

COVID-19

Frequently Asked Questions Group Retiree

April 8, 2020

Coronavirus Update as of April 8, 2020

COVID-19 Frequently Asked Questions (FAQ)

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KEY RESOURCES – COVID-19

- [CDC COVID-19 Site](#) - what you should know, situation updates, community impacts and resources
- [CDC Travel recommendations](#)
- [Family First Coronavirus Response Act \(H.R. 6201\)](#)
- [Medicare.gov Site](#)

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CLINICAL

THE INFORMATION IN THE FOLLOWING SECTION IS SOURCED FROM THE CDC. REFER TO THE [CORONAVIRUS.GOV](https://www.cdc.gov/coronavirus) AND [CDC WEBSITE](https://www.cdc.gov) FOR THE MOST CURRENT INFORMATION.

What is it?

COVID-19 is a respiratory infection. It is caused by an RNA virus called nCoV19 that is part of the SARS lineage of coronaviruses.

What are the symptoms?

The symptoms of COVID-19 are fever, cough and shortness of breath. Those who develop serious illness generally are found to have pneumonia.

How does it spread?

COVID-19 can spread from person to person, primarily between people who are in close contact – within about 6 feet – of one another, through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then by touching their mucous membranes (mouth, nose, eyes). It is believed it can live on surfaces in the range of hours to days. Some early studies indicate that it may also be passed through stool/feces.

Is there a vaccine?

There is currently NO vaccine to protect against COVID-19. While there are numerous efforts underway to develop a vaccine, historical experience would suggest it will be at least a year before one is commercially available to the general public. Please refer to www.coronavirus.gov.

Who is most at risk?

Most cases of COVID-19 worldwide have been mild and >80%ⁱ of infected individuals have been able to fully recover at home. However some people are at higher risk of getting very sick from this illness and should take additional precautions. Those people include:

- People over the age of 60, particularly people over the age of 80;
- People who have chronic medical conditions like heart disease, diabetes, chronic lung disease, chronic renal diseaseⁱⁱ, cancer and obesity; and
- People who have a suppressed immune system from medications or those that have a compromised immune system.

Early indication is that the cause of death in individuals with COVID-19 is sepsis, ARDS and/or cardiac arrestⁱⁱⁱ. Please refer to www.coronavirus.gov.

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What should I do if I have symptoms?

If someone thinks they have been exposed to COVID-19 and develops symptoms such as fever, cough and/or difficulty breathing, they should first CALL a health care professional for medical advice. Please refer to www.coronavirus.gov.

If a member is immune suppressed due to medication or prior organ transplant, should they be quarantined if they have no other conditions or symptoms (fever, SOB, cough, travel or exposure)?

CDC guidance is for those people at high risk to self-quarantine or socially isolate and take other precautions as outlined on the CDC site. Please refer to www.coronavirus.gov.

Is it true that people can infect others before they themselves show any symptoms?

Yes. It is believed a person can be contagious several days before symptoms appear and up to 14 days after symptoms have ended. Please refer to www.coronavirus.gov.

What is the latest CDC guidance on face covering and facemask use? **New 4/8**

The CDC recommends that everyone should cover their mouth and nose with a cloth face cover when around others. People could spread COVID-19 to others even if they do not feel sick. Everyone should wear a cloth face cover when they have to go out in public, for example to the grocery store or to pick up other necessities. Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance. The cloth face cover is meant to protect other people from the risk of getting infected.

The CDC advises NOT to use a facemask meant for a healthcare worker. The supply of facemasks is crucial for health workers and other people who are taking care of someone infected with COVID-19 in close settings (at home or in a health care facility).

Individuals should continue to keep about 6 feet between themselves and others. The cloth face cover is not a substitute for social distancing. Please refer to www.coronavirus.gov.

Is COVID-19 more dangerous to the autoimmune compromised than the common flu?

