COMMUNITY HEALTH CHOICE

November 7, 2022

PROHIBITION OF COST SHARING FOR COVID-19 VACCINE, TREATMENT, AND TESTING SERVICES

SUMMARY OF NOTIFICATION

To comply with the American Rescue Plan Act (ARPA) of 2021, CHIP MCOs must ensure COVID-19 related vaccine, treatment, and testing services are provided without cost-sharing, including copayments. This policy is contingent on the public health emergency and will end on the last day of the first calendar quarter that begins one year after the last day of the COVID-19 public health emergency period.

KEY DETAILS

In accordance with the ARPA's amendment to Section 2103(c)(11)(B) of the Social Security Act, CHIP MCOs must cover services for COVID-19, including:

- vaccines,
- testing,
- treatment of COVID-19, including preventative therapies and Treatment of post-COVID conditions (long-haul COVID-19) and,
- during the period when a beneficiary is diagnosed with or is presumed to have COVID-19, treatment of health conditions that may seriously complicate the treatment of COVID-19.

    - Examples of these health conditions include, but are not limited to, cardiovascular diseases, chronic lung diseases, diabetes, cancer, obesity, Down Syndrome, and being a recipient of a transplant or immunosuppressive therapy.

Additionally, ARPA's amendment to Section 2103(e)(2) of the Social Security Act prohibits any financial requirement (including copayments) or treatment limitation to COVID-19 related vaccine, testing, and treatment services (to include preventative therapies, treatment of post-COVID conditions (long-haul COVID-19), and treatment of health conditions that may seriously complicate the treatment of COVID-19 during the period when a beneficiary is diagnosed with or is presumed to have COVID-19 in any classification.

In accordance with ARPA, effective March 11, 2021, and ending on the last day of the first calendar quarter that begins one year after the last day of the COVID-19 public health emergency period, CHIP providers are prohibited from collecting co-payments for COVID-19 related vaccines (and the administration of such vaccine), testing, and treatment, including preventative therapies and treatment of post-COVID conditions (long-haul COVID-19), and treatment of health conditions that may seriously complicate the treatment of COVID-19 during the period when a beneficiary is diagnosed with or is presumed to have COVID-19.

CHIP MCOs must take the following actions to prohibit co-pays for COVID-19 related vaccine, testing, and treatment services to ensure appropriate claiming and reimbursement, and no unauthorized cost-sharing, for dates of service on and after December 21, 2022:

- Issue provider guidance prohibiting providers from collecting copays for COVID-19 related vaccine, testing, and treatment services (including treatment of health conditions that may seriously complicate the treatment of COVID-19).
    - This guidance must include instructions regarding how providers should identify claims for COVID-19 treatment and treatment of health conditions that may seriously complicate the treatment of COVID-19 during the period when a beneficiary is diagnosed with or is presumed to have COVID-19:
        - COVID-19 treatment services should have the U07.1 diagnosis code indicating confirmed COVID-19 infection as the primary diagnosis.
        - Conditions that may seriously complicate COVID-19 treatment during the period when a beneficiary is diagnosed with or is presumed to have COVID-19 should have the U07.1 diagnosis code indicating confirmed COVID-19 infection as a secondary diagnosis.
        - Treatment of post-COVID conditions (long-haul COVID-19) should have the U09.9 diagnosis code indicating post-COVID-19 condition as a secondary diagnosis.
- Implement any necessary system changes to ensure reimbursement to providers is not reduced by the amount of the unauthorized cost-sharing. CHIP MCOs must take all steps to ensure providers receive the full rate of reimbursement for these services (i.e. not reduce reimbursement by the amount of copays that would have been collected).
- Notify members of the copay prohibitions for COVID-19 related vaccine, testing, and treatment services.

For dates of service on and after December 21, 2022, HHSC will use the non-risk payment process to reimburse MCOs for the additional payment to non-pharmacy providers for copays not collected in accordance with ARPA requirements. HHSC will use the encounter data submission process to track MCO reimbursement. The following encounter process does not apply to outpatient pharmacy CHIP copayments. Additional guidance will be forthcoming on pharmacy encounters. For non-pharmacy encounters:

- The reimbursement will be based on a criterion of transaction type, managed care program, encounter status, type of bill, date of service, diagnosis or procedure, and co-payment amount.
- When an MCO submits encounter data, the MCO will enter the amount paid to the provider (in lieu of the member paying a copay) in the field in which FQHC wrap payments are entered.
    - Submit co-pay amount in the first iteration of 2320 loop:
        - CAS01 = PR
        - CAS02 = 3
        - CAS03 = co-pay amount
- See attached “NRP_CHIP Copay_ReimbursementCriteria” for additional detail.

HHSC will publish future MCO guidance regarding reimbursement of co-payments for these services from March 11, 2021, through December 21, 2022. Separate CHIP MCO guidance on pharmacy claims will be issued by the Vendor Drug Program.

Also effective for dates of service on and after December 21, 2022, the current manual reimbursement process for office visit copays will transition to the non-risk payment process.

Before reimbursing providers, MCOs must collect attestations from providers verifying copays were not collected. Providers are to attest that copayment was not collected by using the attestation form and submit an invoice to the appropriate MCO. MCOs have 30 calendar days to pay an invoice received from a provider. Attestation forms do not have to be submitted to HHSC, but HHSC can request them at any time.

MCOs and providers are to follow applicable claims and encounters data submission policy.

MCOs should not include the reimbursements made to providers for uncollected co-payments or HHSC reimbursement to MCOs for provider co-payments on the Financial Statistical Reports (FSRs).

HHSC held a call with CHIP MCOs to answer questions about this policy and process on Friday, July 14, 2022, at 2:00 p.m.

RESOURCES

State Health Official Letter #21-006, "Mandatory Medicaid and CHIP Coverage of COVID-19-Related Treatment under the American Rescue Plan Act of 2021"

https://provider.communityhealthchoice.org/wp-content/uploads/sites/2/2022/11/NRP_CHIP-Copay_ReimbursementCriteria.pdf

https://provider.communityhealthchoice.org/wp-content/uploads/sites/2/2022/11/CHIP_COVID-19_ReadinessAttestationForm.pdf

Provider Attestation form: https://www.hhs.texas.gov/regulations/forms/5000-5999/form-5004-optional-covid-19-chip-provider-co-payment-attestation