

March 17, 2020

SUBJECT: Participating Provider COVID-19 Fact Sheet

Dear Providers:

American Health Plans (AHP) highest priority is to safely care for our enrollees, protect them from infection and ensure they have access to the services they need, while working to contain the spread of this COVID-19 virus. Along with our affiliates, Georgia Health Advantage and Kansas Health Advantage, we will be staying in regular contact with national, state and local authorities. You can be sure all our providers will be following the latest prevention and treatment guidelines from the CDC and Centers for Medicare and Medicaid Services (CMS).

In states where a State of Emergency has been declared, AHP will cover the services listed below until the State declaration has ended or for thirty (30) days, if no end is identified in the declaration.

- Relax the “refill-too-soon” edit for Part D prescription drugs.
- Reimburse enrollees for prescriptions obtained from out-of-network pharmacies.
- Reimburse for laboratory testing of the COVID-19. Providers must bill with the Medicare defined HCPCS code (U0001 and U0002) and reimbursement will be the CMS Medicare Administrative Contractor (MAC) defined reimbursement rate.
- Reimburse for telehealth services, waiving the originating site requirements of being in a county outside a Metropolitan Service Area (MSA) or area that is deemed rural Health Professional Shortage Area (HPSA). Providers must bill utilizing a valid Medicare Telehealth Service HCPCS/CPT code.
- Suspend prior authorization requirements for any physician ordered testing, treatment or follow up care related to COVID-19.
- AHP will extend the timeframe to request a Part C and/or Part D appeal beyond sixty (60) calendar days from the date of the adverse initial determination notice for adverse decisions dated March 1, 2020 or later.
- AHP will process appeals requested by a person claiming to be the enrollee’s representative in accordance with the applicable Part C and/or Part D appeal timeframes as if the request was received by the enrollee instead of delaying the review until the appropriate Appointment of Representative form is received. Notification of AHP’s decision will be communicated only to the enrollee.

As the COVID-19 situation continues to quickly evolve, AHP will make updates to this Participating Provider Fact Sheet, as necessary.

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