

Coronavirus (COVID-19) Frequently Asked Questions (FAQs)

Updated as of March 25, 2020

Questions Members May Have

- 1. Will AvMed cover the cost of the new CDC laboratory test kit to diagnose COVID 19 – including any out-of-network costs, given that testing is only authorized for labs designated by CDC as qualified to perform high-complexity testing?**

AvMed routinely covers diagnostic lab tests consistent with an individual's health insurance coverage. If it is determined that coronavirus testing is needed, AvMed will cover the test under the Member's no cost-sharing preventive health benefit. Testing can also be obtained through a Member's local public health agency.

- 2. Will AvMed cover testing of asymptomatic Members who have traveled or were in areas of possible exposure?**

Testing asymptomatic individuals is not medically indicated and against the advice of the CDC and WHO unless symptoms are present. The CDC is recommending voluntary home quarantine for those who have traveled to/from countries where COVID-19 has spread or who have been exposed to individuals with the virus.

- 3. Will AvMed cover treatment of COVID-19?**

At this time, there is no specific antiviral treatment or vaccine for COVID-19. Members should receive care from their doctor to help relieve symptoms as they would other viral respiratory infections. AvMed will continue to cover medically necessary healthcare costs to treat infectious diseases, including COVID-19, based on the terms of an individual's insurance plan.

- 4. Will AvMed cover the cost of chloroquine and/or other experimental drugs to treat COVID-19 and/or require prior authorization?**

At this time, there are no FDA-approved drugs to treat COVID-19. Until then, on an outpatient basis, AvMed will require prior authorization of

these drugs and will be limiting payment approval to those with an FDA approved indication/condition. If a Member is in the hospital receiving treatment for COVID-19, their healthcare provider will determine the best treatment options for their condition.

5. Will AvMed cover the cost of the COVID 19 vaccine when it's made available?

AvMed covers vaccines recommended by CDC's Advisory Committee on Immunization Practices (ACIP).

6. Will AvMed cover medical supplies such as masks, gloves, disinfectant that consumers may want?

Most of these supplies are not currently covered by AvMed but may be purchased over-the-counter at most major pharmacies. Some of these costs may be built into home care costs for certain medical conditions currently under treatment such as wound care.

7. Will AvMed cover emergency transport for Members with COVID-19 to designated quarantine or treatment centers?

AvMed is carefully monitoring COVID-19 developments and will make determinations regarding any necessary modifications accordingly.

8. Will AvMed cover hospital quarantine stays for Members returning from travel to affected countries, including any out-of-network costs given that the federal government is directing these individuals to specific locations, such as military hospitals?

AvMed is carefully monitoring COVID-19 developments and will make determinations regarding any necessary modifications accordingly.

9. Will AvMed cover hospital quarantine stays for Members diagnosed with COVID-19 resulting from community spread of the virus?

Yes, consistent with the individual's health insurance coverage.

10. Will AvMed cover telehealth services to ensure access to care while reducing the opportunities for disease transmission?

Most of AvMed's Members already have a telehealth coverage benefit through our Virtual Visits service. Effective immediately, co-pays for all telehealth visits with MDLIVE will be waived until 5/15/2020. Additionally, where applicable, copays will be waived for telehealth visits as well as telephone visits Members may need from their healthcare Providers until 5/15/2020.

11. Will AvMed waive prescription quantity/supply limits or allow for early refills to enable Members to stock up on prescription medications due to shortages caused by COVID-19?

AvMed, in partnership with CVS Health, is waiving early refill limits on 30-day prescriptions for maintenance medications and waiving charges for home delivery of all prescription medications. A 90-day supply may be requested as part of their benefit any time of the year.

12. Will AvMed waive prior authorization requirements for treatment of COVID-19?

At this time, treatment of COVID-19 is aligned with treatment of other viral respiratory infections and any medical management would be similarly aligned and in accordance with the terms of an individual's insurance plan. However, AvMed has emergency preparedness plans in place for disasters, including global pandemics, that allow for the modification of prior authorization and other medical management practices.

Any modifications are carefully implemented to balance the needs of Members for access to essential care with ensuring patient safety and adherence to evidence-based medicine. AvMed is carefully monitoring COVID-19 developments and will make determinations regarding any necessary modifications accordingly.

13. Will AvMed waive deductible and/or cost-sharing requirements for Members with costs related to COVID-19 testing or treatment?

