

At Blue Cross and Blue Shield of Minnesota (Blue Cross), our top priority is to ensure the health and safety of our members. We continue to follow the developing guidance of local and federal health officials regarding the impact of the coronavirus (COVID-19).

We are committed to ongoing communications throughout this process as new information becomes necessary to share with our employer groups. This is a fast moving situation and we appreciate your support and patience as we work to communicate our approach and answer your questions.

NEW INFORMATION

Part 17 FAQ – Released 3/22/21

EBSA Disaster Relief Notice 2021- 01 Guidance on Continuation of Relief for Employee Benefit Plans and Plan Participants and Beneficiaries Due to the COVID-19 (Novel Coronavirus) Outbreak

In this document, we released information on June 4, 2020 in response to “the Agencies” providing additional relief addressing all employee benefit plans during the National Emergency. COVID-19 extensions per the Agencies’ Joint Notice were set to expire at midnight on February 28th.

On February 26, 2021, the DOL issued the Disaster Relief Notice 2021-01. Notice 2021-01 sets forth the DOL and IRS’ position that the COVID-19 extensions will continue past February 28th.

As mentioned in previous communications, Blue Cross has internal processes for reviewing and implementing regulatory and statutory mandates related to its products and services to ensure compliance.

Please reference our responses in the Part 11 FAQ 6/19/20 release to specific questions we addressed when the initial Notices were released.

Part 16 FAQ - Released 2/8/21

A couple notes first: While the federal Public Health Emergency (PHE) was renewed again in January, the U.S. Department of Health and Human Services recently sent a letter to all governors stating their intent to continue the PHE through 2021. The letter further clarified HHS will provide 60 days’ advance notice before the termination of the PHE. While technically HHS will extend the PHE for 90 days at a time, as required under law, this provides some certainty for the remainder of the year.

The member cost share waiver for COVID-19 testing, with related provider visit and items, and receiving the COVID-19 vaccine all are mandated under federal law and regulation to continue throughout the entire PHE. Blue Cross’ waiver of member cost-sharing for in-network COVID-19 treatment is separate from the above requirements. Please see our notice of the treatment extension below.

COVID-19 TREATMENT WAIVER EXTENSION AND BENEFIT EXPANSION

As it pertains to commercial fully insured plans, Blue Cross will be extending the cost-share waiver for **in-network COVID-19 treatment through June 30, 2021.**

- By extending these benefits, members and providers will continue to have consistency for COVID-19 care.

- Note: Exceptions to the in-network requirement include load-leveling transfers to receiving facilities and monoclonal antibody therapy for COVID-19. Blue Cross continues to monitor the situation regarding applying in-network benefits to these scenarios and will provide updates as appropriate.

Vaccine Adverse Events Related Treatment

In addition to extending the treatment benefit cost-share waiver, Blue Cross is clarifying that this benefit includes treatment for adverse reactions to a COVID-19 vaccine. Blue Cross will waive any member cost-sharing for medically necessary treatment for members who experience an adverse reaction related to their COVID-19 vaccination and need care.

We want all our members to have trust and confidence that FDA approved or emergency use authorized COVID-19 vaccines are safe and effective. Our commitment to remove cost barriers for COVID-19 care includes applying the member cost share waiver when a member needs treatment for COVID-19 vaccine adverse events.

Additionally, we believe it is important to remove any concerns a member may have about getting immediate care and therefore, we will waive member cost share for COVID-19 vaccine adverse event treatment regardless of the provider's network status.

TELEHEALTH / TELEMEDICINE EXTENSION THROUGH 2021

Blue Cross is extending the Telehealth / Telemedicine Provider Reimbursement Policy through the end of 2021. This allows for continued stability with our Minnesota provider community and for our members and clients during the pandemic. It is important to continue offering care options for providers and patients and this includes virtual access as appropriate.

Part 15 FAQ - Released 1/28/21

OUT OF COUNTRY COVID-19 TESTS

We know some members have been asking about out of country COVID-19 test coverage and if the member cost share waiver applies due to the recent [Federal Register Notice from the CDC](#) requiring proof of a negative COVID-19 test or documentation of having recovered from COVID-19 for all air passengers arriving from a foreign country to the US.

Our answer on the waiver for this situation remains the same as if the test were given in the U.S. For the waiver to apply, the testing criteria must be met.

- The tests must be FDA authorized or approved.
- The tests must be ordered or administered by an attending healthcare provider.
- The test must be medically appropriate for the individual, as determined by the individual's attending healthcare provider in accordance with accepted standards of current medical practice.

Below is the content from Part 14 FAQ -Released 11/24/20

LOAD TRANSFERS AND NEW ANTIBODY THERAPY

The Minnesota Departments of Commerce and Health (the departments) reached out to all Minnesota health carriers in response to the surge of COVID-19 hospitalizations across Minnesota and in border communities, regarding coverage and cost-sharing for hospital transfers made due to capacity constraints at the sending hospital (load-leveling transfers) and for the new antibody therapy or similar COVID-19 treatments available at limited locations.

Blue Cross to date has been in alignment with the State's expectations and agrees with the clarified expectations.

Here are the details:

Load-Leveling Transfers

In the event of a load-leveling transfer, Blue Cross will cover the member's transport as a medically necessary service and waive any member cost-sharing. Our intent is to hold the member harmless when load-leveling transfers are needed.

Coverage for Care Performed at Receiving Hospital

1. In the event of a load-leveling transfer, Blue Cross will work to ensure that the member's cost-sharing remains the same as if the receiving facility or professional services were delivered in-network, regardless if the receiving facility is not in-network.
 - a. For purposes of COVID-19 treatment, Blue Cross will apply the member cost share waiver to care performed by the receiving facility. This includes all facility and professional fees.
 - b. For non-COVID-19 treatment at the receiving facility, members will be charged according to their Plan's in-network cost-sharing coverage and treated as a single inpatient episode of care.

Related Prior Authorizations

In the event of a load-leveling transfer, Blue Cross waives any prior authorization requirements normally required for a transfer to another facility, and we will continue to honor current prior authorizations on file for that member and apply the same prior authorization requirements at the new out-of-network hospital that would be expected if it were an in-network facility.

Monoclonal Antibody Therapy for COVID-19

The FDA recently granted emergency use authorization for bamlanivimab, a monoclonal antibody therapy for COVID-19, and will likely grant emergency use authorization for a second antibody therapy from Regeneron.