Individuals, who are immunocompromised or on immunosuppressive medications, may be at higher risk for getting very sick from the virus. For now there is limited information in comparative data compared to other illnesses. Please refer to www.coronavirus.gov.

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Why are diabetics considered a higher risk category?

The CDC outlined areas where individuals may be higher risk and should take more precautions. Some people may have no or relatively mild symptoms, but the CDC considers people with underlying conditions such as heart disease, lung disease, diabetes, and immunocompromised, as more vulnerable and at higher risk¹. Please refer to www.coronavirus.gov.

Are people with asthma at a greater risk?

Yes, adults with chronic medical conditions such as chronic lung diseases may put them at higher risk. Please refer to www.coronavirus.gov.

Will someone who has had the virus and been in isolation at home need to be retested?

People with COVID-19 who have stayed home (home isolated) can stop home isolation and move to 14 days of home quarantine under the direction of their treating physician, state/local health department and government regulations. Generally, home isolation is lifted under the following conditions:

- You received two negative tests in a row, 24 hours apart. AND
- You no longer have a fever (without the use of medicine that reduces fevers). AND
- Other symptoms have improved (for example, when your cough or shortness of breath have improved)

Please refer to www.coronavirus.gov.

If someone is near another person with COVID-19, but the person doesn't cough or sneeze, are you at risk of contracting this disease? NEW 3/27

Yes. The virus that causes COVID-19 is spread from person to person. The CDC continues to recommend that actively sick patients be isolated until they are better and no longer pose a risk of infecting others. Please refer to www.coronavirus.gov.

If a person has self-quarantined for 14 days after exposure, but has not developed symptoms, may they return to work on the 15th day without any fear of an occurrence? NEW 3/27

A person who has been released from COVID-19 quarantine is not considered a risk for spreading the virus to others if they have not developed the illness during the 14-day incubation period.

14 days is the longest incubation period seen with other similar corona viruses. Therefore, the period of quarantine is 14 days, starting with the last day of exposure if no symptoms develop. Please refer to www.coronavirus.gov.

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Once you get the virus and recover are you immune or can you get it again?

Human immune response to COVID-19 is still being studied. For other coronavirus infections such as SARS re-infection is unlikely to occur after recovery. It is unlikely that a person with a healthy immune system would get re-infected from a virus as long as there has been no viral mutation^{iv}. However it is unknown at this time if similar protection will occur with COVID-19. Please refer to www.coronavirus.gov.

Sources

1. China Centre for Disease Control & Prevention, Statistica
2. China Centre for Disease Control & Prevention, Italian Portal of Epidemiology for Public Health
3. medRxiv 2020.02.26.20028191
4. CDC, WHO, Laure, et.al, 2020
5. <https://www.cdc.gov/safewater/effectiveness-on-pathogens.html>
6. National Institute of Allergy and Infectious Diseases
7. CDC, WHO, Laure, et.al, 2020
8. National Institute of Allergy and Infectious Diseases

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PRIOR AUTHORIZATION AND UTILIZATION MANAGEMENT

If a member has a valid prior authorization for a surgery that has been postponed, will the member be required to go through the prior authorization process again?

Prior Authorization will remain in effect for 90 days from the date it was initially approved.

Has UnitedHealthcare reduced prior authorization requirements to reduce the administrative burden for physicians and facilities? **New 3/28**

UnitedHealthcare continues to adopt measures that will reduce administrative burden for physicians and facilities to help members more easily access the care they need.

This includes:

- Suspension of prior authorization requirements to a post-acute care setting through May 31, 2020; and
- Suspension of prior authorization requirements when a member transfers to a new provider through May 31, 2020.

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FEDERAL GUIDANCE

What information can you provide on the Federal Legislation that passed on March 18, 2020?

The Families First Coronavirus Response Act (HR 6201) (“Act”) requires group health plans and health insurance issuers offering group or individual health insurance coverage (including grandfathered plans) to cover COVID-19 testing and certain COVID-19 testing related items and services without cost sharing (deductibles, copayments and coinsurance), prior authorization or other medical management requirements.

