 effective dates, enrollment requests must be received on or before the 1st of the month for which enrollment is being requested.

This applies to all fully insured Small Group (1-100) and Large Group (101+) employers, and includes enrollment for medical plans, dental plans, and vision plans. Self-funded plan sponsors typically determine eligibility of group coverage, which is described in their Plan Document.

Blue Shield and Covered CA also have a Special Enrollment Period (SEP) for individual and family enrollment through June 30, 2020, as a result of the current COVID-19 outbreak.

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2. **Is Blue Shield enforcing active-at-work and minimum work hours?**

Fully Insured groups: The terms of the group service agreement continue to apply to employee eligibility for coverage. Please refer to your agreement, and note that there are provisions in most 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), if 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 & 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.

ASO/SA+: Self-funded groups/Plan Sponsors typically determine eligibility and continuation of group coverage, which should be described in the Plan Document. If the Plan Document does not detail furlough or reduction-in-force situations, the Plan Sponsor would have to make a determination of how to proceed with employees in these situations. For example, employees (and their dependents) who lose eligibility for coverage due to a furlough or reduction in force may be eligible to elect continuation coverage under COBRA or Cal-COBRA.

If Employer/Plan Sponsor continues to pay administrative fees, claims, and stop loss premiums (if applicable) for the workforce that is laid off /furloughed and not actively at work in the same manner as prior to COVID-19 crisis, there would be no change in coverage.

3. **Will Blue Shield allow customers to continue employee health benefits if part of the workforce is laid-off in response to the COVID-19 crisis?**

Fully Insured groups: Yes – assuming the employer continues to remit premium payments for workforce that is laid off and not actively at work in the same manner as prior to COVID-19 crisis, there would be no change in coverage.

Self-funded groups: Yes – assuming the Plan Sponsor continues to pay administrative fees, claims, and stop loss premiums (if applicable) for the workforce that is laid off and not actively at work in the same manner as prior to COVID-19 crisis, there would be no change in coverage.

4. **If my employees are laid off, what are their options for continued medical coverage?**

- Employees can remain on group plan under the conditions described above; or
- Employees can elect Cal-COBRA/COBRA, if eligible, and will be liable to pay the full costs of coverage (unless their employer chooses to subsidize Cal-COBRA/COBRA premiums); or
- Employees can enroll in the individual marketplace (e.g., through Covered California). Blue Shield and Covered CA open enrollment has been extended through June 30 as a result of the current COVID-19 outbreak. Employees may benefit from government subsidies to help pay for these premiums.

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5. **If an employee is laid off and then re-hired, how long is the waiting period before they can join the medical plan?**

Fully Insured groups: Blue Shield standard provision allows for waiving of waiting period if rehired within 6 months of cancellation of coverage. Check your contract for further details.

Self-funded groups: The Plan Sponsor/Employer is responsible for eligibility determinations and should refer to the applicable provisions of their plans regarding eligibility and waiting periods for employees who are re-hired.

6. **Can groups temporarily suspend their medical plans if they shut down, rather than cancel and re-write?**

Groups may not temporarily suspend their plans.

7. **Is Blue Shield allowing employer groups to change plan selections off-cycle to accommodate revenue and workforce reduction due to COVID-19?**

Small Business (1-100): We will allow a one-time buy-down (leaner plan design with lower premiums) change off-cycle for employers and employees to adjust their health plan selection to meet their current needs. Buy-down selections must be consistent with the current plan type offered by the group: PPO plan to PPO plan or HMO plan to HMO plan.

Note: rates for employees who choose a buy-down plan off-cycle will be based on the age of the member at the time of the change.

Large Group (101+): Contact your Blue Shield representative.

8. **Can Blue Shield provide a group with a COBRA plan that is different from the plan the group offers to its active employees?**

Groups are responsible for COBRA administration. In general, COBRA enrollees cannot be offered a plan that is different from the plan(s) offered to active employees, and a COBRA qualified beneficiary is entitled to elect COBRA continuation coverage only in the plan in which they were enrolled at the time of their COBRA qualifying event. If the employer offers multiple plans, a COBRA enrollee generally must wait until open enrollment to change plans. However, Blue Shield is currently offering a special enrollment period that may allow a COBRA enrollee to make a plan change outside of open enrollment if the employer offers multiple plans. Any plan options made available to COBRA enrollees would also need to be available for active employees, who would also be eligible for the special enrollment opportunity that is being offered by Blue Shield. See other FAQ for details on the special enrollment opportunity.

Business operations: Blue Shield of California Operations

1. **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.

2. 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.

3. What about medical management?

We are pleased to share that we have no disruptions for medical management, and we will continue to monitor the situation so that 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.

4. Are Blue Shield's claim processing times going to be affected by COVID-19? This includes claim lag times (which affects a group's IBNR reserves, paid claim projections and cashflows) and stop loss reimbursement times.

