



700 Main Street
Alamosa, CO 81101
719-589-3696

Dear Health Care Providers,

We here at Friday Health Plans (FHP) want to ensure you that we are doing everything in our power to assist you during this time. It is our priority to ensure that both our members who experience the effects of COVID-19 and require testing or medical care, as well as the providers who provide that care, are taken care of.

We feel it is important to let you know what changes to our normal operations we have put into effect during this time of COVID-19:

COVID-19 Claims and Pre-Auths

Effective March 1, 2020 through the duration of the public health emergency, FHP will pay COVID-19 related claims for testing and treatments without any question. If a member is transferred to an out-of-network provider/facility due to COVID-19, FHP will pay the claims at an in-network rate based on the rates of in-network facilities in the area. All COVID-19 related transfers to out-of-network locations will not require prior authorization, however notification via phone is imperative to ensure the prompt payment of services. **Please Note:** All other non-COVID-19 related transfers to out-of-network facilities still must follow the prior authorization process or claims will be denied.

Inpatient Notification Calls Required

Inpatient notification calls are still required at the time of admission for ALL patients. As an Insurer, FHP is required to report the number of COVID-19 members and claims to our regulatory bodies, so it is imperative that this notification process stays in place.

Authorization Date Ranges

Authorizations are being approved with extended date ranges due to possible cancellations or postponements of procedures. If you are in need of making changes to an existing authorization, please email the changes to medical@fridayhealthplans.com.

Approved Pre-Auths

As a provider, FHP would like to assure you that any authorization that is already approved will not change and you do not need to resubmit. Please notify us of a new date once you have that information.

Pre-Auths for Diagnostics Services

FHP will waive the need for Prior-Authorizations for the diagnostic services related to COVID-19 testing, any transfers for both COVID-19 and non-COVID-19 members as well as for post-acute care settings.



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Authorization Form Requirements

If a provider's authorization staff does not have access to the authorization form we are currently accepting any form of communications and should include the following:

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

One-Time Early Refills

FHP, to the extent consistent with clinical guidelines, will cover an additional one-time early refill of any necessary prescriptions to ensure individuals have access to their necessary medications should they need to limit close contact with others. FHP will not apply a different cost-sharing amount to an early refill of a prescription due to concerns about COVID-19. However, this does not apply to drugs with a high likelihood of abuse such as opioids.

Telehealth Appointments

Providers who have not been set up to bill telehealth visits in the past can now provide services via telehealth without any prior approvals. Telehealth visits can be billed at the same rate as in-person visits. Telehealth visits include emergency department visits, initial nursing, facility, discharge visits, home visits, and therapy services.

When billing for these nontraditional telehealth services during dates of service from March 1, 2020 through the duration of the public health emergency, providers will bill with the place of service equal to what it would have been in the absence of the public health emergency along with the modifier 95 indicating services were rendered via telehealth. Normal practices will resume at the end of the public health emergency.

We also have zero cost to our Teledoc partner for our members to call in and speak to a healthcare professional. Members should use or create a Teledoc account here:

<https://member.teladoc.com/fridayhealthplans>

In-Home Medical Treatment Equipment

For patients who, as determined by a medical provider, can be monitored and treated at home outside of a health care facility setting, carriers are reminded that they must provide coverage for necessary medical equipment and medications for in-home treatment. This may include the following durable medical equipment and medications as deemed medically necessary by the treating provider:



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- Pulse oximeter
- Oxygen
- Any medications determined to be medically appropriate for the treatment of COVID-19
- Home infusion therapy
- Electrocardiographs and cardiac monitors

FHP will eliminate any prior authorization requirements and otherwise expedite requests for these home health services.

For our members, all cost-sharing will be waived which includes co-payments, deductibles, and cost-sharing for those members needing testing or treatment for COVID-19 from March 1, 2020, through the duration of the public health emergency.

We appreciate all of the work that is being done on the front lines of this pandemic and we want to make sure that we are doing all we can here at Friday Health Plans to make things easier for you.

Thank you for your continued work in treating, not only FHP members but all the members in our communities.

Sincerely,
Friday Health Plans