- This coverage includes the COVID-19 diagnostic test and a COVID testing-related visit to order or administer the test. A testing related visit may occur in a health care provider’s office, an urgent care center, an emergency department or through a telehealth visit.
- For plans with in- network and out- of- network benefits, cost sharing (copayments, coinsurance and deductibles) will not apply.
- For plans with in-network benefits only, cost sharing (copayments, coinsurance, deductibles) will not apply for out-of-network emergency services or when an in- network provider is not available.
- Telehealth services apply both in and out-of-network.
- The Act is effective March 18, 2020 to apply retroactively. Currently our approach will be to have these guidelines in place on April 1 and then re-adjust the claims to meet the March 18 effective date.

Is UnitedHealthcare required to follow the Executive Orders that some states have issued?

Many states have issued Executive Orders (EOs) in response to COVID-19. While we understand your plan may be administered in a state that has done so, our federal Medicare Advantage and Medicare Prescription Drug Plans are required to comply with federal laws and CMS regulations. We are analyzing the EOs to determine how they may impact your plan and we are closely monitoring the guidance being issued by CMS and the bills being considered by Congress, and we will continue to update you on any Medicare coverage and/or benefit changes that will impact your retirees.

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MEMBER SUPPORT

What is UnitedHealthcare doing to help members concerned with COVID-19?

UnitedHealthcare has a team closely monitoring COVID-19, formerly known as the Novel Coronavirus or 2019-nCoV. Our top priority is the health and well-being of the members we serve.

As with any public health issue, UnitedHealthcare will work with and follow all guidance and protocols issued by the [U.S. Centers for Disease Control and Prevention \(CDC\)](#), Food and Drug Administration (FDA), and state and local public health departments.

Does UnitedHealthcare provide any support services for those people who have been affected by the virus? Updated 3/27

The CDC website is the best place to go to stay up to date on this still developing situation. Through Optum, UnitedHealthcare is offering a free emotional support help line for our members and all people impacted. This help line will provide those affected access to trained mental health specialists. The company's public toll-free help line number, 866-342-6892, will be open 24 hours a day, seven days a week for as long as necessary. Optum is a UnitedHealth Group company.

This service is free of charge and open to anyone. Trained Optum mental health specialists help people manage their stress and anxiety so they can continue to address their everyday needs. Callers may also receive referrals to community resources to help them with specific concerns, including financial and legal matters.

In addition, Sanvello is offering free premium access to its digital care delivery platform.

Can members use Sanvello at no cost share? New 4/7

Yes, in addition, Sanvello is offering free premium access to its digital care delivery platform. This offer, available globally, makes Sanvello's clinically validated techniques, coping tools and peer support free to anyone impacted by COVID-19 immediately for the duration of the crisis. Sanvello Health is a UnitedHealth Group company.

How can people access Sanvello free if they are impacted by COVID-19? New 3/29

Sanvello Health, Inc., a leading provider of digital and telephonic mental health solutions to individuals, businesses and payers will be providing free premium access to its digital care delivery platform.

To activate free premium access, anyone can download Sanvello for free from the App Store or Google Play and create an account to begin using the strategies, tools, and peer support.

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Can members still get a HouseCall?

To ensure members are safe and continue to receive their HouseCalls visit even during the COVID-19 national emergency, we have shifted our in-person HouseCalls program to a virtual visit. HouseCalls will begin to be offered over the course of a few weeks through telehealth platform to help members get the care they need and identify gaps in care. We will work to resume in person HouseCalls visits as soon as possible while considering the health and safety of our members and our clinicians.

In light of the current situation, is UnitedHealthcare delaying member communications related to preventive campaigns?

Yes. UnitedHealthcare will temporarily delay certain preventive care reminders.

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TESTING

Does UnitedHealthcare cover the test for COVID-19?

