Source: https://www.ahip.org/health-insurance-providers-respond-to-coronavirus-covid-19/

The health and well-being of millions of Americans remains our highest priority. Health insurance providers are committed to help prevent the spread of the coronavirus strain COVID-19. We are activating emergency plans to ensure that Americans have access to the prevention, testing, and treatment needed to handle the current situation.

While most reported cases of COVID-19 are in other countries, the number of cases in the United States continues to increase. Here are some ways health insurance providers are taking action:

• Aetna will waive co-pays for all diagnostic testing related to COVID-19, according to CVS Health. That includes all member costs associated with diagnostic testing for Commercial, Medicare, and Medicaid lines of business. Self-insured plan sponsors will be able to opt-out of the program at their discretion. Aetna is also offering zero co-pay telemedicine visits for any reason, and it is extending its Medicare Advantage virtual evaluation and monitoring visit benefit to all fully insured members. People diagnosed with COVID-19 will receive a care package. CVS Health is also offering several programs to help people address associated anxiety and stress.

Aetna, a CVS Health company, will waive member cost-sharing for inpatient admissions at all in-network facilities for treatment of COVID-19 or health complications associated with COVID-19. This policy applies to all Aetna-insured commercial plan sponsors and is effective immediately for any such admission through June 1, 2020.

- Blue Cross Blue Shield of Arizona (BCBSAZ) will waive prior authorizations for medically necessary covered services for members diagnosed with COVID-19. Members will pay no cost-share for medically necessary diagnostic tests related to COVID-19. It will waive the member cost share for telehealth sessions, and expand access to telehealth and nurse/provider hotlines. It will increase access to prescription medications by waiving early medication refill limits on 30-day prescription maintenance medications (consistent with a member's benefit plan) and/or encouraging members to use their 90-day mail order benefit. BCBSAZ will also work with members to find alternative covered medications if there are shortages or access issues. Patients will not be liable for additional cost share for a non-preferred medication if the preferred medication is not available due to shortage or access issues.
- coverage levels for their employees. Blue Shield is closely monitoring impact to prescription drug supply and will take immediate steps to ensure members have access to medications. It is
- **Bright Health** will cover COVID-19 diagnostic test and associated office as a preventive care service, so it is available at no cost to members, regardless of network. The company is also authorizing early medication refills for members who might be impacted by the outbreak. Non-emergency transportation is being made available to all members, and ride limits are being waived for non-emergency visits to and from their doctor. All telehealth services (online and virtual care) obtained in connection with COVID-19 testing and diagnosis is now covered, at no cost to members.

- CareFirst is waiving cost sharing for in-network or out-of-network visits to a provider's office, lab fees or treatments related to COVID-19. It is eliminating prior authorization requirements for medically necessary diagnostic tests and covered services related to COVID-19 diagnosis. It is also waiving early medication refill limits on 30-day maintenance medications, encouraging the use of its 24/7 nurse phone line, and encouraging the use of telemedicine and virtual sites of care. For telemedicine accessed through a CareFirst Video Visit, copays, coinsurance, and deductibles will be waived for the duration of this public health emergency—including behavioral health, lactation support, nutrition counseling and urgent care services. CareFirst has also rapidly expanded the scope of its contracted lab partners to support access to testing as it becomes available.
- Centene will cover COVID-19 testing and screening services for Medicaid, Medicare and Marketplace members and is waiving all associated member cost share amounts for COVID-19 testing and screening. The company will not require prior authorization, prior certification, prior notification or step therapy protocols for these services.
- Cigna is covering the cost of coronavirus testing, waiving all co-pays or cost-shares for fully insured plans, including employer-provided coverage, Medicare Advantage, Medicaid, and individual market plans available through the Affordable Care Act. Organizations that offer Administrative Services Only (ASO) plans will also have the option to include coronavirus testing as a preventive benefit. Recognizing that health outbreaks can increase feelings of stress, anxiety and sleeplessness and sometimes loss. Cigna is also staffing a second phone line for customers.

