

Over-the-Counter At-Home COVID-19 Testing and Reimbursement

Memorial Herman Health Plan (MHHP) is proud to continue supporting our members as we combat the COVID-19 pandemic and remain committed to improving health and providing superior customer service in a manner that instills trust and confidence.

Effective January 15, 2022, MHHP will offer coverage to over-the-counter (OTC) COVID-19 diagnostic tests that are authorized, cleared or approved by the U.S. Food and Drive Administration (FDA.)

Please note that Medicare members are **NOT** eligible under this mandate, and this is for Commercial members only.

How do I obtain an at-home OTC test?

You may obtain an at-home OTC COVID-19 test at one of our preferred pharmacies: HEB, CVS, Walmart, and Memorial Hermann pharmacies. You may also use our mail order service through Costco Mail Order. Please ask the pharmacy staff to process the test kit through your insurance plan. To view all network pharmacies, please visit this link:

<https://benefitplans.navitus.com/mhhp/mhhp-Employer-Plans/pharmacy-search>.

You can also get the OTC COVID-19 through retail stores, and/or online retailers and then submit a request for reimbursement to Memorial Hermann.

List of FDA approved OTC COVID-19 tests:

<https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas-antigen-diagnostic-tests-sars-cov-2>.

What if I purchased from a non-preferred pharmacy?

It is recommended that members use our preferred pharmacies, however If purchased from a non-preferred pharmacy, reimbursement shall be the cost of the test or \$12, whichever is less. Proof of purchase and the test kit UPC will need to be provided through the Reimbursement Request Form.

Do we need proof of purchase?

Yes. Proof of purchase must include the receipt from the retailer and the UPC code of the product to verify that the item is one for which coverage is required under the new Biden-Harris Administration requirements.

How many tests can I get?

Memorial Hermann Health Plan will cover up to 8 individual tests per 30-day period (or per calendar month) per eligible Member with a maximum of 32 tests per family. You may purchase these tests all at once or at separate times throughout the month as needed.

Reimbursement Requirements:

1. The test is for the individual's own personal use (or use by another participant, beneficiary, or enrollee who is covered under the plan or coverage as a member of the individual's family).
2. The test has not been (and will not be) reimbursed by another source and is not for resale.
3. Member must complete the transaction at a preferred pharmacy or submit the reimbursement form with proof of receipt and test kit UPC.

Section C - Subscriber Certification

Acknowledgement:

I certify that the information furnished in conjunction with this claim is true and correct. I know it is a crime to fill out this form with facts I know are false. I understand that submission of a claim is not a guarantee of payment of the full amount.

If the services are deemed covered services then the health plan will reimburse me their cost share minus any applicable deductible, coinsurance, copayments and/or out-of-network member cost sharing. I understand that there will be no additional payments to the provider for this/these service(s).

Member/Authorized Representative Signature*

Date

*Authorized Representatives must complete an Authorized Representative form and submit it with this claim form or have valid legal documentation on record with the health plan.

HOW TO MAIL THIS REIMBURSEMENT FORM

1. Member/Authorized Person must complete the following sections of the form:

- Member Information, Reimbursement information, and Subscriber Certification sections
- Signature of the Member or Authorized Representative. **The form must be signed to process.**
- Proof of Payment that shows your name must be attached, i.e., Doctor's Receipt, Credit Card Receipt, Cancelled Check (front and back}, etc.

Note: Please be sure to include all of the required information for your request to be processed without delay.

2. Submit the claim form:

Reimbursement request must be submitted within 365 days of the date of service. Failure to submit the medical claims within the 365 days would require you to submit a written appeal to your health plan showing good cause for the delay in filing request for reimbursement.

Please contact Customer Service at the number listed on the back of your ID card if you have any questions about completion of this form or if you wish to file an appeal. Appeals instructions are included in your Evidence of Coverage.

Mail completed form and proof of payment to:

Memorial Hermann Health Plan
ATTN: Claims Department - Member Reimbursement
929 Gessner, Suite 1500
Houston, Texas 77024

3. Reimbursement:

When we receive your request for payment, we will let you know if we need additional information from you. We will consider your request and decide whether to pay it and how much we owe. If the services are approved we will pay you the plan allowance minus any applicable deductible, coinsurance, copayments and/or out-of-network member cost sharing.

If we decide that the reimbursement request is not eligible, or you did not follow all of the plan rules, reimbursement may be denied. You will receive a written explanation of benefit(s) with the reason(s) for the denied payment and your rights to appeal that decision, as explained above.