

Introduction

Blue Cross Blue Shield of Massachusetts is taking steps to respond to the outbreak of the novel coronavirus (COVID-19) in accordance with state and federal regulators and public health agencies and experts.

Our priority for our members in any emergency or viral outbreak is to ensure they continue to have access to health care.

This is an evolving public health issue. Information is changing rapidly, and we are watching developments closely and changing our approach as needed.

To follow are frequently asked questions to help you understand the steps Blue Cross is taking.

Expanded Coverage and Access to Care

Blue Cross continues our commitment to our members and customers as we navigate the rapidly changing conditions presented by the COVID-19 pandemic. Based on emerging guidance from state, federal and public health officials, we are expanding coverage and access to care for our members during this public health emergency.

COVID-19 Access

- Blue Cross plans will waive member cost share (co-pays, co-insurance and deductibles) for COVID-19 testing, counseling, vaccines, and treatment and supportive care to alleviate symptoms at doctor's offices, urgent care centers and emergency departments in accordance with the Centers for Disease Control and Massachusetts Department of Public Health guidelines.
- This also includes telehealth services related to COVID-19. Any medically necessary treatment for COVID-19 is covered under a member's health plan within the United States or internationally.
- Blue Cross members will be protected against balance billing for COVID-19 related services.

Testing

- We cover both viral (also known as antigen) and antibody (also known as serologic) tests, when ordered by a health care provider who is making an individualized clinical assessment of the patient in according to current standards of medical practice, including the Centers for Disease Control and Prevention (CDC).

- In keeping with CMS guidance issued September 2, 2020 and for the duration of the COVID-19 public health emergency, Blue Cross will cover, without a healthcare professional's order, the cost of one diagnostic test for COVID-19 and one diagnostic test each for influenza virus or similar respiratory condition for Medicare members when performed in conjunction with a COVID-19 test and needed to obtain a final COVID-19 diagnosis. Subsequent tests will require the order of an authorized health care professional.

Treatment

- As announced on April 6, 2020, Blue Cross will also waive cost share for COVID 19 related inpatient care at both in- and out-of-network acute care facilities for our fully insured members. This waiver of cost share is retroactive to dates of service beginning on March 16, 2020 and lasts for the duration of the Massachusetts state of emergency. The cost share waiver also applies to members in our Medicare Advantage, Managed Blue for Seniors, and individual Medex plans.
- ASC accounts can choose to opt-in to waive cost share for inpatient acute care related to COVID-19. If an account takes no action, all inpatient services will remain unchanged and will be covered as described in their plan design.
- Starting December 23, 2020, for fully insured customers, Blue Cross will also cover cognitive rehabilitation services related to COVID-19 both in- and out-of-network without cost share.

Vaccines

- Blue Cross members will pay nothing for the COVID-19 vaccination. The federal government purchased millions of doses of vaccines and will provide vaccines for free via state Departments of Public Health.
- We cover any costs related to administration of vaccines, with no member cost share when administered by a licensed provider. Medicare Advantage and Medex members are covered with no cost share when vaccines are administered by any provider who accepts Medicare. For fully insured customers, costs to administer the vaccine will be paid by Blue Cross; self-insured customers will incur the cost to administer the vaccine.

Expanded Telehealth Access

- Under the Governor's emergency order, member cost share (co-pays, co-insurance and deductibles) is waived for all medically necessary covered services related to COVID-19, via phone or video (telehealth), effective March 16, 2020. Blue Cross also waived member cost share for all in-network telehealth services, even when not related to COVID-19, for services between March 16, 2020 and July 1, 2021. This went beyond the scope of state/federal requirements as a temporary measure during the height of the emergency to ensure access to care and in recognition of the vital role telehealth can play by enabling members to safely receive care remotely, when possible, to prevent the spread of COVID-19
- For services on or after July 1, 2021, member cost will apply for non-COVID telehealth services. Member cost will be the same as if the services were performed in person, as determined by their benefits.
- We will reimburse providers for telehealth services as required by law and pursuant to the guidance of the Massachusetts Division of Insurance.