The federal government is currently the sole purchaser and carriers do not reimburse providers for the cost of the product. When the distribution process for these and similar COVID-19 treatment drugs begins in the near future, they will likely be initially available only at a relatively small number of facilities, with a narrow window of time after symptom onset in which they can be used effectively.

The sites at which these therapies are available may not be in a Blue Cross member's network. In order to ensure broad and timely access to these important treatments, Blue Cross will treat infusion sites, and the providers who administer the therapy, as in-network for purposes of member cost-sharing for the administration of these antibody therapies.

BLUE CROSS ANNOUNCEMENT ON COVID-19 BENEFIT EXTENSION

- 1) As it pertains to commercial fully insured plans, Blue Cross announced recently we are extending the cost-share waiver for **in-network COVID-19 treatment through March 31, 2021**.
 - By extending these benefits, members and providers will continue to have consistency for COVID-19 care regardless of whether the public health emergency (PHE) is renewed in January. It was last renewed [October 23, 2020](#).
 - Note: Exceptions to the in-network requirement include load-leveling transfers to receiving facilities and monoclonal antibody therapy for COVID-19.

- 2) Blue Cross is waiving the member cost share for a COVID-19 test and related provider visit for Medicare and Commercial lines of business through the end of the PHE. Aligning with the PHE also includes the non-mandated benefit for waiving member cost share for a COVID-19 related provider visit (office, urgent care, emergency department, telehealth) and related items and services where a test is not available and the provider submits a COVID-19 diagnosis code pursuant to CDC guidelines.

It should be noted the PHE has been renewed in the past and Blue Cross will continue to closely monitor the situation.

Below is the content from Part 13 FAQ -Released 10/05/20

BLUE CROSS WORKFORCE UPDATE

Blue Cross is sharing some details about our operational work and how our associates (Blue Cross employees) are addressing the many challenges a global pandemic presents.

We shared early on during the COVID-19 onset how our Pandemic Response Team and our workforce planning leadership transitioned our associates to working remotely. We are proud to say that since the onset, we are 98% remote and 100% operational. Our workforce will continue to operate at this number through 2020 and into 2021.

Our **Care Management team** continues their outreach to members with a positive COVID-19 test and risk factors that place them at increased risk for severe complications related to the virus. Risk factors include multiple comorbidities, age, socio-economic status, and recent emergency department (ED) visit or hospitalization.

We are also proud to share our **Blue Cross teams** have been conducting COVID-19 contact tracing in cooperation with the Governor's Office and the Department of Health.

We look forward to helping members during the upcoming annual enrollment periods and our account management teams are ready to support your virtual open enrollment needs.

COVID-19 TESTING REFRESHER

We know many of you have questions about the types of COVID tests available on the market and whether these tests meet the criteria for member cost-share waiver. It is important to note that whether the sample is obtained by nasal swab or saliva specimen, and whether or not the test results are available in 15 minutes or several days, these factors do not dictate the member cost-share waiver. The information below was previously provided in the FAQ and we thought it would be a helpful refresher to send again.

Criteria for COVID tests to qualify for the member cost-share waiver:

- The tests must be FDA authorized or approved.
- The tests must be ordered or administered by an attending healthcare provider. Attending healthcare provider is defined as "an individual who is licensed under applicable state law, who is acting within the scope of the provider's license, and who is directly responsible for providing care to a patient." (FAQs published by the Treasury, DOL, and HHS).

- This coverage must be provided without cost sharing, when medically appropriate for the individual, as determined by the individual's attending healthcare provider in accordance with accepted standards of current medical practice.
- Member cost share will be waived for a non-participating and /or out of network provider visit ordering or administering COVID-19 diagnostic testing. Non-participating providers will be reimbursed the cash price of the service as listed by the provider or published in their website. The requirements for non-participating and / or out of network provider visits and testing are the same as above.
- The mandates are in place until HHS Secretary lifts the [COVID-19 Public Health Emergency](#).

Below is the content from Part 12 FAQ -Released 7/31/20

BLUE CROSS EXTENDS TEMPORARY BENEFITS THROUGH THE END OF 2020

As part of our commitment to member's health, Blue Cross announced on July 23rd that we are extending our COVID-19 coverage as part of our ongoing effort to help prevent the spread and impact of COVID-19 and improve the long-term sustainability of health care in Minnesota.

1) Waiving Member Cost Share for Related COVID-19 Care – Extended Through End of Year

Blue Cross has extended its cost-share waiver for COVID-19 testing, related office visits and related items and services, and in-network treatment through the end of the year. Members will not have any copay, coinsurance or deductible costs for COVID-19 diagnosis or care.

By extending these benefits, members and providers will continue to have consistency for COVID-19 testing and care regardless of whether the public health emergency (PHE) is renewed.

What this means to the member:

- **Member has no cost share for a COVID-19 related provider visit** (office, urgent care, emergency department, telehealth) and related items and services **that result in an order for a COVID-19 test.**
- **Member has no cost share for a COVID-19 related provider visit** (office, urgent care, emergency department, telehealth) and related items and services **where a test is not available** and the provider submits a COVID-19 diagnosis code pursuant to CDC guidelines.
- **Member has no cost share for in-network inpatient and outpatient treatment for COVID-19** when treatment follows evidence-based COVID-19 treatment guidelines.

2) Telemedicine/Telehealth Provider Reimbursement Policy – Extended Through End of Year

Early in the COVID-19 health crisis, Blue Cross expanded coverage for the types of services that can be provided via multiple telehealth channels, enabling members to receive care from their usual provider, while also following social distancing guidelines and staying home whenever possible.

As mentioned above, we believe offering consistency to members and providers during this uncertain time is important. By extending telehealth options for our Minnesota providers, members can continue to schedule virtual appointments with their providers for all services included in the expanded telehealth reimbursement policy through the end of the year and take the measures they need to feel safe while accessing care.

Key Points:

COVID-19 UPDATES & FAQ PART 17

INCLUDES PREVIOUS CONTENT FOR REFERENCE

Fully Insured Employers

March 22, 2021



- All temporary telehealth coverage changes will be extended through December 31, 2020. This includes coverage for behavioral health services, in addition to physical, speech and occupational therapy, and medication management.
- To ensure continuity for providers during the COVID-19 pandemic, all telehealth services will continue to be covered at the same reimbursement rate as an in-person visit through the end of the year for claims with date of service in 2020.

