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BULLETIN 20-05

To: All Health Carriers

Re: **COVID 19**

Date: March 6, 2020

On March 5, 2020, Governor Larry Hogan issued a Proclamation declaring a State of Emergency and that a Catastrophic Health Emergency exists in the State of Maryland.

A new Coronavirus ("COVID-19") has been detected in humans, and cases have been confirmed in the United States, including in Maryland. The spread of COVID-19 has disrupted supply chains and led to quarantines in areas where it has spread. Individuals who require prescription medications may find that their access to the medications is disrupted. Insurers, health maintenance organizations, and nonprofit health service plans (collectively, "carriers") that issue health benefit plans in the State are directed to take steps to ensure that they are prepared to address COVID-19 cases and provide all medically necessary covered health services..

Pursuant to § 2-115 of the Insurance Article and COMAR 31.01.02.06, the Commissioner is invoking his emergency powers As a result, carriers are required to waive any time restrictions on prescription medication refills and authorize payment to pharmacies for at least a 30-day supply of any prescription medication, regardless of the date upon which the prescription medication had most recently been filled by a pharmacist. This will allow individuals to obtain medications in advance of any quarantine. Co-payments and deductibles may apply to the prescription medication refills, in accordance with the terms of the carrier's contract or policy.

Carriers are urged to engage in focused member education and outreach regarding insurance coverage of medically necessary health care services for COVID-19 prevention, diagnosis, and treatment. Subject to guidance provided by public health officials, carriers are also encouraged to provide members with access to general information regarding COVID-19, including symptoms of the virus and strategies to prevent exposure and transmission. Carrier websites and nurse-help lines may be useful resources to provide this information.

Carriers should review their provider panels to ensure members have reasonable access to providers with the expertise to treat severe cases of COVID-19. Carriers should plan for granting out-of-network referrals pursuant to § 15-830 of the Insurance Article if there are not sufficient numbers of appropriately

qualified providers in the provider panel to treat COVID-19. If out-of-network referrals are necessary, carriers are encouraged to enter into agreements with providers to prevent balance billing of members.

The Commissioner will promulgate emergency regulations to require health carriers to:

- Waive any cost-sharing, including co-payments, coinsurance and deductibles, for any visit to diagnose or test for COVID-19 regardless of the setting of the testing (for example emergency rooms, urgent care centers, and a primary physician's office).
- Waive any cost-sharing, including co-payments, coinsurance, and deductibles, for laboratory fees to diagnose or test for COVID-19.
- Waive any cost-sharing, including co-payments, coinsurance and deductibles, for vaccination for COVID-19.
- Make a claims payment for treatment for COVID-19 that the health carrier has denied as experimental.
- Evaluate a request to use an out of network provider to perform diagnostic testing of COVID-19 solely on the basis of whether the use of the out of network provider is medically necessary or appropriate.
- Limit prior authorization requirements for testing for COVID-19 to only those requirements that are based on the medical necessity of that testing.
- Treat an adverse decision on a request for coverage of diagnostic services for COVID-19 as an emergency case for which an expedited grievance procedure is required under Insurance Article, §15-10A-02, Annotated Code of Maryland.

In the interim, given the need to test for COVID-19 and prevent its spread, carriers are asked to consider taking the following steps:

- Remove cost barriers to testing. Carriers are requested to waive cost-sharing for in-network provider office visits and in-network urgent care center visits which result in testing for COVID-19. Carriers are reminded that if they are unable to provide reasonable access to an in-network provider, § 15-830 of the Insurance Article requires coverage from an out-of-network provider to be provided at the in-network cost-sharing level. Carriers are also requested to waive the cost-sharing for an emergency department visit with testing for COVID-19.
- Encourage the use of telehealth services, as appropriate, by all members to reduce the likelihood of exposure to and transmission of COVID-19.
- Consider treatment of COVID-19 an emergency case for purposes of expediting a review of an adverse decision.

Questions about this Bulletin may be directed to the Life & Health Unit of the Maryland Insurance Administration at 410-468-2170.

AL REDMER, JR.
Commissioner

By: _____
David Cooney
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