Friday Health Plans
COVID-19 (Coronavirus) Policy for Providers

PURPOSE

The purpose of this policy is to provide the following temporary guidelines, policies and benefit modifications related to the COVID-19 pandemic: Guidance on how Friday Health Plans (FHP) will address out-of-network transfers; prior authorizations and claims related to such transfers; claims payment, waiver of out-of-pocket responsibilities; and telehealth coverage related to the COVID-19 virus.

POLICY STATEMENT:

FHP wants to ensure we are doing everything in our power to assist our providers and facilities during this unprecedented time. It is our priority to ensure both a safe and operationally efficient business environment for our providers as well as rapid access to testing and medical care for our members who are experiencing the effects of COVID-19. For our members, all cost-sharing responsibilities will be waived, including co-payments, deductibles, and cost-sharing for those members needing testing or treatment for COVID-19 until further notice. FHP will pay claims related to COVID-19 testing and treatments as per the following temporary guidelines and policies.

PROCEDURE:

1. Out of Network Care: If a member is transferred to an out-of-network provider/facility for a COVID-19 related diagnosis, FHP will pay the claims at the in-network benefit level, with no cost sharing by the member. The normal out-of-network rules do not apply for COVID-19 patients until further notice. Transfers, made in the best interest of the member, to out-of-network locations related to COVID-19, will not need prior authorization as normally required. However, notification via regular channels is imperative so we can track those members and aid in their coordination and care and to ensure the prompt and accurate payment of services. This is for treatment related to COVID-19 only and is valid until further notice.

ALL OTHER TRANSFERS TO OUT OF NETWORK FACILITES MUST STILL FOLLOW THE PRIOR AUTHORIZATION PROCESS OR CLAIMS MAY BE DENIED.

2. Inpatient Notification: Inpatient notification is still required at the time of admission for ALL patients. Insurers are required to report information regarding the number of members diagnosed with COVID-19 to our regulatory agencies.

3. Authorizations: Authorizations are being approved with extended date ranges for possible cancellations or postponements of procedures. For necessary referrals/admissions to skilled nursing facilities (SNF's), FHP is waiving medical criteria for authorization, however we are requiring notification of transfer to SNF. SNF providers must continue admission notification to FHP to verify eligibility and benefits for all members prior to rendering services.

Resubmission of any authorization(s) that is/are already approved will not be required, however FHP must be notified of any change in date or service location to ensure prompt and accurate payment.

If a provider's authorization staff does not have access to the authorization form, FHP will temporarily accept any form of communication; however such communication must include the following information:

- Member name, date of birth and ID number;
- Ordering provider's tax ID number and phone number;
- Tax ID number and phone number of the place of service where services are rendered;
- ICD-10 diagnosis code(s);
- CPT Code(s);
- Is procedure inpatient or outpatient or in-office;
- Appropriate clinical documentation.

Regarding transports, FHP continues to require authorization for ALL non-urgent/emergent patients.

4. Refills: FHP, to the extent consistent with clinical guidelines and those that meet the criteria for needing to limit close contact with others, will cover 1 (one) early refill of any necessary prescriptions to ensure individuals have access to their necessary medications. FHP will not apply a different cost-sharing amount to an early refill of a prescription. Some restrictions apply, such as drugs with a high likelihood of abuse (i.e. opioids).

5. Telehealth: In addition to the above changes, no prior authorization is required for Telehealth visits. Telehealth is defined as telephonic, chat-based, internet audio or internet video-based care. FHP members are eligible to receive telehealth services for both established and new patient visits. This policy applies to all provider types authorized to see patients. FHP will temporarily waive CMS and state-based originating site restrictions. No site specific or restrictive modifier codes are required. FHP will not provide specific coding advice beyond this policy; however, please follow CDC and CMS guidelines for further coding guidelines.

FHP will continue to issue regular updates to these guidelines. We strongly encourage providers to routinely check the FHP website for the latest information about our COVID-19 Policies and Procedures.