UnitedHealthcare and its self-funded customers will waive cost sharing (copayment, coinsurance, and deductible) for COVID-19 testing during this national emergency. We are also waiving cost sharing for COVID-19 testing related visits during this same time, whether the testing related visit is received in a health care provider's office, an urgent care center, an emergency department or through a telehealth visit. This coverage applies to Medicare Advantage, Medicaid and fully insured and self-funded employer-sponsored plans.

Testing must be provided at approved locations in accordance with U.S. Centers for Disease Control and Prevention (CDC) guidelines including FDA approved testing at designated labs around the country.

Where can a member go to get a COVID-19 test?

If someone thinks they have been exposed to COVID-19 and develops symptoms such as fever, cough and/or difficulty breathing, they should first CALL a health care professional for medical advice. The provider will use their judgment to determine if a patient should be tested. The provider may collect a respiratory specimen or in certain situations the provider may refer a member to one of the approved testing locations and UnitedHealthcare will cover the COVID-19 test and test-related visit with no cost sharing (copayment, coinsurance, and deductible).

Will UnitedHealthcare cover the "rapid" point of care testing for COVID-19? **New 3/30**

UnitedHealthcare will cover COVID-19 testing for members enrolled in Medicare Advantage, Commercial, and Medicaid plans. Coverage includes the recently announced "rapid" point of care COVID-19 test that has been authorized under the FDA Emergency Use Act (EUA). This testing will be available to patients tested in clinical settings who are equipped to run the test, such as urgent care and emergency departments. The "rapid" point of care will be billed under the same CPT code (87635) as the other COVID-19 tests.

This test has been authorized only for the COVID-19 test and not for any other viruses or pathogens.

Are tests readily available from physicians?

The tests are being made available now, but members should check with their physician to see if they have the test or where they can go in their area for a test.

What is the process if client requests to opt out of covering the test or test related expenses?

Based on federal legislation passed on March 18, 2020, all plans are required to cover these services without cost sharing (copayment, coinsurance, and deductible) during the emergency period.

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Will drive-up testing be an option?

If a member's health care provider determines they should be tested for COVID-19 and orders the test, they should work with local and state health departments to coordinate testing. As long as the testing place is at an FDA approved facility/location and administered in accordance CDC Guidelines, it will be covered.

Does UnitedHealthcare cover COVID-19 Home Tests?

At this time, the FDA has not authorized any test that is available to purchase for individuals to test at home for COVID-19. Call your health care provider right away if you believe you might have been exposed to COVID-19 or have symptoms such as fever, cough or difficulty breathing. If your health care provider determines you should be tested for COVID-19 and orders a test, they should continue to work with local and state health departments to coordinate testing, or use COVID-19 diagnostic testing authorized by the Food and Drug Administration under an Emergency use Authorization through clinical laboratories.

Can a member self-refer for the test?

No. A member should call their physician right away if they believe they have been exposed to COVID-19. The provider will have special procedures to follow. If the provider feels a COVID-19 test is needed, the provider will collect a respiratory specimen. In certain situations, the provider may refer a member to an approved testing location and UnitedHealthcare will cover the test without cost sharing.

If the test comes back positive for COVID-19 will treatment be covered? Update 4/1

UnitedHealthcare is waiving member cost share for the treatment of COVID-19 through May 31, 2020, for fully insured commercial, Medicare Advantage and Medicaid plans.

Are more labs, such as LabCorp and Quest, available for testing?

Yes, per the CDC as of March 23, 2020, the total number of public health laboratories (PHL) that have completed verification and are offering testing is 91. This includes one or more PHL in 50 states plus DC, Guam and Puerto Rico. CDC is updating this information regularly.

How long before test results are known?

Test results were taking three to four days early on; however, that is speeding up with the incorporation of more labs. A 24-48-hour turnaround now is more common.

Can telehealth providers evaluate symptoms and send the individual for a COVID-19 test?

