

Comparison of MCO Temporary Rule Changes and Effective Dates						
Plan	MMC Products	Cost-sharing and coverage policies for COVID-19 testing and/or treatment	Cost-sharing policies for telehealth services	Other Telehealth Policy Details	Other Temporary Rule Changes	Links to Guidance for Providers
Affinity	Mainstream, HARP	<p>Affinity is directing providers to refer to guidance from the New York State Department of Health (DOH) and Department of Financial Services (DFS).</p> <p>DOH guidance, available here, specifies that NYS Medicaid will cover services including testing for COVID-19 and for physician, clinic, and emergency visits without copays for members when the purpose of the visit is testing, evaluation and/or treatment for COVID-19.</p> <p>This is effective for the remainder of the disaster emergency declared by Executive Order No. 202, or until subsequent guidance.</p>	<p>Affinity is directing providers to refer to guidance from DOH and DFS.</p> <p>DFS guidance, available here, states that during the state of emergency for COVID-19, no plan may impose copayments, coinsurance, or annual deductibles for an in-network service delivered via telehealth when such service would have been covered under the policy if it had been delivered in person.</p>	<p>Affinity is directing providers to refer to guidance from DOH, available here, and DFS, available here.</p> <p>Behavioral health telehealth guidance: Affinity provides Mental Health and Substance Abuse services through Beacon Health Options, a behavioral health managed care company. During the national public health emergency, Beacon will cover telehealth services including phone therapy, for most services. Additionally, Beacon is waiving cost sharing for in-network and out-of-network providers. Beacon’s telehealth guidance is available here and FAQ is available here.</p>		<p>Affinity is directing providers to refer to State guidance. DOH Medicaid updates are available here.</p>
Emblem Health (HIP)	Mainstream, HARP	<p>No cost sharing (including copayments, coinsurance, or deductibles) for members who use an in-network provider for the diagnostic visit and related lab test for coronavirus (COVID-19), for all care settings including out-of-network emergency rooms.</p> <p>Source: Provider Letter</p>	<p>•No cost sharing (including copayments, coinsurance, or deductibles) for in-network telehealth visits, for either COVID-19 or non-COVID-19 related services.</p> <p>•Members also have no cost-sharing for Teladoc™ visits.</p> <p>•Cost-sharing waivers do not apply to out-of-network providers.</p> <p>Source: Provider Letter</p>	<p>EmblemHealth's telehealth and telephone (audio-only) services policy (opens as .pdf file) is effective March 1 - May 31 (with possible date extensions if necessary; policy's effective dates can be revoked without the contractual 60-day notification normally required) and includes the following:</p> <ul style="list-style-type: none"> •EmblemHealth is waiving CMS and state-based originating site restrictions, where applicable and permitted, to allow care providers to bill for telehealth services performed while a patient is at home. •Telehealth reimbursement will be the same as if the visit were provided face-to-face. •Limited telehealth services will be allowed to be provided via telephone (i.e. audio only) by an in-network provider. Providers should use codes 99441-99443 when billing for these audio-only services. •EmblemHealth is suspending the requirement to bill telehealth services with the Place of Service (POS 02) code, which will be reimbursed at traditional telehealth rates. Instead, providers should use modifiers GT or 95 or GQ to identify telehealth or telephone (audio-only) services that had previously been performed in the office or other in-person setting (e.g. those billed with POS 11, 19 and 22). •AdvantageCare Physicians of New York (ACPNY), EmblemHealth’s affiliated physician practice, also offers comprehensive telehealth services. More details are available here. 	<p>Behavioral Health: Beacon Health Options administers the EmblemHealth Behavioral Health Services Program.</p> <p>During the national public health emergency, Beacon will cover telehealth services including phone therapy, for most services. Additionally, Beacon is waiving cost sharing for in-network and out-of-network providers. Beacon’s telehealth guidance is available here and FAQ is available here.</p>	<ul style="list-style-type: none"> •COVID-19 Updates for Providers •Telehealth and Audio-only Telephonic services policy (opens as a pdf file) •Telehealth policy FAQ (opens as a pdf file) •Allowable Telehealth Procedure Codes (opens as a pdf file)