Can self-insured customers opt-out of steps to expedite access to care for the duration of the Massachusetts public health emergency?

- National and state public health officials urge health plans to take immediate steps to help speed access to COVID-19 testing and treatment and encourage the use of telehealth instead of in person visits to stop the spread of COVID-19. Therefore, Blue Cross plans will cover *outpatient* COVID-19 testing and treatment without charging members any cost share. As such, we are applying this to all commercial fully and self-insured customers and cannot accommodate opt-out requests.
- Blue Cross plans go further than federal [law](#), which requires group health plans to waive cost shares for testing and services related to COVID-19. Due to the national and state public health emergency, we are not able to accommodate opt out requests from self-insured customers *for the expansion of outpatient services*.
- The Massachusetts Division of Insurance (DOI) has noted that it is essential that government and business leaders take all appropriate steps to safeguard the general public and well-being of the Commonwealth's citizens. Accordingly, Blue Cross plans administration is designed to mitigate the impact of the coronavirus on the community as a whole, but also specifically on our members.

Will Blue Cross cover COVID-19 testing for public health surveillance and return-to-work purposes?

- No. Our responsibility is to ensure our members with a clinician order have access to testing for COVID-19, and that access should not be dependent on someone's ability to pay.

- That is why Blue Cross has committed to cover clinician-ordered testing related to diagnosis and treatment of COVID-19 at zero cost share for members. Broader testing for public health surveillance or return to work/school is a public health responsibility that should be done in coordination with federal and state public health officials as well as the entities that are reopening. Importantly, these tests must be affordable, accessible, reliable, and tied in with local public health efforts.
- Given the exceptional scale and scope of the testing required and the necessity of mounting such a program in order to safely begin bringing the American economy back to life, the public health testing effort must be a national priority, federally funded, and locally administered. We believe federal agencies have a critical responsibility to ensure the quality of the tests available, to support appropriate use and the prioritization of affordable solutions.

Is there a limit to the number of COVID-19 tests per patient?

Blue Cross covers medically necessary COVID-19 testing in connection with CDC and DPH guidelines.

How is Blue Cross covering out-of-network services during the COVID-19 pandemic?

The following is in place for the duration of the MA Emergency:

- Members are urged, whenever possible, to seek in-network care for care coordination purposes. However, if a member does see an out-of-network provider in a doctor's office, urgent care center, or emergency department during a specific episode of care related to their COVID-19 diagnosis or screening, we will cover all medically necessary services as if they are in-network and member cost share will be waived. No authorization is required for outpatient COVID-19 related services to be covered at an in-network level.
- If a member is admitted for inpatient acute care with an out-of-network provider for a COVID-19 diagnosis, for fully insured accounts we will cover those services as if they are in-network and cost share will be waived. No authorization is required, but the facility must notify Blue Cross of the admission. ASC accounts have the option to waive cost share for inpatient COVID-19 related services.
- If a member sees an out-of-network provider for other covered services not related to COVID-19 (inpatient or outpatient), this will be covered as described by their plan design. Certain plans do not offer benefits for out-of-network services unless authorized.

What is the timeframe for these COVID-19 changes?

The COVID-19 changes apply for the duration of the Massachusetts public health emergency.

Will there be a special election period for individuals?

In response to the Coronavirus (COVID-19) pandemic, Massachusetts is extending the Open Enrollment period for residents who are currently uninsured to enroll in an individual plan until July 23, 2021. Anyone that already has coverage cannot change plans. Such direct pay plans may be purchased by calling 1-800-422-3545.

The federal Special Enrollment Period has been extended until August 15, 2021. More information can be found at [healthcare.gov](https://www.healthcare.gov).

Will Blue Cross help facilitate on-site vaccine clinics for accounts?

No. Blue Cross is not managing the distribution of vaccines, this is being managed by individual states. Please refer to the [CDC](https://www.cdc.gov) for more information about how specific states are addressing vaccine distribution.

Telehealth

What are options for telehealth?