Note: Doctor on Demand is a virtual provider and plan benefits remain the same, including COVID-19 coverage. This telehealth extension announcement applies to the telehealth provider reimbursement policy. Details on this policy were provided in earlier FAQs including preventive care information. Reminder, the no cost Doctor on Demand coverage for all services expired in June.

Early Refill Waiver Ending July 31, 2020

What is changing? Blue Cross is reinstating the prior authorization policy for early refills after July 31st. At the onset of the pandemic, we implemented a process for pharmacies to process early medication refills to help support members. We continue to encourage members to use mail order and/or fill 90-day prescriptions.

Remdesivir

What is changing? Blue Cross was recently informed by the pharmaceutical manufacturer, Gilead, that they will begin charging for Remdesivir effective July 1, 2020. It will no longer be available free of charge. Remdesivir is an experimental intravenous medication, that received Emergency Use Approval (EUA) by the FDA. It is used in a hospital setting and not dispensed at the retail pharmacy level.

As a reminder, currently, there are no FDA approved medications for the treatment of COVID-19 and plan benefits apply for members filling retail prescriptions.

Below is the content from Part 11 FAQ -Released 6/19/20

BLUE CROSS' APPROACH AND RESPONSE TO RECENT AGENCY NOTICES

Mandated Extended Deadlines

The Employee Benefits Security Administration, Department of Labor, Internal Revenue Service, and Department of the Treasury (the Agencies) recently provided additional relief with extended deadlines addressing all employee benefit plans during the National Emergency. More information on the mandates can be found here: [Federal Registrar](#)

Blue Cross will comply with the mandated extensions. We have designated experts on implementing state and federal mandates across the organization to ensure compliance.

- Applicable internal teams have been informed of the extensions and the effective date is March 1, 2020. To ensure compliance, processes are being modified and monitored.
- As part of our standard work with mandated changes, we have manual checks and procedures in place to ensure compliance back to March 1.
- These deadlines are extended until 60 days after the end of the Public Health Emergency. If more details become relevant to share, Blue Cross will provide these in our ongoing FAQ.

The below provides operational details related to retro-terminations and retro-enrollment.

1) Extended COBRA Enrollment Deadline

For COBRA plans, Blue Cross will process claims per eligibility submitted from the employer. This includes retro enrollment in a COBRA plan. Blue Cross has standard processes in place to identify and adjust provider submitted claims through a retro-enrollment report. Blue Cross will not pend claims for terminated employees in the event the employee chooses to enroll in COBRA.

Blue Cross will continue to follow our standard approach to retro-terminations:

- 2 months retro-termination with claims recoupment with applicable dates of service
- 4 months retro-termination if the COBRA member never made any COBRA payments to the group and zero claims were submitted to Blue Cross
- Any requests for retro-termination beyond our approach will be reviewed on a case-by-case basis to determine if exceptions will be made.

2) Extended Special Enrollment for Qualifying Event Deadline

Blue Cross will continue to follow our normal business rules for determining coverage start dates for special enrollment. A special enrollment period is available when someone has a qualifying event like a birth, marriage or loss of coverage.

IRS Notices [N2029](#) and [N2033](#) on Mid-Year Changes for Cafeteria Plans

After careful consideration, Blue Cross will not be accommodating any requests from fully insured groups for mid-year election changes.

Below is the content from Part 10 FAQ -Released 6/16/20

DOCTOR ON DEMAND OPTIONAL MESSAGING FOR EMPLOYERS

Blue Cross is providing messaging you may use to remind your employees/members of the Doctor on Demand coverage. The Doctor on Demand website is not announcing the return to current Plan benefits.

Employee / Member Messaging

In response to the COVID-19 pandemic, Blue Cross and Blue Shield of Minnesota took steps to help maintain access to care for our members while helping to minimize the spread of the COVID-19 virus. One of the steps taken was to offer all Doctor on Demand visits without member cost share through June 14, 2020.

Starting June 15th, Doctor On Demand coverage returned to the regular benefits outlined for your specific plan. This means your normal copay and coinsurance will apply for Doctor On Demand visits.

COVID-19 related provider visits may continue to be covered without member cost share until the current public health emergency is over.

If you have any questions about your medical benefits, please consult your plan documents or contact Blue Cross customer service by calling the number on the back of your Blue Cross member ID card.

FULLY INSURED MEMBER MAILING

Blue Cross is sending letters to all fully insured members (excluding Group Medicare) to share the expanded benefits due to the COVID-19 public health emergency and our commitment to provide support during this critical time.

The letter includes information regarding the COVID-19 coverage, Prime Therapeutics coverage, prior authorization information, virtual care options, as well as where to locate more information regarding COVID-19. The member letter will be mailed to all fully insured members the beginning of July.

Below is the content from Part 9 FAQ -Released 5/28/20

EXTENDING COVID-19 TREATMENT BENEFIT

For fully insured members, Blue Cross is extending waiving member cost for in-network COVID-19 outpatient and inpatient treatment through September 30, 2020. This extension reflects our continued commitment to our members' health and well-being and also allows for continued stability and consistency with our provider community.

Below is the content from Part 8 FAQ -Released 5/21/20

COVID-19 TESTING

Blue Cross Key Points about COVID-19 Testing

- The tests must be FDA authorized or approved.
- The tests must be ordered or administered by an attending healthcare provider. Attending healthcare provider is defined as "an individual who is licensed under applicable state law, who is acting within the scope of the provider's license, and who is directly responsible for providing care to a patient." (FAQs published by the Treasury, DOL, and HHS on April 11th).
- This coverage must be provided without cost sharing, when medically appropriate for the individual, as determined by the individual's attending healthcare provider in accordance with accepted standards of current medical practice.
- Member cost share will be waived for a non-participating and /or out of network provider visit ordering or administering COVID-19 diagnostic testing. Non-participating providers will be reimbursed the cash price of the service as listed by the provider or published in their website. The requirements for non-participating and / or out of network provider visits and testing are the same as above.
- The mandates are in place until HHS Secretary lifts the [COVID-19 Public Health Emergency](#).

Return to Work Testing

Blue Cross is not advising employers on return to work testing plans. We understand this is a complicated issue for employers and we refer you to your internal advisors for guidance. However, "back to work" testing does not meet the requirements of the legislation that the need for testing be determined as part of an individual treatment plan by an attending healthcare provider.

QUESTIONS & RESPONSES

1Q: For fully insured members, will Blue Cross cover antibody testing at zero member cost share for asymptomatic members, such as, for return to work reasons or for minors attending a camp?

