

June 30, 2020

COVID Catch-22: Insurer Responses

KHN sent nine insurers the same series of questions regarding how they are processing the claims of patients who had COVID symptoms but could not get a COVID test. KHN and NPR queried nine regional or national insurers in an unscientific sample. For some, we had received messages from patients who wrote to our crowdsourced Bill of the Month investigation.

Some of the insurers answered our specific questions; others gave us more general statements. Three, UnitedHealthcare, Kaiser Permanente and Anthem, pledged that they would retroactively look for patients who had been improperly billed.

*The full text of each insurer's response to KHN's query follows in this document. The most relevant passages are in **bold**.*

UnitedHealthcare

Emailed response from spokesperson [Maria Gordon Shydlo](#):

Thanks for the opportunity to respond to your questions on waiving of cost sharing. Here are some notes to address your questions.

- UnitedHealthcare is committed to supporting people during the COVID-19 pandemic.
- We have provided unlimited telehealth services at no cost, early prescription refills, prolonged authorizations, increased home delivery options for medications and premium payment grace periods for our Medicaid, Medicare and Commercial members; and accelerated claim payments for physicians, among other efforts.
- **We have been waiving cost share for COVID-19 diagnostic testing and treatments since early February as specific COVID-19 codes became available.**
- **We reevaluated claims for dates of service before April to ensure that care providers used COVID-19 specific diagnosis codes so claims were paid correctly, including waiving of cost share, where appropriate under individuals' benefits plan. Claims are being reprocessed, if needed.**

- We will work with physicians and other health care providers as additional medical codes for COVID-19 related tests and treatments are published to ensure proper billing and claims payment under individuals' benefits plans.
- We encourage individuals to contact us if they have any questions about their medical bills or benefit plans.

Anthem Blue Cross Blue Shield

Emailed response from spokesperson [Eric Lail](#):

Anthem is dedicated to delivering better care to our members, providing greater value to our customers and helping improve the health of our communities. **We believe that by actively engaging with providers to share information, putting processes in place to manage claims, and working with our members, we can ensure COVID-19-related cost shares are waived.**

For claims without a COVID-19 diagnosis, Anthem has implemented automated and manual processes to review submitted claims to ensure that member's cost shares are correctly waived for visits and services related to COVID-19.

In addition to our new processes, Anthem is also working with members and providers if a question arises about whether a service should have had cost sharing waived. **If a member contacts Anthem customer support with issues around services for COVID-19 and cost sharing was not waived, Anthem will contact the provider to understand what happened during the visit and update the claim as needed to reflect a visit for COVID-19 testing and waive the member's costs shares.**

If a member feels a service should have had cost shares waived, we are encouraging them to reach out to our customer service to raise the issue or to file an appeal

Kaiser Permanente*

Emailed response from spokesperson [Elizabeth Schainbaum](#):

Kaiser Permanente has agreed to waive all member out-of-pocket costs for screening, testing, and treatment of COVID-19-related inpatient and outpatient services through December 31, 2020. This means that members who are diagnosed with COVID-19 will not have to pay copays or other cost-sharing related to their care and treatment of COVID-19.

Our Mid-Atlantic States Region has been waiving all member out-of-pocket costs for the treatment of COVID-19 since March 19, 2020, and all other Kaiser Permanente regions have been doing so since April 1, 2020.

Kaiser Permanente's elimination of member out-of-pocket costs will apply to all fully insured benefit plans, in all markets, unless prohibited or modified by law or regulation. It will apply for all dates of service from April 1 through December 31, 2020, unless superseded by government action or extended by Kaiser Permanente.

Outpatient pharmacy costs are not waived.

Q&A:

- 1) *What steps, if any, is your company taking to review patient bills and/or claims for suspected COVID cases to see if they might qualify for this waiver of cost sharing?* **Aligned with the effective date of our policy on cost share waiving, once the benefits were configured in our systems, we retroactively reviewed all claims that qualified for our diagnosis code set and reimbursed cost share that had not been waived when the claim was originally processed.**
- 2) *Specifically, are you going to audit your claims from March and April to find those coded with chest X-rays and flu tests or other indicators to find these presumed but untested COVID patients to make sure they had no cost sharing?* **We have already looked at claims for March and April and retroactively adjusted claims that met our Diagnosis criteria. Our criteria includes a broad list of diagnosis codes, screening codes, lab tests, chest X-rays, CT scans of the chest and Evaluation and Management codes.**

3) *If not, what are the reasons for not having such a review? What are options for patients who are concerned that they've been incorrectly billed?*
If patients/members are questioning a bill they receive, they can call our Member Services Call Center and the claim cost share will be evaluated.