A telehealth provider may determine whether the individual should be sent to a CDC approved location for a COVID-19 test. The test and test-related telehealth visit is covered at no cost share.

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ACCESS TO TELEHEALTH

How does Telehealth connect members to health care providers?

Telehealth gives members access to health care providers from the comfort of their homes through digital audio-visual technologies, such as FaceTime, Skype, Zoom or dedicated telehealth applications.

What is UnitedHealthcare doing to support members' access to care through Telehealth?

We expanded access to telehealth to help members stay in their homes and reduce exposure to the virus.

Access 24/7 to Virtual Visits through designated telehealth providers: These visits are ideal for urgent care. For Group Medicare members, our preferred telehealth partners include American Well, Doctor On Demand and other partners. To access the benefit, members should sign in to their health plan account.

Does UnitedHealthcare cover Telehealth visits?

Medicare Advantage and Medicaid members can continue to access their existing telehealth benefit offered through one of our preferred partners without cost-sharing.

Members can talk to their health care provider from home: Eligible health care providers can provide a telehealth visit for many urgent and non-urgent health care needs. This way, members can stay at home while still receiving the care they need.

Will UnitedHealthcare waive cost share for Telehealth visits?

Starting March 31, 2020 until June 18, 2020, we are waiving cost-sharing for in-network telehealth visits for Medicare Advantage, Medicaid and fully-insured Individual and Group health plans, with opt-in available for self-funded employers. Telehealth visits may include:

- Urgent and routine medical care: Providers can use both interactive audio/video and audio-only.
- Outpatient behavioral care: Providers can use both interactive audio/video and audio-only.
- Physical, occupational and speech therapies: Providers must use interactive audio/video technology.

Cost-sharing will be waived for in-network telehealth visits. Out-of-network and cost-sharing will apply, if applicable. Out-of-network telehealth services will be covered in accordance with members' health plan benefits.

COVID-19 testing related telehealth visit: For COVID-19 testing related visits, we will waive member cost-sharing for in-network and out-of-network telehealth services, including both interactive audio/video and audio only. This coverage is available from March 18, 2020 and throughout this national emergency.

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Can a member use both audio-visual and audio only for a Telehealth visit? Update 3/31

Through June 18, 2020, UnitedHealthcare will waive the Centers for Medicare and Medicaid's (CMS) originating site restriction and audio-video requirement for UnitedHealthcare members.

UnitedHealthcare members may have a telehealth visit with a health care provider using either audio-video or audio-only while a patient is at home.

Claims will be processed at zero cost share (copayment, deductible, coinsurance) for COVID related virtual visits or COVID-19-related telehealth visits.

How will UnitedHealthcare reimburse providers for a Telehealth encounter? Update 3/31

Through June 18, 2020, UnitedHealthcare will reimburse providers who submit appropriate telehealth claims for all diagnoses according to its telehealth reimbursement policies and terms of applicable member benefit plans.

The COVID-19 test-related visit and treatment will be reimbursed at no cost share (copayment, deductible or coinsurance). Members experiencing symptoms or think they might have been exposed to COVID-19 should call their health care provider right away and ask what telehealth options may be available.

Which types of care providers do the policy changes apply to? New 3/29

UnitedHealthcare generally follows CMS' policies on the types of care providers eligible to deliver telehealth services, although individual states may define eligible care providers differently. These include:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse-midwife
- Clinical nurse specialist
- Registered dietitian or nutrition professional
- Clinical psychologist
- Clinical social worker
- Certified registered nurse anesthetists

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TREATMENT AND COVERAGE

Does UnitedHealthcare cover treatment for COVID-19? **New 3/31**

UnitedHealthcare is waiving member cost share for the treatment of COVID-19 through May 31, 2020, for fully insured commercial, Medicare Advantage and Medicaid plans. This builds on UnitedHealthcare's previously announced efforts to waive cost share for COVID-19 testing and test-related visits and related items and services.

