

MDIS is evaluating the situation and taking calls/emails on a daily basis from clients/members. At this time we will remain open to assist our clients/members accordingly. The Covid-19 situation is a top priority of the carriers that MDIS works with. In the event coverage becomes available that will help our clients/members, we will make them aware as soon as we can. Below are questions we are frequently responding to at this time.

FAQ's

Do I have any business interruption coverage available on my policy if I need to close my office voluntarily or by a government mandate?

At this point in time, it does NOT appear that there is any type of policy (or endorsement) for business interruption caused by a virus. This applies to both the Business Owners Policy and Business Overhead Expense. Typical insurance policies exclude *ordinance or law / civil authority* and because of this even if the CDC requires a business to close their office due to the coronavirus, business interruption would be excluded. However, you can file a claim with your carrier if you would like and they will confirm coverage for you.

Update...As we continue to navigate this difficult time, we have been asked if we think the business interruption endorsement that excludes claims for viruses will be waived by carriers or will it get paid if the government steps in and orders carriers to pay? With what our team knows and is learning in various updates on COVID, we feel it is unlikely that carriers will go against policy language to allow these claims to be paid. However, we still encourage you to file a claim with the carrier to let them determine if there is coverage or not due to their circumstances for business interruption.

If I become sick and need to close my office, will my Disability or Business Overhead Expense policy respond in any way?

It depends on what your elimination period is for your policy. You must meet that elimination period prior to your policy benefits beginning. Refer to your policy declarations to determine if that time frame is 30, 60 or 90 days.

Would my general liability policy cover me if a patient alleges they contracted Covid-19 in my office?

It is possible that your general liability could pick up for a premises liability exposure assuming a patient or 3rd party can prove they contracted Covid-19 in your practice.

Would my workers' compensation provide any coverage if an employee alleges they contracted Covid-19 while at work?

It is possible that your workers' compensation policy could provide coverage if the employee can prove they contracted Covid-19 while at work.

If I continue to see patients will my malpractice policy cover claims involving Covid-19?

MDIS has reached out to Medpro and their response is as follows, *"MedPro has no plans to modify or restrict existing coverage as it relates to COVID-19. While we appreciate the intent of broad-based "am I covered" questions, please bear in mind that healthcare liability coverage is triggered by specific allegations, for which endless scenarios and hypothetical situations exist. As such, we are unable to make a blanket statement with respect to coverage. We refer you back to your specific policy to determine the scope of such coverage as it may pertain to any particular allegation."*

Should you have any concerns, you can always reach out to the risk manager for your malpractice policy and discuss any pressing patient issues with them. See the [MedPro Group's COVID-19 Information and Resources](#).

If I lay off my employees for a short time due to COVID-19, do I need to offer COBRA?

Yes. COBRA requires group health plans to offer continuation coverage to covered employees, former employees, spouses, former spouses, and dependent children when group health coverage would otherwise be lost due to certain events. Those events include:

- A covered employee's job loss or reduction in hours for reasons other than gross misconduct,
- A covered employee's death,
- A covered employee becoming entitled to Medicare,
- A covered employee's divorce or legal separation, and
- A child's loss of dependent status (and therefore coverage) under the plan.

Employers may require individuals to pay for COBRA continuation coverage. Premiums cannot exceed the full cost of the coverage, plus a 2% administration charge.

Update... Many health carriers—but not all have noted this at this point—are coming out with statements that encourage employers to leave their employees on the group health plan as usual and maintain paying for the coverage if they intend to bring the staff members back by the end of May. This will help both the employer and the carrier in reducing extra paperwork that is unnecessary. Any additional concerns should be discussed with your agent or the carrier.

If a dental office lays off all employees and offers COBRA, can the group health plan stay active with no working/active employees on the plan?

Since COBRA is billed to the group, there would need to be at least one active member on the group plan to remain intact and have COBRA available to the other employees. Depending on the carrier, there may be participation requirements at renewal.

If I lay off a covered employee and rehire them in the future, when can they become eligible to rejoin the group health insurance plan or other group coverage?

If you rehire employees, they would be required to satisfy the waiting period of the group plan. You may want to request the waiting period be changed for all future new hires so the rehires won't be required to satisfy the current waiting period. This is a simple request to the carriers. Generally, the change becomes effective the first of the month following receipt of change request.

What does the CARES Act (Coronavirus Aid Relief and Economic Security) state that my health insurance plan must cover?

On March 27, 2020, President Donald Trump signed The Corona Virus Aid, Relief, and Economic Security (CARES) Act in response to the COVID-19 pandemic. Here are some highlights of the legislation that impact employer-sponsored, self-funded health benefit plans:

Free Testing Coverage for COVID-19

Individual and group health plans¹, including both fully-insured and self-insured, must cover COVID-19 testing, whether or not that testing is FDA-authorized. This provision is an update of the previous stimulus package that required coverage for FDA-authorized tests only.

Payment Amount for COVID-19 Testing and Related Services

Self-insured health plans¹ and insurance carriers must pay the provider performing the testing for COVID-19 (along with costs incurred during the medical visit when testing is performed) at an amount equal to their in-network negotiated rate for the testing and related services.

If the carrier or self-insured plan does NOT have a negotiated payment rate, or does not then negotiate a specified price with the provider, the payment amount should equal the cash price of the service, which the provider is required to post on the provider's publicly available Internet site.

No Required Payment for COVID Treatment

This legislation does NOT require coverage for *treatment* of COVID-19 (only for *testing* and related services), so benefits will be administered in accordance with the terms of the health benefit plan document. However, further legislation on this issue could be forthcoming.

Free Coverage for COVID-19 Vaccine

Once a COVID-19 vaccine is developed and “recommended” as a preventive service, insurance carriers and self-insured plans must cover the cost of the vaccine without any cost-sharing. This requirement would go into effect 15 business days after the U.S. Preventive Service Task Force rates it an “A” or “B” or after it is recommended by the Advisory Committee on Immunization Practices of the CDC.

HSA-Eligible HDHP Exemption for Telehealth

An HSA-eligible HDHP is allowed to pay for the costs associated with a telehealth visit before the deductible is met. The member would also continue to be eligible to make tax-free contributions to their HSA. This exemption is only available for plan years beginning on or before December 31, 2021.

HSA/FSA Payments for Feminine Hygiene OTC Products without Prescription

A patient may use funds from a HSA or FSA to purchase over-the-counter menstrual care products.

¹ Does not apply to self-insured non-ERISA governmental health benefit plans.

If I close my office, do I still need to make payments on my policies?

YES. If you do not make the payments on a policy, it will be cancelled in accordance with the terms of the policy. However, call the carrier to inform them of your financial situation due to the office closure and they may be willing to extend your payment deadline.

Are carriers providing any information and resources?

The following are links to health carrier sites with additional COVID information.

[Ambetter](#)

[Anthem](#)

[Blue Cross Blue Shield of Illinois](#)

[Blue Cross Blue Shield of Kansas City](#)

[Cigna](#)

[Medica](#)

[United Healthcare](#)

[United HealthOne](#)

[WellFirst](#)

[Medicare](#)

Other Carriers

[Medical Protective](#)

[Professional Solutions Insurance](#)

[The Doctors Company](#)

[The Hartford](#)

[Travelers](#)

[Lincoln Financial](#)

[Principal](#)

[National Benefits Services](#)

Missouri Dental Association has many FAQs that address unemployment, as well as various other topics, check those resources out as well by visiting, <https://www.modental.org/member-center/covid>