
Memorandum to Health Insurance Carriers Related to Coronavirus (COVID-19)

Date: March 13, 2020

To: Health Carriers in Minnesota

From: Commissioner Steve Kelley, Department of Commerce
Commissioner Jan Malcolm, Department of Health

The Department of Commerce and the Department of Health (the “Departments”) are issuing this letter to address the pandemic virus COVID-19. The Departments ask carriers providing health plan coverage to Minnesotans to review the following measures to ensure an optimal response to COVID-19 within the scope of the services provided. Simultaneous to this letter, the Walz Administration is requesting legislative authority to require these measures of carriers in a manner consistent with the intent of this letter.

Minnesota health plans play an important role in addressing a public health emergency by providing coverage through health plan benefits to Minnesota residents. Crucial to an effective public health response is lowering barriers to access diagnosis and treatment of the disease. Some health plans have already announced that they will be voluntarily complying with some of the measures below. The Departments appreciate those efforts to reduce financial barriers to testing and to prevent the spread of COVID-19. However, the Departments believe that stronger measures more consistently applied across carriers are necessary to effectively combat the pandemic. Specifically, the Departments request that health carriers in the fully insured market do the following¹:

1. **Testing.** The Departments request that health carriers eliminate all cost-sharing for COVID-19 testing, including costs associated with an office visit or urgent care visit to be tested.
2. **Treatment.** The Departments strongly encourage health plans to limit or eliminate cost sharing for all forms of treatment for COVID-19 for in-network providers. Health plans should also take steps to ease any other requirements, such as prior authorization or pre-certification requirements, for treatment of COVID-19.
3. **Network Adequacy and Out-of-Network Utilization.** Health plans are asked to continue to consistently verify that their provider networks are up to date and are adequate to handle an increase in utilization, taking steps to adjust networks should delivery system capacity become an issue. Should in-network

¹ This guidance is applicable to HSA eligible HDHPs in Minnesota, as providing first dollar coverage for testing and treatment will not disqualify those plans under new guidance issued by the IRS on March 11, 2020. In Notice 2020-15, the IRS explicitly stated that waiving cost sharing for COVID-19 testing and treatment will not cause a high deductible health plan (HDHP) to lose its status as an HDHP under section 223(c)(2)(A). Nor will individuals who have HDHPs compromise their status as eligible individuals under section 223(c)(1).

providers be unavailable to provide services, the Departments request health carriers to make allowances for out of network care.

4. **Telemedicine.** Research regarding COVID-19 suggests that the virus may easily spread from person-to-person in close proximity to one another.² Patients who self-isolate or are placed under quarantine or isolation to prevent spread of the disease may be unable to access care via traditional methods.³ Telemedicine is a valuable care-delivery method that allows patients to visit their providers without needing to be exposed to potential risk of infection in a physicians' office. Health carriers should take any necessary steps to expand the availability of telemedicine services for their enrollees, and eliminate any barriers to its use.
5. **Facilitating Social Distancing.** The Departments request that health carriers provide a one-time refill of covered prescription medications prior to the expiration of the waiting period between refills so that enrollees can maintain an adequate supply of necessary medication. Carriers may take into consideration patient safety risks associated with early refills for certain drug classes, such as opioids, benzodiazepines and stimulants.
6. **Preventive Care.** Preventive care remains a crucial part of the continuum of overall health. Preventive care is generally required to be provided without cost sharing. We encourage health plans to review their procedures to ensure Minnesotans are able to access these benefits and are not discouraged from seeking care because of cost.
7. **Information Access and Preparedness.** Health plans are uniquely situated to provide plan enrollees with proactive and up to date information about COVID-19. Health plans should consider how best to communicate important benefits and network information, as well as timely and accurate information about COVID-19, to enrollees to ensure that enrollees are receiving accurate, timely information about their coverage and risks. Health plans should also ensure that information is available to enrollees via a range of modalities, and in the enrollee's preferred language.

Self-insured plans

While not within the purview of either Department's authority, the Department strongly encourages self-insured plans to follow the guidance outlined above. Minnesota will be best positioned to address this public health crisis if health care coverage is provided consistently across the State, and aligned with the public health goals of lowering or eliminating administrative and financial barriers to testing, facilitating social distancing, and lowering cost barriers to treatment.

² <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>

³ Health plans are reminded of Minnesota Statutes § 62A.672 which requires telemedicine services to be offered in the same manner as other benefits covered by the plan.

Minnesotans working together

In making the recommendations outlined above, the Departments recognize that the health care system may experience strain as the pandemic runs its course and is committed to working with health carriers as the situation develops to ensure Departmental guidance is current and that carriers are able to fulfill their contractual obligations to enrollees under a variety of scenarios. The Departments are committed to addressing this public health threat and will work with health carriers to address the evolving situation.



Steve Kelley, Commissioner
Minnesota Department of Commerce



Jan Malcolm, Commissioner
Minnesota Department of Health