

KPWA Benefit Policy through May 11, 2023	KPWA Benefit Policy beginning May 12, 2023	WA OIC Guidance
Employer Group and Individual & Family Plans		
<p>Screening & Testing, eff. March 5, 2020, until <u>May 11, 2023</u> (end of Public Health Emergency) Note: Members are protected from balance billing for out-of-network services.</p> <ul style="list-style-type: none"> • Diagnostic Testing (In-Network & Out-of-Network): COVID-19 testing when billed with a COVID-19 related diagnosis code = \$0 Cost Share • Outpatient Services (In-Network & Out-of-Network): any associated COVID-19 Office Visit, Urgent Care, Emergency Room, Drive-Up, Telehealth, and associated labs or radiology, when billed with a COVID-19 related diagnosis code = \$0 Cost Share <p>Over the Counter (OTC) At-Home tests eff. 1/15/2022 Members can receive up to 8 OTC tests per covered member, per calendar month. <u>Network vendor</u> = \$0 cost share. Member direct reimbursement:</p> <ul style="list-style-type: none"> • Tests purchased on or after May 5, 2022 (Safe Harbor), up to \$12 reimbursement for each test (includes cost of test, tax, and shipping combined). • Tests purchased on or after February 4, 2022 to May 4, 2022, cost of test, sales tax, and shipping expenses up to a maximum of \$6.95 will be reimbursed. • Tests purchased prior to February 4, 2022, cost of the test only will be reimbursed, this does not include tax or other fees. <p>Tests for employment are not covered. Provider ordered/involved OTC tests are covered in full, no quantity limit.</p> <p>COVID-19 Vaccine = \$0 Cost Share note: provider payment is according to the Medicare fee schedule assigned rate</p> <p>COVID-19 Treatment (eff. April 1, 2020 until <u>July 31, 2021</u>) Treatment and additional services, including hospital admission when billed with a COVID-19 diagnosis code = \$0 cost share. Self-funded groups may elect variable coverage and end dates. Medicare plans coverage is through 12/31/2021.</p>	<p>Non-Medicare/Commercial:</p> <ul style="list-style-type: none"> • COVID-19 vaccines will be covered under preventive benefits at applicable plan cost-sharing, typically \$0 • COVID-19 PCR testing will be covered under the outpatient diagnostic lab benefit at applicable plan cost-sharing • COVID-19 over-the-counter (OTC) antigen and PCR tests will not be covered consistent with current plan coverage that does not cover OTC tests • COVID-19 drug treatment will be covered under the drug benefit with applicable plan cost-sharing • Out-of-Network (OON) Services for COVID-19 on HMO plans will only be covered for emergency/urgent care situations, when legally required, or on plans that have specific OON coverage tiers <p><i>Self-funded customers will follow all the changes outlined above unless the plan sponsor requests different coverage for COVID-19 related services.</i></p> <p>Medicare:</p> <ul style="list-style-type: none"> • Medicare Advantage (MA) plans are no longer required to cover COVID-19 PCR or antigen testing at \$0, regular plan cost sharing will apply. • Plans are required to cover COVID-19 treatments, subject to standard cost sharing. Coverage of monoclonal antibody treatment is required through 12/31/23, coverage of oral antivirals is required through 12/31/24. • KPWA Employer Group MA plans will align coverage for COVID related services with Commercial group coverage noted above. <p>FEHB Commercial:</p> <ul style="list-style-type: none"> • OPM has elected to continue OTC test coverage, limited to 8 per month. Everything else follows Commercial coverage indicate above. 	<p>The following applies to Plan Network providers unless the Plan Network is inadequate, services will then be covered out-of-network at the in-network benefit level, members will be protected from balance billing.</p> <p>Effective March 5, 2020, until <u>October 31, 2022</u> This will end with the PHE: <u>May 11, 2023</u> Emergency order <u>20-01</u> requires FDA approved COVID-19 Testing = \$0 cost share Any associated COVID-19 provider visit = \$0 Cost Share Note: Enrollee’s provider will determine if COVID-19 testing is medically necessary, not the health carrier. Effective March 24, 2020 until <u>July 25, 2021:</u> Diagnostic test panels for influenza A & B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV) when billed in conjunction with a COVID-19 related diagnosis code = \$0 cost share ended May 2, 2021. Cover COVID-19 testing at drive-up sites = \$0 cost share ended July 25, 2021 Effective June 24, 2021, until <u>October 31, 2022:</u> Emergency order <u>21-02</u> requires coverage for 2 medical provider consultations regarding COVID-19 vaccination. COVID-19 vaccination consultations must be covered as a preventive service at no member cost-sharing. Note: For high deductible HSA health plans, cost-sharing is allowed until the deductible is met.</p>

