

Independence answers group questions about COVID-19

Frequently Asked Questions from Clients, Brokers & Consultants

Please note: Employers are advised to consult with their legal counsel and/or tax advisor to determine if their benefit offerings meet applicable state and federal requirements.

ABOUT GROUP COVERAGE

1) How is Independence handling furloughed or temporarily laid off employees, or employees whose hours have been reduced? Is Independence able to relax the actively-at-work provision, assuming the employer continues to pay premiums?

Independence will honor employer requests to continue coverage for employees that are furloughed, temporarily laid off, or have experienced a reduction in hours that eliminates eligibility as a result of impacts of COVID-19. This exception applies to fully insured and self-funded business, and is contingent upon:

- Full premium payments continue to be made by the group.
- Self-funded groups must continue to remit invoiced amounts in full.
- The group is responsible for collecting employee contributions, if applicable.
- No reductions to employer contributions will be allowed.
- Only actively at-work employees can be added to the plan as new enrollees. If an employee was in their probationary period at the time of the furlough or temporary layoff, they may be added to the benefit plan with appropriate documentation of their hire date.

HM Insurance Group (HMIG) will honor coverage in accordance with the above conditions.

Self-funded employers who do NOT contract with HMIG for Stop Loss/Reinsurance, should contact their Stop Loss carrier or broker/consultant for information on how these benefits will be covered under their policy related to the specific Stop Loss contract terms and Plan documents.

This Underwriting Guideline exception is in effect until June 30, 2020. This exception will not be valid on or after July 1, 2020.

2) Once laid-off employees return to work, can groups reinstate coverage, without requiring employees to satisfy a new-hire waiting period, even if the group didn't select a re-hire provision when they completed the master application?

Groups may waive the waiting period for employees with a lapse in coverage due to a furlough or lay off if the waiver policy is applied consistently to all eligible employees.

3) What is Independence's position on re-rating due to a change in the population?

Through June 30, 2020, if the loss of enrollment is a result of the COVID- 19 crisis, rates and premiums will not change. Effective July 1, 2020, standard Underwriting Guidelines are applicable.

4) If a group wants to extend COBRA deadlines for payments, will Independence work with them and take on that obligation even though Independence is are not legally responsible to do so?

As long as the group submits the premium in full, the employee and their dependents will be considered active. This includes COBRA enrollees.

5) Are there options to change benefits before a group's renewal?

Benefit downgrades are permissible off anniversary for mid-market and large groups. For individual and small groups, ACA requirements apply.

6) Is paperwork required if a group wants to continue coverage through the furlough?

At this time, we are asking that groups notify us only when employees need to be removed from the group plan. After July 1, 2020, Independence may perform audits to confirm enrolled employees are actively at work.

7) The underwriting guideline exception for furloughed and laid off employees is in effect until June 30. What happens if a client has employees out of work beyond June 30?

We will continue to evaluate the COVID-19 situation and determine if it is necessary to extend coverage beyond June 30, 2020, for employees that have been furloughed or temporarily laid off.

8) When COVID 19 is over will groups be allowed to retro-deduct the employee's premium contribution?

It is the group's responsibility to collect employee premium contributions. Employers should continue to make full premium payments. Self-funded groups must continue to remit invoiced amounts in full.

9) Will my group have COBRA continuation of coverage?

Independence does not administer COBRA coverage. Groups should contact their COBRA administrator to determine eligibility under COBRA coverage.

10) Are there options other than COBRA coverage, available to employees laid off?

For groups that have been forced to lay off employees, individual insurance may be a better option than COBRA to keep people insured. For more information on Independence options for individuals and families, please visit our COVID-19 resource [page](#).

11) Is COBRA continuation coverage available to furloughed or laid off employees?

COBRA eligibility is the responsibility of the group. Generally, loss of employment is considered a qualifying event. Furloughed and laid off employees may also be eligible for individual ACA coverage.

ABOUT REPORTING & OPERATIONS

1) Will self-funded clients have to sign an amendment for waiving member cost-sharing associated with COVID-19 testing and telemedicine visits in order to adopt the changes?

Since the coverage changes related to COVID-19 are the result of federal guidance (IRS guidance concerning HDHPs) or federal law (Families First), Independence is not required to amend the

Administrative Services Agreement (ASA). The ASA has several compliance with law provisions that require that both Independence and the self-funded group comply with applicable law.

2) Will Independence create amendments to send to non-HMIG stop loss carriers about COVID-19?

Most employers manage the plan document that is submitted to Stop Loss carriers, so there are no plans for Independence to create amendments.

3) Does Independence have a cost impact tool to help groups estimate the increase in telemedicine utilization/cost associated with COVID-19?

The cost will vary by group. Independence is working on reports to help groups better understand financial impacts.

4) Can Independence provide groups with reporting to monitor the cost impact?

Independence will provide de-identified aggregate reporting on COVID-19 related costs.

5) Does any documentation pertaining to coverage need to be sent out to members? If so, how long do clients have to distribute this to employees?

Under ERISA, if an employer is materially reducing an employee's benefits, a group must notify the member within 60 days of the material reduction. However, the changes in coverage related to COVID-19 are a benefit enhancement for the group's employees, not a reduction. Generally, groups have 210 days after the end of the plan year to notify members of material changes to the plan. For groups with a January 1 plan year, the notice of material change must be sent by August 1, 2021. While we cannot provide legal advice to groups about ERISA, we do not believe the coverage changes related to COVID-19 will create any ERISA compliance issues for groups.

6) If a plan covers telemedicine for services relating to COVID-19 screenings and waives member cost-sharing as required, is it also required to offer telemedicine services for mental health or substance abuse counseling and waive that member cost-sharing too?

Independence is only waiving cost sharing on primary care telemedicine visits. Telemedicine visits with specialists and behavioral health providers are subject to the cost sharing under the member's benefit plan.

7) Is there any requirement for groups to report a positive COVID-19 case within their employee population?

It is advised that groups share information about a positive diagnosis to those who may have come into contact with an employee who tests positive, using discretion so as not to disclose the employee's identity.

ABOUT ACCESS TO CARE

1) Are telemedicine visits with non-participating providers covered for members with out-of-network coverage?

Telemedicine visits with non-participating providers are covered for members with out-of-network coverage. Visits are subject to the out-of-network cost-sharing under the member's benefit plan. This applies to specialists as well as behavioral health providers.

2) If members are sent to a drive-through location for testing how will that be covered?

Testing is offered at a number of locations. Independence will provide this testing at no cost to the member.

3) From the MDLive website, it appears members may experience longer than normal wait times. What can we say about this?

MDLive offers members the experience of completing a brief questionnaire about their symptoms, and then requesting time with a doctor for the next available time slot. In most cases, these are within four hours, and this allows the member to rest or relax comfortably at home for the doctor's evaluation, vs in a waiting room.

4) Does MDLive complete ADA/FMLA paperwork and/or provide doctor's notes for leaves of absence?

MDLive does not offer disability paperwork or provide doctor's notes for work absences.

5) Do HIPAA requirements around employee protections still apply during an infectious disease outbreak?

Yes, HIPAA requirements still apply, however we have received guidance from the Health and Human Services Office for Civil Rights (OCR) that they will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 pandemic.

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