BULLETIN 2020-02

To: Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc., and Health Maintenance Organizations

From: Gary Anderson, Commissioner of Insurance

Date: March 6, 2020

Re: Addressing COVID-19 (Coronavirus) Testing and Treatment

The Division of Insurance ("Division") issues this Bulletin to provide information to Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc., and Health Maintenance Organizations ("Carriers") about the Division’s expectations regarding Carriers’ appropriate coverage of testing and treatment for COVID-19, also known as Coronavirus, and other actions that will directly address the potential impacts of Coronavirus. Recognizing that members of the public may seek a variety of health care services in connection with the Coronavirus, including laboratory testing and urgent care and emergency services, the cost of those health care services should not be a barrier for Massachusetts residents.

The Coronavirus Risk
The public health and societal impact from the spread of the Coronavirus could dramatically impact the Commonwealth. It will be essential that government and business leaders take all appropriate steps to safeguard the general public and well-being of the Commonwealth’s citizens. Health insurance coverage plays a critical role in the public’s actual and perceived access to and affordability of health care services. Coronavirus may impose unique risks to our insurance market that Massachusetts has not faced for at least a generation. Therefore, the Division is notifying Massachusetts Carriers that it expects them to take all necessary steps to enable their covered members to obtain medically necessary and appropriate testing and treatment that will help fight the spread of this disease.

The Division expects Carriers to communicate prevention, testing and treatment options to covered persons in accordance with guidelines from the Massachusetts Department of Public Health (DPH) and the Centers for Disease Control and Prevention (CDC), such as guidelines regarding how and
when to contact your local board of health or health care provider. As this situation evolves, and informed by guidance from the DPH and CDC, the Division may issue further bulletins on this topic.

Specifically, the Division expects Carriers to do the following:

- Establish dedicated help lines to respond to all calls about the Coronavirus and keep covered members aware of providers who test/treat the virus, members’ available benefits, and phone numbers that members can call for additional help.
- Promote tele-health options, including removal of applicable cost-sharing for such services, enabling covered members to seek screening, evaluation, diagnosis and/or treatment for Coronavirus in order to reduce the need for patients to come to medical offices where they may come into contact with the Coronavirus.
- Relax prior approval requirements and procedures so that members can get timely medically necessary testing or treatment, in accordance with DPH and CDC guidelines, if they are at risk of contracting the Coronavirus.
- Relax out-of-network requirements and procedures when access to urgent testing or treatment, in accordance with DPH and CDC requirements, is unavailable from in-network providers.
- Forego any cost-sharing (copayments, deductibles, or coinsurance) for medically necessary Coronavirus testing, counseling and vaccinations at in-network doctors’ offices, urgent care centers, or emergency rooms; and at out-of-network doctors’ offices, urgent care centers, or emergency rooms when access to urgent testing or treatment, in accordance with DPH and CDC requirements, is unavailable from in-network providers.
- Forego any copayments for medically necessary Coronavirus treatment, in accordance with DPH and CDC guidelines, at in-network doctors’ offices, urgent care centers, or emergency rooms; and at out-of-network doctors’ offices, urgent care centers, or emergency rooms when in-network alternatives are not available.

**Guidelines in Relation to Coronavirus**

Pursuant to M.G.L. c. 176O, §16(b), Massachusetts-issued insured health plans are required to provide coverage for health care services if (1) the services are a covered benefit under the insured’s health benefit plan; and (2) the services are medically necessary. Insured health plans that are accredited by the Division as managed care companies under M.G.L. c. 176O may employ utilization review systems in making decisions about whether services are medically necessary. Utilization review is defined in M.G.L. c. 176O as “a set of formal techniques designed to monitor the use of, or evaluate the clinical necessity, appropriateness, efficacy, or efficiency of, health care services, procedures or settings.” Carriers should review all relevant medical necessity criteria and develop appropriate exceptions in cases where the insured is at significant risk of contracting dangerous viruses such as the Coronavirus.

If you have any questions about this Bulletin, please contact Kevin Beagan, Deputy Commissioner for the Health Care Access Bureau, at (617) 521-7323.