Blue Cross plans will cover all medically necessary covered services via telehealth – including both phone- and video-based visits. Cost share for in-network telehealth services was temporarily waived for services between March 16, 2020 and July 1, 2021. For services on or after July 1, 2021, member cost for in-network telehealth will be the same as if the services were done in person as determined by their benefits. We will continue to allow providers to offer telehealth for all medically necessary services, including behavioral health, that can be performed via telehealth.

Members may access these services in two primary ways: (1) by calling their local providers who may deliver care via telephone or video visits and (2) if the account has Well Connection either as a core benefit or as a buy-up, by accessing the Blue Cross telehealth service which includes an online care network of providers who deliver care via the Well Connection platform. All fully insured accounts except Medicare Advantage, Medex, Indemnity, and FEP have Well Connection as a core benefit.

Option #1: Members can access phone- and video-based telehealth services (whether they have the Well Connection benefit or not) through their established in-network provider. These services include services that would, under normal circumstances, be performed by an in-person visit with their provider. Members can ask their provider if they are willing to see them for visits via video or over the phone. Blue Cross is encouraging all providers to offer video or phone services to their patients during this unprecedented time.

Option #2: For accounts who have Well Connection, members can also receive services at [Well Connection.com](https://www.wellconnection.com) or through the Well Connection app on a mobile device.

Where is telehealth available?

Telehealth is permissible in all states. Standard telehealth legislation requires the treating provider to be licensed in the state where the patient is physically located at the time of visit. Well Connection, our telehealth program, has providers available to treat patients in all states (Puerto Rico is excluded). The Blue Cross telehealth benefit does not cover visits for patients who are outside of the United States at the time of their visit.

Are telehealth visits with an out-of-state Blue Network provider covered?

Yes. Participating network providers must submit claims to the local Blue Plan where they are located, regardless of where the patient was during the visit. Claims will then be forwarded to Blue Cross Blue Shield of Massachusetts through BlueCard. Blue Cross will process claims in accordance with standard interplan BlueCard rules, and the member's telehealth coverage will be applied.

Can members access covered services via a telephone if a self-insured member does NOT have the standard telehealth benefits in their plan?

For dates of service on or after March 16, 2020 participating providers may deliver all medically necessary covered services (COVID-19 AND non-COVID-19 related) via modalities that include telehealth, telephonic, live video visits, or in-person to all Blue Cross members including members in our Medicare Advantage, Managed Blue for Seniors and Medex plans. This is a permanent change in compliance with the Massachusetts Patients First Act.

Providers may offer telehealth services as long as they are contracted and credentialed by Blue Cross. Well Connection is only available for accounts who have it included in their benefit plan.

Can dental appointments be conducted by telephone or by telehealth?

Effective for service dates beginning March 23, 2020 and until further notice, we will cover Problem Focused Dental Exams by telephone or video ("virtual consultations") between dental providers and their patients. This additional virtual dental exam is available to all members who already have coverage for this service in a dental office setting.

Dental Blue plans will provide payment for these virtual or audio interactions with dental providers with no benefit cost share to the member. This means we will eliminate any applicable deductible, co-insurance or co-payments for this benefit up to the members existing annual dollar maximum. Services rendered by non-participating dentists could still be subject to balance billing.

Can a self-insured account add Well Connection off-renewal?

Yes. Accounts can add telehealth services via our provider, Well Connection off cycle. The cost is \$0.50 per employee per month. It may take several weeks to add this benefit. Please contact your account executive for details about this program

Dental

What is Blue Cross doing to support dental customers?

Blue Cross is making several updates to support dental customers:

- Starting March 23, 2020, we've extended coverage to include an additional virtual dental exam for Dental Blue members with their dental providers
- Starting June 1, 2020, we've updated the time limit for preventive dental visits to 2 cleanings per calendar year rather than 1 every 6 months.
- Starting June 10, 2020, Blue Cross Dental Blue members can get free access to the Toothpic app for 3 months. Toothpic is a tele-dentistry app which triages members experiencing mouth and dental issues to a licensed dentist who can provide care and advice.
- Starting June 1, 2020, Blue Cross Dental Blue members can also take advantage of an exclusive 25% discount offer from Philips Sonicare for targeted oral health care products. Members will have the flexibility to pay upfront or sign up for monthly subscription plus the convenience of delivery to their homes.

