

# Wellmark's Response to COVID-19

*Easing the Burden on Providers*



To serve our members and support the healthcare system, Wellmark has made several significant changes very quickly in response to the rapidly evolving COVID-19 pandemic. We understand that these changes have created questions. We want to provide some answers to what we are being asked. Please understand that things are moving quickly and Wellmark will continue to evaluate and update how best to respond.

For the latest information, Wellmark providers can always check <https://www.wellmark.com/Provider/CommunicationAndResources/covid-19-updates.aspx>

## Testing for COVID-19

- Appropriate billing codes, reimbursement, and coverage for in-network laboratory testing has been established in accordance with AMA and CMS effective February 4, 2020

## Use of Telehealth

*Benefit information on coverage of telehealth service for Wellmark's members will not be updated on the Claims and Benefits Look-up tool on wellmark.com during this 90-day period, so please follow this guidance.*

- Wellmark expanded coverage and waived all member cost share for all fully insured and self-funded members for telehealth visits
- We communicated our support and reimbursement for the use of non-HIPAA compliant technology consistent with federal guidance at <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
- Wellmark does not require providers to use Doctor on Demand or any other specific telehealth platform
- Wellmark will allow for the use of telephonic visits when a member is unable to connect visually
- We also increased the reimbursement for telehealth visits to be equal to in-office visits for clinically appropriate codes inclusive of medical, behavioral health, and therapies at least until June 16, 2020. Billing codes for these clinically appropriate services are available on the provider portal on Wellmark's website.

## Prior Authorizations for Members Awaiting Delayed Services or an Expiring Prescription

- Wellmark has extended any authorizations for delayed medical services through at least June 16, 2020 to eliminate administrative barriers
- We have also extended prior authorizations for prescription medications set to expire in the next 90 days through July 31, 2020
- Wellmark has also enacted an expedited process for pharmacists which provides them the authority to enact a point of sale bypass on a member by member basis for any alternative drug that may be used when another drug is in short supply

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## **Easing Medical Provider Burden In Alternative Payment Models**

- Population health targets have been waived for 2020 for Wellmark ACO providers recognizing they are directing their resources to COVID-19 and other critical care of patients

## **Enabling Providers to Effectively Manage Hospital Beds**

- Wellmark has suspended the requirement for pre-certification and continued stay reviews from providers to enable them to move patients appropriately and seamlessly to alternative sites of care during this time

## **Financial Support for Health Care Providers**

- Congress is in the final stages of negotiating a “phase 3” coronavirus package. The legislation will include significant economic stimulus and funding for industries affected by the COVID-19 pandemic. We expect that hospitals and other health care providers will receive significant financial assistance – likely between \$75 and \$100 billion – to help them through the pandemic and accompanying economic disruptions.
- Wellmark and the national Blue Cross Blue Shield Association have lobbied in support of these financial assistance measures for our healthcare system.
- Before making any decisions about changes to how or when we pay health systems in Iowa and South Dakota, we want to fully understand the final federal package and the impact it will have for our network providers.

## **Working with Individuals and Small Businesses**

- Wellmark policy holders with Individual and Small Business plans that suffer economic disruption will be afforded at least 60 days to make premium payments in order to maintain their coverage.

We are constantly monitoring the ever-changing environment and will course correct as needed to ensure our members receive necessary care and providers are able to adapt their work to serve the most critical patients.