1A: Blue Cross will waive member cost for FDA-authorized serological tests used to detect COVID-19 antibodies, when ordered or administered by an attending healthcare provider and meets the criteria under the statute. While a test may be FDA authorized, this type of testing does not meet the requirements of the legislation that the need for testing be determined as part of an individual treatment plan by an attending healthcare provider.

2Q: Will my plan cover at-home tests or self-collected specimen saliva tests that are sent to lab? Does my plan cover drive-up site testing?

2A: For cost share waiver to apply to COVID-19 diagnostic testing, the test must be FDA-authorized or approved and ordered or administered by an attending healthcare provider during the course of a COVID-19 provider visit.

3Q: Will a member's Plan waive cost share for a COVID-19 test prior to being able to have surgery or a procedure even though the member is asymptomatic?

3A: Yes. During the public emergency, an FDA-authorized or approved test when ordered or administered by an attending healthcare provider is covered with no member cost share.

4Q: Can Blue Cross cite the specific legislation requiring Plans to cover antibody testing and waive member cost share?

4A: The FFCRA as amended by the CARES Act requires that a provider visit (office, telehealth, urgent care, ER) resulting in an order or administration of a COVID-19 diagnostic test is covered at no member cost share. The FAQs published by the Treasury, DOL, and HHS on April 11th went on to clarify that antibody (serological) testing are included in the definition of COVID-19 diagnostic testing but that an antibody test should not be the sole basis for diagnosis of COVID-19 and that clinicians should use their judgment in determining whether a patient should be tested.

5Q: What steps is Blue Cross implementing to mitigate fraudulent actors offering the antibody or virus tests?

5A: Blue Cross is taking a proactive approach by reviewing incoming claims related to COVID-19 diagnosis and testing in order to identify any aberrant providers and/or testing practices. Blue Cross also conducts ongoing data analysis of all claims submitted, including the use of Artificial Intelligence based software, to identify potential fraud, waste and abuse related to COVID-19. Our Special Investigations Unit stays abreast of COVID-19 related fraud, waste and abuse by participating in training and information sharing sessions with other Special Investigations Units, law enforcement and government entities.

Additionally, Blue Cross has an internal team closely monitoring various known or potential scams that may impact our members. We issue alerts to inform our service and care teams and at times, may issue communications to our clients.

RELATED ITEMS AND SERVICES

In accordance with federal legislation and applicable regulation for the duration of the COVID-19 public health emergency, Blue Cross Commercial Plans will provide coverage with no member cost-sharing (including deductibles, copayments, and coinsurance), for other services used to determine the need for COVID-19 diagnostic testing, when ordered or administered by an attending health care provider.

What this means for the member

For example, tests for other causes of respiratory illness, such as influenza, RSV or strep, would be covered with no member cost-sharing if they lead to an order for or administration of COVID-19 diagnostic testing. If it is determined that COVID-19 diagnostic testing is not needed, these other items and services would be covered according to the members' plan benefits.

Additional Details

Inclusion of other tests (e.g., influenza, blood tests) with a provider visit that results in a COVID-19 test falls under the statute. Blue Cross is extending member cost share waiver of other tests when COVID-19 is suspected but a COVID-19 test is not available. The rationale for our decision continues to focus on supporting the member and understanding the uneven availability of COVID-19 lab tests as well as receiving ongoing guidance since the onset of the public health emergency.

With this in mind, Blue Cross has identified related tests that we believe satisfy the requirements and intent of the mandate. Additionally, we can share with employers that overall, these other tests have been and likely will continue to be ordered in lower numbers during COVID-19 related provider visits, especially as COVID-19 lab tests become more widely available and ordered. We expect to begin releasing these claims from the hold in the near future.

REMEDESIVIR OVERVIEW

While Blue Cross does not make it a practice of publicly commenting on new drugs or new drug indications, we know our employers have questions about remdesivir. Here is what we are able to share at this time:

The FDA issued an Emergency Use Authorization (EUA) of remdesivir For Coronavirus Disease 2019 (COVID-19). According to the FDA, receiving remdesivir may benefit certain people in the hospital with COVID-19. Like remdesivir, the FDA may allow for the emergency use of other medicines to treat people in the hospital with COVID-19. Please note, there is no U.S. Food and Drug Administration (FDA) approved product available to treat COVID-19.

What is an Emergency Use Authorization (EUA)?

The United States FDA has made remdesivir available under an emergency access mechanism called an EUA. The EUA is supported by a Secretary of Health and Human Service (HHS) declaration that circumstances exist to justify the emergency use of drugs and biological products during the COVID-19 pandemic. Remdesivir has not undergone the same type of review as an FDA-approved or cleared product. FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, available alternatives. In addition, the FDA decision is based on the totality of scientific evidence available showing that it is reasonable to believe that the product meets certain criteria for safety, performance, and labeling and may be effective in treatment of patients during the COVID-19 pandemic. All of these criteria must be met to allow for the product to be used in the treatment of patients during the COVID-19 pandemic. The EUA for remdesivir is in effect for the duration of the

COVID-19 declaration justifying emergency use of these products, unless terminated or revoked (after which the products may no longer be used).

Remdesivir Availability

The government has made remdesivir available to hospitals for inpatient use under this EUA and for clinical study purposes.

Below is the content from Part 7 FAQ -Released 5/7/20

Preventive Services and Telehealth

Due to challenges associated with getting care and to support concerns members may have about getting care, Blue Cross has made the decision to temporarily allow some preventive care services to be provided via telehealth during the COVID-19 National Health Emergency. Normally, Blue Cross requires an in-person visit for providers to bill preventive service codes.

- Providers may provide all or portions of a preventive medicine visit via telehealth that can be done so appropriately and effectively.
- Any services that require face-to-face interaction may be provided at a later date.
- Providers may only bill one preventive medicine code to cover both the portion done via telehealth and the face-to-face interaction.
- The Blue Cross claims system has been updated to allow the billing of preventive medicine codes with a telehealth place of service as of February 4, 2020. Providers may resubmit preventive services performed via telehealth if needed.

Note: This does not apply to telehealth vendors such as Teledoc, Doctor on Demand, etc., as they provide evaluation and management services for acute conditions.

What this means for members and employers:

Providers will attempt to perform as much of the exam as they can via telehealth to help ensure members continue to meet with their provider and get the preventive care services they need during this time. Providers can still order preventive tests. Access and safety protocols will vary within each health system or by provider. Some health systems may set up “clean lab” sites or designate a site for pediatric vaccinations. We recommend members contact their provider with questions about how they can access care.