Can dental providers charge members for PPE?

Oral healthcare providers cannot charge our members for the cost of personal protective equipment (PPE). Our rates take into consideration these kind of operating expenses. In addition, Blue Cross has provided financial support to some network dental providers for PPE.

Health and Wellbeing

How will the Healthy Actions program be impacted if members are unable to see their doctor to complete/submit a Clinical Review Form?

Blue Cross made adjustments for all Healthy Actions members who had appointments cancelled between March 20, 2020 and September 1, 2020 to honor the full \$300 reward, regardless of account renewal date.

For accounts renewing from September 1, 2020 to January 1, 2021, we will continue to honor the full \$300 reward if a member's appointment has been cancelled due to COVID-19. The member should:

1. Complete the online Health Assessment on healthy-actions.com and print out their Clinician Review Form.
2. Ask their doctor to fill out the Clinician Review Form. If the doctor has cancelled a visit due to COVID-19, the member needs to submit a note from the doctor to indicate the appointment cancellation. We prefer the doctor still complete the Clinician Review Form and note the appointment cancellation but will also accept a formal letter stating their appointment was cancelled. Please note we will need the participant's first and last name, date of birth and program deadline included in the letter.
3. Submit completed form or note by email, mail, or online.

Can we extend the fitness/weight loss program reimbursement deadline?

Based on the May 4 IRS/EBSA ruling to extend timelines for member claim submissions, the deadline for the fitness or weight loss program reimbursement will be 60 days after the end of the National Emergency (which has not yet been determined).

Can virtual fitness classes be submitted through fitness benefit?

BCBSMA has made the decision, retroactive to January 1, 2020, to allow fully-insured commercial products, excluding FEP and Medicare Advantage, to include virtual fitness programs under the fitness benefit. This will include virtual/online fitness memberships, subscriptions, programs, or classes that provide cardiovascular and strength-training using a digital platform. It does not include equipment or bikes. Self-insured accounts have the option to opt-in to include this expanded coverage.

What resources can we provide for emotional wellbeing?

Blue Cross is able to provide a variety of resources that address the topic of emotional wellbeing during these uncertain times. Our public [ahealthyme](https://ahealthyme.com) site includes a breadth of resources on how to understand, manage, and overcome stress. These materials can be found [here](#).

In addition, for those seeking to better understand the coronavirus and what Blue Cross is doing to support our members, our primary site, bluecrossma.org, has been updated with a [coronavirus resource center](#).

This resource center provides details on the benefits and resources available to members, tips for staying healthy, and answers to many frequently asked questions.

Financial

Stimulus Bill – CARES Act

How will waiving cost share (copay, coinsurance, deductible) for non-COVID-19 telehealth services impact members in High Deductible Health Plans (HDHP) with a Health Savings Account (HSA)?

The new federal statute signed into law on March 27, 2020, the CARES Act, allows telehealth and other remote care services to be covered pre-deductible without violating federal rules for HDHPs paired with an HSA. This is a relief to HSA owners (members in a HDHP with an HSA) because, prior to this new law, under IRS rules (that no longer apply) an HSA owner must have met the statutory deductible prior to waiving cost share for telehealth services. This new safe harbor applies to plan years that begin on or before December 31, 2021.

Other

Our policies all include a provision that we can re-rate if enrollment changes by 10% or more. Are we planning to re-rate accounts that have a reduction in enrollment during this time?

If the enrollment changes by 10% or more, we will evaluate on a case by case basis the potential need to re-rate. We will not automatically re-rate when this happens. Blue Cross continues to monitor and assess the rapidly evolving COVID-19 situation and will provide updates as warranted.

What kind of reporting is available related to COVID-19?

