TO: ALL INSURERS AUTHORIZED TO TRANSACT HEALTH INSURANCE IN THE STATE OF ALASKA AND OTHER INTERESTED PARTIES

RE: REQUIREMENTS FOR GROUP HEALTH PLANS, CLAIMS, AND TELEHEALTH RELATED TO THE COVID-19 (CORONAVIRUS) PUBLIC HEALTH DISASTER EMERGENCY

All health insurers, insurance industry representatives and other interested parties are encouraged to review the latest information about COVID-19 released by the Alaska Department of Health and Social Services at:
http://dhss.alaska.gov/dph/Epi/id/Pages/Human-Coronavirus.aspx

On March 11, 2020, Governor Mike Dunleavy issued a public health disaster emergency order. This order was made to protect Alaskans from the adverse effects of COVID-19. The Division of Insurance continues to monitor the COVID-19 pandemic and has determined that additional guidance is necessary for insurers in some areas.

**Employer plans regulated by Title 21**
Insurers must permit employers to continue covering employees under group policies even if the employee would otherwise become ineligible due to a decrease in hours worked per week. Insurers are required to permit employers to continue providing coverage to employees under group policies regardless of any “actively at work” or similar eligibility requirement in the policy. Additionally, insurers are not permitted to increase premium rates or terminate a group policy based on a group’s decreased enrollment or participation due to COVID-19.

**Claim submissions and appeals**
The division requires that insurers suspend deadlines for claim filing and appeals. This is necessary due to staffing challenges in doctor’s offices, clinics and hospitals during the Alaska public health disaster emergency. Following the end of the emergency, there may also be a backlog of insurance claims to be filed and these claims must also be extended.

The division urges insurers to implement fully electronic claims processes that will enable medical billing staff to readily submit claims or supporting documentation.
without having to be present in clinical settings such as hospitals or doctor’s offices. These processes should not be mandatory.

**Additional telehealth guidance**
Bulletin 20-07 notified insurers providing health care insurance plans of their obligation to comply with the revised AS 21.42.422. Insurers are further called upon to provide greater flexibility and coverage during the COVID-19 pandemic. Medicare and Alaska Medicaid have expanded services and liberalized benefits. For private insurers services that can appropriately be offered through telehealth in order to avoid unnecessary exposure to the virus and prevent regression of symptoms must be covered. Insurers should communicate these expanded coverages to providers and consumers as soon as possible.

**Access to prescriptions**
In addition to the early refill requirement in Bulletin 20-03, insurers are also required to cover off-formulary prescription drugs if there is not a formulary drug to treat a covered condition due to supply shortages related to COVID-19. The division further expects insurers to minimize prior authorization requirements to ensure that consumers have access to the medications they need.

**Fraud and abuse**
Insurers are reminded that they should notify the division if they become aware of price gouging, billing fraud or other unlawful trade practices. The division takes such accusations seriously as they have serious impact on premiums and the availability of insurance coverage.

**Conclusion**
Due to the evolving nature of the COVID-19 outbreak, the recommendations are subject to change. Insurers are advised to verify best practices in accordance with the Centers for Disease Control and Prevention (CDC). The requirements of this bulletin are in effect until June 1, 2020, unless otherwise updated.

If you have any questions relating to this bulletin, please contact Sarah Bailey, Life and Health Section Supervisor at sarah.bailey@alaska.gov.

Dated March 27, 2020 in Anchorage, Alaska

Lori Wing-Heier, Director