We have taken a broad approach to retroactively adjust claims that met our adjustment criteria. We also have a customer-friendly appeals process that allows for reconsideration of any claims that may have been denied for COVID-related care. In addition, Kaiser Permanente provides Medical Financial Assistance to any member who is having difficulty meeting the out of pocket costs related to any care, even care not diagnosed or suspected to be COVID-related.

**KHN is not affiliated with Kaiser Permanente.*

BlueCross BlueShield of Michigan

Emailed response from spokesperson [Helen Stojic](#):

We are responding with the following information as to your survey questions.

Just wanted to note that Blue Cross Blue Shield of Michigan is one of the health plans that voluntarily waived cost share for COVID-19 treatment too.

For a new disease that did not exist here until several months ago, a new payment process and coding was created during a major disruption to the health care system in order to rapidly address COVID-19.

We committed to waive cost share for COVID tests and treatments that are defined by CMS billing codes. Our processes are built around trusting providers to code claims correctly (based on the CMS guidance) and we process accordingly. We have taken a number of actions to educate providers on billing.

In the event members have an issue, there are options available. Members have the option to contact us if they believe they incurred cost share amounts for COVID-19 services; the details are reviewed on a case-by-case basis. We ask the member to contact the provider to express their concern to see if the issue can be resolved that way. If a member believes the claim should be COVID related and the issue is not resolved, Blue Cross will contact the provider to ask whether the coding was appropriate.

We have general corporate policies on routinely auditing providers in keeping with our medical policies on a variety of services.

Florida Blue

Emailed response from spokesperson [Paul Kluding](#):

Florida Blue is waiving cost share for Covid-19 testing and services leading up to the testing. We are manually reviewing claims submitted with Covid-19 tests or diagnoses to ensure proper adjudication of claims. Florida Blue is also conducting routine audits of adjudicated claims.

If a member feels a claim has been processed incorrectly due to incorrect coding by their provider (or for any other reason), they can call our member services line and ask for the claim to be reviewed.

We understand each member's experience may be different and we will review each case independently to ensure accurate and timely resolution of any concerns in compliance with the Families First and CARES acts and related guidance.

Florida Blue has multiple audit programs in which we look for and resolve any payment issues. All claims are included in this long standing process.

Humana

Emailed response from spokesperson [Mark Mathis](#):

At Humana, our goal has been to help remove any potential barriers to care and ensure that health care is easily available, accessible and affordable for those seeking COVID-19 testing or treatment. We want to make the process as simple as possible for our members and their health care providers.

Humana is waiving the member's out-of-pocket costs (copays, coinsurance and deductibles) for treatment and testing based on guidance from the Centers for Medicare and Medicaid Services (CMS) and other regulatory agencies for claims with a diagnosis code of suspected or confirmed COVID-19. (Note: This does not apply to TRICARE members and members on certain commercial self-funded plans.)

We are also working to identify and reprocess claims that applied cost share prior to our announcement of these changes in late March, provided the claim meets the criteria above. Humana members who believe they have been incorrectly billed should reach out to their health care provider and ask them to submit a corrected bill. If that is not an option, they have the ability to appeal the coverage decision.

Health Care Services Corp., operating Blue Cross and Blue Shield plans in Illinois, Montana, New Mexico, Oklahoma and Texas

Emailed response from spokesperson [Jori Fine](#):

- 1. What steps, if any, is your company taking to review patient bills and/or claims for suspected COVID cases to see if they might qualify for this waiver of cost sharing?*

[Health Care Service Corporation](#) (HCSC) is focused on making it easier for members to get access to the care and treatment they need amid the coronavirus outbreak. HCSC is temporarily waiving member cost-sharing, including deductibles, copayments and coinsurance, for COVID-19 testing, in-network COVID-19 testing-related visits, and treatment for COVID-19. **We continue to monitor billing and coding guidelines as well as federal and state requirements to identify COVID-19 claims that may be appropriate for waiving cost-sharing.**

HCSC launched educational websites for its health plans so our members and providers can easily access information and resources related to COVID-19 where you can learn more our COVID-19 response:

- <https://www.bcbsil.com/covid-19>
- <https://www.bcbsmt.com/covid-19.html>
- <https://www.bcbsnm.com/covid-19.html>
- <https://www.bcbsok.com/covid-19.html>
- <https://www.bcbstx.com/covid-19>

- 2. Specifically, are you going to audit your claims from March and April to find those coded with chest X-rays and flu tests or other indicators to find these presumed but untested COVID patients to make sure they had no cost sharing?*

We're working closely with providers to inform them about billing and coding guidelines related to COVID-testing and treatment. This helps make sure COVID-19 or COVID-19 related claims are coded appropriately and HCSC can identify the claims to waive cost-share.

