

To our Valued Client:

We are sending this message to our Medicare clients to provide you with information regarding COVID-19.

Summary:

More than 60 million people ages 65 and older and younger adults with long-term disabilities are covered by Medicare. Due to their age and higher likelihood of having serious medical conditions than younger adults, most Medicare beneficiaries are at risk to become seriously ill if, they are infected with the new coronavirus that causes COVID-19. COVID-19 is an infectious respiratory disease, which currently has no vaccine or cure. Diagnosis of COVID-19 is confirmed through testing, and treatment varies based on the severity of illness. This communication is meant to provide a high level overview of current policies for Medicare coverage and costs associated with testing and treatment for COVID-19. Please note that policies are subject to change by the regulatory agencies and Medicare plans.

Does Medicare cover testing for COVID-19?

Yes, testing for COVID-19 is covered under Medicare Part B, when it is ordered by a doctor or another health care provider who accepts Medicare. Medicare Advantage plans are required to cover all Medicare Part A and Part B services, including COVID-19 testing.

How much do Medicare beneficiaries pay for COVID-19 testing?

Medicare beneficiaries who are tested for COVID-19 are not required to pay the Part B deductible or any coinsurance for this test. Recent legislation also eliminates the beneficiary cost sharing for COVID-19 testing-related services, including the associated physician visit or other outpatient visit. The law also eliminates cost sharing for Medicare Advantage enrollees for both the COVID-19 test and testing-related services, and prohibits the use of prior authorization or other utilization management requirements for these services.

Please note that only health care providers can order a COVID-19 test.

Does Medicare cover treatment for COVID-19?

Currently there is no known treatment for COVID-19 beyond treating the symptoms of the disease. Patients who become seriously ill from the virus may need a variety of inpatient and outpatient services. Medicare covers inpatient hospital stays, skilled nursing facility (SNF) stays, some home health visits, and hospice care under Part A; and outpatient services, including physician visits, emergency ambulance transportation, and emergency room visits, under Part B. If an inpatient hospitalization is required for treatment of COVID-19, this treatment will be covered for Medicare beneficiaries. These services are also covered for those who are in Medicare Advantage plans.

What telehealth benefits are covered by Medicare, and how much do beneficiaries pay?

Telehealth or telemedicine is now covered for all Medicare beneficiaries including those who are in Medicare Advantage plans. This used to be available to those who live in rural areas. These services can be delivered in the comfort of your home through smartphones with real-time audio/video interactive capabilities, and it is not limited to COVID-19 related services. Examples of using this service is via Skype, FaceTime, Zoom and other dedicated telehealth apps.

This benefit is also available to patients without regard to a diagnosis and can include regular office visits, mental health counseling and preventive health screenings. Many Medicare Advantage plans offer this benefit and have waived copays for these services.

Can Medicare beneficiaries get extended supplies of medication?

In light of the coronavirus pandemic, Part D plans (both stand-alone drug plans and Medicare Advantage drug plans) may, but are not required to, relax requirements with regard to limits on extended day supply and “refill-too-soon” restrictions. Because refill rules vary across Part D plans, members will need to contact their pharmacist or plan to determine if they can get an extended supply.

Are there any special rules for Medicare coverage for skilled nursing facility or nursing home residents related to COVID-19?

In response to the national emergency declaration to the coronavirus pandemic, CMS (Medicare) is waiving the requirement for a 3-day prior hospitalization for coverage of a skilled nursing facility (SNF) for those Medicare beneficiaries who need to be transferred as a result of the effect of a disaster or emergency. For beneficiaries who may have recently exhausted their SNF benefits, the waiver from CMS authorizes renewed SNF coverage without first having to start a new benefit period under Original Medicare.

Nursing home residents who have Medicare coverage, and who need inpatient hospital care, or other Part A, B, or D covered services related to testing and treatment of coronavirus disease, are entitled to those benefits in the same manner that community residents with Medicare are.

Medicare establishes quality and safety standards for nursing facilities with Medicare beds, and has issued guidance related to infection control and prevention for COVID-19 to limit the exposure of nursing home staff and patients. This guidance directs nursing homes to restrict visitation by all visitors and non-essential health care personnel (except in compassionate care situations such as end-of-life), cancel communal dining and other group activities, and actively screen residents and staff for symptoms of COVID-19. These new rules do not apply to assisted living facilities, which are regulated by states.

Conclusion

If you have specific questions regarding what your plan(s) may cover, you can call the number on your ID card. All of the Medicare plans are equipped to answer all member inquiries regarding COVID-19.

**The content is not intended to be a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition.*

The information provided in the communication is from KFF, CMS, UHC, Aetna