Empire BlueCross BlueShield (Health Plus)	Mainstream, HARP	<p>Effective March 16, for 90 days unless extended*: Empire will waive cost sharing for fully-insured plan members (inclusive of copays, coinsurance and deductibles) for COVID-19 testing and visits associated with the COVID-19 test, including visits to determine if testing is needed. Member cost shares are waived for COVID-19 lab tests performed by participating and non-participating providers.</p> <p>*Please note that the effective date for this policy changes is inconsistently stated as March 13th in earlier Healthplus guidance. The March 16th date is the date provided in the most recently updated guidance document.</p> <p>Effective April 1 to May 31: Cost sharing is waived for COVID-19 treatment received through May 31. Providers will be reimbursed at in-network rates, as applicable, for Empire’s affiliated health plan Medicaid members.</p>	<p>Effective beginning March 17, for 90 days unless extended: Telemedicine (live video + audio via app, including LiveHealth Online platform and other internet video + audio services): Member cost sharing is waived for telemedicine visits, including visits for behavioral health and substance use disorders, for members with fully-insured Medicaid plans.</p> <p>Effective beginning March 19, for 90 days unless further extended: Telehealth (telephonic with video capability): •For fully-insured Medicaid plans, member cost sharing is waived for telehealth visits with in-network providers, including visits for medical services as well as mental health and substance use disorders services, where medically appropriate if all other requirements for a covered health service are met. Phone and video must be HIPAA compliant. •Out-of-network visits are covered if the member’s benefit plan has out-of-network benefits but member may be subjected to cost-sharing.</p> <p>•Cost sharing for telemedicine and telehealth services are waived for in-network providers only.</p> <p>Source: Provider Bulletin (April 2020), last updated April 17</p>	<p>Effective beginning March 19, for 90 days unless further extended: Telephonic-only care: •For fully insured plans, Empire will cover telephonic-only visits with in-network providers where medically appropriate if all other requirements for a covered health service are met. This includes visits for medical services and behavioral health. Phone delivery must be HIPAA compliant.</p> <p>•Telemedicine, telehealth, and telephonic visits should be billed using the following guidelines: Office visit (99201-99215) claims will require Place of Service (POS) code 02 and either modifier 95 or GT.</p> <p>•Out-of-network coverage will be provided where required and in accordance with benefit plan terms.</p>	<ul style="list-style-type: none"> •COVID-19 News and Updates for Providers •Provider Bulletin/FAQ on COVID-19 Services (updated April 17) •Provider Bulletin on Cost Sharing for COVID-19 Treatment <p>Please note that the effective dates for policy changes are inconsistently stated on the Empire website. The effective dates provided in this document are pulled from Empire’s most recently updated guidance document, dated April 17.</p>	
Fidelis/ Centene	Mainstream, HARP	<p>Effective Retroactively to February 4: Fidelis is waiving cost sharing (copayments, deductibles, and coinsurance) for COVID-19 testing and treatment services including physician, clinic, urgent care, inpatient admissions, and emergency visits.</p> <p>For providers who have collected cost sharing or submitted claims after Feb 4, Fidelis Care will adjust claims and expects providers to refund members where cost share was collected upon claim adjustment completion.</p> <p>COVID-19 test and treatment coding guidance is provided at: https://www.fideliscare.org/Provider?id=303</p>	<p>Effective March 1: Fidelis Care has waived cost sharing for all telehealth services rendered from in-network and out-of-network providers across all Fidelis products.</p>	<p>Billing: On March 21st, New York State Medicaid issued comprehensive telehealth updates available here. While Fidelis Care is aligned with coverage described in this update, including aligning with expanded definitions and parameters related to telehealth, Fidelis Care states that the coding and reimbursement referenced in the State Medicaid update is not relevant to their claims processing requirements. Fidelis Care states that when submitting telehealth claims, providers should continue to use their existing procedure codes and use the Place of Service 02 code, in combination with the appropriate modifier(s) aligned with the service. More information on Fidelis Care’s current telehealth policy can be found in the Provider Manual, Section 26 (link opens as a .pdf file).</p> <p>Reimbursement: Existing contract-defined services and rates will apply to the same services rendered through the telehealth modality.</p> <p>Behavioral health services: Fidelis Care’s telehealth coverage and reimbursement approach also applies to its network of participating behavioral health providers, including all individual behavioral health practitioners currently contracted with Fidelis as well as facilities delivering OMH and OASAS licensed programs.