VIRTUAL VISITS AND TELEHEALTH

Note: The Public Health Emergency was extended by HHS through January 10, 2023.

What is the role of Telehealth/Virtual Visits? Update 3/21/22

With the help of communication technologies, many members can now interface with health care providers from the comfort of their own home. This may be especially helpful during a pandemic. It can help individuals know if they should get a COVID-19 diagnostic test while practicing social distancing.

UnitedHealthcare offers two models of digital access to providers:

Virtual Visits, which are included in many commercial plans, allow members to contact one of four national providers that provide access to physicians, and offer a range of services for acute non-emergent needs. To start a Virtual Visit, the member may login to myuhc.com. Where necessary, the Virtual Visit provider may refer the patient to be seen by their own provider or specialist.

Telehealth services provide the member with the ability to contact their own physician rather than going through a Virtual Visit provider. The visit may be audio1 (telephone) or audio-visual communication with the patient.

If persons are experiencing symptoms or think they might have been exposed to COVID-19, they should contact their health care provider right away and ask what telehealth options may be available.

When available through the members plan, either telehealth services or the Virtual Visit benefit may be a preferred option to an in-person visit, allowing faster support and reducing exposure to the virus or exposing others to the virus. Telehealth and Virtual Visits both help reduce demand on the health care system as it addresses the needs created by the virus.

What is changing for telehealth services? Update 3/21/22

Individual and fully insured Group Market health plans:

- **COVID-19 and non-COVID-19 in-network telehealth visits:** The expansion of telehealth access was allowed on-going for members through a UnitedHealthcare policy published 1/1/21. The provider must follow the policy regarding reimbursement for a telehealth visit.

- **For COVID-19 in and out-of-network COVID-19 diagnostic test-related telehealth visit,** cost share is waived through the national public health emergency.

- **For COVID-19 in network telehealth treatment,** cost share was waived through Dec. 31, 2020.
• **COVID-19 out-of-network telehealth visits:** The expansion of telehealth access ended Oct. 22, 2020. As of Oct. 23, 2020, out-of-network telehealth services are covered according to the member’s benefit plan and UnitedHealthcare’s telehealth reimbursement policy.

• **Non-COVID-19 out-of-network telehealth visits:** The expansion of telehealth access ended July 24, 2020. As of July 25, 2020, out-of-network telehealth services are covered according to the member’s benefit plan and UnitedHealthcare’s telehealth reimbursement policy.

• **January 1, 2021, coverage for telehealth visits not related to COVID-19:** Members may have telehealth visits from their home with their network providers. Coverage for in- and out-of-network telehealth visits not related to COVID-19 will be determined by your benefit plan. You will be responsible for any copay, coinsurance or deductible.

Some states have established state-specific rules, regulations and emergency periods that apply to Individual and fully insured Group Market health plans. These may vary from federal regulations.

**COVID-19 Related**

**Expanded Telehealth.** For medical and outpatient behavioral telehealth visits, eligible providers can utilize both interactive audio/video and audio-only¹. For PT/OT/ST provider visits, interactive audio/video technology must be used. Visit limits may apply.

**What are UnitedHealthcare Telehealth and Virtual Visit guidelines? Update 3/21/22**

To increase system access and flexibility when it is needed most, we are expanding our telehealth policies to make it easier for people to connect with their health care provider. People will have access to expanded telehealth services in two ways – through a Virtual Visit national provider or through a medical provider, such as the members physician.

- **Expanded Provider telehealth Access** — Effective March 18, and through December 31, 2020, all eligible network medical providers who had the ability and want to connect with their patient through synchronous virtual care (live video conferencing) or audio-only (telephone) could do so. Effective dates varied based on state laws. This applied to all fully insured clients and self-funded clients that are following the fully insured guidelines.

**Telehealth Coverage**

- **COVID-19 Telehealth in-network treatment:** From Feb. 4, 2020, through Dec. 31, 2020, UnitedHealthcare waived cost sharing for in-network telehealth treatment visits.

- **Non COVID in-network telehealth services:** Through September 30, 2020, cost share was waived for in-network non-COVID covered telehealth services, for individual and fully insured group market health plans, and for self-funded employers that opted in.

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¹ Other states may establish specific eligibility for telehealth services.

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• **Non COVID out-of-network telehealth services:** Out-of-network telehealth services do not include the cost-share waiver and is processed in accordance with the group’s health benefits plan if the service is eligible. Expanded telehealth non-COVID-19 services ended July 24, 2020.

