BluePeak ADVISORS

BluePeak Advisors is a division of Gallagher Benefit Services, Inc.

Client Questions Re: COVID-19

MARCH 18, 2020

COMPLIANCE

1. **Question: Do you expect CMS will relax its compliance requirements around how quickly we must answer the phone, process claims and decision appeals and grievances during this national emergency?**

   Answer: We have not seen any guidance from CMS suggesting that Plans no longer must meet established timeliness requirements. At a time when a larger than typical number of members are getting sick, it is likely more important than ever to meet timeliness requirements in order to provide members with timely direction and access to care.

2. **Question: In response to COVID-19, we are closing our public-facing office and have instructed all its personnel to work from home. Are there requirements about who should be notified?**

   Answer: During this national emergency, we recommend you keep your CMS Regional Account Manager informed of material actions you are taking in response. This includes notifying them if you are having all or most employees who normally work in the office work remotely. Also, in this situation where your public-facing office is closed, ensure you post signs for any members who attempt to visit such public-facing offices instructing them that employees are working remotely during the COVID-19 national emergency and providing them with the Member Services and TTY telephone numbers where they can timely reach assistance. Finally, be sure to forward office telephones to home/mobile phones so that calls continue to be timely received.

PART C AND D CLAIMS

3. **Question: CMS sent out a memo that stated: "When these special requirements are in effect, under 42 CFR 422.100(m)(2), the requirements for Medicare Advantage Organizations under 42 CFR 422.100(m)(1) are:**
   a. **Cover Medicare Parts A and B services and supplemental Part C plan benefits furnished at non-contracted facilities subject to § 422.204(b)(3), which requires that facilities that furnish covered A/B benefits have participation agreements with Medicare.**
   b. **Waive, in full, requirements for gatekeeper referrals where applicable.**
   c. **Provide the same cost-sharing for the enrollee as if the service or benefit had been furnished at a plan-contracted facility.**
   d. **Make changes that benefit the enrollee effective immediately without the 30-day notification requirement at § 422.111(d)(3). (Such changes could include reductions in cost-sharing and waiving prior authorizations as described below)."**
   e. **Is the memo saying we have to provide OON benefits at the cost share of INN for provider offices (for routine services)? Or is it just for "facilities" (hospitals, urgent care, etc.)?**

   Answer: Yes. Until the national or state emergency ends (whichever is later), MA Plans must cover all claims for medically necessary plan benefits furnished by OON providers and must do so at the same cost share for INN, not just those benefits furnished by facilities like hospitals, urgent care, etc.

PART D COVERAGE DETERMINATIONS

4. **Question: During this time, can we make decisions to lift a "refill-to-soon" restriction on a case-by-case basis until we decide whether we want to lift such edits across the board?**

   Answer: We do not recommend this. Rather, we recommend the Plan apply such changes uniformly to similarly situated enrollees who are affected by the disaster or emergency. Since COVID-19 has been declared a national emergency, this means if the Plan elects to lift such restrictions, they should be uniformly lifted across all enrollees.