



***Rhode Island Office of the Health Insurance Commissioner & Medicaid Program
Instructions During the COVID-19 State of Emergency***

March 13, 2020

On March 9, 2020 Governor Gina M. Raimondo issued a declaration of a State of Emergency relevant to COVID-19. The Office of the Health Insurance Commissioner (OHIC) and the Rhode Island Medicaid Program (where applicable) are notifying health insurers issuing policies in Rhode Island to take the following timely measures related to the potential impact of COVID-19. The primary goal of these instructions is to ensure access and continuity of care in light of this public health crisis and to reduce the transmission of the virus in the state of Rhode Island. These Instructions shall remain in effect until the State of Emergency related to COVID-19 in Rhode Island has been lifted.

Instructions:

- 1) Update telemedicine policies to include telephone-only services within the definition of telemedicine for primary care and behavioral health providers. Telephone-only primary care and behavioral health services coded using CPT codes 99211 or 99212 (or equivalent) with a code modifier shall not be subject to cost sharing. This instruction supports guidance from the Centers for Disease Control (CDC) and the Rhode Island Department of Health (RIDOH) to have patients call their health care providers before seeking in-person care.
- 2) Require that plan-contracted out of state telemedicine providers follow CDC and RIDOH instructions in connection with services provided to Rhode Island residents related to COVID-19.
- 3) Ensure coverage of COVID-19 testing and screening consistent with CDC guidelines (including test administration and analysis) without prior authorization and without patient cost-sharing. Please note: The IRS issued a notice [Notice 2020-15] stating that first-dollar coverage of COVID-19 testing will NOT make a High-Deductible Health Plan (HDHP) ineligible under the HSA rules.
- 4) The CDC and American Red Cross have general guidance for disaster preparedness that households should maintain at least a 30-day supply of any prescription drugs used by household members. This will allow people to shelter in place, while ensuring that they have adequate supplies on hand for continuity of care and medication compliance. Health insurers shall ensure coverage for advance prescription refills and medical supplies to enable enrollees to maintain at least a 30-day supply during this outbreak. To the extent consistent with clinical guidelines, and in a manner prudently calculated to ensure an enrollee's ability to maintain at least a 30-day or 90-day (for maintenance medications) supply at home, OHIC and Medicaid instruct health insurers to cover enrollees for prescription drug refills even when the enrollee has not yet reached their scheduled refill date, provided that the prescription itself would remain valid beyond the refill date.
- 5) Consider and reasonably remove and/or reduce barriers to access to services related to COVID-19 that may delay or impede necessary care, including requirements for specialist referrals and prior authorizations, during the state of emergency.



- 6) In the event a federally-approved vaccine becomes available for COVID-19, cover the cost of the immunization with no cost sharing for all covered enrollees.
- 7) Maintain a plan to address consumer access to care and services; including monitoring the supply chain for prescription drugs and medical supplies and maintain contingencies to ensure the continuity and quality of care for patients. Also consider streamlined access to necessary off-formulary prescription drugs if supply chain interruptions or shortages result in there being no formulary drug available to treat the insured.
- 8) Continually assess provider network adequacy to ensure adequate access to care given expected increases in the need for health care services for COVID-19 cases. If a health insurer does not have a health care provider in its network with the appropriate training and experience to meet the particular health care needs of an insured, health insurers should provide timely access to an out-of-network provider at in-network cost-sharing.
- 9) Health insurers shall comply with the requirements of RI Gen. Laws § 27-18-76 regarding emergency services including out of network emergent care.
- 10) Continue to review internal processes and operations to ensure preparedness to address any significant growth in COVID-19 cases in Rhode Island, including providing subscribers with timely access to all medically necessary covered health care services, including services that may be provided in alternative facilities or sites of care to the extent that hospitals and other traditional provider settings or facilities are at capacity. Strategies for ensuring access and continuity of care should also include consideration for telephonic services and telemedicine services without patient cost sharing should access to provider office visits become limited due to the spread of COVID-19; expedited formulary exception; and temporary use of out-of-network pharmacy in response to prescription drug access issues.
- 11) Communicate COVID-19 state of emergency policy changes—including any necessary code(s) for reimbursement—with provider networks.
- 12) Provide timely information to OHIC and Rhode Island Medicaid (where applicable) on the steps being taken in response to the above instructions.

As the COVID-19 situation continues to evolve, health insurers should continually assess their readiness, plan for network adequacy challenges, and make any necessary adjustments, and keep their providers and subscribers informed. We appreciate the work that all of you are engaged in to prepare and respond to this outbreak.