• January 1, 2021, coverage for telehealth visits not related to COVID-19: Members may have telehealth visits from their home with their network providers. Coverage for in- and out-of-network telehealth visits not related to COVID-19 will be determined by your benefit plan. Members are be responsible for any copay, coinsurance or deductible.

**Virtual Visit Coverage**

• **COVID-19 Virtual Visits:** For individual and group market health plan members in plans that include Virtual Visits, many members can access their Virtual Visits benefits through one of UnitedHealthcare’s national designated providers without any cost share (copayment, deductible or coinsurance) through the public health emergency — Doctor on Demand, AmWell, Teladoc, Optum Virtual Care. Beginning October 1, 2020 through Dec. 31, 2020, the member will pay the copay upfront and will be reimbursed for the copay for COVID-19 diagnosis claims once the claim has been reprocessed.

• **Non-COVID Virtual Visits:** For individual and group market health plan members, many members can access their Virtual Visits non-COVID-19 benefits through one of UnitedHealthcare’s national designated providers without any cost share (copayment, deductible or coinsurance) through September 30, 2020 — Doctor on Demand, AmWell, Teladoc.

**Is there a Virtual Visit option for members? Update 3/21/22**

Virtual Visit options are available to members in many plans. Where available, and if covered under their plan, members can schedule a Virtual Visit with a provider. Virtual Visit providers Teladoc®, Doctor On Demand™, Optum Virtual Care and AmWell® have developed guidelines for members who think they may have been infected by COVID-19.

A member’s Virtual Visit is a good place to discuss concerns and symptoms. Where indicated, the Virtual Visit provider may refer the member to an in-person physician.

HealthiestYou provides Virtual Visit support for All Savers plan members.

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Through October 22, 2020, HealthiestYou provided Virtual Visit support small group (PRIME) fully insured grandfathered plans on a COC earlier than 2016 and transitional relief (TR) plans. After October 22, 2020, members in grandfathered or transitional relief plans may continue to have telehealth visit coverage with their own physician. The HealthiestYou pilot markets for grandfathered plans and TR plans were still able to use HealthiestYou as they did prior to the pandemic.
What is the member coverage and cost share for telehealth? Update 10/15/22

For COVID-19 in- and out-of-network test related telehealth visits, UnitedHealthcare will waive cost sharing from Feb. 4, 2020, through the national public health emergency, currently through January 10, 2023. This applies to telehealth test related visits for all fully insured clients and self-insured clients that are following the fully insured guidelines.

- From Feb. 4, 2020, through Dec. 31, 2020, UnitedHealthcare waived cost sharing for in-network telehealth treatment visits.
- For non-COVID-19 in-network only telehealth services, UnitedHealthcare waived cost sharing from March 31, 2020, through Sept. 30, 2020. This applies to all fully insured clients and self-insured clients that are following the fully insured guidelines.
- Expanded telehealth applies to related visits for medical, outpatient behavioral and PT/OT/ST, chiropractic therapy, home health, and remote patient monitoring services, with opt-in available for self-funded employers.
- For COVID-19 testing-related telehealth visits cost sharing will be waived through the national public health emergency period for all members.
- January 1, 2021, coverage for telehealth visits not related to COVID-19: Members may have telehealth visits from their home with their network providers. Coverage for in- and out-of-network telehealth visits not related to COVID-19 will be determined by your benefit plan. You will be responsible for any copay, coinsurance or deductible.

Will UnitedHealthcare waive cost share for Virtual Visits through Teladoc®, Doctor On Demand™, Optum Virtual Care and AmWell®? Update 3/21/22


Beginning October 1, 2020, members will pay the copay for both COVID-19 and non-COVID-19 services. The copay COVID-19 services with a COVID diagnosis will be reimbursed to the member.

This change will only apply to customers who have Virtual Visits through UnitedHealthcare.

How does the telehealth change apply to UnitedHealthcare’s Virtual Visit program? Update 3/21/22

For fully insured customers and self-funded customers following UnitedHealthcare fully insured standard benefits, we waive cost share for all Virtual Visits, not limited to COVID-19, until September 30, 2020.
This change applies to customers who offer Virtual Visits through UnitedHealthcare Virtual Visit providers—Teladoc, Doctor on Demand, Optum Virtual Care and AmWell. For All Savers plans, HealthiestYou is the Virtual Visit approve provider. Through October 22, HealthiestYou will also support grandfathered and transitional relief plans.

