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RE: Dean Health Plan Information Regarding the Public Health Emergency Ending 5/11/2023

With the public health emergency ending on May 11, 2023, Dean Health Plan will be resuming standard processes for most interim COVID-19 requirements and policies that were established during the public health emergency. This notification contains post-public health emergency information regarding:

- Telehealth extended coverage and exceptions
- COVID-19 diagnostic and antibody testing and over-the-counter (OTC) tests, including updated direction for modifier "CS" on claims
- Vaccinations and administration
- Timely filing
- Modifier "CR" on claims
- Antiviral viral medication coverage
- Monoclonal antibody treatments
- Wisconsin Medicaid redeterminations

Information in this notification applies to the following Dean Health Plan products: Commercial (fully insured, including ACA), Dean Administrative Services Only (ASO), Medica Employee Health Plan in Wisconsin, Medicare Advantage, and Dean Health Plan BadgerCare Plus, unless otherwise stated. Note that Dean Health Plan adheres to Wisconsin Medicaid's policies for the Dean Health Plan BadgerCare Plus Managed Care Program.

Dean Health Plan ASO self-funded employer groups may opt to continue their COVID-19 requirement and policies after the public health emergency. Please call the Customer Care Center at 877-234-4516 with any questions regarding coverage for a specific employer group.

Telehealth

With the exception of some behavioral health services, detailed in the section further below, Dean Health Plan's expanded coverage of telehealth services for many common health conditions and telehealth reimbursement rates will continue at least through the end of 2023. This includes visits from a member's home, FaceTime, Skype, and audio-only.

As a reminder, Dean Medicare Advantage members have telehealth coverage for primary care visits and e-visits for eligible conditions as part of their standard benefit plan.

Claims

Providers should continue to bill for telehealth services as they have been, including reporting the Place of Service code that would have been used for an in-person visit. Providers should also continue to report modifier 93 or 95 for telehealth visits.

Behavioral Health Services Not Covered via Telehealth

When the public health emergency ends, some psychological testing and applied behavioral analysis (ABA) will return to pre-pandemic coverage and only specific services will be covered virtually.

Effective May 12, 2023, the following *Current Procedure Terminology* (CPT) codes for neurobehavioral status examinations will not be covered via telehealth: 96116, 96121, 96136, 96137, 96138, 96139, 96130, 96131, 96132, 96133, and 96146.

Additionally, the following CPT codes for ABA procedures will not be covered via telehealth: 97151, 97152, 97153, 97154, and 97158.

Testing

Diagnostic and Antibody Testing

Dean Health Plan will continue to cover COVID-19 diagnostic and antibody testing when ordered by an in-network physician.

Cost Share

Effective May 12, 2023, Dean Health Plan will reinstate *in-network* and *out-of-network* member cost share for diagnostic and antibody testing. This means that modifier "CS" on claims will no longer bypass member cost share for COVID-19 testing or the evaluation and management services associated with the testing.

Dean Health Plan will continue to waive *in-network* and *out-of-network* member cost share for diagnostic and antibody testing for Dean Health Plan BadgerCare Plus until September 30, 2024.

Additional Changes Related to COVID-19 Diagnostic and Antibody Testing

Effective for dates of service on and after May 12, 2023:

- Healthcare Common Procedure Coding System (HCPCS) codes U0003, U0004, and U0005 for diagnostic testing using high-throughput technology will be discontinued.
- HCPCS codes G2023 and G2024 for COVID-19 specimen collection will be discontinued.
- HCPCS travel codes P9603 and P9604 will return to pre-pandemic editing to tie travel allowance to specimen collection.

Over-the-Counter Testing

The federal government announced it will no longer cover free over-the-counter tests after the end of the public health emergency. Effective May 12, 2023, members will be responsible for the retail cost of OTC COVID-19 test kits, except Dean Health Plan BadgerCare Plus members who will have access to free at-home tests through September 2024.

Dean Health Plan will be removing OTC tests as a pharmacy benefit. The cost of an at-home test kit is an eligible medical expense that can be paid or reimbursed from a flexible spending account, health savings account, or health reimbursement account.

Vaccinations

When the public health emergency ends, COVID-19 vaccines/boosters and services to administer the vaccine will be covered as preventive care when received from a network provider, in alignment with Advisory Committee on Immunization Practices (ACIP) guidance. Reimbursement rates that were adjusted in response to the public health emergency will return to pre-public health emergency standards based on Provider Agreements.

Cost Share

Dean Health Plan will continue to waive member cost share for the administration of COVID-19 vaccines and boosters when administered by an *in-network* provider, for all products.

Effective May 12, 2023, member cost share will apply for COVID-19 vaccines and boosters when administered by an *out-of-network* provider for all products, except Dean Health Plan BadgerCare Plus.

Dean Health Plan will continue to waive *in-network* and *out-of-network* cost-sharing for vaccine and booster administration to Dean Health Plan BadgerCare Plus members until September 30, 2024.

Claims

The federal government will continue to procure and distribute COVID-19 vaccines at no cost after the public health emergency. Claims for vaccine administration should continue to be submitted to the Health Plan, including claims for members enrolled in a Dean Health Plan Medicare Advantage plan.