Regarding provider reimbursement, Blue Cross has communicated coding and guidance for providers. Normal process still applies where preventive tests can be done at a later date than the provider exam and are billed separately when administered.

Providers will only bill for one visit. Providers may decide that once the telehealth visit starts some or all parts of the comprehensive preventive exam will need to be done in-person at a later date in order to provide the right care for that member.

Below is the content from Part 6 FAQ -Released 5/6/20

Antibody Tests

In accordance with federal legislation and applicable regulation for the duration of the COVID-19 public health emergency, Blue Cross and Blue Shield of Minnesota will provide coverage with no member cost-sharing (including deductibles, copayments, and coinsurance), for FDA-authorized serological tests used to detect COVID-19 antibodies, when ordered or administered by an attending healthcare provider.

The FDA has issued guidance that serologic tests should not be the sole basis for diagnosis. As our state and national testing capabilities continue to evolve, we are closely monitoring the availability and accuracy of emerging COVID-19 test options and will continue to follow guidance from state and federal officials.

Below is the content from Part 5 FAQ -Released 4/24/20

(Please see below for revision to Prime content from FAQ 4)

Care Management Support Through the Pandemic

Our Care Management team is taking a multi-pronged approach to our **Compassion Call Campaign** during the COVID-19 pandemic. Blue Cross has set up a dedicated COVID 19 Triage line, 1-855-579-7657, and provides this number on the outreach call to let the member know they can call this number for any future support needs.

This campaign began April 15th and to date has received positive member feedback and engagement. Here are a few member responses:

“I heard your message you left and am so happy you called again. It’s nice to have someone ask how I am doing.”

“Wow, I am so amazed with BCBS and this really warms my heart.”

“We have always been so pleased with BCBS and never had any issues over the years. I really feel like you care about us. Thank you so much.”

Who is included:

- Nurse outreach to those who are at increased risk for complications related to COVID-19 due to multiple medical and behavioral co-morbidities.
- Calls made to members receiving dialysis care from DaVita / Fresenius with enhanced case management partnership.
- Calls made to members actively enrolled in case management to assess immediate needs related to the pandemic and offer additional assistance and support.
- Supporting members and families with alternative nursing care placement for acute care capacity planning.
- Using claims to identify members with COVID-19 related visits for outreach and management.
- Behavioral Health clinician outreach to members (and their families) with complex conditions such as autism and eating disorders.

The outreach is performed by our Eliza auto dialer vendor. The Eliza vendor will offer the household respondent the following options:

- Warm transfer to a care management nurse at the time of the call

- Because we are outreaching to the household, the nurse will need to validate who they are speaking with in the household. If the person they are speaking with is not a Blue Cross member, the nurse will assess their immediate needs and connect them to appropriate resources.
- If the Blue Cross member chooses to be connected with a care management nurse, the nurse will perform a needs assessment for physical and emotional wellbeing, education and transition the member(s) to a case manager as appropriate for ongoing support.
- Nurse call back to the household in the morning, afternoon or evening
- Decline contact with a Blue Cross nurse

By putting our members first, our goal is to build trusting relationships and provide support for immediate and ongoing physical health and emotional well-being needs. We are dedicated in our continued support of your employees and their families through this critical time.

Below is the content from Part 4 FAQ -Released 4/21/20

REVISED: noted in yellow below regarding Prime. Sentence corrected from 'fee' to correct wording of 'free'.

Benefit Books/SMMs

The COVID 19 pandemic has led to unprecedented actions by our federal and state governments with employers and health plans leading the way on supporting members. Providing member cost share relief for medical care was an important benefit to provide during this critical time. Due to the emergency circumstances surrounding these benefits, Blue Cross and Blue Shield of Minnesota is not amending benefit books for our fully insured plans nor for our employee health plan.

Prime Therapeutics – Summary of COVID 19 Changes and Member Support Initiatives

While we've highlighted some of the changes in earlier FAQs, we thought a summary of what Blue Cross and Prime have been implementing to help support members during this time would be helpful.

COVID-19 has affected all of us in many ways. The Blue Cross Pharmacy team continues to work closely with the Blue Cross COVID-19 task force to:

- Ensure members have access to the medications they need,
- Reduce impact to member and physicians,
- Ensure appropriate utilization and therapy, and
- Minimize fraud, waste and abuse.

We have made some adjustments to our pharmacy benefit, administered through Prime Therapeutics, to meet these goals.

Key Initiatives and Member Support:

- Implemented a process for pharmacies to process **early refills** of medications. Early refills might be needed for a number of reasons, especially for those who are self-isolating, despite most pharmacies now **providing free delivery services**. We are also encouraging 90 day supply fills of medications.
- Blue Cross and Prime continue to **monitor for drug shortages** and we have seen a marketplace shortage of albuterol inhalers. **Albuterol** treats asthma and chronic obstructive pulmonary disease (COPD). We have **allowed for coverage of the non-preferred and non-covered versions** of these albuterol inhalers at

the preferred brand cost share tier through June 30, 2020 so members will pay the same cost that they do today for our preferred inhalers, Ventolin HFA and Proair HFA.

- Implemented a temporary **quantity limit on hydroxychloroquine and chloroquine**. These medications are used to treat rheumatoid arthritis and lupus. We have seen up to a four-fold increase in utilization since prior to March 2020 but utilization seems to be ramping down in April. We grandfathered members who are using these medications as long-term therapy so they will be uninterrupted by this program.
- Implemented a temporary **quantity limit on azithromycin/Zithromax**. This is an antibiotic that treats bacterial infections. While we're not seeing an increase in use, we want to take a cautious approach.
- We have **extended the dates of approval authorizations for prior authorization, quantity limit and step therapy programs** until the end of May to relieve the burden on members and their doctors, so they won't be bothered with submitting renewal requests during a time when doctors are busy and members are trying to stay away from clinics.

We will continue to monitor the marketplace to evaluate whether any of these adjustments will remain in place longer than currently implemented.

Below is the content from Part 3 FAQ -Released 4/6/20

To follow up on recent public announcements, the below information provides the full scope of how Blue Cross is supporting employers and members during this critical time. The benefits listed below will not interfere with the ability to contribute to an HSA. Please refer to IRS Notice 2020-15 for more detail.

