



Coronavirus: Type (COVID-19) — Cost-Sharing Waiver

Please be advised that the New York State Department of Financial Services (DFS), the New York State Department of Health, and the federal government have directed Healthfirst to waive patient copayments, coinsurance, and deductibles for certain testing due to the coronavirus (COVID-19) emergency.

1. Commercial Health Insurance, Medicaid, Medicaid Managed Care, Child Health Plus, and the Essential Plan

The New York State Department of Financial Services (DFS) and the New York State Department of Health (DOH) have waived patient copayments, coinsurance, and deductibles for in-network laboratory tests, in-network provider visits, and visits at the emergency department of a hospital to diagnose the coronavirus (COVID-19) effective March 13, 2020, for 90 days during the state of emergency. In addition, the aforementioned departments have also waived patient copayments, coinsurance, and deductibles for all covered telehealth services effective March 16, 2020, for 90 days during the state of emergency. The waivers apply to commercial health insurance coverage, Medicaid, Medicaid Managed Care, Child Health Plus, and the Essential Plan. Providers should not collect the copayment, coinsurance, or deductible from the patient. Instead, the health plan will reimburse the provider directly. To the extent possible, providers should notify the health plan that they have waived cost sharing. For more information, see the following resources.

- DFS **regulation** to waive cost sharing for laboratory tests and visits to diagnose the coronavirus (COVID-19).
- DFS **regulation** to waive cost sharing for telehealth. DFS Circular Letter on telehealth coverage
- DFS **Q&A** on telehealth coverage.
- DOH Comprehensive Telehealth **guidance** for Medicaid providers
- New York State Office of Mental Health **guidance**.

Provider Alert

- New York State Office of Addiction Services and Supports:
 - **Letter to providers March 9, 2020** – waives and modifies certain tele-practice regulations.
 - **Letter to providers March 17, 2020** – regarding provider attestation
 - Teleconference waiver **update I** (issued March 13, 2020).
 - Teleconference waiver **update II** (issued March 18, 2020).

2. Self-Funded Plans

The federal government has waived prior authorization, along with copayments, coinsurance, and deductibles, for a diagnostic test and items and services furnished during a visit that results in administration of a diagnostic test for the coronavirus (COVID-19) for individual and group fully insured and self-funded plans.

3. Medicare

The federal government has passed **legislation** providing that during the emergency period, Medicare will pay the entire cost, and no deductible will be applied, for any medical visit that results in an order for, or the administration of, a test for the coronavirus (COVID-19) or that relates to an evaluation to determine whether such test is needed.

Should you have any questions, call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

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