- 3. If not, what are the reasons for not having such a review? What are options for patients who are concerned that they've been incorrectly billed?*

If a member feels their cost-share for COVID-19 testing or treatment should have been waived and it wasn't, we encourage them to call the number on the back of their ID card and provide information for a potential reconsideration. Additionally, providers can also rebill the member's claim with additional details to better define that services were related to COVID-19.

Cigna

Emailed response from spokesperson [Elinor Polack](#):

"During these unprecedented times, we are standing with our customers, so those with COVID-19 can focus on fighting this virus and preventing its spread — not on their medical bills," said David Cordani, Cigna's president and chief executive officer. "Cigna customers will not pay out-of-pocket costs for COVID-19 related care — whether at an office, an urgent care center, emergency room or through virtual care."

In early March, Cigna stood up a 24/7 customer resource center specifically dedicated to help customers with any questions about coverage related to the coronavirus. Cigna customers or network providers with questions can call

855-287-8400 to speak with a Customer Service Advocate who will help provide guidance and reassurance.

Phone interview with Polack with additional follow-up:

- 1) *Specifically, are you going to audit your claims from March and April to find those coded with chest X-rays and flu tests or other indicators to find these presumed but untested COVID patients to make sure they had no cost sharing?*

“Truthfully, that would be incredibly challenging. If a patient calls us and says, ‘I went in because I thought it was COVID,’ we will make adjustments. We set up a COVID line just for COVID-related billing questions and are getting an average of 3,000 calls weekly.

We are relying on providers and customers to get in touch with us. We’re going to figure out the right path forward.”

Quartz Health Solutions, co-owned by Gundersen Health System, UW Health and UnityPoint Health-Meriter.

Emailed statement from spokesperson [Christina Ott](#):

With the spread of COVID-19, Quartz took immediate action to help prevent and contain its spread in the communities we serve and beyond.

We are asking a number of insurers — national and regional — to answer these few survey questions:

- 1) *What steps, if any, is your company taking to review patient bills and/or claims for suspected COVID cases to see if they might qualify for this waiver of cost sharing? If a member believes cost sharing should have been waived, we are asking them to call Quartz Customer Service at 1-800-362-3310. **We will have the claim reviewed. During the public health emergency, if the member presented with similar symptoms as COVID, but didn’t receive a COVID-19 test and received testing for other illnesses on an outpatient basis, then cost sharing would be waived.** If the patient’s symptoms didn’t fit the classic COVID-19 symptoms and received care, those charges would not be waived if not COVID-19 related.*

- 2) *Specifically, are you going to audit your claims from March and April to find those coded with chest X-rays and flu tests or other indicators to find these presumed but untested COVID patients to make sure they had no cost sharing?* The member would have to contact Quartz Customer Service at 1-800-362-3310 to have their claims reviewed.

- 3) *If not, what are the reasons for not having such a review?* **The sheer volume of claims during this time period when the flu and other viral illnesses are high prevents this approach.** What are options for patients who are concerned that they've been incorrectly billed? They should call Quartz Customer Service for assistance and have their claims reviewed. If not resolved to the member's satisfaction, an appeal specialist can assist to support the member in the process.
<https://quartzbenefits.com/members/members-health-insurance-services-wisconsin/member-navigation/appeals-process>

KHN's Query To Insurers:

Kaiser Health News is doing a story about patients who sought diagnostic testing because they had COVID symptoms, but were not given the actual test. Some of these visits occurred early in the U.S. experience with the virus, when test kits were in short supply, and some were more recent.

Many received bills from the medical providers for treatment associated with their care, from X-rays to flu tests to EKGs and emergency room use charges. The patients are in a Catch-22. Cost sharing is waived for those with a COVID diagnosis, but they were not given the test because their situation or symptoms at the time did not fall within then-existing CDC guidelines for a test.

The story will look at what insurers are doing in these cases.

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- 2) *Specifically, are you going to audit your claims from March and April to find those coded with chest X-rays and flu tests or other indicators to find these presumed but untested COVID patients to make sure they had no cost sharing?*
- 3) *If not, what are the reasons for not having such a review? What are options for patients who are concerned that they've been incorrectly billed?*