Blue Cross coverage commitments for COVID-19

1. **Blue Cross will cover the full cost of diagnostic testing and in-network care related to COVID-19.**
With no cost to the member, Blue Cross will pay for the appropriate medically necessary diagnostic testing and in-network care — including hospitalization — for fully insured employer members. These members will not have any copay, coinsurance or deductible costs for COVID-19 diagnosis or care.

What this means to the member:

- Member has no cost share for a COVID-19 related provider visit (office, urgent care, emergency department, telehealth) that results in an order for a COVID-19 test.
 - Member has no cost share for a COVID-19 related provider visit (office, urgent care, emergency department, telehealth) where a test is not available and the provider submits a COVID-19 diagnosis code pursuant to CDC guidelines.
 - Member has no cost share for in-network inpatient and outpatient treatment for COVID-19 when treatment follows evidence-based COVID-19 treatment guidelines. This benefit applies through 5/31/2020 and does not include experimental pharmaceuticals and medical treatments.
2. **Blue Cross will waive all prior authorizations for diagnostic tests and for covered services that are medically necessary and consistent with CDC guidance if diagnosed with COVID-19.**
Blue Cross will also make dedicated clinical staff available to address inquiries related to medical services, ensuring timeliness of responses.
 3. **For members who have Prime Therapeutics as their Pharmacy Benefit Manager (PBM), Blue Cross will increase access to prescription medications by waiving early medication refill limits on 30-day prescription maintenance medications (consistent with member's benefit plan) and/or encouraging**

members to use 90-day mail order benefit.

Blue Cross will also ensure formulary flexibility if there are shortages or access issues. Patients will not be liable for additional charges that stem from obtaining a non-preferred medication if the preferred medication is not available due to shortage or access issues.

Members with PBMs other than Prime Therapeutics should contact their PBM for information.

4. Blue Cross is increasing access to virtual care options to help members maintain social distancing standards and minimize risk of exposure.

- Waiving costs for [Doctor On Demand](#) for members whose benefits include coverage of Doctor on Demand services, through June 14, 2020
- Increasing the types of technology that providers can use remotely, including FaceTime and Skype
- Expanding the types of services that can be provided via telehealth channels, including behavioral health; physical, occupational and speech therapies; and medication management

Below is the content from Part 2 FAQ -Released 3/24/20

Updates to Telemedicine/Telehealth and Telephone Call Reimbursement Policies

To encourage broader use of virtual services during the COVID-19 National Health Emergency, Blue Cross Blue Shield of Minnesota (Blue Cross) has revised the ‘Televideo Consultations /Telehealth /Telemedicine Services’ and ‘Telephone Calls’ reimbursement policies for Commercial and Medicare lines of business to add clarity of coverage and to add additional eligible services for telehealth. Specifically, Physical Therapy, Occupational Therapy, and Speech Therapy services have been added, along with additional Behavioral Health services.

In accordance with actions taken by CMS, Blue Cross will allow non-HIPAA compliant audio-visual applications, such as Facetime and Skype, to be used for telehealth services. Additionally, Blue Cross will be waiving the policy requirement of a visual component for telehealth, allowing for telehealth to be provided over the telephone. These waivers will only apply for the duration of the National Health Emergency related to COVID-19.

Blue Cross is also temporarily suspending our policy requirement of telehealth and telephone services being provided only to established patients. During the duration of the National Health Emergency related to COVID-19, telehealth and telephone visits can also be provided to new patients.

In order to reduce the risk of spreading COVID-19, both the practitioner and the member can be located at their homes for telehealth and telephone visits.

Delay of Inpatient and Outpatient Elective Surgery and Procedural Cases during COVID-19 Peacetime Emergency

- In effort to ease the impact of the restrictions on elective surgery and procedural cases during the COVID-19 pandemic, Blue Cross and eviCore healthcare will be modifying the approval timeframes for prior authorization for these services.
- New prior authorization requests processed on or after March 26, 2020, will be approved for a minimum of 180 days.

- Blue Cross and eviCore healthcare will also be proactively extending previously approved prior authorizations for elective surgeries and procedures where the service has not yet been provided. Blue Cross and eviCore will be working to update these existing authorizations by the time the restrictions on these surgeries and procedures are lifted.
- Members and providers will receive additional communication related to any changes in existing authorization timeframes. Blue Cross will also update providers if any action is needed when these procedures are rescheduled in the future.

As a reminder, here are the areas eviCore manages:

eviCore manages seven specialty areas of care:

- Lab Management
- Medical Oncology
- Radiation Therapy
- Radiology; Cardiology
- Musculoskeletal
- Sleep Management

For Medicare, eviCore also manages Post-Acute Care (This program was implemented January 2019 for Medicare Advantage members only.)

- Skilled Nursing Facility (SNF)
- Long Term Acute Care (LTAC)
- Inpatient Rehabilitation Facility (IRF)
- Home Health Services
- DME

Prior Authorizations:

1Q: Will any prior authorization requirements be waived?

1A: Prior authorizations will not be required for medically necessary services and items related to the diagnosis and treatment of COVID-19. Blue Cross may require medical records if unable to determine if the claim is related to COVID-19 or to determine the medical necessity of the services and items. In the event a prior authorization is submitted to eviCore for COVID-19 related diagnosis and treatment, the prior authorizations will be auto-approved.

2Q: Are there any changes to the prior authorization requirements and/or process for DME for patients without COVID-19?

2A: Yes, eviCore will auto-approve DME codes in the following categories for Medicare Advantage members with COVID-19 and non-COVID-19 diagnoses:

- Oxygen
- Nebulizers
- Ventilators
- Chest wall precursors
- Cough stimulating devices and all associated accessories

Prior authorization is not typically required for DME in these categories for commercial members.

3Q: Are there any changes to the prior authorization requirements and/or process for Post-Acute Care services?

3A: Blue Cross and eviCore will approve all home health care services and skilled nursing facility (SNF) admissions for Medicare Advantage and commercial members with COVID-19 and non-COVID-19 diagnoses as follows:

- Home Health: Initial home health requests will be approved for 60 days. Home health extension requests will be approved for 30 days at a time until the pandemic has passed.
- Skilled Nursing Facilities: Admissions from acute care facilities to skilled nursing facilities (SNF) will be approved for the first 7 days to help free up hospital beds.

The provider will still need to notify Blue Cross or eviCore of the request so the admission can be approved and tracked for follow up throughout the length of stay.

4Q: How will Blue Cross and eviCore accommodate approved prior authorizations for non-urgent and elective services that have been postponed or delayed due to the COVID-19 outbreak?