At this time, treatment of COVID-19 is aligned with treatment of other viral respiratory infections and any cost-sharing and/or deductible obligations would be similarly aligned and in accordance with the terms of an

individual's insurance plan. However, AvMed has emergency preparedness plans in place in disaster situations, including global pandemics, that allow for the modification of cost-sharing and financial obligations. AvMed is carefully monitoring COVID-19 developments and will make determinations regarding any necessary modifications accordingly.

14. Will AvMed waive referral requirements for Members seeking testing or treatment for COVID-19?

Effective immediately, AvMed testing for COVID-19 is considered preventative and does not require a referral or authorization. There will also be no Member cost share for the test for COVID-19.

15. Who are most at risk at contracting the coronavirus?

Those at greatest risk include older people as well as those who are immunocompromised (weakened immune system).

Patients who are immunocompromised have a reduced ability to fight infections and other diseases. This may be caused by certain medications or diseases, such as cancer, chronic conditions (diabetes, kidney, cardiac, lung, liver, inflammatory bowel disease, rheumatologic diseases), malnutrition, HIV, multiple sclerosis, transplants and certain genetic disorders.

Examples of immune compromising medications include but are not limited to:

- 1) Steroids (Prednisone)
- 2) Chemotherapy
- 3) Biologics drugs including abatacept (Orencia), adalimumab (Humira), anakinra (Kineret), certolizumab pegol (Cimzia), etanercept (Enbrel), golimumab (Simponi), infliximab (Inflectra, Remicade), ixekizumab (Talz), rituximab (Rituxan), tocilizumab (Actemra), tofacitinib (Xeljanz), upadacitinib (Rinvoq), Natalizumab (Tysabri), Ustekinumab (Stelera) Vedolizumab (Entyvio), secukinumab (Cosentyx)
- 4) Disease modifying anti-rheumatic drugs (Methotrexate, hydroxychloroquine, leflunomide)
- 5) Transplant medication (Cyclosporine, Tacrolimus)

16. How is AvMed helping Members who need help managing their stress and anxiety about the COVID-19 outbreak?

Members should tap into their plan's behavioral health benefit through Magellan Health Services by calling 800-424-4810 or visiting magellanhealthcare.com/covid-19 for more information.

17. How will AvMed be operating under the current emergency declaration by the mayor of Miami-Dade County?

AvMed is aware of the recent COVID-19 emergency declaration by the mayor of Miami-Dade County, Carlos Gimenez. AvMed is a trusted health partner for almost 200,000 Floridians and the personal health of our Members and their families is a top priority in our ongoing response to this evolving situation.

During this time, AvMed will remain open as an essential business for the community to ensure all of our Members receive the critical access to care they need without delay or interruption.

Having a healthy workforce is essential to ensuring our Members and their families are cared for as well, which is why out of an abundance of caution and to comply with social distancing guidelines from the CDC, AvMed began phasing in the implementation of a work-at-home program for its Associates.

18. What else is AvMed doing to address COVID-19?

AvMed is working directly with the CDC and health experts to share information, mitigate health risks to Americans, and keep Americans informed including:

- Educating Members on steps they can take to prepare and stay healthy
- Directing Members to the local public health organizations for information.
- Tracking symptoms and patterns that may become apparent through the data from electronic medical records, phone calls to nurse call centers and clinic visits

- Informing clinicians to ensure that they know what the symptoms of COVID-19 look like and how to address a potential coronavirus situation.
- Supporting infection control efforts, including those already in place for hospitals, health care facilities and other sites of care
- Continuously monitoring COVID-19 developments and assessing whether emergency preparedness plans and modifications to plan practices need to be implemented

Questions Providers May Have

1. What clinical screening tools for identifying persons under investigation for COVID-19 are available?

The Department of Health has updated the clinical screening tool healthcare Providers use in the identification of persons under investigation or suspected for coronavirus disease. The clinical screening tool is intended to assist health care practitioners in understanding their role in identifying individuals, specimen collection, shipping of specimens, and notification of local county health departments, as appropriate.