</p> <p>Documentation: Providers must follow continued guidance from their respective licensing authorities, and any questions on their forms or waiver approvals should be directed to OMH and OASAS. Fidelis Care does not require the submission of any additional documentation, contracting documents, or forms from OMH or OASAS providers in order to reimburse for telehealth claims. Fidelis Care is not requesting and will not be able to accept any OMH or OASAS self-attestation forms, and providers should ensure the submission of these requests are directed to the contacts indicated on the guidance.</p>	<p>Starting April 1, In response to the COVID-19 emergency, Teladoc is offered as a new online option for Fidelis Care Medicaid, Child Health Plus, Essential Plan, Health and Recovery Plan (HARP), Medicare Advantage, and Dual Advantage members. Through Teladoc, members can access 24/7 online care by phone or video, from board-certified, NY State-licensed doctors.</p>	<p>Important Updates Regarding COVID-19 - updated 4/13/20: available at https://www.fideliscare.org/Provider?id=303</p>
Healthfirst	Mainstream, HARP	<p>It appears that Healthfirst is using the effective dates provided in the State DFS and DOH guidance (e.g. this policy is effective March 13, for 90 days unless extended)*: Healthfirst is waiving co-pays and other cost sharing for all diagnostic testing and evaluations related to coronavirus. If a member’s PCP or in-network provider orders a coronavirus test, Healthfirst will cover the cost for the test and the in-network provider visit related to the coronavirus evaluation.</p> <p>*Source: March 18 Healthfirst guidance entitled “Coronavirus: Type (COVID-19) — Cost-Sharing Waiver”, available here</p>	<p>It appears that Healthfirst is using the effective dates provided in the State DFS and DOH guidance (e.g. this policy is effective March 16, for 90 days unless extended)*: In accordance with DFS and DOH guidance, Healthfirst has waived patient copayments, coinsurance, and deductibles for all covered telehealth services. Healthfirst will reimburse providers directly.</p> <p>*Source: March 18 Healthfirst guidance titled “Coronavirus: Type (COVID-19) — Cost-Sharing Waiver”, available here</p>	<p>Effective March 17, Healthfirst has incorporated changes into its Telemedicine Reimbursement Policy, available here under the March 20 guidance entitled “Billing Guidance for Telehealth Services”.</p> <ul style="list-style-type: none"> •Participating providers will be reimbursed for covered telehealth services in accordance with the fee schedule applicable to the providers’ contract. •When billing telehealth services, providers must bill with POS code 02 and continue to bill modifier 95. 		<ul style="list-style-type: none"> •Claims and Billing Policies and Procedures, including Coronavirus Guidance •COVID-19 Information Page for Members

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MetroPlus	Mainstream Managed Care, HARP	<p>MetroPlus is applying the State DOH and DFS Medicaid guidance to all its Medicaid, Exchange, and Commercial products, as stated here, suggesting that this policy is effective March 13, for 90 days unless extended):</p> <p>MetroPlus is waiving patient copayments, coinsurance, and deductibles for in-network laboratory tests, in-network provider visits, and visits at the emergency department of a hospital to diagnose COVID-19.</p>	<p>MetroPlus is applying the State's Medicaid guidance to all its Medicaid, Exchange, and Commercial products, as stated here, suggesting that this policy is effective March 16, for 90 days unless extended: MetroPlus is waiving cost sharing for all telehealth services provided to members for all lines of business. Telehealth services must be provided by existing/current in-network doctors.</p> <p>Providers should follow billing guidelines outlined in the Medicaid Telehealth FAQ for information regarding POS codes, modifiers, and acceptable service types.</p>	<p>MetroPlus is applying the State's Medicaid guidance to all its Medicaid, Exchange, and Commercial products, as stated here.</p> <p>MetroPlus is following DOH's guidance for coverage of telehealth and telephonic services, effective for dates of service on March 1 or after.</p> <p>Telephonic communication will be covered when provided by a qualified practitioner or service provider. All telephonic encounters documented as appropriate by the provider would be considered medically necessary for payment purposes in Medicaid Managed Care or Medicaid Fee-for-service.</p>		<ul style="list-style-type: none"> • Provider Updates During the COVID-19 Emergency • Telehealth Updates • Cost Sharing Updates