There is no anticipated impact to Blue Shield's claim processing times and Advance Funding groups with Blue Shield Life Stop Loss.

5. Is Blue Shield prepared to address any appeal that may come in if a provider or patient believes the claims were not processed correctly according to new requirements.

Blue Shield is 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 in the implementation of new regulatory requirements.

6. Does Blue Shield expect to keep their timelines for renewal delivery?

Yes. Blue Shield expects to keep our timelines for renewal delivery.

7. Will Blue Shield and Blue Shield Promise allow the use of electronic signature services?

Blue Shield and Blue Shield Promise will accept the use of electronic signature services (such as DocuSign) for policy documents, if initiated by the policyholder/producer. We are also working to operationalize the use of such services when sending signature requests to policyholders/producers.

Administrative Services Only (ASO) and Shared Advantage

1. How is Blue Shield of California applying the Federal mandate to waive cost-shares for COVID-19 testing to Self-funded business?

For Self-funded business, Blue Shield of California will apply the Federal mandate by administering benefits for COVID-19 testing, screening, and related services without any co-payment, coinsurance, or deductible requirements, prior authorization or other medical management requirements.

Services received in-network will be covered with zero-member cost share. For out-of-network services co-payment, coinsurance, and deductible requirements will be waived and the out-of-network provider will be paid the allowed amount. Should members be balance billed, they should follow Blue Shield's standard appeals and grievances procedure.

2. Is Blue Shield enforcing active-at-work and minimum work hours for Self-funded groups?

Self-funded Groups/Plan Sponsors typically determine Eligibility and Continuation of Group Coverage which should be described in the Plan Document. If the Plan Document does not detail furlough or reductions-in-force situations, ultimately, it is up to the Plan Sponsor to determine how to proceed with employees in these situations.

3. What is the rate/claims implications of decisions regarding paid/unpaid leave, shared work, partial work, reduced hours and furloughs?

Effective through May 31, 2020, Blue Shield will not make off-anniversary changes to stop loss premiums due to change in employee work status.

If an Employer/Plan Sponsor elects to lay off/furlough employees but continue to pay stop loss premiums as if they were active, we will continue coverage.

4. How will COVID-19 testing affect my Stop Loss coverage through Blue Shield Life?

COVID-19 is treated like any other illness under our standard Stop Loss policy.

For a plans with Blue Shield Life stop loss, Blue Shield Life will not require Plan Document changes to incorporate the COVID-19 benefit changes listed below and will accept the related charges as "covered expenses" under the Stop Loss policy without requiring mid-year changes to the current policy's aggregate factors and/or premiums:

- Waiving deductible and/or out-of-pocket charges for:
- COVID-19 testing and screening
- COVID-19 treatment through May 31, 2020
- Telemedicine or virtual doctor visits
- Waiving prior-authorization requirements on diagnostic testing or treatment of COVID-19 that may have otherwise applied.
- Paying for out-of-network COVID-19 testing as required under applicable law.
- Allowing early refills of prescription medications.

5. What will be the process for accepting plan changes that may eliminate member cost sharing for the above?

Blue Shield is implementing plan changes, including cost-sharing waivers, to address state and federal legal mandates regarding the elimination of prior authorization and co-payments, coinsurance, and deductibles for medically necessary COVID-19 testing and related screening. In addition, Blue Shield is implementing the expanded telehealth and pharmacy services described above. Blue Shield has communicated these changes directly to groups, and groups are not required to take any additional steps related to the acceptance of these changes. Groups that want to make other types of plan changes should contact their account team.

6. Will these services above accumulate towards the stop loss coverage?

Yes.

7. If I have a Blue Shield Life Stop Loss policy, will early refills claims accumulate towards deductibles for specific and/or aggregate?

Yes – if your Stop Loss policy is through Blue Shield Life. For Self-funded groups that carve out stop loss, employer groups should check with their stop loss carrier.

8. Does your standard contract contain an exclusion or limitation for pandemics?

No – our standard stop loss contract does not have an exclusion or limitation for pandemics.

9. Are you planning any changes to coverage terms, conditions or rates due to COVID-19, either midterm or at renewal, including renewal delay or extension?

At this point in time, we are monitoring the situation closely and have no plans to delay or extend renewals.

10. Will Blue Shield Life consider changes in deductibles mid-year for Stop Loss?

No.

11. What is Blue Shield Life's position in regard to the Stop Loss contract, terms, provisions, and rates if there are any temporary (or long term) reductions in the group's number of enrollees?

To maintain coverage under the Stop Loss policy, the Employer/ Plan Sponsor would need to continue to pay stop loss premiums for laid off/furlough employees.

We would anticipate any furlough/laid off employees to be covered under the plan as an active employee or offered COBRA and the Plan Sponsor would continue to cover them under Stop Loss.

