Health Alliance FLASH: Important COVID-19 Updates

March 24, 2020

As the public health response to COVID-19 continues to progress, Health Alliance and Health Alliance Northwest will keep our providers informed of any related temporary changes in our policies, procedures and practices. Below are the most recent developments. Please note that these developments are in many cases temporary and subject to change in light of additional federal, state and industry directives and guidance.

Effective immediately, Health Alliance and Health Alliance Northwest are temporarily extending the claims timely filing requirement to 180 days. We recognize the demands being placed on our providers and their staffs during this extraordinary time, and we will continue to seek such actions that lessen our providers' burdens.

Health Alliance and Health Alliance Northwest are temporarily broadening our telehealth codes to cover additional services, including behavioral health therapy, in response to the COVID-19 pandemic. This has been effective as of March 6 for our Medicare Advantage and Medicare Supplement plans, and as of March 19 for our fully-insured commercial plans, and will continue for the duration of the COVID-19 public health emergency. All appropriate telehealth services should be coded by the procedure code (CPT or HCPCS), with a Place of Service Code 02 (Telehealth), AND modifier -95, -GQ or -GT. We will now temporarily accept the following additional telehealth codes from authorized providers:

90791*, 90792*, 90832*, 90833*, 90834*, 90836*, 90837*, 90838*, 90847*, 98966, 98967, 98968, 98970, 98971, 98972, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213*, 99214*, 99215*, 99421, 99422, 99423, 99441, 99442, 99443, G0406, G0407, G0408, G0425, G0426, G0427, G2010, G2012, G2061, G2062, G2063
Please note: all the above codes are temporarily covered unless otherwise specified in your provider agreement.
* *Providers submitting claims for telehealth services using these codes must append with modifier 95.*

In addition to expanding coverage to additional services, we will also temporarily cover the full cost or waive in-network requirements for members on some of our plans.** We recognize the advantages of telehealth services during this unique time, as they let members access certain types of care without having to visit the hospital or doctor's office, where there might be greater risk of contracting COVID-19.

Finally, we also recognize that certain types of providers might begin to experience a prolonged period of time where their regular patients are asked to stay at home and avoid elective and/or less time-sensitive appointments. For such providers who find themselves with available time, we recommend activating value-driven activities that will help improve patient care and HCC coding. We have compiled a list, below, of value-driven activities that may be worth pursuing.

Provider Activities to Improve Care Value

Topic	Comments	Training	Tools
Chronic Disease Management	CPT 99490 – provide 20 minute visits	Education and use of EPIC (or another EMR's) tools developed.	Telephone
	Population Health Gaps	Blood pressure and diabetes gaps to prep for after emergency completed. Televisits can result. Identify wellness screenings (colon and breast cancer, immunizations, etc.).	EPIC (or another EMR)
	Refer to Population Health team	Identify persons to have your Population Health team treat by protocol or follow when the emergency resolves.	
Virtual Visits	Routine chronic visits by videoconference	Minimal. Set up appointments with patients in EPIC (or another EMR). Send an invitation link to email.	ZOOM/Skype
	E-visits – real time	Minimal.	EPIC (or another EMR) E-visits
Diagnostic Corrections with Chart Review	HCC coding	Coding education for specialist and primary providers. Focus on "Big 6": renal failure/diabetes/COPD/CHF/vascular disease/ostomy/amputation. Specialty specific: may be associated with televisit to document corrections to highest level appropriate.	EPIC (or another EMR) & coding worksheet
	Problem list corrections	Consistent with proper HCC codes.	
	Documentation of goals for patient	Part of optimization process.	
Reduction of Polypharmacy	Chart review: focus on >6 medications to reduce non-essential medications.	Looking for Beers List. Opportunity for medications to be paired with proper diagnosis (again if multiple meds, probably HCC codes lacking).	Several national tools to assist.
	Removal of inactive medications	Looking for antibiotics, cough medicines, etc. that are not current and duplicate Rx.	EPIC (or another EMR)
Opportunity for Refills	Persons that may be due to refills to be proactive		EPIC (or another EMR)
Annual Wellness Visits	Cooperation with AWV nurses/staff	Completion of face-to-face by televisit.	
Develop Best Practice	Prepare Best Practice presentation	Develop a Best Practice presentation that sets your standard of care or create an order set or documentation set.	

As before, we invite our provider network to visit our [COVID-19 webpage](#) for up-to-date information about the illness, our response and questions about coverage. Thank you for your care, concern and selfless service for our members during this public health emergency.

** For Illinois fully-insured, Short-Term, Federal Employees Health Benefits (FEHB), State of Illinois Active and State of Illinois MAPD plans: we are temporarily offering telehealth visits with in-network providers at no cost to our members. **For Medicare Advantage and Medicare Supplement plans:** members can temporarily see providers via telehealth at in-network cost sharing levels, whether the provider is in their network or not. For Medicare Advantage this is an expanded list offered under the temporary guidance that has been added to the already covered telehealth codes. **For Washington and Iowa fully-insured plans:** we are temporarily covering the expanded telehealth services with cost sharing for in-network services. Please note that IRS guidelines require the application of a deductible for **HSA-eligible high deductible health plans.** Coverage specifics for **self-funded plans** vary by employer. If members have any questions about coverage, you can direct them to call the number on the back of their member ID card.