United Health care	Mainstream, HARP	<p>• COVID-19 Testing (non-telehealth): Effective March 18 through the national emergency, UnitedHealthcare will cover COVID-19 testing for Medicaid and its other business lines and will waive cost sharing for COVID-19 testing-related visits, whether the testing-related visit is received in a health care provider's office, an urgent care center, an emergency department.</p> <p>• COVID-19 Treatment: Effective February 4 to May 31:</p> <p>If a UnitedHealthcare member receives treatment under a COVID-19 admission or diagnosis code between Feb. 4, 2020 and May 31, 2020, cost sharing (copays, coinsurance, and deductibles) will be waived for the following:</p> <ul style="list-style-type: none"> • Office visits • Urgent care visits • Emergency department visits • Observation stays • Inpatient hospital episodes • Acute inpatient rehab • Long-term acute care • Skilled nursing facilities <p>This includes both in-network and out-of-network providers. UnitedHealthcare will reimburse out-of-network providers for COVID-19 testing-related visits and COVID-19 related treatment or services according to the rates outlined in the Medicaid Fee Schedule.</p>	<p>Effective February 4 through the national emergency, member cost sharing will be waived for in-network and out-of-network COVID-19 testing-related telehealth visits, including both interactive audio-video and audio-only modalities.</p> <p>Effective March 31 to June 18: UnitedHealthcare will waive cost-sharing for in-network, non-COVID-19 telehealth visits (including medical, outpatient behavioral and physical, and occupational and speech PT/OS/ST services) for their Medicaid and other fully-insured health plan members.</p> <p>According to plan benefits, out-of-network providers also qualify for telehealth and member benefit and cost sharing will apply, if applicable.</p>	<p>Effective March 31 to June 18:</p> <ul style="list-style-type: none"> • UnitedHealthcare has expanded the services that can be covered using telehealth, as well as through a virtual check-in for Medicaid, Medicare Advantage, and Individual and Group Market health plan members. A list of reimbursable codes that can be used during the waiver period can be found under the Billing Guidance section of Telehealth or Virtual Check-Ins. • For all UnitedHealthcare Medicaid plans, any originating site or audio-video requirements that may apply under CMS and UnitedHealthcare reimbursement policies are waived, so that telehealth services provided by a real-time audio-video or audio-only communication system can be billed for members at home or another location. • Telehealth services can be provided via audio-only except in the cases that explicitly denote the need for interactive audio/video, such as with PT/OT/ST, while a patient is at home. • UnitedHealthcare Community Plan will reimburse telehealth services that are: <ul style="list-style-type: none"> • Recognized by CMS and appended with modifiers GT or GQ • Recognized by the AMA, included in Appendix P of CPT and appended with modifier 95 <p>Telehealth Services for Behavioral Health</p> <ul style="list-style-type: none"> • For all UHC Medicaid plans, any originating site requirements that may apply under United Behavioral Health reimbursement policies are waived so that telehealth services provided via a real-time audio and video communication system can be billed for members at home or another location. For information on telehealth for Optum Behavioral Health providers, please refer to updates at providerexpress.com 		<ul style="list-style-type: none"> • COVID-19 Information and Resources (last updated by UHC 4/17) • COVID-19 Testing, Coding, and Reimbursement Policies • COVID-19 Telehealth Policies • Optum Behavioral Health Guidance
Amida Care	HIV SNP, HARP-like SNP	<p>Amidacare is following State DFS and DOH guidance, suggesting that this policy is effective March 13 through the remainder of the disaster emergency declared by Executive Order No. 202. AmidaCare will follow State Medicaid guidance and will waive cost sharing on an in-network provider office visit or urgent care center when the purpose of the visit is to be tested for COVID-19.</p> <p>Cost-sharing is waived for emergency room visits when the purpose of the visit is to be tested for COVID-19.</p>	<p>Amidacare is following State DFS and DOH guidance, suggesting that this policy is effective March 16 through the remainder of the disaster emergency declared by Executive Order No. 202 "To ensure that cost sharing is not a barrier to testing, NYS Medicaid will cover services including testing for COVID-19 and for physician, clinic, and emergency visits without copays for members when the purpose of the visit is testing, evaluation, and/or treatment for COVID-19. Providers should follow CDC coding guidelines when submitting claims to Medicaid." (Medicaid guidance available here.)</p>	<p>Amidacare is following State DFS and DOH guidance, with regards to expanded coverage of telehealth services.</p> <p>The State will allow Medicaid Adult Day Health Care (ADHC) Programs to receive payment for providing telephonic and telehealth services during the State of Emergency (guidance here.)