

COVID-19 RELATED CHANGES

UHC is providing the following information based on what we know as of 4/11/23

Changes to Benefit Application – NY Mandates

| Source | Provision | Effective Date | Through Last Date of Service |
|-------------------------|--|----------------|------------------------------|
| NY Emergency Regulation | Cost share waiver for INN COVID-19 testing and office visits, urgent care and emergency room visits with COVID-19 testing or referral for testing. | 3/13/20 | 5/11/2023 |
| NY Emergency Regulation | Cost share waiver for INN COVID-19 vaccination recommended by the ACIP | 12/13/20 | 5/11/2023 |

Changes to Benefit Application – Federal Mandates

| Source | Provision | Effective Date | Through Last Date of Service |
|------------------|---|----------------|--|
| Federal Guidance | <ul style="list-style-type: none">• When any COVID-19 vaccine is recommended by the CDC's Advisory Committee on Immunization Practices (ACIP) there will be no member cost share for INN or OON administration during the PHE. The Government will supply the vaccine at no cost to providers.• When the ACIP recommends the vaccine on its preventive list, there will be no cost share for INN even after the PHE.• After the PHE, the cost of vaccines may be charged by the provider but will have no member cost share if ACIP recommended as a preventive service.• For Medicare prime members, there will be no balance for Empire secondary to have to consider.• Federal guidance issued 3/18/2021, also clarified that any necessary visit to obtain the vaccination should be covered without cost share. (INN or OON) | 12/13/20 | After 5/11/2023, fully FDA Approved & EUA Vaccines are mandated when recommended by the ACIP. INN Cost share waived as an ACA preventive benefit |

| Source | Provision | Effective Date | Through Date of Service |
|------------------|---|----------------|---|
| Federal law | Cost share waiver for INN and OON services for COVID-19 testing and testing related visits at physician offices (including telehealth visits), urgent care centers and emergency rooms. Includes visits to determine if a test is needed whether or not the test is ordered. Includes both diagnostic and antibody tests. | 1/31/20 | Until the end of Federal Public Health Emergency (PHE) (On 5/11/2023) |
| Federal law | <ol style="list-style-type: none"> 1. OON COVID-19 tests must be paid at a minimum up to the cost listing on the provider's web site. 2. Eligible COVID-19 Tests do not have to wait for Federal approval; manufacturers just have to intend to file with the Federal government (antibody test-makers have 10 days and must include documentation to the FDA on effectiveness. State level or HHS approvals are also acceptable. 3. Expanded No cost share to any COVID-19 Preventive service, item or immunization approved by USPSTF, including vaccines. | 1/31/20 | Until the End of Federal (PHE) (on 5/11/2023) |
| Federal Guidance | Insurers should cover up to 8 Over the Counter (OTC) At-Home FDA approved test kits per month preferably with a Network to provide them with no upfront cost. If such a network is set up the insurer will only have to reimburse \$12 per test, even if the member goes OON and purchases on their own at a different cost. | 1/15/2021 | Until the End of Federal (PHE) (on 5/11/2023) |
| Federal Guidance | <p>Prohibits providers from</p> <ul style="list-style-type: none"> •Balance billing patients for COVID-19 vaccinations •Charge patients for an office visit or other fee if COVID-19 vaccination is the only medical service given •Requiring additional medical or other services during the visit as a condition for getting a COVID-19 vaccination | 4/15/2021 | Until the End of Federal (PHE) (on 5/11/2023) |



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Expired Mandates:

Timeframe Extension: Appeals

- NY DFS Circular letter 8 issued 3/20/20 specifies time frames for a hospital to submit internal or external appeal should be considered tolled[paused] for 90 days from the date of the letter.
- The Federal Government issued guidance that member appeal timeframes be paused during the Federal "Outbreak Period" which began 3/1/20 and ends 6/9/2023. So, the 180 days for Out of Network appeals would be extended by one year after the 180 days. Second level appeal timeframes will also be extended. Pre-service appeals (Predetermination and HCAP) are similarly extended.
- The Federal Government guidance advised that they would require some form of member notice that appeal rights are extended. UHC is adding a message to Explanation of Benefits statements to satisfy this requirement.

Prompt Payment and Timely Filing Requirements

- NYS DFS is aware that issues may develop that hinder the timely submission and payment of claims due to the situation regarding COVID-19. The Department is monitoring the situation and may provide further guidance on these issues.
- The Federal Government issued guidance that administrative timeframes be paused during the Federal "Outbreak Period" which began 3/1/20 and will end 6/9/2023. So timely filing requirements would need to be extended.
 - 2019 and 2020 Dates of Service submission extensions have ended
 - Any 2021 claim up until the end of the outbreak period which normally would deny on 5/1/2022, needs to have its time limit extended by sixty days after the Outbreak Period ends up being, or a maximum of one year on 5/1/2023.
 - Any 2022 claim up until the end of the outbreak period which normally would deny on 5/1/2022, needs to have its time limit extended by sixty days after the Outbreak Period ends on 6/9/2023.

COBRA

The Federal Government issued guidance that timeframes be paused during the Federal "Outbreak Period" which began 3/1/20 and is still in effect. The normal sixty-day time limit to enroll needs to be extended by one year after the COBRA eligibility date, or sixty days after the Outbreak period ends on 6/9/2023, whichever is sooner. They cannot be dropped for failure to pay premiums during this period but afterwards they have 30 days to catch up on all premiums missed.