The State Surgeon General, Dr. Scott Rivkees, is currently hosting a weekly healthcare Provider telephone conference call designed to provide updates from the Department, briefing from the Florida Agency for Health Care Administration, updates from other state agencies and address questions from partners. If you are interested in joining this weekly call, please see the call-in information below:

Date: Every Wednesday

Time: 2:00pm-2:30pm

Call-In Number: 888-585-9008

Conference Room ID: 872-128-152

2. Do chest x-rays have a potential to serve as a screening tool for diagnosis COVID-19?

Chest x-rays do have a potential to serve as a screening tool in medical settings with high disease prevalence but limited resources. Chest x-ray findings of patchy or diffuse asymmetric airspace opacities have been reported. CT imaging of the chest is, however, much more sensitive in detecting findings concerning for COVID-19 than chest radiographs. Several studies have reported that the presence of typical CT findings, in the appropriate clinical setting, could be helpful in the initial screening of

individuals who are suspected to have the virus. Results could aid in detection, quarantine and treatment of these patients. Although the CT findings seen with COVID-19 do overlap with other viral illnesses, the clinical picture is critical in the interpretation of these imaging studies. In patients with an initial negative RT-PCR tests, a combination of exposure history, clinical symptoms, and typical CT imaging features could be used to identify COVID-19.

3. How should treating Providers bill for rendered services for COVID-19 screening, testing, and related treatment?

Healthcare Providers should use appropriate CMS codes.

4. How should treating Providers bill for rendered audio and visual e-visits and telephone visits?

Providers with the ability to bill for virtual visits, which include both an audio and visual component, should bill using CPT codes 99201-99215 with a place of service 2 and Modifier 95.

Providers with the ability to bill for telephonic visits should bill with CPT code G2012.

5. What will Providers be reimbursed for providing services related to COVID-19 screening, testing, and related treatment?

Healthcare Providers will be reimbursed according to their contract with AvMed or, if not contracted, they will be reimbursed at the applicable Maximum Allowable Payment (MAP) rates.

6. Are there any prior authorizations required for COVID-19 treatment? If so, will they be waived?

Inpatient and observation admissions do require authorization. Emergency visits and emergency admissions do not require prior authorization. AvMed will continue to require Providers to notify AvMed of any emergency admission or observation stay.

7. Is prior authorization required to prescribe chloroquine and/or other experimental drugs to treat COVID-19?

Prior authorization for hydroxychloroquine and chloroquine is required because they are still not FDA-approved for treating COVID-19. Health experts recommend they be used for those patients continuing their current, chronic therapy, and supplies of these drugs should be reserved for inpatient hospital use on critically ill patients should these therapies prove to be safe and effective in the future. Improper prescribing or stockpiling of repurposed drugs could result in toxicity and an inadequate supply for treatment of severe COVID-19 and other important indications, such as influenza and rheumatoid arthritis, and should be avoided. Until clinical trials establish the efficacy and safety of any drug for treatment of COVID-19, the CDC recommends supportive treatment and appropriate management of complications, such as ARDS and bacterial pneumonia. Patients should be asked to participate in clinical trials of direct and supportive treatments.

8. Are referral requirements to see other physicians, specialists, or facilities being waived?

Effectively immediately, AvMed is waiving referral requirements to specialists until 5/1/2020. There are no referral requirements while a Member is inpatient or for emergency care.

9. What concessions will be made for clinical requests and discharge placements?

Specific concessions will be made on a case by case basis. The priority is to diagnosis and treat patients presenting to a healthcare Provider's office or facility.

10. Will Providers who can't submit claims or request authorizations on time because of staffing shortages be penalized?

AvMed will continue to require the timely submissions of claims and the authorization of certain services per the terms of its contracts with Providers. AvMed remains available 24/7/365 to process any and all authorization requests. AvMed is sensitive to the impact that COVID-19 is likely to have on the business practices for healthcare Providers and will evaluate exceptions to our payment policies on a case by case basis.

11. What measures is AvMed taking to ensure continued and timely processing of claims?

AvMed is taking several measures to ensure business continuity, and AvMed's ability to process claims and handle claims appeals in a timely manner remains fully functional.

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13. What is the contact information of the key liaison to elevate any authorization or clinical issues to?

Provider Service Center

Tel: 800-452-8633

Web: www.avmed.org (to sign into the Provider portal)

Urgent/Emergent Admissions

Fax: 800-339-3554 (form can be found at AvMed.org)

Discharge Planning and After Hours Contact

Tel: 800-432-6676, Option 1, Extension 40408

Prior Authorization

Fax: 1.800-552-8633