</p> <p>Amida Care would like to ensure that all patients who receive ADHC services are still able to receive medical care from their Primary Care Provider. Through the notice available here entitled "Provider Update: Guidance Regarding Use of Telehealth / Telephonic Services During COVID-19 Crisis" from April 1), individuals can access a listing of Behavioral Health providers who have the capacity to provide telehealth/telephonic services .</p>	<p>Behavioral Health: Beacon Health Options is AmidaCare's behavioral health service provider. During the national public health emergency, Beacon will cover telehealth services including phone therapy, for most services. Additionally, Beacon is waiving cost sharing for in-network and out-of-network providers. Beacon's telehealth guidance is available here and FAQ is available here.</p>	<ul style="list-style-type: none"> • COVID-19 Information for Providers • Behavioral Health Guidance via Beacon
VNSNY Choice	Mainstream	<p>VNSNY directs providers to refer State Medicaid Guidance, available here.</p>	<p>VNSNY directs providers to refer State Medicaid Guidance, available here.</p>	<p>Effective March 1, 2020, in accordance with published State DOH Medicaid Guidance, all VNSNY CHOICE Health Plans, including the SelectHealth Medicaid plan serving HIV individuals, will expand eligibility for coverage of telehealth services to all members. The definition of telehealth is expanded to include telephone (audio-only) conversations.</p> <p>In line with this guidance, VNSNY will reimburse providers for telephonic assessment, monitoring, and evaluation and management services provided to members where face-to-face visits may not be recommended and it is appropriate for the member to be evaluated and managed by telephone.</p> <p>All telephonic encounters documented as appropriate by the provider would be considered medically necessary for payment purposes.</p> <p>Source: Use of Telehealth During the COVID-19 State of Emergency from VNSNY CHOICE Health Plans</p>	<p>Behavioral Health: Beacon Health Options manages the Behavioral Health and Substance Abuse benefits on behalf of VNSNY CHOICE for the SelectHealth Medicaid product. Beacon's telehealth policy FAQ is provided here.</p>	<ul style="list-style-type: none"> • https://www.vnsnychoice.org/covid-19-resources-choice-providers • Beacon's telehealth policy FAQ • Beacon Provider Resources
Wellcare	Mainstream	<p>Effective April 1st, the following guidance (available here) can be used to bill for services related to COVID-19 testing:</p> <p>COVID-19 Screening Services provided after February 4: All member cost sharing (copayment, coinsurance and/or deductible amounts) will be waived for COVID-19 screening visits and if billed alongside a COVID-19 testing code.</p> <p>If no testing is performed, providers may still bill for COVID-19 screening visits for suspected contact using the following Z codes:</p> <ul style="list-style-type: none"> • Z20.828 – Contact with a (suspected) exposure to other viral communicable diseases • Z03.818 – Exposure to COVID-19 and the virus is ruled out after evaluation <p>Providers billing with these codes will not be limited by provider type.</p> <p>COVID-19 Treatment Services provided after February 4: Member cost sharing and prior authorization requirements are waived for COVID-19 treatment for all members.</p> <ul style="list-style-type: none"> • For dates of service from February 4 through March 31 providers should use the ICD-10 diagnosis code "B97.29 – Confirmed Cases – other coronavirus as the cause of diseases classified elsewhere" • For dates of service of April 1, 2020 and later, providers should use the ICD-10 diagnosis code "U07.1 – 2019-nCov Confirmed by Lab Testing" <p>Only services associated with screening and/or treatment for COVID-19 will be eligible for prior authorization and member liability waivers. For screening or treatment not related to COVID-19, normal copayment, coinsurance, and deductibles will apply.</p>	<p>According to guidance, Wellcare is implementing a policy of zero member liability (copays, cost sharing, etc.) for care delivered via telehealth, effective immediately.</p> <p>It appears that Wellcare is following the State DOH and DFS effective date of March 16, for up to 90 days unless extended.</p> <p>All prior authorization requirements for telehealth services will be lifted for dates of service from March 17 through June 30.</p>	<p>According to guidance, Wellcare is expanding coverage of telehealth services during the duration of the COVID-19 emergency and implementing the following policies:</p> <ul style="list-style-type: none"> • Any services that can be delivered virtually will be eligible for telehealth coverage; • Telehealth services may be delivered by providers with any connection technology to ensure patient access to care, in accordance with NYS Medicaid guidance; • All prior authorization requirements for telehealth services will be lifted for dates of service from March 17 through June 30. 		<ul style="list-style-type: none"> • New Telehealth Policies Expand Coverage for Healthcare Services • COVID-19 Screening and Treatment