- COVID-19 claims will be processed at zero cost share (copayment, deductible, and coinsurance) for COVID related virtual visits for dates of service February 4, 2020, forward. For individual and group market health plan members in plans that include Virtual Visits, many members can access their Virtual Visits benefits through the public health emergency. Beginning October 1 through Dec. 31, 2020, the member will pay the copay upfront and will be reimbursed for the copay for COVID-19 diagnosis claims once the claim has been reprocessed.


Virtual Visits are available to group plans with the Virtual Visit benefit. A plan change is required to add new Virtual Visits coverage through UnitedHealthcare’s arrangement with AmWell, Doctor on Demand, and Teledoc and HealthiestYou (All Savers). Adding Virtual Visit coverage cannot be done retroactively.

For All Savers level-funded members already have access to Virtual Visits through our partnership with HealthiestYou at no cost share. However, for the All Savers fully insured membership that does not currently have access to this benefit, this service will be available to them through the public health emergency at no cost to the group or member.

Can a Virtual Visit provider order the COVID-19 diagnostic test? New 4/2

At this time, the Virtual Visit provider follows the CDC guidance. When a Virtual Visit doctor identifies a COVID suspected case, they advise individuals to call their local doctor or their state’s public health hotline to verify test availability and to “let them know before you go” so that the in-person care facility can direct them appropriately and minimize potential exposure for others.

Additionally, they contact the appropriate public health department in accordance with local reporting requirements. Each public health department defines its own parameters regarding what notifications are required and how they contact patients to initiate diagnostic testing, conduct contact tracing and/or implement at-home self-monitoring, at-home supervised isolation, or quarantine requirements.

Can a member use both audio-visual and audio only for a Telehealth visit? Update 9/28

Through the national public health emergency, UnitedHealthcare will waive the Centers for Medicare and Medicaid’s (CMS) originating site restriction and audio-video requirement for UnitedHealthcare

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group members. UnitedHealthcare members may have a telehealth visit with a health care provider using either audio-video or audio-only while a patient is at home.

**How will UnitedHealthcare reimburse providers for a Telehealth encounter?** Update 11/3
For fully insured plans and self-funded plans that provide standard fully insured benefits, UnitedHealthcare will reimburse providers who submit appropriate telehealth test related claims for COVID-19 diagnoses according to its telehealth reimbursement policies and terms of applicable member benefit plans through the national public health emergency. UnitedHealthcare is waiving cost sharing for in-network telehealth treatment visits through Dec. 31, 2020.

Telehealth services for non-COVID-19 diagnosis will be reimbursed at no cost share through September 30, 2020.

COVID-19 test-related visit and applicable treatment will be reimbursed at no cost share (copayment, deductible or coinsurance) for self-funded customers that cover COVID-19 telehealth services through the national emergency.

Members experiencing symptoms or think they might have been exposed to COVID-19 should call their health care provider right away and ask what telehealth options may be available.

**Which types of care providers do the policy changes apply to?** New 3/29
UnitedHealthcare generally follows CMS’ policies on the types of care providers eligible to deliver telehealth services, although individual states may define eligible care providers differently. These include:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse-midwife
- Clinical nurse specialist
- Registered dietitian or nutrition professional
- Clinical psychologist
- Clinical social worker
- Certified registered nurse anesthetists

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Can a member receive care from a psychiatrist, psychologist, therapist, ABA, or other behavioral health specialists from their home? **New 4/7**

Yes. Immediate telehealth care options are available to all Behavioral Health providers during the national COVID-19 health crisis – these can be done telephonically or via video technology.

**Telephonic Care**

For providers who do not have access to HIPAA-approved technology typically required to conduct a video-enabled virtual session, or video chat platforms as listed below, telephonic services can begin immediately.

**Video-enabled Technology Care**

HIPAA-approved technology can continue to be used by providers to deliver telehealth care to members. For providers who do not have access to HIPAA-approved technology to conduct a virtual video-enabled session, providers may conduct these sessions immediately using any nonpublic-facing remote communications product that is available to communicate with members as listed below in accordance with OCR’s Notice. Providers are responsible to provide telehealth services in accordance with OCR’s Notice and may use:

- HIPAA-approved telehealth technologies
  - Popular applications that allow for video chats may be used during the current nationwide public health emergency— including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype— to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.
  - Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

- Platforms NOT approved: Facebook Live, Twitch, Snapchat, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth to Behavioral Health plan members by covered health care providers.

