



Insurance Department

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State of Utah
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BULLETIN 2020-1

To: Insurers Offering Health Insurance Coverage
From: Todd E. Kiser, Utah Insurance Commissioner
Date: March 17, 2020
Subject: Coverage for COVID-19

The Utah Insurance Department issues this Bulletin to notify all health insurers, including those who write short-term limited duration policies, regarding coverage for COVID-19 testing and treatment.

The Department is asking health insurers providing health insurance coverage to Utah residents to take the following immediate measures related to the potential impact of COVID-19.

- 1. Member Support.** Access to accurate information and avoiding misinformation are critical. Health insurers are asked to devote resources to inform insureds of available benefits, quickly respond to insureds inquiries, and consider revisions needed to streamline responses and benefits for insureds, including outreach and education to remind insureds about telehealth options. Health insurers should make all necessary and useful information available on their website.
- 2. Testing for COVID-19.** Laboratory tests are an essential health benefit and, as such, must be covered under individual and small group comprehensive health insurance policies. The Department encourages all health insurers to remove barriers for insureds seeking medically necessary screening and testing for COVID-19 by waiving any cost-sharing, including co-pays, deductibles, and coinsurance for CDC recommended laboratory testing. In addition, health insurers are also asked to waive the cost-sharing for in-network provider office visits, urgent care center visits, telehealth visits, and emergency room visits when the purpose of such visit is to be tested for COVID-19.
- 3. Emergency Services.** As the number of COVID-19 cases increase, many insureds may be visiting emergency departments to access testing and treatment. Health insurers are expected to comply with the provisions of the Affordable Care Act, 29 CFR § 2590.715-2719A(b) and Utah Code § 31A-22-627.
- 4. Telehealth Services.** Given that COVID-19 is a communicable disease, some insureds may be using telehealth services instead of in-person health care services. Health insurers are asked to review and ensure their telehealth provider network is robust and will be able to meet an increased demand.

5. **Network Adequacy and Access to Out-of-Network Services.** Health insurers are asked to verify that their provider networks are adequate to handle a potential increase in the need for health care services, including offering access to out-of-network services where appropriate and required, in the event of increased diagnoses of COVID-19. If a health insurer does not have health care providers within its network with the appropriate training and experience to meet the particular health care needs of insureds, health insurers are asked to make exceptions to provide access to out-of-network providers at the in-network cost-sharing. These same precautions should be taken if a health insurer's networks do not have adequate access to COVID-19 tests.
6. **Prior Authorization.** Health insurers are asked to waive any prior authorization or pre-certification requirements associated with COVID-19 testing or treatment. Additionally, health insurers are expected to comply with the requirements for pre-authorizations in § 31A-22-650.
7. **Access to Prescription Drugs.** Health insurers are encouraged, where appropriate, to allow insureds to obtain one-time refills of prescription medications before a scheduled refill date, so that insureds are assured of maintaining an adequate supply.
8. **Surprise Medical Bills.** During this difficult time, the Department is requesting out-of-network providers and facilities to accept the highest of the health insurer's in-network reimbursement for a geographic area as full and final payment, and to hold harmless insureds who receive surprise medical bills for health care services as it relates to testing and treatment of COVID-19. In order to protect consumers from unexpected out-of-pocket costs, the Department encourages providers to use the insured's in-network laboratory facilities.
9. **Preparedness.** Health insurers should review their internal processes and operations to ensure that they are prepared to address COVID-19 cases in Utah, including providing insureds with information and timely access to all medically necessary covered health care services. As the COVID-19 continues, health insurers should continually assess their readiness and make any necessary adjustments.

In addition to the State of Utah's COVID-19 website, <https://coronavirus.utah.gov/>, the Department has created a webpage dedicated to COVID-19 insurance information, <https://insurance.utah.gov/featured-news/coronavirus>. To request information to be added, or update information already posted, please contact Steve Gooch, sgooch@utah.gov.

Utahans are encouraged to visit <https://coronavirus.utah.gov/> where the public can find the latest information and resources to learn more about the disease and contact information for local public health districts.

Health insurers with questions related to the Bulletin are advised to contact the Health and Life Division at 801-538-3077.

DATED this 17th day of March 2020.



Todd E. Kiser
Insurance Commissioner