Timely Filing

Effective for dates of service on and after May 12, 2023, contracted timely filing periods will be reinstated for those providers who had requested and qualified for these waivers.

Modifier CR on Claims

Effective for dates of service on and after May 12, 2023, modifier "CR" (catastrophe/disaster related) will be discontinued and no longer accepted on claims.

Antiviral Viral Medication

Effective May 12, 2023, the oral antiviral medication Paxlovid is covered under the pharmacy benefit drug policy as a preferred brand with quantity limits, for all products. Claims should be submitted to Navitus. Check a member's formulary for specific coverage and cost share amount.

Monoclonal Antibody Treatments

Currently, the U.S. Food and Drug Administration (FDA) has emergency use authorizations (EUAs) for the following monoclonal antibody drugs:

- A supplemental New Drug Application for COVID-19 VEKLURY® (Remdesivir), which expanded its approval for use in the outpatient setting.
 - The federal government is not purchasing VEKLURY. Medicare Part B will
 provide payment for the drug and its administration under the applicable
 Medicare Part B payment policy when provided in the outpatient setting,
 according to the FDA approval. In most cases, a patient's yearly Part B
 deductible and 20% co-insurance apply.
- ACTEMRA to treat hospitalized pediatric patients (ages 2-17 years) with severe COVID-19 illness.

Providers can refer to the <u>FDA Emergency Use Authorization</u> web page for more information about EUA for monoclonal antibody therapies.

Wisconsin Medicaid Redeterminations

The Wisconsin Department of Health Services has resumed the Medicaid member eligibility renewal process that was paused during the public health emergency. This means that Dean Health Plan BadgerCare Plus members who wish to retain their coverage must undergo the renewal process. To learn more about this process, Dean Health Plan's outreach to BadgerCare Plus members, and how providers can help ensure their patients continue to have access to care, refer to the For Dean Health Plan Providers: Wisconsin Department of Health Services Medicaid Redetermination FAQ.

Questions?

Please contact your assigned Provider Network Consultant with any questions.

For Dean Health Plan Providers: Wisconsin Department of Health Services Medicaid Redetermination FAQ

Q. What is the Wisconsin Department of Health Services (DHS) Medicaid redetermination?

A. Medicaid redetermination is the process Medicaid enrollees undergo every 12 months to review their eligibility for Medicaid. It is also referred to as Medicaid renewal. During the public health emergency under federal authority, Wisconsin DHS paused eligibility redeterminations. With the public health emergency ending on May 11, 2023, DHS will resume the member eligibility renewal process. This is part of "unwinding" or discontinuing the temporary policies that were put in place during the public health emergency and resuming standard processes.

Q: Who is affected by Wisconsin DHS's reinstatement of Medicaid redeterminations?

A. Members enrolled in a Wisconsin Medicaid program, including Dean Health Plan BadgerCare Plus, are affected by the reinstatement of redetermination. Members who wish to retain their coverage must undergo the renewal process to ensure they are still eligible for Medicaid coverage.

Q. When will this happen?

A. Members have different enrollment dates based on the anniversary date of their coverage. DHS will resume its standard processing of renewal letters on May 15, 2023, with the first termination date of June 30, 2023. The renewal process for all members will be completed by May 2024.

Q. How do members find out when they are up for renewal?

A. Starting in March 2023, DHS began notifying members by mail, text, and "push notification" for those who have the MyAccess phone app letting them know when their Medicaid renewal will be due. DHS is providing a 45-day advanced notice of eligibility renewal. Members will continue to receive coverage until their renewal date.

Q. Is Dean Health Plan also reaching out to members during this time?

A. Yes. Dean Health Plan is sending letters, texts, and emails to Dean Health Plan BadgerCare Plus members encouraging them to complete their renewals in a timely manner.

Q. How can providers help ensure their patients continue to have access to care?

A. Providers can emphasize to their patients enrolled in BadgerCare Plus and other Medicaid programs that they need to have their current address and contact information on file with DHS. Doing this will ensure that members stay informed of their renewal date and help them to retain their coverage when the public health emergency is over.

Providers can also visit <u>Wisconsin's COVID-19 Unwinding Resources for Providers</u> web page for more information on how to support their Medicaid patients.

Q. How can members update their information with DHS?

A. Members can update their information through the <u>ACCESS website</u>, the MyAccess app, or call or visit their county consortia to update their contact information. Additionally, members can call the phone number on the back of their ID card for assistance.

Q. Are there resources to help members complete their renewal paperwork?

A. Yes. Members can find renewal information on the <u>Wisconsin DHS Health Care Renewals</u> web page. They can also get help completing their renewal by visiting <u>WisCovered.com</u> or calling 211 or 877-947-2211 to reach a local navigator. Assistance through Wiscovered.com is available in English, Spanish, and Hmong, while navigator resources can assist in over 180 languages.

Q. What about members who lose eligibility?

A. Dean Health Plan wants to ensure that members continue to have access to care. Members who are no longer eligible for Medicaid will qualify for special enrollment and may wish to consider an ACA Marketplace plan. Members can visit <u>WisCovered.com</u> or call 211 to connect with a free, local expert who can help them understand their options through the Marketplace. Additionally, information

regarding Dean Health Plan marketplace plans can be found on the <u>Dean Health Plan Market Plans</u> web page.