What is UnitedHealthcare’s member cost share policy for telehealth visits with a therapist, psychiatrist and ABA therapist during the crisis? **Update 6/8**

**Fully Insured**

- UnitedHealthcare is waiving the member cost-share for in-network behavioral telehealth visits. The behavioral telehealth video and telephonic support is available through qualified network behavioral providers for all diagnoses at no cost share through September 30, 2020.
Can you clarify whether Telehealth can be offered and paid before the deductible has been met on a HDHP plan and not disqualify them from making HSA contributions?  
**Update 3/21/22**

Reminder: The if pre-deductible coverage for telehealth was included in HDHPs with HSAs through 2021, the pre-deductible coverage for telehealth, virtual visits must be removed for 2022 HDHPs with HSAs plans. However, based on recent guidance in CAA, 2022, plans may but are not required to extend coverage for telehealth prior to deductible from April 1, 2022, through December 31, 2022. Plan documents would need to be updated. Consult your account team for more information.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act had allowed HSA qualified high deductible health plans to cover telehealth services for any condition before the deductible is met. This change is effective for plan years on or before 12/31/2021.

Separately, in Notice 2020-15, posted to IRS.gov, the IRS notes that health plans that otherwise qualify as HDHPs will not lose that status merely because they cover the cost of testing for or treatment of COVID-19 before plan deductibles have been met, including but not limited to telehealth visits. The IRS also advised that, as in the past, any vaccination costs continue to count as preventive care and can be paid for by an HDHP. This notice applies only to HSA-eligible HDHPs.

The COVID-19 diagnostic test, test-related physician office, urgent care, emergency room, Virtual Visit and telehealth visit and applicable treatment will be covered at no cost share.
UnitedHealthcare covers these expenses under UnitedHealthcare stop loss policies for telehealth customers. We are advising customers to contact their UnitedHealthcare account representative to discuss options for coverage beyond our standard.

Employees and other taxpayers in any other type of health plan with specific questions about their benefits and what is covered should contact UnitedHealthcare by calling the number on the back of their ID Card.

**Are telehealth visits covered for behavioral health as well as medical? Update 4/16**

Due to recent and temporary rule changes made in response to COVID-19, more doctors and therapists are allowed to conduct phone or video sessions than the liveandworkwell.com directory may indicate. Make sure to ask all doctors and therapists if they can support telehealth visits when discussing your care. For F1 clients, UnitedHealthcare has removed the cost-share (copayment, deductible, coinsurance) when provided by an in-network provider for mental health telehealth. ASO clients need to opt-in to allow mental health telehealth at no costshare (copayment, deductible, coinsurance) when provided by an in-network provider. After September 30, the plan will pay according to plan benefits.

**Since we are covering the medical diagnosis and treatment at 100% if related to COVID-19, is an employer required to also cover mental health services at 100% in order to be aligned with the Mental Health Parity and Addiction Equity Act? New 5/6 Response provided by Groom Law Group**

While there has been no federal guidance regarding COVID-19 and the Mental Health Parity and Addiction Equity Act, we do not think that a group health plan is required to cover non-COVID-19 related services at 100% (including mental health) if the plan can show that the COVID-19 related coverage at 100% is only temporary, due to the COVID-19 public health emergency declared by the Secretary of Health and Human Services, and for the cost-share waiver for COVID-19 testing, due to a federal mandate.

**Will employer groups with grandfathered plans and transitional relief plans be allowed to get virtual visits at no cost share? Update 10/13**

Transitional Relief and fully insured Grandfathered groups on a COC earlier than 2016 will be eligible for virtual care at no cost through Healthiest You, a Teladoc Health company through October 22, 2020.

**Will a customer lose grandfathered status if they adopt COVID plan changes? New 5/5**

COVID plan changes to provide greater coverage related to the diagnosis and/or treatment of COVID-19 such as waiving cost share for COVID-19 testing and related office visit, treatment, and

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telehealth will not cause a plan to cease to be a grandfathered health plan, provided that no other changes are made that would cause a loss of grandfather status.

Are Virtual Visits covered for UnitedHealthcare Preventive Plan members? Update 3/27

Preventive Plan members do not have access to UnitedHealthcare’s Virtual Visits program. However, if their personal physician offers telehealth services, they may utilize those services.