COVID-19 reporting is now available for 100+ accounts which includes claims and utilization detail for both COVID-19 suspected and COVID-19 confirmed cases. Please work with your Account Executive to request a report.

What is the anticipated impact to claims trend?

While we believe it is more likely than not that the impact of COVID-19 will be cost additive over time, uncertainties around the timing and extent to which suppressed care will return will greatly influence the ultimate financial outcomes.

We believe that the duration of the medical cost impact will span approximately 2–3 years, including the time it will take for delayed services to return.

The rapid pace of new information continues and will greatly influence our view of the medical cost impact. We will continue to monitor the impact of COVID-19 and update our perspective as the situation evolves.

[Is Blue Cross extending timeframes for special enrollment periods, COBRA, and member claims and appeal submissions?](#)

The Internal Revenue Service and Employee Benefits Security Administration issued a rule on May 4, 2020 pausing certain timeframes for employee benefit plans, participants, and beneficiaries affected by the COVID-19 outbreak.

This rule relaxes certain timeframes, including for special enrollment periods, COBRA elections/payment, and claims and member appeals submissions. This is in effect during the National Emergency related to COVID-19, starting on March 1, 2020, until 60 days after the National Emergency ends or otherwise determined by the Internal Revenue Service and the Employee Benefits Security Administration.

Blue Cross is honoring these relaxed timeframes. The account notifies Blue Cross when an employee or dependent is eligible for special enrollment, and Blue Cross will continue to honor the account's determination of eligibility for special enrollment as submitted. Blue Cross does not administer COBRA benefits; we advise accounts speak to their own legal counsel for any questions on the new special enrollment or COBRA timeframes.

[Will we allow accounts to skip renewal/change plans off anniversary?](#)

Currently, Blue Cross has no plans to alter existing rules in this regard.

[Will an account be able to defer payment of a premium?](#)

On a case-by-case basis, Blue Cross will consider extending the existing statutory grace period, one time, for an additional 30 days. In addition, we are advocating strongly for federal assistance that will support small- to mid-size businesses that may struggle to pay their health care premiums during this period.

[Will Blue Cross be providing premium relief?](#)

Blue Cross has no plans to offer premium relief in 2021. We will continue to work with accounts that are experiencing financial hardship.

In 2020, we returned more than \$101 million in premium refunds and rebates to customers and members as a result of lower than anticipated health care costs during the COVID-19 public health emergency. The refunds were in addition to the \$116 million Blue Cross invested to support its members, customers, clinical partners, and the community throughout the pandemic

[Will Blue Cross allow the extension of account credits past the expiration date?](#)

Blue Cross permitted customers with approved credits expiring May–Dec 1, 2020 to have until 12/31/2020 to use their credits. Credits will not extend into 2021.

How can accounts use Blue Cross credits in response to COVID-19?

As ERISA permits “plan funds” to be used for the benefit of the employees, in order to promote wellness during the state of emergency, Blue Cross will permit submission of a paid invoice from the customer for the use of PPE such as gloves, masks, hand sanitizer, and single-use thermometers. A customer attestation will be needed to indemnify Blue Cross and attest that the reason the funds are being used for COVID-19 PPE is for the benefit of the employees and to protect them and promote wellness.

Do the steps to expedite access to care for the duration of the Massachusetts public health emergency impact high deductible health plans (HDHP)?

Generally, members with a High Deductible Health Plan (HDHP) including a Health Savings Account (HSA), are required to cover cost share up to the deductible before receiving assistance with cost share. Recent IRS guidance allows cost share for COVID-19 testing and treatment to be waived prior to meeting the deductible.

For ASC accounts, who is funding the additional claims for which cost share is being waived?

The additional claims cost for services in which cost share is being waived would be paid by the ASC account.

Layoffs and Furloughs

If a member is cancelled and reenrolled in the same plan with a gap in coverage, does the deductible reset?

As long as the member’s ID number does not change, any amount that has already applied to the member’s deductible will still apply.