12. How will Active-at-Work provisions impact Stop Loss through Blue Shield Life?

For current in force Blue Shield Life Stop Loss groups where employer continues to pay premiums for laid off/furlough employees, we will waive the Active at Work provision.

13. Will there be any delays or changes to the process of Stop Loss claim reimbursement?

Blue Shield Life does not see any impact to our process in advance funding for ASO/SA+ groups with Blue Shield Life Stop Loss.

14. If clients are changing their leave policies, will Blue Shield Life update contracts to mirror language? Will there be a cost impact? What are your requirements for notification?

Self-funded Groups/Plan Sponsors typically determine Eligibility and Continuation of Group Coverage which should be described in the Plan Documents. If the Plan Document does not detail furlough or reductions-in-force situations, ultimately, it is the Plan Sponsor to determine how to proceed with employees in these situations.

Groups with Blue Shield Life Stop Loss would need to notify us of the proposed change in leave policy. If approved, no update to stop loss contract would be required, but we would document the decision to allow for the updated leave policy.

15. Will there be an introduction of, or change to, a minimum premium or floor?

For ISL, Blue Shield does not have a minimum premium or floor. Please note there is a +/- 15% change in enrollment provision. Effective through May 31, 2020, Blue Shield will not make off-anniversary changes to stop loss premiums due to enrollment drops.

For ASL, a minimum annual aggregate deductible continues as per Stop Loss policy.

ASO: Telemedicine

1. How will Teladoc claims be processed for COVID-19?

Blue Shield is covering all Teladoc visits (with no cost to the group or the member) from March 17 through May 31, 2020 for groups that offer Teladoc. 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.

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

2. If a Self-funded employer currently has not purchased Teladoc but wants to add Teladoc, off anniversary, will Blue Shield allow a mid-year change?

Yes. Blue Shield will allow the addition of Teladoc off anniversary assuming the service is offered until the end of the current policy period. Please check with your account team to initiate the addition of Teladoc.

Payments and finances

1. What are Blue Shield's policies for termination of benefits on delinquent payments? Will you consider a flexible payment schedule, such as an extended grace period for those who may be struggling due to COVID-19?

For customers who are having difficulty paying their monthly premiums, the company is offering a variety of ways to help. On April 7, 2020, Blue Shield introduced a flexible payment program for the month of April for Individual and Family Plan and Medicare Supplemental plan members, and Small Business groups. Details of this program are available [here](#).

2. How is Blue Shield working with providers to let members know their cost sharing is waived? Will members be reimbursed if they are incorrectly charged?

Blue Shield is taking steps to keep providers informed about cost sharing changes related to COVID-19. In addition, our Appeals and Grievance teams are included in the implementation of these new regulatory requirements and will be able to assist members in resolving any incorrect cost-sharing charges.

3. What is the estimated cost for COVID-19 testing?

Blue Shield is estimating that the average test cost is \$60 based on announced payment policy for Medicare.

4. Does Blue Shield anticipate any pharmacy price impacts?

There are many factors that influence the price of drugs and our pharmacy benefits. Drug shortages due to disruption to the supply chain and increased utilization of prescription medications to treat COVID-19 symptoms could increase our costs. The pharmacy team works with the actuary team to model out potential impacts to pharmacy pricing.

5. Will Blue Shield be holding rates at the same level as current – how will this be handled at the renewal?

The impact to rates for testing and treatment of COVID-19 will depend on a group's utilization.

- 6. With the ability to rerate based upon changes in enrollment, will Blue Shield deploy rerate strategies midyear?**
Effective through May 31, 2020, rates within a policy year will not change due to COVID-19-related reductions in enrollment.
- 7. Has Blue Shield made any assumptions around COBRA participation volumes? If yes, what is the anticipated impact on the rates?**
At this time, it is too early to estimate impacts related to an increase in COBRA, however, at the time of renewal rate setting, COBRA percentage will be a consideration when setting rates.
- 8. If Blue Shield has released a renewal, will those rate actions hold, or is there a potential for adjustments?**
Blue Shield is honoring any released renewal positions assuming the group has not made any changes to their covered population or plans outside of temporary shifts in enrollment due to COVID-19 or approved COVID-19 related cost sharing changes.
- 9. How will COVID-19 impact our rates?**
We are monitoring the situation to understand the impact of COVID-19 on future medical costs and will take each situation on a case-by-case basis.

Online resources

Blue Shield resource sites

- [Member COVID-19 resource page](#)
- [Broker Connection COVID-19 resource page](#)
- [Blue Shield News Center](#)

Government resource sites

- [Paycheck Protection Program for Small Businesses](#)
- [Keeping American Workers Paid and Employer Act](#)
- [CDC Resources for Businesses and Employers](#)
- [CDC Coronavirus updates page](#)
- [California Department of Insurance \(CDI\) Bulletin re: COVID-19 Screening and Testing](#)
- [Department of Managed Health Care \(DMHC\) Letter re: COVID-19 Waiver of Cost Share](#)