



December 15, 2021

Administrator Chiquita Brooks-LaSure
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

RE: COVID-19 At-Home Testing Recommendations

Dear Administrator Brooks-LaSure:

The Alliance of Community Health Plans (ACHP) is grateful to be a partner in the Administration's ongoing efforts to keep individuals safe and protected throughout this pandemic. With COVID-19 testing continuing to be a central pillar of the pandemic response, ACHP offers recommendations and operational considerations in anticipation of a forthcoming directive for at-home COVID-19 testing reimbursement from private insurers.

As you know, ACHP represents the nation's top-performing, provider-aligned, community-based health plans improving affordability and outcomes in the health care system for more than 24 million Americans across 36 states and D.C. We support the Administration's goal to improve access to FDA-approved COVID at-home tests while protecting the premium dollar of every patient, employer and taxpayer. However, the responsibility for public health surveillance testing, including at-home tests, remains with the federal government. While Administration guidance has been clear that health plans are not responsible for public surveillance tests, the White House announcement regarding private insurance reimbursement for COVID-19 at-home tests blurs health plans' ability to delineate consumer testing for public safety and medical appropriateness. The announcement appears to imply that a provider order for COVID-19 at-home diagnostic testing is not required, which raises operational, financial and consumer confusion concerns.

Requiring COVID-19 at-home tests to be reimbursable by private insurers has significant operational implications. Consumers will be required to submit manual reimbursement claims which is an arduous process. Manual claim processing is not automated and is therefore a labor-intensive process that could take weeks or months to complete. This would be further complicated if consumers hold onto receipts to submit in bulk – the “shoebox effect” – putting strain on claims processing and delaying the processing of non-COVID-19 related claims. Further, to distinguish medically appropriate tests from public health surveillance testing, many health plans have required a provider order for the payment of an at-home COVID-19 test. Without critical tools such as a provider order, there is no way to meaningfully distinguish public surveillance or workplace testing, a stated goal of the Administration's plan.

Importantly, making at-home tests reimbursable does not ease the upfront consumer costs to purchase the test, placing strain particularly on underserved communities and economically disadvantaged consumers. To mitigate the extraordinary operational barriers and improve consumers' ability to access at-home tests, ACHP encourages the Administration to consider alternative approaches that would build on the successful consumer, health plan and government

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partnership model utilized for COVID-19 vaccinations. ACHP members stand ready to partner with federal contracting programs to effectively disseminate at-home COVID-19 tests, removing consumers from the purchasing pathway and enabling community-based organizations to be a central distribution channel.

There are alternatives to reimbursing commercially insured consumers for at-home COVID-19 tests that would better achieve the Administration's goals. The Administration could follow the National Institute of Health's lead, Say Yes! COVID Tests, or similar state initiatives to distribute at-home COVID-19 tests. These initiatives offer a feasible model for increasing at-home testing without needing to identify the reason for being tested.

Alternatively, the Administration could use remaining funds from the Paycheck Protection Program and Health Care Enhancement Act for state testing sites or distribution of at-home test kits. As you know, here in the District of Columbia, tests are made available at local libraries and there are numerous examples of states and localities expanding access to tests in their communities. Congress appropriated \$25 billion for the Public Health and Social Services Emergency Fund to expand capacity for COVID-19 tests to effectively monitor and suppress COVID-19, support workforce efforts to conduct surveillance and contact tracing and scale up academic, commercial, public health and other related activities. ACHP encourages the Administration to disburse these funds to reestablish state and community testing sites which were very effective throughout 2020 and much of 2021.

Lastly, the Administration could offer health plans the flexibility to implement at-home testing programs for consumers that achieve the goal of increasing COVID-19 testing, eliminate the need for consumer up-front out-of-pocket spending and enable health plans to establish value-based contracting and purchasing agreements. The Administration could offer incentives to health plans that choose this route by not requiring those health plans reimburse for ancillary at-home testing claims.

In the event the Administration moves forward with requiring reimbursement of COVID at-home tests, ACHP offers the following recommendations:

- Establish a medical testing standard. There is no medical COVID-19 testing standard that provides a reasonable frequency for COVID-19 testing to best identify infectious individuals. We request the Administration evaluate the medical research and establish an appropriate standard for the frequency of at-home COVID-19 testing. For example, public health guidance states it is appropriate that at-home COVID tests should be limited to 1-2 tests per individual each week. This standard would discourage consumers from hoarding tests which could impact the availability of these tests for other individuals. Additionally, this standard would deter a consumer from using at-home tests every day, which is not recommended by clinical experts.
- Require claims clearly indicate the reason for being tested. Standardized claims coding to indicate testing purpose limits reimbursement requests for public surveillance and workplace related testing. This information is vital to ensure only appropriate at-home tests are being reimbursed.
- Allow health plans to issue recourse for identification of clear fraud, waste or abuse. Blanket reimbursement for at-home tests offers plentiful opportunities for fraud, waste and abuse. For example, multiple consumers with private insurance coverage could each send a copy of

the same receipt to their own insurance provider and be compensated for the same purchase. Consumers would also be able to be reimbursed for tests that could be sold or returned. It is imperative that health plans have the authority to deny claims with reasonable suspicion of being fraudulent or abusing the policy to protect the consumer's premium dollar.

- Prevent price gouging of at-home COVID-19 tests. Select laboratories continue to charge egregiously high prices for tests without any ability for health plans to impose network pricing and protect patients. Similar tactics and price increases should be expected of at-home tests as the demand and popularity increases. It is imperative that the government limit the reimbursement amount for at-home tests to drive affordability and prevent unintended price gauging.
- Implement a claim submission timeframe from date of purchase. The “shoebox effect” presents significant operational challenges and places other claims processing and prompt payment requirements at risk. Consumers should have a set time within which to submit a claim for at-home test reimbursement, consistent with other manual claim submissions or federal savings account requirements.

We appreciate the continued engagement with you and members of your team. Please contact Michael Bagel, ACHP Director of Public Policy, at mbagel@achp.org or (202) 897-6121 with any questions.

Sincerely,

A handwritten signature in cursive script that reads "Ceci Connolly". The signature is written in black ink and is positioned below the word "Sincerely,".

Ceci Connolly, President and CEO, ACHP

CC: William Harris, CMS Office of the Administrator
Kyla Ellis, CMS Office of the Administrator