

## 1. Common Telehealth Platforms

[Zoom](#) offers Zoom for healthcare for \$200 per month  
HIPAA/PIPEDA compliant

### [Doxy.me](#) free service

HIPAA, GDPR, PHIPA/PIPEDA & HITECH compliant  
Live chat feature  
Patient Check-in and Queue

### [Theranest](#) – For therapy with 21 days free.

HIPAA Compliant  
Therapy notes  
Billing tools  
Scheduling  
Practice Management

### [Vsee](#)

*Basic Services – \$49/month include:*

Unlimited video calls and chat  
Up to 30 people on a video call  
HD video + messaging  
Waiting room, intake, and walk-in alerts  
HIPAA-complaint BAA  
Email and live chat support

*Enterprise Services – must contact sales for prices; includes:*

COVID-19 / urgent care hotline  
Virtual front desk and patient routing  
Uber-style load balance across thousands of providers  
Remote patient exam  
Remote patient monitoring  
Home and hospital quarantine room  
Custom branding mobile app  
Credit card payment  
Insurance verification and claims submission

### [ezTalks](#) - Free services

Innovative Video Communication Services  
Meetings with video, audio, IM chat, screen sharing, whiteboards  
Video webinars  
Rooms with simple setup  
Audio conferencing

## 2. Insurance Provider Updates/Resources

[Aetna](#) is offering \$0 copay for telemedicine visits until June 4, 2020

\$0 copay for testing and COVID-19 doctor related appointments if guidelines of CDC

Free care package for those diagnosed with COVID-19

Free delivery of CVS pharmacy prescriptions

[Cigna](#) is offering virtual care not related to COVID-19 through May 31, 2020. Out of pockets costs may apply.

Waiving out of pocket costs for visits with COVID-19 with providers at office, urgent care center, emergency room or virtual care through May 31, 2020

Waiving out of pocket costs for COVID-19 testing. Only can be provided by health care provider or hospital

Cigna will cover treatment associated with COVID-19 or similar. Out of pocket costs may apply.

COVID-19 related virtual care visit costs will be waived

### [BlueCross BlueShield](#)

BCBS will cover telehealth services for members at no cost for next 90 days as of 3/19/2020

Check with local BCBS for coverage information

BCBS will waive prior authorizations for diagnostic tests and for covered services that are medically necessary and consistent with CDC guidance for members if diagnosed with COVID-19

BCBS companies will also make dedicated clinical staff available to address inquiries related to medical services, ensuring timeliness of responses related to COVID-19.

BCBS will cover medically necessary diagnostic tests that are consistent with CDC guidance related to the COVID-19 at no cost share to member

BCBS companies 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. Any care needed once diagnosis of COVID-19 has occurred will be covered consistent with the standard provisions of the member's health benefits.

BCBS 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

BCBS companies 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.

BCBS will expand access to telehealth and nurse/provider hotlines given the nature of the COVID-19 outbreak, seeking in-person medical care may lead to further spreading of the virus. BCBS companies will encourage the use of virtual care and will also facilitate member access and use of nurse/provider hotlines.

### [UHC](#)

Many medical providers can provide a telehealth visit. Telehealth visits with your health care provider can be used for both COVID-19 and other health needs, keeping you in your home while still receiving the care you need.

For COVID-19 testing related telehealth visits with a health care provider, cost-sharing is waived during this national emergency.

For other health related telehealth visits, cost sharing and coverage will apply as determined by your health benefits plan, through June 18, 2020.

### [Humana](#)

Telemedicine costs waived for all urgent care needs for next 90 days – To help reduce the risk of infection and spread of disease, Humana is encouraging members to use telemedicine (e.g., video chat) as a first line of defense for all urgent care needs. The company will waive costs for telemedicine visits for urgent care needs for the next 90 days. This will apply to Humana's Medicare Advantage, Medicaid and commercial employer-sponsored plans and is limited to in-network providers delivering synchronous virtual care (live video-conferencing). Self-insured plan sponsors will be able to opt-out of the program at their discretion. Humana is working closely with federal agencies to understand the impacts of both telemedicine and the coronavirus test on High Deductible Health Plans and Health Savings Accounts.

Early prescription refills allowed for next 30 days – The company is allowing early refills on prescription medicines so members can prepare for extended supply needs—an extra 30- or 90-day supply as appropriate.

### [Anthem](#)

#### **Telehealth benefits**

Anthem is expanding your telehealth benefits. Not only do your benefits include connecting with a doctor through the Sydney Care mobile app's Virtual Care text session or LiveHealth Online video, but now they also cover telehealth visits by phone with the primary care doctor in your plan until June 14, 2020.

You can get one Virtual Care text session at no cost between now and June 14, 2020. Additional Virtual Care text sessions cost \$19 each. Telehealth visits through LiveHealth Online or other telehealth technologies that primary care doctors in your plan use are available to you at no cost between now and June 14, 2020. Most plans include telehealth as part of their benefits. If

telehealth isn't part of your plan's benefits, you may have out-of-pocket expenses to use telehealth services after June 14, 2020.

All Anthem plans now cover COVID-19 testing and the care visit where the test takes place with no out-of-pocket costs.

If you're diagnosed as having COVID-19, your Anthem health plan benefits apply to treatment.

**3. Evidence Based Practices allowing virtual delivery modification\***

Multi-Systemic Therapy (MST)

Functional Family Therapy (FFT)

Parent Child Interaction Therapy (PCIT)

Family Centered Treatment (FCT)

Parents as Teachers

Nurse Family Partnership

ParentChild+

Portfolio

\*Consult with your specific EBP liaison for the details/parameters of what modifications are allowed and also with your contract/reimbursement source regarding reimbursement for modified services.