Additional WA OIC Guidance: Individual & Family and Group Plans

	Emergency Orders
Pharmacy Effective March 5, 2020 until October 31, 2022	Emergency order 20-01 requires carriers to allow one-time refill of medication prior to the expiration of waiting periods between refills.
Authorization Requirements This will end with the PHE: May 11, 2023	<p>Effective March 5, 2020 until October 31, 2022: Emergency order 20-01 requires carriers to suspend any prior authorization requirements for covered diagnostic testing and treatment of COVID-19.</p> <p>Effective March 24, 2020 until July 25, 2021: Suspend prior authorization requirements for long-term care facility or home health services when an enrollee is determined to be ready for discharge from a hospital and there is <u>insufficient time to receive approval prior to the delivery of care</u>. For other covered services necessary for discharge to a long-term care facility or home, prior authorization requests must be treated as <u>expedited</u> (decision must be made within two (2) calendar days).</p>
Membership/Premiums Effective March 24, 2020 until May 23, 2020	<p>Health carriers must allow a grace period of <u>at least 60 days</u> for non-payment of premiums for all individual and group health plans.</p> <ul style="list-style-type: none"> • If a health carrier permits a longer grace period, that must be applied uniformly to all health plans and all enrollees within a health plan. • Communications to enrollees during the grace period must clearly state the enrollee’s obligation to pay back premiums or potentially be subject to billing from health care providers for unpaid claims.
Telemedicine Effective March 24, 2020 until July 25, 2021	Expand coverage to additional methods for providing telemedicine/telehealth including telephone and video chat tools such as FaceTime, Facebook Messenger video chat, Google Hangout video, Skype and GoToMeeting. Health carriers must treat audio-only telephone services as telemedicine. Claim payment for Telemedicine will be the same as if the service was provided in-person
Network Adequacy Effective March 5, 2020 until October 31, 2022 This will end with the PHE: May 11, 2023	Emergency order 20-01 requires carriers to ensure that enrollees can obtain testing and treatment for COVID-19 from a provider or facility within reasonable proximity of the enrollee at no greater cost than if the provider or facility were in-network, <u>if the carrier has an insufficient number or type of providers in their network</u> to provide the testing and treatment for COVID-19.
Balance Billing Effective June 1, 2020 until October 31, 2022 This will end with the PHE: May 11, 2023	Emergency order 20-06 requires that enrollees are protected from balance billing for COVID-19 diagnostic testing processed by in-state, out-of-network laboratories and out-of-state, out-of-network laboratories, when COVID-19 diagnostic testing is determined to be medically necessary by the enrollee’s health care provider.

Emergency Orders	
<p>PPE (Personal Protective Equipment)</p> <p>Effective April 16, 2021, until May 31, 2023</p>	<p><u>Senate Bill 5169:</u></p> <ul style="list-style-type: none"> • SSB 5169 requires carriers to reimburse providers for personal protective equipment (PPE). • SSB 5169 is effective of 4/16/2021 through the termination of the Public Health Emergency. • Carriers are required to reimburse providers \$6.57 per individual patient encounter, in-person services only (CPT: 99072). • Patient cost-sharing does not apply to the PPE claim. • SSB 5169 applies to fully insured health plans in Washington state. • Self-insured health plans are not required to reimburse for PPE.
<p>Monoclonal Antibody Products</p> <p>Effective April 16, 2021, until the end of the calendar year in which the Public Health Emergency ends</p>	<p>Per CMS, Medicare Advantage (MA) organizations are required to pay for the administration of COVID-19 monoclonal antibody products in the same way that MA organizations are required to cover and pay for COVID-19 vaccines, which is as a Medicare Part B vaccine benefit with \$0 cost sharing.</p> <ul style="list-style-type: none"> • This \$0 cost sharing shall remain in effect for beneficiaries enrolled in MA plans through the <u>END OF THE CALENDAR YEAR</u> in which the COVID-19 public health emergency (PHE) ends. • The PHE was extended one additional time and is currently set to run through 1/11/2023. This means that we must continue to cover the monoclonal antibodies with no cost shares for MA members through 12/31/2023.