

**05/18/2020**

## **CHIP Office Visit Co-Payments, Updated Reimbursement Process**

*\*The following Medicaid and CHIP flexibilities have been extended through August 31, 2021. If federal approval for these flexibilities ends sooner, HHSC will provide more information.*

*The notice was updated on July 22 to reflect the new extension date.*

### **Background:**

HHSC previously notified MCOs that in response to COVID-19, medical office visit co-payments are waived for all CHIP members **until august 31, 2021\***.

Details on an updated reimbursement process for providers and MCOs are below.

### **Key Details:**

#### *Provider Reimbursement Process*

MCOs will continue to reimburse providers for co-payments not collected from members. MCOs are to continue using the attestation form process to keep track of the amount of reimbursements paid to providers.

The member's MCO will reimburse the provider the full rate for the service, including what would have been paid by the member through cost-sharing. Providers are to attest that the medical office visit copayment was not collected by using the [attestation form](#) and submit an invoice to the appropriate MCO.

MCOs have 30 calendar days to pay an invoice received from a provider. If an MCO has already reimbursed a provider for waived CHIP medical office visit copayments without using the attestation form, the MCO is to document the amount paid and the process used to confirm that a copayment was not collected by the provider.

#### *MCO Reimbursement Process*

Instead of invoicing HHSC for the amount paid to providers in copays, HHSC will use the encounter data submission process to track MCO reimbursement:

- When an MCO submits encounter data, they will enter the amount they paid the provider (in lieu of the member paying a copay) in the FQHC wrap payment field.
  - Submit co-pay in the first iteration of 2320 loop:
    - CAS01 = PR
    - CAS02 = 3
    - CAS03 = co-pay amount
- TMHP will provide HHSC with a report of the encounter data and HHSC will use that information to reimburse the MCOs.
  - MCOs will be able to confirm reimbursement amounts are correct by cross-referencing with the provider attestation forms.
- Attestation forms do not have to be submitted to HHSC, but MCOs are still required to collect attestations from providers and HHSC can request them at any time.

MCO and providers are to follow applicable claims and encounters data submission policy.

MCOs should not include the reimbursements made to providers for uncollected co-payments or HHSC reimbursement to MCOs for provider co-payments on the Financial Statistical Reports (FSRs). If you have any questions or need further direction regarding financial reporting, please contact the Financial Reporting and Audit Coordination (FRAC) team by emailing [Lisa.Booth@hhsc.state.tx.us](mailto:Lisa.Booth@hhsc.state.tx.us).

**Additional Information:**

*CHIP Co-Payments for Teleservices*

On March 9, 2020, HHSC clarified that CHIP co-payments are not required for covered services delivered via telemedicine or telehealth to CHIP members. HHSC encourages the use of teleservices in lieu of in-person office visits, as appropriate.

**Resources:**

The Provider Attestation form can be found here: <https://hhs.texas.gov/laws-regulations/forms/5000-5999/form-5004-optional-covid-19-chip-provider-co-payment-attestation>

**Contact:**

[MCO\\_COVID-19\\_Inquiries@hhsc.state.tx.us](mailto:MCO_COVID-19_Inquiries@hhsc.state.tx.us)

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