

COVID-19 resources: ODI bulletins, ODM Information, and AHIP State Issue Brief

The Ohio Department of Insurance has released the following Bulletins in response to COVID-19:

- [Bulletin 2020-02](#) – Access to Coverage for Ohioans Impacted by the COVID-19 Virus:
 - This bulletin contains directives for insurers in regard to access to coverage for Ohioans impacted by COVID-19. It is intended to “notify companies of the request of Superintendent’s the companies ensure members have access to needed health care services to test for and treat COVID-19 by promoting access to coverage.” The Bulletin reminds issuers of sickness and accident policies of obligations under federal and state law, including: emergency services, utilization management, telemedicine, appeals and external review, access to providers and prescription drug supply.
- [Bulletin 2020-03](#) – Health Insurance Coverage Flexibility for Ohio Employers
 - This bulletin contains directives for insurers regarding coverage flexibility for Ohio employers. Specifically, the bulletin contains directives regarding employee eligibility, grace period for premium payments, continuation coverage, and special enrollment.
- [Bulletin 2020-04](#) – Temporary Suspension of Pharmacy Audits during Declared State of Emergency
 - This bulletin orders third party administrators, including: PBMS, health insurance companies, and other entities licensed pursuant to the laws of Ohio relating to insurance, to suspend pharmacy audits during the state of emergency.
- [Bulletin 2020-05](#) – COVID-19 Testing and Treatment: Out-of-Network Coverage
 - This bulletin contains directives for health plan issuers that reimburse the costs of health care services under a health benefit plan in Ohio. Specially, COVID-19 testing and treatment, as well as out-of-network coverage. "The Superintendent orders and directs that: emergency medical conditions under Ohio law include testing and treatment related to the COVID-10 virus. These emergency services must be covered without prior authorization and must be covered at the same cost sharing level as if provided in-network." Further, "Insurers must cover emergency medical conditions in accordance with applicable law. Insurers must provide benefits with respect to emergency service in an amount at least equal to the greatest of the amount negotiated with in-network providers, the amount calculated using the same method the plan generally uses to determine payments for out-of-network services, or the amount that would be paid under Medicare." A consumer is prohibited from receiving a balance bill for such testing or treatment.

The Ohio Department of Medicaid Issues Emergency Actions to Address COVID-19:

- [Emergency Telehealth Rule](#):
 - The Ohio Department of Medicaid (ODM) and the Ohio Department of Mental Health and Addiction Services (OhioMHAS), in partnership with the Governor’s Office, executed emergency rules to expand and enhance telehealth options for Ohioans and their providers. These rules relax regulations so more people can be served safely in their homes, rather than needing to travel to health care providers’ facilities. he ODM/MHAS emergency rules ensure both new and existing patients can access a wide variety of

COVID-19 resources: ODI bulletins, ODM Information, and AHIP State Issue Brief

telehealth services. They ease restrictions on provider/patient locations and the types of technologies and interactions that can be used for telehealth services.

- ODM is also working with its Medicaid managed care partners on a number of responses that will be issued within the coming days.

AHIP State Issue Brief:

Further, America's Health Insurance Plans (AHIP) issued a State Issue Brief: "[Tackling Coronavirus: Best Practices for States 1](#)." This contains AHIP suggested best practices in regards to: communication, cooperation and preparation, flexibility, insurance regulation, and Medicaid.