Can an account have just one active employee, not enrolled with Blue Cross, remain an active account, and have groups with all members on COBRA?

No. An account must have at least one person actively on the payroll and enrolled with Blue Cross to remain an active account.

What is the impact to stop loss if we are waiving cost share?

If the account has Stop Loss coverage through Blue Cross, the Stop Loss policy will align with the Medical plan, subject to the terms of the Stop Loss Agreement, for determination and reimbursement in accordance with the cost-share waivers being implemented due to the Massachusetts public health emergency.

[If an employer continues to cover employees who are furloughed, temporarily laid off, or working on reduced hours, will Blue Cross stop loss reinsurance continue to cover them?](#)

Yes, if the employer continues to cover employees who are furloughed, temporarily laid off, or working reduced hours related to the COVID-19 public health emergency, and if the account has stop loss insurance coverage through Blue Cross, claims pertaining to these employees will be covered by stop loss insurance in accordance with the Stop Loss Agreement, as long as the employee was enrolled in the employer's group health plan on their last day worked (or last day before hours were reduced). During this period, Blue Cross will not enforce actively at work requirements in the Stop Loss Agreement with regard to these employees. The preceding is effective for the duration of the COVID-19 Massachusetts public health emergency. HRMP would follow any Blue Cross policies / holding statements with regard to COVID-19.

[If employers reduce hours temporarily, due to lack of work/production, assuming that all in this category will be self-quarantined, will this continued eligibility be allowed also through the duration of the COVID-19 Massachusetts public health emergency?](#)

An account determines eligibility. Blue Cross will continue to honor eligibility for those employees submitted by the account on its enrollment list.

[How is Blue Cross handling furloughs?](#)

During the COVID-19 pandemic, Blue Cross will continue to honor coverage for an account's furloughed or temporarily laid off employees without enforcing minimum hours worked requirements, as long as the premium remains current and the account continues to include those employees in the enrollment files it provides to Blue Cross.

Employers decide whether to keep laid off or furloughed members on the group plan or to offer COBRA, if applicable. The employer account is responsible for complying with state and federal laws, including COBRA, and should let Blue Cross know if a subscriber has elected COBRA. Accounts may want to seek legal counsel with regard to these questions.

[When will a terminated employee lose coverage?](#)

The account notifies Blue Cross of the date health coverage should terminate for an employee. Employees may be eligible for COBRA or state continuation of coverage if they are terminated, or they can seek coverage under a state exchange plan. Depending upon their financial situation, terminated employees may be eligible for a subsidized plan or Medicaid.

Business Continuity

[How is Blue Cross Blue Shield of Massachusetts impacted by Governor Baker's COVID-19 guidance for businesses?](#)

The vast majority of our associates have been working remotely since mid-March 2020. Thanks to business continuity plans in place long before the pandemic, we have been able to operate virtually with little to no impact on associate productivity. Blue Cross provides essential COVID-19 services and continues to meet the needs of our members and accounts, with the majority of our associates working remotely.

[Can I come to one of Blue Cross' buildings to pay a bill or ask a question?](#)

No, at this time our buildings are closed to external visitors. If you have questions, please call us at 1-800-262-BLUE (2583).

Resources

[Where can members find the latest information regarding the COVID-19?](#)

Visit our [coronavirus resource center](#) for information on how to stay safe, find answers to frequently asked questions, and see how we're expediting access to testing and care.

Our news service continues to publish articles about the Coronavirus, including a recent [Q&A](#). Please check [Coverage](#) regularly for additional news.

[Are there resources for people struggling to pay their bills and/or to get groceries?](#)

If you need assistance finding food, paying housing bills, accessing free childcare, or other essential services, dial 2-1-1 to speak to someone who can help. 2-1-1 will connect you to local resources regardless of what state you live in. This service is provided by United Way.

[What is your Coronavirus dedicated toll-free helpline for members?](#)

Blue Cross offers a dedicated toll-free helpline for members to call with questions about Coronavirus including where to obtain a test, available benefits and phone numbers for further assistance. The number is (888) 372 1970.