

COVID-19 FAQs for Agents

Eligibility

Q: What happens to a BlueChoice HealthPlan of South Carolina group policy/plan if employees are furloughed, put on leave or temporarily laid-off?

A: Effective through March 31, 2021, BlueChoice[®] will provide coverage to any employee on an employer's health plan so long as the employer has not terminated the employee and continues to pay for such coverage.

Q: Will a BlueChoice group policy be cancelled if employees are not actively at work during this crisis?

A: To maintain a group policy, the employer must have at least two employees on the policy. BlueChoice will provide coverage to any employee on an employer's health plan so long as the employer has not terminated the employee and continues to pay the premium through March 31, 2021.

Q: If an employer has a temporary layoff or reduces hours for some employees, can they leave them on the plan, or do they have to offer them COBRA/State Continuation?

A: Effective through March 31, 2021, BlueChoice will provide coverage to any employees on an employer's health plan so long as the employer has not terminated the employee and continues to pay for such coverage. If employers terminate employees from their group plan but continue to offer group coverage, then COBRA and State Continuation rules may apply.

Additionally, the loss of group coverage qualifies as a Special Election Period (SEP) in the Individual Affordable Care Act (ACA) market.

Q: How does an employer determine if they are a COBRA or State Continuation Group?

A: COBRA and State Continuation coverage rules vary based on the size of the Employer:

- **For ERISA groups with 20 or more employees:** COBRA allows coverage to be extended for up to 18 months after an employee is terminated, longer for other situations. Employees and dependents currently on the coverage can elect COBRA

and each covered person can elect independently of the others (i.e., the employee may choose not to elect, but the dependents do).

- **For non-ERISA groups (typically a church group or a government-based group) and groups with fewer than 20 employees:** State continuation coverage rules may apply. State continuation is like COBRA, but covered persons may elect it only if they have been on the employer's coverage for at least six months and it only allows continuation of the coverage for the remainder of the calendar month plus an additional six months.

Q: Would an individual who has lost his/her job be eligible for a Special Enrollment in an Individual Affordable Care Act (ACA) plan?

A: Yes. ACA rules create a Special Enrollment Period for individuals who have lost group coverage.

Q: What other coverage options are available to individuals?

A: BlueChoice offers ACA individual policies to individuals under age 65 in every county of the state. BlueChoice also has Short-Term Health insurance plans available if the individual qualifies and it is an appropriate fit for them.

Q: How do I as an agent get appointed to sell Individual products for BlueChoice?

A: Agents can be appointed to sell Individual health insurance for BlueChoice. For more information, click [here](#).

Business Rules and Practices

Q: Will BlueChoice reconsider the time (30 days) that members can be terminated before having to restart the group's waiting period upon rehire?

A: Effective through March 31, 2021, any groups with employees terminated temporarily and returning to the same group, BlueChoice will waive the waiting period rule and allow employees to come back.

Q: Can a group cancel their auto-draft and mail a check due to varying enrollments?

A: Yes, premium and payments can be monitored through *QuickBill* or contact BlueChoice Billing at 1-866-569-5933.

Care Management

Q: Does BlueChoice have site of care plans for members who are unable to access care due to hospital and physician shortages (i.e., moving to skilled nursing facilities, expanding telehealth, on-site nurses, infusion centers)?

A: BlueChoice is in frequent communication with our provider partners and working with them to quickly approve requests regarding level of care or treatment. BlueChoice has relaxed its facility prior authorization process to allow providers the maximum flexibility in addressing any needed. Additionally, BlueChoice has worked with providers to provide alternative access to care (notably, through telehealth options) where possible.

Q: Is BlueChoice enhancing or promoting behavioral health programs for caregivers, and other members facing crisis due to the COVID-19 situation?

A: BlueChoice has included behavioral health services in its expanded telehealth options.

Q: Are BlueChoice's current wellness and disease management platforms adding any special content or outreach for members with chronic conditions?

A: Yes, BlueChoice is engaged in an ongoing process of updating our information.

