LOB	KPWA Benefit Policy	Federal Guidance	WA OIC Guidance
Individual & Family and Group Plans			
Applicable to: Large group Small group KPIF HMO PPO POS PEBB SEBB FEHB HSA Self-Funded	**COVID-19 Screening & Testing (eff. March 5, 2020 until July 15, 2022 - end of PHE)** **Diagnostic Testing (In-Network & Out-of-Network):** COVID-19 testing, including antibody 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** **Note:** Members are protected from balance billing for out-of-network services. **COVID-19 Treatment (eff. April 1, 2020 until July 31, 2021)** Treatment and additional services, including hospital admission when billed with a COVID-19 diagnosis code = **$0 cost share** **Self-funded** groups may elect to cover in full or apply applicable cost shares, with variable coverage dates. **Medicare** plans will continue coverage in full through **12/31/2021.** **COVID-19 Vaccine = $0 Cost Share** **Note:** provider payment will be according to the Medicare fee schedule assigned rate.	The Cares Act provides that plans and issuers shall not impose any cost-sharing requirements (including deductibles, copayments, and coinsurance), prior authorization requirements, or other medical management requirements for the evaluation and testing of COVID-19. The CARES Act generally requires plans and issuers providing coverage for these items and services to reimburse any provider an amount that equals the negotiated rate or, if the plan or issuer does not have a negotiated rate with the provider, the cash price for such service that is listed by the provider on a public website. (The plan or issuer may negotiate a rate with the provider that is lower than the cash price.) --- **COVID vaccine billing for Medicare enrollees, effective 1/1/2022:** Providers should bill COVID vaccines and boosters for Medicare Advantage members to Kaiser Permanente. Per the October 8, 2021 CMS Health Plan Management System (HPMS) Memo, vaccines will be covered at no cost to the member. In addition, COVID vaccines performed in home are covered. If you have any questions, please contact our Provider Assistance Unit at 1-888-767-4670.	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. **Effective March 5, 2020 until May 28, 2022** Emergency order 20-01 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 July 25, 2021:** 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 May 7, 2022:** Emergency order 21-02 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**.**

Additional WA OIC Guidance: Individual & Family and Group Plans

	Emergency Orders
Pharmacy Effective March 5, 2020 until May 28, 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	**Effective March 5, 2020 until May 28, 2022:** Emergency order 20-01 requires carriers to suspend any prior authorization requirements for covered diagnostic testing and treatment of COVID-19. **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 insufficient time to receive approval prior to the delivery of care. For other covered services necessary for discharge to a long-term care facility or home, prior authorization requests must be treated as expedited (decision must be made within two (2) calendar days).
Membership/Premiums Effective March 24, 2020 until May 23, 2020 **Expired on May 23, 2020**	Health carriers must allow a grace period of at least 60 days for non-payment of premiums for all individual and group health plans. • 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 (eff. 3/25/2020-7/1/2020).
Network Adequacy	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, if the carrier has an insufficient number or type of providers in their network to provide the testing and treatment for COVID-19.

	Emergency Orders
Balance Billing Effective June 1, 2020 until May 28, 2022	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.
PPE (Personal Protective Equipment) Effective April 16, 2021 until termination of the Public Health Emergency	Senate Bill 5169: • 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.