

Coverage of Over-the-Counter COVID-19 Tests: What You Need to Know



BACKGROUND

On December 2, 2021, President Biden announced that government agencies would issue guidance by January 15, 2022, to clarify that the Families First Coronavirus Response Act (FFCRA) requires health plans to reimburse individuals who purchase over-the-counter COVID-19 diagnostic tests during the public health emergency. That guidance was issued jointly by the Departments of Labor, Health and Human Services and the Treasury in the form of Frequently Asked Questions (FAQs) on January 10, 2022.

ANSWERS TO YOUR QUESTIONS

Q1: What does the Families First Coronavirus Response Act (FFCRA) require?

A1: The FFCRA requires health plans to provide coverage (reimbursement) of FDA-authorized over-the-counter COVID-19 tests, without the involvement of a health care provider.

Q2: When did this new requirement go into effect and how long does it last?

A2: The requirement applies to FDA-authorized tests purchased on and after January 15, 2022, for the duration of the COVID-19 public health emergency.

Q3: Does the requirement apply to members and subscribers of both Large Group and Small Group plans?

A3: Yes, it applies to both.

Q4: Do members need a referral from their doctor before they can buy the tests?

A4: No. Members can buy the tests without the involvement of a health care provider.

Q5: Is there a limit to how many tests members can purchase and be reimbursed for?

A5: Yes, there is a limit of 8 tests per member per month for health plan reimbursement. Please note that some packages include 2 tests.

Q6: Is there any way to get COVID-19 home tests without having to pay upfront and submit a signed form for reimbursement?

A6: Yes. Every home in the U.S. can go to the following government website and order 8 free at-home COVID-19 tests per residential address. The tests are completely free — there are no shipping costs and you don't need to enter a credit card number. The government recently increased the number of tests a household can receive from 4 to 8.
<https://www.covidtests.gov/>

Q7: How do members get reimbursed?

A7: Members are required to submit a reimbursement request form, along with the original receipt. The member must sign the form and certify that the test has been purchased by the member for personal use, will not be reimbursed by another source and is not for resale.

Q8: Can members send the reimbursement form and the receipt by email or fax?

A8: No. All required information must be mailed in to the address below.

Q9: Can members send in a photocopy of the original receipt?

A9: No. Community Care Health (CCH) requires an original receipt to be included.

Q10: Where do members get the reimbursement form?

A10: The form is located on the CCH website at:
Member Rights > COVID 19 Resources
<https://www.communitycarehealth.org/covid-19/>

Q11: Can the health plan impose any cost-sharing, prior authorization or utilization management requirements?

A11: No.

Q12: Do members have to purchase the tests at any specific place?

A12: No. Members can purchase FDA-authorized tests from any source and seek reimbursement from their health plan.

Q13: Will a co-payment amount be deducted from the reimbursement check?

A13: No. Reimbursement will be for the full amount of the purchase.

Q14: Where do members send the reimbursement form and original receipt?

A14: Member can send in all required information to:

Community Care Health
Attn: COVID Test Reimbursement
P.O. Box 45026
Fresno, CA 93718

REFERENCES

FAQs issued by the Departments:

<https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-51.pdf>

FAQs issued by the Centers for Medicare and Medicaid Services (CMS):

<https://www.cms.gov/files/document/11022-faqs-otc-testing-guidance.pdf>