



COVID-19: Local Payer Updates

Update #8 from the NYS AAP - Chapter 2 & 3

PEDIATRIC COUNCIL

Your Pediatric Council addresses billing and payment issues with insurers. We strive to facilitate better working relationships between pediatricians and health insurance plans, and to improve quality of care for children.

Dear NYS AAP - Chapter 2 Member,

As we continue to deal with the effects of the National Health Emergency on our patients and our practices, it remains our goal to keep our members updated with information from the payers in our region. Regulations and instructions are constantly in flux, and the information herein is accurate to the best of our knowledge as of Aug. 15th.

Update on payment for telehealth services:

Aetna: (No recent updates on the website) Member cost sharing for any in-network covered telemedicine visit – regardless of diagnosis – for its Commercial plan members is waived through June 4, 2020. However, the current Telemedicine Policy coverage was extended through August 4, 2020. Therefore, effective June 5th, any copays allowed under the member's plan may be collected except as noted that from June 5, 2020 through September 30, 2020, Aetna is extending all member cost-sharing waivers for in-network telemedicine visits for outpatient behavioral and mental health counseling services only for Aetna-insured Commercial plan members. Aetna and self-insured plan sponsors, as appropriate, will continue to cover member cost-sharing for services included in the Families First Coronavirus Response Act (such as COVID-19 testing and visits resulting in a COVID-19 test). Self-insured plan sponsors offer this waiver at their discretion. See the Aetna FAQ at <https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq/telemedicine.html> Aetna stopped payment for telephone calls as of June 4.

Cigna: Extending coverage for virtual care through December 31, 2020. (And they state that they will be working on a “permanent” arrangement for virtual care as well.) Cost-sharing waiver for COVID related services extended until October 31, 2020. See <https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html>

UHC: Coverage for telehealth for non-COVID related care extended FOR IN-NETWORK PROVIDERS through September 30, 2020 (until July 24, 2020 for out-of-network providers, unless United Healthcare extends the end date). Telehealth for COVID-related services will continue for the duration of the National Emergency. Ending cost sharing waiver for non COVID 9/30/20; for COVID related services, the cost-sharing waiver for both in- and out-of-network providers will continue for the duration of the national Emergency (which was just

renewed effective 7/25/20). See: <https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-services-telehealth.html>

Anthem: Will end cost sharing waiver for non-COVID services 9/13; for COVID related care 12/31.

Wellcare: No end date in sight as of now (no cost sharing for them as a Medicaid plan).

Humana: Cost sharing waiver continuing through 12/31. No end date for coverage of telehealth visits is listed, and coverage is currently provided for telephone-only care as well.

Second Chance for Certain Medicare Providers:

Starting the week of August 10, HHS will allow Medicare providers who missed the opportunity to apply for additional funding from the \$20 billion portion of the \$50 billion Phase 1 Medicare General Distribution. In April, to expedite providers getting money as quickly as possible, as they faced the financial hardships stemming from suspended elective procedures and other COVID-19 related impacts, HHS, utilizing the Centers for Medicare and Medicare Services (CMS) payment information, distributed \$30 billion directly to Medicare providers proportionate to their share of 2019 Medicare fee-for-service reimbursements. This was part one of the \$50 billion Phase 1 Medicare General Distribution which sought to offer providers financial relief equal to 2 percent of their annual revenues. Providers that do not submit comprehensive cost reports with CMS were asked to submit revenue information to a portal to receive the balance of their 2 percent payment of General Distribution funds. Some providers, including many Medicaid, CHIP, and dental providers with low Medicare revenues, did not complete an application by the deadline for this additional \$20 billion round of funding. HHS, in its principle of ensuring fairness in the administration of the Provider Relief Fund program, is now giving those eligible providers another opportunity to apply for additional funding. They will have until August 28, 2020, to complete an application to be considered for the balance of their additional funding up to 2 percent of their annual patient revenues.

With our best wishes,

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Useful Info from the National AAP

There is a vast trove of useful information available from the National AAP. CEO Mark Del Monte shared information on many AAP initiatives in a recent email, available [here](#).

The Payer Advocacy Advisory Committee, chaired by Sue Kressly of PA, is dedicated to helping pediatricians address all manner of issues with insurance companies and other payers, including Medicaid. PAAC recently posted the following resources available through the National AAP:

- Payment Advocacy for Telehealth: https://downloads.aap.org/DOPA/Telehealth_2_rev.pdf
- State Notices about Telehealth in responses to COVID-19: <https://downloads.aap.org/DOCCSA/State-Telehealth-Notices.pdf>
- FAQs for Medicaid and CHIP responses to COVID-19: <https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf>

- Coding and Billing for Non-direct care:
<https://downloads.aap.org/AAP/PDF/COVID%202020.pdf>

The AAP Coding Hotline is available to answer coding questions via email at aapcodinghotline@aap.org. In addition, a recording of a webinar on Coding During the COVID-19 Pandemic is available for viewing [here](#).

The NYS AAP - CHAPTER 2 is YOUR Local AAP Chapter

The New York State American Academy of Pediatrics (NYS AAP) is comprised of three local AAP Chapters, Chapters 1, 2, and 3, who work together as a coalition.

Your Chapter, the NYS AAP - Chapter 2, has 1,600 members in 4 counties: Brooklyn, Queens, Nassau and Suffolk.

To learn more about Chapter 2, please view our [Member Value Flyer](#) which describes the value of Chapter membership.

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