<table>
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<th>LOB</th>
<th>KPWA Benefit Policy</th>
<th>CMS Guidance</th>
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</table>
| Commercial and Medicare Plans | **COVID-19 Testing & Screening (eff. March 5, 2020 until December 31, 2020):**  
  **Diagnostic Testing:** COVID-19 testing, COVID-19 serological/antibody testing (eff. 2/4/2020 per CMS), test panels for influenza A & B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV) when billed in conjunction with a COVID-19 related diagnosis code = $0 Cost Share  
  **Outpatient Services:** any associated COVID-19 Office Visit, Urgent Care, Emergency Room, Drive-Up, Virtual Care (includes audio-only & non-HIPAA compliant platforms) and associated labs or radiology = $0 Cost Share  
  **Treatment of COVID-19 (eff. April 1, 2020 until December 31, 2020):** treatment and additional services, including hospital admission when billed with a COVID-19 treatment code = $0 cost share  
  Note: self-funded groups may opt-out  
  **Vaccine (when available) = $0 cost share** | CMS is allowing plans to waive or reduce cost-sharing for COVID-19 laboratory tests, telehealth benefits or other services to address the outbreak, provided that such decisions are applied uniformly to all similarly situated members. | **COVID-19 Testing & Screening (eff. March 5, 2020 until June 21, 2020):**  
  **Diagnostic Testing:** COVID-19 testing, test panels for influenza A & B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV) when billed in conjunction with a COVID-19 related diagnosis code = $0 Cost Share  
  **Outpatient Services (Plan Network):** any associated COVID-19 Office Visit, Urgent Care, Emergency Room, Drive-Up, Virtual Care (includes audio-only & non-HIPAA compliant platforms) and associated labs or radiology = $0 Cost Share |
## Additional Regulatory Guidance:

| Pharmacy (All plans) | Allow one-time refill of medication prior to the expiration of waiting periods between refills.  
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------|
|                      | - KPWA will not allow an early refill until the member has 30 days or less of medication on hand and may take into consideration patient safety (i.e. opioids), prior auth, and some specialty drugs.  
|                      | - KPWA has implemented prior authorization requirements for chloroquine and hydroxychloroquine.  
|                      | **Note:** CMS also provides flexibility for Part D sponsors to ensure adequate pharmacy access during disaster or state emergency resulting from COVID-19.  

| Authorization Requirements | **All Plans:** Suspend any prior auth requirements for covered diagnostic testing and treatment of COVID-19.  
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Individual & Family and Commercial Plans: Suspend prior authorization requirements for long-term care facility or home health services when an enrollee is determined to be ready for discharge from a hospital and there is insufficient time to receive approval prior to the delivery of care. For other covered services necessary for discharge to a long-term care facility or home, prior authorization requests must be treated as expedited (decision must be made within two (2) calendar days).  

| Membership/Premiums | **Individual & Family and Commercial Plans:** Health carriers must allow a grace period of at least 60 days for non-payment of premiums for all individual and group health plans.  
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------|
|                      | - If a health carrier permits a longer grace period, that must be applied uniformly to all health plans and all enrollees within a health plan.  
|                      | - Communications to enrollees during the grace period must clearly state the enrollee’s obligation to pay back premiums or potentially be subject to billing from health care providers for unpaid claims.  
|                      | **Note:** As of 1/1/20, based on Membership policies, KPWA does not disenroll Medicare members for non-payment.  

| Telehealth (All Plans) | **Individual & Family and Commercial Plans:** Expand coverage to additional methods for providing telehealth including telephone and video chat tools such as FaceTime, Facebook Messenger video chat, Google Hangout video, Skype and GoToMeeting. Health carriers must treat audio-only telephone services as telemedicine.  
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| **Medicare Plans:** Plans may choose to expand coverage of telehealth services for similarly situated members beyond those filed and approved via the plan benefit package/bid.  

| Network Adequacy | In compliance with WAC 284-170-200(5), allow out-of-network coverage of testing and treatment for COVID-19 if the provider network is insufficient.  

**Effective March 24, 2020 until June 21, 2020**  
**Expired on May 4, 2020**  
**Effective March 24, 2020 until June 21, 2020**  
**Expired on May 23, 2020**