4A: eviCore and Blue Cross will be working to proactively extend prior authorizations for elective services and some non-urgent non-elective services. The member and provider will get a new letter with the extended approval time period. This information will also be reflected within the Auth/Referral Dashboard in the Availity portal. Non-elective services where the member's condition may change over time and coverage criteria may no longer be met if the service is delayed will not be extended and may need a new authorization when the service is rescheduled.

Eligibility:

1Q: If an employer needs to furlough employees or reduce their hours, how does this impact coverage eligibility?

1A: During this uncertain time and because the governor declared Minnesota in a Peace-time State of Emergency, Blue Cross wants to support employers and members. We understand employer business situations are undergoing significant changes. Until otherwise noted from Blue Cross, coverage is effective until the employer chooses to terminate employee coverage.

Employee's whose coverage terminates will receive a letter from Blue Cross outlining their health insurance coverage options.

2Q: If the employer determines they will not be able to re-open and will end their business, is the coverage terminated?

2A: If the business cannot be sustained and the entire group is terminating coverage, standard contract termination provisions apply. In this case, Minnesota state continuation of coverage does not apply. Individuals will receive a letter from Blue Cross outlining their health insurance coverage options.

Note: There must be at least one employee with active coverage on the plan to keep the group plan active.

Doctor on Demand Clinical Update:

- During this pandemic, many patients have questions about risk factors, self-care and other topics that are most comforted by speaking with a physician.
- To help serve more patients at once, Doctor On Demand is conducting a series of 30-45 minute COVID-19 webinars.
- During intake, if the waiting room is closed, or elsewhere on our website, patients may see a prompt offering the webinar as an option to receive coronavirus information.
 - The prompt reads: “Due to the volume of individuals seeking care, we strongly recommend that if you are not currently experiencing any symptoms that you sign up for our free webinar instead. During the webinar, our medical team will go over the latest information regarding coronavirus and there will be time for questions.”
- Webinars are currently being conducted through the GoToWebinar software and hosted by one of Doctor On Demand’s providers.
- Webinars are for educational purposes, and free.

Webinar Dates:

- Tuesday, March 24 @ 5pm CT
 - <https://attendee.gotowebinar.com/register/5990501493207415308?source=DOD-GTM>
- Wednesday, March 25 @ 2pm CT
 - <https://attendee.gotowebinar.com/register/7189461748692571404?source=DOD-GTM>
- Thursday, March 26 @ 1pm CT
 - <https://attendee.gotowebinar.com/register/7449994327428993036?source=DOD-GTM>
- Friday, March 27 @ 1 pm CT
 - <https://attendee.gotowebinar.com/register/2570090143987052044?source=DOD-GTM>

Additional Doctor on Demand Support Services:

- Our team enhanced the COVID-19 assessment this weekend. The main goal of these changes was to refine our protocols to better triage the most at-risk patients, directing them to see a doctor while recommending others self-care at home or see a behavioral health provider.
- We have launched a new feature enabling patients to take a free "group visit", an interactive webinar with one of our Medical Directors. This is enormously appreciated by patients who are scared or perhaps deterred by our longer-than-usual wait times.
- To improve our patient waiting experience, we improved and launched a new SMS messaging program to alert patients at the 40, 30, 8 and 3 minute wait time marks to better manage expectations.

For COVID-19 visits, Doctor On Demand doctors will evaluate and assess their patients to determine who is classified as a person under investigation (PUI) or suspected of COVID-19 based on up-to-date criteria and changes to local transmission patterns. Their Clinical Support and Care Team then determine if there are testing resources in the patient's area. One of the three options below will occur based on the patient's local area and available resources:

1. Patient may be sent to a drive-by testing site
2. Patient may be sent to a local testing center

3. If neither No.1 or No. 2 choice is available in the patient's local area, Clinical Support and Care Team representative consults with the local public health department to report the case and determine next steps based on public health department recommendations

Below is a link to Doctor On Demand's coronavirus preparation and prevention landing page that includes a link to their assessment:

https://www.doctorondemand.com/coronavirus?utm_source=consumer&utm_medium=web&utm_campaign=COVID19_HomeBanner_LearnMoreLP

Below is the content from Part 1 FAQ -Released 3/18/20

No revisions as of 3/24/20

Blue Cross coverage commitments for COVID-19

Please be assured that *when medically necessary and appropriate* — which is currently determined by accepted guidelines from the Center for Disease Control and/or the Minnesota Department of Health — a screening test ordered by a medical professional *will be covered* at no cost with no prior authorization required.

Blue Cross will cover the full cost of medically necessary diagnostic tests and office visits that are consistent with CDC guidance related to diagnosing COVID-19.

With no cost to the member, Blue Cross will pay for the appropriate medically necessary diagnostic testing and related office visits (including urgent care and emergency department visits) for fully insured employer members who meet CDC guidelines for testing. These members will not have any co-pay, co-insurance, or deductible costs for COVID-19 tests and related office visits. Any care needed once diagnosis of COVID-19 has occurred will be covered consistent with your standard health plan benefits.

Blue Cross will waive all prior authorizations for diagnostic tests and for covered services that are medically necessary and consistent with CDC guidance if diagnosed with COVID-19.

We've received questions about coverage for furloughed employees. Blue Cross' position is to support our employers and members during this difficult time. For non-terminated employees, whether furloughed or experiencing reduction of work hours, coverage and premium payments continue to be business as usual. Terminated employees have coverage until the end of the month of the termination date. For new hire coverage, the look back period should be based on the original effective hire date.

We continue to work with government entities and are reviewing situations on a daily basis.

Prime Benefits

As announced last week, for members who have Prime Therapeutics as their pharmacy benefit manager, Blue Cross will increase access to prescription medications by waiving early medication refill limits on prescription maintenance medications (consistent with member's benefit plan). Blue Cross and Prime are working closely to monitor medication stock levels and want to balance helping members getting an early refill while monitoring inventory levels.

Key Points:

- Blue Cross encourages members to use the 90-day mail order benefit or 90-day supply at retail pharmacy benefit, if one exists.
- Members can get one additional refill for a 30-day prescription. There isn't a waiting period restriction. Members will need to follow standard refill timelines after that.
- For 90-day refills, members can get one early refill 22 days before the end of their 90 days. This has always been Prime's disaster protocol to both allow members the opportunity to get an early refill on a 90-day prescription and to ensure pharmacies maintain inventory levels.
- This refill benefit took effect on 3/11/20.
- Prime benefits apply to all members who have Prime regardless of their state or U.S. territory residence.

