

FEDERAL GUIDANCE

What information can you provide on the Federal Legislation that passed on March 18, 2020? Update 10/8

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 diagnostic testing and certain COVID-19 diagnostic 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 health care provider’s office or through a telehealth visit.
- 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 out-of-network emergency services or when an in- network provider is not available.
- Telehealth services apply both in and out-of-network.
- The Act is effective March 18, 2020 to apply retroactively. Currently our approach will be to have these guidelines in place on April 1 and then re-adjust the claims to meet the March 18 effective date.

What determines the end of the Public Health Emergency? Updated 1/8/21

The guidance in the link explains that on 4/26/2020, the emergency was extended for 90 days, which would be July 24, 2020 and then extended again for 90 days, which would be October 22, 2020 and was extended a third time through April 20, 2021.

<https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>

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