Plan Design

Q: Is BlueChoice addressing the plan design and coverage for COVID-19 differently for fully insured, ASO and level funded clients?

A: No plan design changes are necessary and (consistent with the recent federal guidance) BlueChoice is covering services related to COVID-19. ASO clients have the right to not cover certain services associated with the treatment of COVID-19 at 100%, so please speak with your Account Executive.

Q: Will BlueChoice be offering coverage at no-cost for a COVID-19 vaccine when one becomes available?

A: BlueChoice is monitoring the availability of a vaccine for COVID-19 and will address this when one becomes available, however, current guidance suggests that this would be offered without cost to the consumer.

Telehealth

Q: Is BlueChoice offering an expansion of its telehealth policies?

A: Yes, BlueChoice has expanded their telehealth policy effective March 17, 2020.

Members can now choose from the following options:

- BlueChoice's telehealth service, Blue CareOnDemandSM: BlueChoice is temporarily waiving the visit cost.
- Telephone visits: Services delivered over the phone by a BlueChoice network provider will be covered.
- Telehealth services by Provider: Audio and video consults by a BlueChoice network provider will be covered at the same benefit level as office visits.

We continue to monitor the situation and want to remind you to refer to our website for the most up-to-date information: www.BlueChoiceSC.com/covid-19.

Q: Should Blue CareOnDemand be used to diagnose COVID-19?

A: Telehealth services cannot diagnose someone with COVID-19. Telehealth doctors can triage and help route people to the best local site that can assist with potential COVID-19 testing.

Additionally, MUSC and PRISMA Health have COVID-19 specific telehealth services available to the general public.

Q: When should Blue CareOnDemand be used?

A: Blue CareOnDemand is best for those who have non-COVID-19 symptoms and prefer to avoid in-person contact in a waiting room.

Q: How can Blue CareOnDemand be accessed?

A: By visiting www.BlueCareOnDemandSC.com or downloading "Blue CareOnDemand" app from the App Store or Google Play.

Q: What are the best times for patients to access Blue CareOnDemand?

A: The longest wait times currently are between 9 a.m. and 3 p.m. We suggest avoiding these times.

Q: Is BlueChoice offering a means to waive the fees associated with Blue CareOnDemand?

A: Yes, members no longer need to enter a coupon code to receive the \$0 cost share for urgent care, behavioral health and lactation support telehealth services. We will use real-time eligibility verification to confirm members' coverage based on their insurance ID numbers. If there is an issue with eligibility or the patient is not a BlueChoice member, the cost share will not be waived. The patient will be charged the usual cost share for a telehealth visit according to his or her health plan or policy.

Q: How does the virtual visit benefit impact our members not using Blue CareOnDemand but with their own doctor?

A: Separately from Blue CareOnDemand, BlueChoice is now covering virtual visits that members may have with their own provider located in South Carolina. This means a provider will now be reimbursed by BlueChoice the same way they would for an in-person visit. This does not mean these visits are free. The same member cost share that an in-person visit would be is applicable.

Q: If a member cannot get into see their normal doctor, can Blue CareOnDemand prescribe normal maintenance medications?

A: BlueChoice recommends our members call their normal doctor to ask for them to prescribe a bridge dose of any needed medication. If this is not possible, Blue CareOnDemand may prescribe a limited bridge dose to allow more time for the member to get in touch with their normal doctor.

Communications

Q: I am a BlueChoice agent. Where can I find BlueChoice's COVID-19 related announcements and other resources?

A: Agents can visit the [news section](#) of our Agent website to view all recent communication.

Q: How is BlueChoice contacting members?

A: We use telephone, text and email methods to contact members. The topics range from COVID-19 prevention methods to pertinent benefit related updates.

When possible, we are encouraging members to check out our [dedicated COVID-19 section](#) of our website.

Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。 (Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

Ni da doodago t'áá háida bíká'aná nilwo'ígíí díí Béeso Ách'ááh naa'níligi háá'ída yí na' ídíł kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'ishíí bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'í' ha desdzih nínízingo, koji' béésh bee hółne' 1-844-516-6328. (Navajo)