



Effective ERISA Requirements Non-ERISA Requirements

Emergency Rule 36

Cover the full cost of medically necessary diagnostic tests that are consistent with CDC guidance related to COVID-19

Blue Cross will cover, with no cost share to the member, the appropriate medically necessary diagnostic testing for COVID-19, where it is not covered as part of the Public Health Service Response, and ensure patient testing and any subsequent needed care are done in close coordination with federal, state and public health authorities.

3/6/20
Ended
5/31/20

Implemented on group's behalf; no opt-out available

Required; implemented on group's behalf; no opt-out available

Waive 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 make members of our in-house clinical team of doctors, nurses, pharmacists and others available to address providers' or members' inquiries related to medical services. This will ensure we provide timely responses related to COVID-19.

3/6/20
Ended
5/31/20

Implemented on group's behalf; opt-out available

Required; implemented on group's behalf; no opt-out available

Increase access to prescription medications

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.

3/6/20
Ended
5/31/20

Implemented on group's behalf; opt-out available

Required; implemented on group's behalf; no opt-out available

Emergency Rule 37

Expansion of network telehealth benefits

Blue Cross will extend network benefits for telehealth visits in select network products to include providers outside the member's network, but within other Blue Cross and HMO Louisiana networks. At this time, members will pay the cost share based on their standard contract benefits for telehealth visits with network providers.

3/16/20
Ended
5/31/20

Implemented on group's behalf

Required; implemented on group's behalf; no opt-out available



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Expanded services and provider types covered via telehealth

Telehealth coverage has been expanded to network provider types performing telehealth visits in the following formats: Physicians, nurse practitioners, physicians' assistants, behavioral health specialists (NEW) and registered dietitians (NEW) performing audiovisual and audio visits; and physical, occupational and speech therapists performing audiovisual visits only.

Allows audio only visits for a provider's new and established patients.

3/16/20
Ended
5/31/20

Implemented on group's behalf; opt-out available

Required; implemented on group's behalf; no opt-out available

Out of Network accessibility

If members are not able to get care at a network facility because it is overwhelmed and at maximum capacity due to the COVID-19 epidemic, we must determine if members have access to other network facilities. If not, we must ensure members can access care at an appropriate out-of-network facility without excessive cost-sharing. The decision to get care from an out-of-network facility without higher cost-sharing is not up to the member but based on the capacity of network facilities to care for the member.

3/16/20
Ended
5/31/20

Implemented on group's behalf; opt-out available

Required; implemented on group's behalf; no opt-out available

CARES Act

Coronavirus Aid, Relief and Economic Security Act (CARES Act)

Congress passed the Families First Coronavirus Response Act (FFCRA) followed by the Coronavirus Aid, Relief and Economic Security Act (CARES Act) that provided the stimulus to citizens. Within these acts, all health plans are mandated to waive prior authorization and cost share for COVID-19 tests when ordered by a healthcare provider, the office visits when the tests are performed, and other medically necessary tests related to the diagnosis of COVID-19. Health and Human Services subsequently came out with a ruling equating the antibody tests to the COVID-19 diagnostic tests, so those are also applicable. Blue Cross and self-funded groups and members will not be reimbursed for these payments.

3/27/20

Required; implemented on group's behalf; no opt-out available

Required; implemented on group's behalf; no opt-out available



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Additional COVID-19 Provisions/Concessions

<p>Cost-Sharing for COVID-19 Medical Treatment</p>	<p>Until further notice, Blue Cross is waiving members' out-of-pocket costs (deductible, copay or coinsurance) for medical treatment of COVID-19 by in-network physicians, urgent care centers, hospitals and other healthcare providers for fully insured individual group members. Members with high-deductible health plans can qualify for medical COVID-19 treatment at first dollar. Self-insured employer groups should contact their Account Manager if they wish to opt-in to waive members' out-of-pocket costs for COVID-19 treatment.</p> <p>At this time, while we are providing coverage for prescription drugs such as hydroxychloroquine, chloroquine, and/or azithromycin that may be prescribed for COVID-19, we are not waiving cost-share because they are not yet approved by the FDA or officially recommended by a government authority to treat COVID-19. Members should expect to pay their standard cost-share if they fill these drugs.</p>	<p>4/1/20 Ended 5/31/20 for Self-funded Groups</p>	<p>Optional; contact us to implement</p>	<p>Optional; contact us to implement</p>
<p>BlueCare visits with \$0 cost sharing</p>	<p>BlueCare visits without cost share is a value-added service. This means that members with high deductible health plans may also have telehealth visits through BlueCare at \$0 cost sharing. This includes all individuals and group customers (fully insured and self-funded) and any dependents covered on their plans. Our telehealth vendor, Amwell, will bill Blue Cross directly, then we will pay claims associated with online visits to BlueCare.</p>	<p>3/16/20 Ended 4/14/2020</p>	<p>Value-added service; groups not charged for BlueCare visits; Blue Cross will be billed for these visits.</p>	<p>Value-added service; groups not charged for BlueCare visits; Blue Cross will be billed for these visits.</p>
<p>Expansion of coverage for therapy services - in home</p>	<p>Allows any credentialed physical, occupational or speech therapist to provide in home encounters to replace office visits. Claims will be paid using standard member cost shares.</p>	<p>3/23/20</p>	<p>Implemented on group's behalf; opt-out available</p>	<p>Implemented on group's behalf; opt-out available</p>



		Effective	ERISA Requirements	Non-ERISA Requirements
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Special Enrollment Periods	We will consider allowing a special enrollment period related to COVID-19 if the group's Stop Loss carrier approves, the requested period is not discriminatory, and it is documented in the groups benefit plan via an approved benefit change form.	3/24/20	Contact us to implement a Special Enrollment Period	Contact us to implement a Special Enrollment Period
Expedited prior authorizations for emergent hospitalizations	We will expedite the prior authorization process for emergent inpatient admissions and transfers within our network. In this expedited process, we will not require the usual medical records review before authorizing care. We will track these services to ensure clinical appropriateness, but this will remove significant burden in the admitting process. Contract benefits still apply.	3/27/20 Ended 5/31/20	Implemented on group's behalf	Implemented on group's behalf
\$0 Cost-Share for Telehealth Visits for BlueCare and Other Network Providers	Members will pay nothing out of pocket – \$0 cost-share – for telehealth visits with BlueCare <i>and</i> other network providers. Members should check with their healthcare providers to see if remote care options are available. Telehealth visits at \$0 cost-sharing applies to network providers only .	4/15/20 Ended 5/31/20	Optional; contact us to implement	Optional; contact us to implement