Blue Cross will also ensure formulary flexibility (for all formularies including all tiers) if there are shortages or access issues. Our members' health is our top priority and we will ensure medication alternatives are available to treat member conditions. Prime and Blue Cross have implemented these types of exceptions before relating to natural disasters, such as hurricanes, and have established protocols in place with pharmacies.

Doctor on Demand (DoD) Online Care Opportunity

We know members are concerned about going to public places and may make decisions about accessing needed care due to outbreak concerns or costs. Blue Cross is covering the member cost share for our fully insured plans.

Removing member cost share for all Doctor on Demand visits is important. It can be clinically challenging to sort COVID-19 versus cold/flu and we want to ensure the member has the best experience possible by eliminating a surprise charge or different experience based on condition.

Key Points about this opportunity:

- No member cost for **all Doctor on Demand visits for all commercial lines of business** and Medicare effective 3/14/2020 and ending 4/13/20.
- This opportunity includes **all types of Doctor on Demand visits including mental health**. The visit does not need to be COVID-19 related.
- We will continue to evaluate opportunities with Doctor on Demand and will keep you updated as we review our approach.

Support for Members with COVID-19

Blue Cross has encouraged providers to contact us when they have a member with a diagnosis or suspected diagnosis of COVID-19. We have implemented additional infrastructure support for providers to notify us so we can support these members as quickly as possible. By providers notifying us, our Care Management nurses can assist with a smooth transition to home if admitted, or support them at home if under self-quarantine, while ensuring essential needs are met.

IRS Guideline Change

On 3/11/20, the Internal Revenue Service (IRS) and the Department of Treasury (Treasury) released [Notice 2020-15](#) to allow coverage of testing and services related to the coronavirus (COVID-19) before the deductible for people with high-deductible health plans and HSAs.

The Notice states that all medical care services received and items purchased associated with testing for and treatment of COVID-19 that are provided by a health plan without a deductible, or with a deductible below the

minimum annual deductible otherwise required under section 223(c)(2)(A) for an HDHP, will be disregarded for purposes of determining the status of the plan as an HDHP.

Blue Cross Business Resiliency & Preparedness

Our organization takes a number of steps on an ongoing basis to prepare for crises and other situations that may impact our normal course of business, an effort led by a dedicated internal Enterprise Resilience Office. A number of preparatory efforts are now underway in anticipation of COVID-19 becoming more widespread, including ensuring readiness of our pandemic plan. We are also closely tied into a variety of federal and state level resources to help inform our activities.

Our preparatory actions include:

- ensuring readiness of our pandemic plan such as business continuity requirements and testing technology
- restricting non-essential business travel
- ensuring all associates have the technology needed to work remotely

These and other initiatives are being led in close coordination with our executive team and a cross-functional group of leaders that represent every area of the organization and our third party vendors. Each of our business critical third party vendors are required to provide a full pandemic plan, inclusive of business continuity requirements, and is in close communication with our leaders to ensure appropriate readiness in case of a pandemic.

In addition to the information above, we want to assure you our readiness planning also includes:

- Customer service and clinical management support
- Client operations support including our portals and other business platforms
- Provider support (see more details below)
- Daily Blue Cross internal operations platform work including claims adjudication and billing invoicing
- Downstream vendor operations readiness and support

1Q: What changes will be initiated to customer service to accommodate increases in member calls?

1A: We have a pandemic planning work group in place and are assessing many different areas of the business. Workforce planning will continue to be reviewed and adjusted as needed, such as, extending hours and increasing staffing.

2Q: Are call centers staffed to be able to manage a surge in call volume due to Blue Cross employees (associates) getting sick or having to be self-quarantined? What other measures have you implemented/are you considering in the event of a significant number of your associates becoming sick with COVID-19?

2A: Blue Cross has plans to keep our associates as healthy as possible while maintaining our business operations to serve our members, providers, agents and customers. Planning considerations include travel guidance for associates, preparing for associates to work remotely if necessary, assessing vendor readiness and working closely with providers to ensure they can provide our members with the care and information they need.

3Q: Is Blue Cross working on contingency planning in the event of a large scale quarantine?

3A: Yes. Blue Cross is closely monitoring the guidance of the Centers for Disease Control (CDC), the State Department and the Minnesota Department of Health. Our pandemic planning work group includes leaders across the company to plan for business continuity for all scenarios.

COVID-19 Overview

1Q: What information can you provide about the testing?

1A: Blue Cross is referring this question to the [CDC website testing information page](#). There are different testing methods and a member's provider will make the appropriate clinical decisions to support a diagnosis.

As you may have heard in news reports and from the CDC website, the availability of testing kits and clinical recommendations for testing are continuing to be updated and modified as we learn more.

Provider Information

1Q: Are there specific providers or hospitals that Blue Cross is recommending for use if COVID-19 infection is suspected?

1A: The CDC recommends people who are concerned about their health and COVID-19 should contact their health provider for guidance.

2Q: Do Blue Cross providers have the test kits?

2A: Our Provider Relations team is in communication with our hospital systems and major laboratory companies concerning COVID-19 test kits. COVID-19 laboratory tests must be done at approved locations in accordance with CDC guidelines. Per the CDC guidelines, patients who are concerned about COVID-19 are recommended to contact their physician and ask about their options for testing.

International Travel Benefits

1Q: If our employees ask about international benefits or coverage for evacuations, what can we tell them?

1A: International travel benefit coverage varies among our employer groups. We recommend members consult their benefit book. If a member would like to purchase additional coverage, GeoBlue offers medical insurance for members traveling internationally.

The plans are available for purchase by members and non-members on our website. The travel health plans include coverage for illness, injury, accidents, medical evacuation and repatriation of remains. Online information about GeoBlue: www.Bluecrossmn.com/geoblue

Reliable Information

Blue Cross is providing information about benefits and support on our website, bluecrossmn.com.

The best resource for the most up-to-date information on the coronavirus [can be found on this landing page](#) from the Centers for Disease Control and Prevention (CDC). By going to the CDC site, you can find the number of confirmed cases in the U.S. as well as traveler information and a general overview of the virus. You can also [visit their FAQs page](#) for more helpful information [and review their guidance for employers](#).

The Minnesota Department of Health also has resources available. [Visit their landing page to stay up to date on local information related to coronavirus](#).