ERS COVID-19 Frequently Asked Questions

The Employees Retirement System of Texas (ERS) is working with Blue Cross and Blue Shield of Texas (BCBSTX) and its other health plan administrators, state leadership and other state agencies to closely monitor the impact of COVID-19 (coronavirus). In order to help our participants and providers during this difficult time, we have made changes to the HealthSelectSM plans to provide more coverage for certain benefits, as well as expand access to virtual treatment options for COVID-19. There may be more changes made to your health plan in the future to help with benefits coverage, financial burden, safety and efficiency of providing care.

Please note: because this situation is changing quickly, changes to the HealthSelectSM plan can occur at any time, and this document will be updated to reflect any changes. To view the most current information, please access this document using the link provided instead of saving a copy of it.

What options for care do participants have during this time?

- Virtual Visits providers can triage symptoms and direct you on what next steps to take, although a Virtual Visit doctor is unable to order coronavirus testing at this time. HealthSelect participants have access to medical and mental health Virtual Visits through Doctor On Demand® and MDLIVE®. During this time, all HealthSelect participants (including Consumer Directed HealthSelect participants) can consult a virtual visit doctor at no cost.

- A participant’s primary care provider (PCP) or specialist may be able to provide services via telemedicine/telehealth platforms. At this time, in-network telemedicine services are covered at no cost to a participant for covered services. Participants should contact their providers’ office(s) to ask if this service is available.

These changes for non-COVID related Virtual Visits (through Doctor on Demand and MDLIVE) and telehealth services from in-network providers are expected to remain in place through September 30, 2020. However, this situation is changing quickly, so for that reason, ERS and BCBSTX will continue to monitor the situation and will provide updates as they become available. Virtual Visits and telehealth services related to COVID-19 are covered at no cost to participants for covered services through the end of the public health emergency.

- All HealthSelect participants have access to an additional telemedicine platform through Catapult Health during this time. To access this service, visit the secure portal at www.ersassist.com and type the word “support” in the password field. This clinical resource allows a participant to consult with a Nurse Practitioner to aid in triage and next steps, not treatment, specific to COVID-19. The Nurse Practitioner can provide direction on what a participant may need to do next if he or she is experiencing COVID-19 symptoms or has been exposed to COVID-19. These Catapult Health Nurse Practitioner visits are being offered to all HealthSelect participants at no cost during this time.
What if my provider(s) charge me at time of service for a copay, coinsurance or deductible amount?

BCBSTX is processing your claims based on the changes made due to COVID-19. If your provider(s) requires payment at time of service, you may have to request a refund from your provider(s) after your claim is processed.

What has recently changed with HealthSelect of Texas® plans due to COVID-19?

- **COVID-19 Lab Testing:**
  - As of March 6, 2020, in-network lab testing for COVID-19 is available at no cost to HealthSelect of Texas, HealthSelect Out-of-State and HealthSelect Secondary participants. As of March 11, 2020, this also applies to Consumer Directed HealthSelect participants. As of April 23, 2020, out-of-network lab testing for COVID-19 is also available at no cost for all plan participants. This covers out-of-network COVID-19 lab testing claims received on or after March 18, 2020. Note: tests required as condition for employment (including Workers Compensation) and other tests that are not appropriate, medically necessary or approved under the public health emergency are not covered. If you have questions about whether or not you should be tested, please speak to your provider. Learn how you can avoid extra COVID-19 testing charges.

  - **Serology Testing (Anti-body test):** Not all tests may be covered by your plan. It is important to talk to your provider regarding what tests are covered under the public health emergency-use authorization and/or approved by the Federal Drug Administration (FDA).

- **Referrals:**
  - HealthSelect participants do not need a referral from their PCP to see an in-network specialist between April 6 and May 31, 2020. This allows providers to focus on providing care and saves time and effort for both participants and providers during a high utilization period. Please note: this does not apply to services received from out-of-network providers.
  - If you do see an in-network specialist after May 31, 2020, you must have a referral on file in order to get in-network benefits. Please confirm a referral is in place by calling a Personal Health Assistant or by logging into your Blue Access for Members participant portal.

- **Prior Authorizations:**
  - Prior authorizations for all initial/concurrent requests received with or without clinical documentation between April 6 and May 31, 2020 are approved according to medical necessity and benefits covered under the health plan. This reduces provider burden during the high utilization period. This includes:
    - inpatient acute,
    - inpatient post-acute,
    - physical therapy, occupational therapy, speech therapy,
    - home health and
    - elective ambulatory transport.

Note: after May 31, 2020, prior authorizations are required.
Prior authorization is not required for an inter-facility transfer to a lower level of care between April 6 and September 30, 2020. This accelerates and simplifies the transfer and discharge of patients from acute level facilities to the safest, clinically appropriate lower level setting of care (e.g., Long Term Acute Care Hospitals, Skilled Nursing Facilities, and others). Providers will continue to need authorization for the actual lower level of care. Note: after September 30, 2020, prior authorization is required for inter-facility transfers.

What phone number should providers use for prior authorization requests or for questions regarding prior authorizations?

Health care providers should call the BCBSTX prior authorization number at (800) 344-2354 for questions regarding a prior authorization request. This number is listed on HealthSelect medical ID cards.

What should participants do if they have a prior authorization for an elective procedure or other service that has been cancelled due to the COVID-19 pandemic?

BCBSTX will honor all prior authorizations on non-emergency/elective surgeries, procedures, therapies and home visits approved or scheduled between Jan. 1 and June 30, 2020.

• These prior authorizations are approved through Dec. 31, 2020, so approved procedures can be rescheduled before Dec. 31, 2020.
• Therapy sessions and home visits authorized for a specific number of visits between Jan. 1 and June 30, 2020 will have the same number of visits available through the end of the year.

Who should participants or providers call with additional benefit questions?

Participants may call a BCBSTX Personal Health Assistant toll-free at (800) 252-8039 Monday-Friday 7 a.m. - 7 p.m. and Saturday 7 a.m. - 3 p.m., CT.
Providers should call the provider services at (800) 451-0287.

What other resources are available?

Visit healthselect.bcbstx.com/content/medical-benefits/corona-virus for a list of resources related to coronavirus and COVID-19.