Testing must be ordered by a physician and provided at approved locations in accordance with U.S. Centers for Disease Control and Prevention (CDC) guidelines in order to be covered with no cost to the member.

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PHARMACY COVERAGE

Will pharmacy coverage or treatment be impacted by COVID-19?

UnitedHealthcare has authorized a one-time override of the refill too soon (RTS) edit for members who reside in or may be visiting the United States and territories.

This authorization will allow impacted members covered under Group MAPD and Part D prescription drug plans to obtain an early refill of their prescription medications if they have refills remaining on file at a participating retail or mail-order pharmacy.

This authorization will be valid until April, 30 2020. We will continue to monitor for the length of time required for this event and reevaluate for a possible extension based on need at that time. Members do not need to do anything to request the override; it will automatically apply to early refills if they have refills remaining on file.

Delivery options are available through Optum home delivery, which has no delivery fees and through select retail pharmacies including Walgreens and CVS who have waived delivery fees.

How can members sign up for home delivery for their maintenance medications so they can stay at home? **New 3/30**

The Centers for Disease Control and Prevention (CDC) encourages people to stay at home as much as possible. For UnitedHealthcare members that have a mail order pharmacy benefit, maintenance medications (medications taken regularly) can be received directly to their home. Group Medicare members can login at [UHCRetiree.com](https://www.uhcretiree.com) and enroll online to sign up for home delivery. Optum home delivery has no delivery fees.

Delivery options are also available through select retail pharmacies including Walgreens and CVS, who have waived delivery fees. Members should contact their pharmacy to determine if this is a service they provide.

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FINANCIAL, BUSINESS CONTINUITY AND REPORTING

Will renewal rate actions be delayed as a result of the COVID-19 national emergency?

Renewals and all necessary information will be released on a timely basis.

Can UnitedHealthcare provide COVID-19 claims reporting?

UnitedHealthcare is working on reports related to COVID-19 and will make those available as appropriate. Protected Health Information (PHI) will not be included on any COVID-19 reporting.

Does UnitedHealth Group have a business preparedness (continuity) plan?

Yes. The plan addresses business continuity strategies for all forms of events natural and man-made including pandemics. The strategies focus on our critical business functions and planning for the worst-case scenarios so that we can react quickly and efficiently adding value to our business and customers, members and other stakeholders through effective risk reduction, compliance with industry, contractual and regulatory standards, and safeguarding our operations and assets.

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UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

ANCILLARY BENEFITS

What is UnitedHealthcare doing to support members in accessing dental, vision, hearing, acupuncture and chiropractic coverage?

For our dental and vision coverage we will be supporting our members in accessing the care that they need by relaxing certain frequency limitations, when appropriate, as well as addressing in-network coverage gaps that may arise in the short-term given provider office closures.

Dental

Dental offices are closed to non-emergent treatments until early April, following the American Dental Association guidance. Emergency dental care is still accessible. Providers are in direct contact with any UnitedHealthcare member who had a non-emergent appointment scheduled.

UnitedHealthcare Dental call centers and service teams are operating without disruption.

Vision

Following CDC guidance to postpone routine eye care appointments, many vision providers have reduced hours and some are closing until further notice.

UnitedHealthcare call centers are aware and notifying members as needed.

Hearing

UnitedHealthcare Hearing has stopped referring members to providers for routine care. Emergency requests will be accommodated on an as-needed basis.

There is no impact to call centers or device inventory at this time; home delivery remains available and will be promoted at time of order.

Acupuncture & Chiropractic

Members are encouraged to call ahead for confirmation on whether or not their office is open and accepting patients

What is UnitedHealthcare doing to support members in accessing their fitness benefit?

With the temporary closure of gyms and fitness centers across the country, it is even more important for our members to stay active in the safety of their own homes. Our fitness programs have launched various digital on demand classes and “At Home” kits that members can access for free from the comfort of their homes. If members have questions regarding what “At home” fitness benefits they may have access to, please direct them to call the number on the back of their ID card for assistance.

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