Cigna also announced it will waive customers' out-of-pocket costs for COVID-19 testing-related visits with in-network providers, whether at a doctor's office, urgent care clinic, emergency room or via telehealth, through May 31, 2020. This includes customers in the United States who are covered under Cigna employer/union sponsored group insurance plans, globally mobile plans, Medicare Advantage, Medicaid and the Individual and Family plans. Employers and other entities that sponsor self-insured plans administered by Cigna will be given the opportunity to adopt a similar coverage policy. The company is making it easier for customers with immunosuppression, chronic conditions or who are experiencing transportation challenges to be treated virtually by in-network physicians with those capabilities, through May 31, 2020. Cigna's Express Scripts Pharmacy offers free home delivery of up to 90-day supplies of prescription maintenance medications. Cigna has opened a 24-hour toll-free help line (1-866-912-1687) to connect people directly with qualified clinicians who can provide support and guidance. Additionally, Cigna will offer a webinar to the general public raising awareness about tools and techniques for stress management and building resiliency, along with the ability to join telephonic mindfulness sessions.

Cigna will waive prior authorizations for the transfer of its non-COVID-19 customers from acute inpatient hospitals to in-network long term acute care hospitals to help manage the demands of increasingly high volumes of COVID-19 patients.

Cigna is waiving customer cost-sharing and co-payments for COVID-19 treatment through May 31. The policy applies to customers in the U.S. who are covered under Cigna's employer/union

sponsored insured group health plans, insured plans for U.S. based globally mobile individuals, Medicare Advantage, and Individual and Family Plans. Cigna will also administer the waiver to self-insured group health plans.

- **Delta Dental** of Iowa and the Delta Dental of Iowa Foundation have committed \$10.5 million
- **Health Net** will waive co-pays for screenings and tests for COVID-19.
- **Humana** will waive out-of-pocket costs associated with COVID-19 testing. This applies to Medicare Advantage, Medicaid, and commercial employer-sponsored plans. Self-insured plan sponsors will be able to opt-out. The company is also waiving telemedicine costs for all urgent care for the next 90 days, and is allowing early refills on regular prescription medications.

Humana is waiving member cost share for all telehealth services delivered by participating/innetwork providers, including telehealth services delivered through MDLive to Medicare Advantage members and to commercial members in Puerto Rico, as well as all telehealth services delivered through Doctor on Demand to commercial members.

Humana is waiving consumer costs for treatment related to COVID-19-covered services. Costs related to treatment for COVID-19, including inpatient hospital admissions, will be waived for enrollees of Medicare Advantage plans, fully insured commercial members, Medicare Supplement, and Medicaid.

The waiver applies to all medical costs related to COVID-19 treatment, as well any FDA-approved medications or vaccines.

There is no current end date for the waiver.

• **Magellan Health** is providing free access to one of its digital cognitive behavioral therapy, RESTORE®, for members who are experiencing sleep difficulty and insomnia related to the COVID-19 pandemic.

Magellan Health has expanded telehealth services to help support clients during the COVID-19 pandemic. Magellan will permit all credentialed and contracted behavioral health providers to conduct telehealth video sessions for all routine services and certain psychological testing, applied behavior analysis (ABA), intensive outpatient programs (IOP) and partial hospitalization program (PHP) services.

• Oscar is waiving cost-sharing for diagnostic testing for COVID-19, including the cost of the test and administration of the test, at both in-network and out-of-network facilities when recommended by a health care provider.

Oscar is offering telemedicine services at no cost to most members through its Doctor on Call service.

Oscar has also launched the first testing center locator for COVID-19 in the United States. It is free and accessible to the general public, and it is being updated daily to reflect both in-network

regularly prescribed medications.

• UnitedHealthcare is waiving costs for COVID-19 testing provided at approved locations in accordance with the CDC guidelines, as well as waiving copays, coinsurance and deductibles for visits associated with COVID-19 testing, whether the care is received in a physician's office, an urgent care center or an emergency department. This coverage applies to Medicare Advantage and Medicaid members as well as commercial members. United is also expanding provider telehealth access and waiving member cost sharing for COVID-19 testing-related visits.

UnitedHealthcare is also opening a special enrollment period for some of its existing commercial customers beginning March 23 through April 6 due to the COVID-19 pandemic. UnitedHealthcare is also suspending prior authorization requirements to a post-acute care setting through May 31, and suspending them when a member transfers to a new provider through May 31.

America's Health Insurance Plans (AHIP) will continue to monitor the spread of COVID-19 closely. We are working with our members to continue delivering affordable access to high-quality health care that Americans deserve.

For more information, please visit our Fact Sheet.