

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 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, an urgent care center, an emergency department 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 7/27

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.

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

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Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 7/27/2020

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