COVID-19

Frequently Asked Questions

March 23, 2020



Federal Guidance

What information can you provide on the Federal Legislation that passed on March 18, 2020?

The Families First Coronavirus Response Act (HR 6201) ("Act") requires group health plans and health insurance issuers offering group or individual health insurance coverage (including grandfathered plans) to cover COVID-19 testing and certain COVID-19 testing related items and services without cost sharing (deductibles, copayments and coinsurance), prior authorization or other medical management requirements.

- This coverage includes the COVID-19 diagnostic test and a COVID testing-related visit to order or administer the test. A testing related visit may occur in a physician's office, via telehealth, in an urgent care center or in the emergency room.
- For plans with in- network and out- of- network benefits cost sharing (copayments, coinsurance and deductibles) will not apply.
- For plans with in- network benefits only, cost sharing (copayments, coinsurance, deductibles) will not apply for emergency services or when an in- network provider is not available.
- Telehealth services apply both in and out-of-network.
- We expect the bill to apply retroactively. Currently our approach will be to have these guidelines in place on April 1 (when the appropriate coding is available) and then work backward to re-adjust the claims to meet the March 18 effective date.

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