



MEMORANDUM

TO: Valued CHIP Providers

FROM: El Paso Health

DATE: November 3, 2022

RE: Update COVID-19 _ Waiver of CHIP Co-Payments

To assist members in accessing care during the COVID-19 response, HHSC is waiving in office face to face visit co-payments for all CHIP members for services provided from March 13, 2020 through November 30, 2022. Providers must not collect office visit co-payments for CHIP members during this time. El Paso Health will reimburse the provider the full rate for services including member cost sharing.

Providers must attest that an office visit co-payment was not collected from the member by submitting the attestation form included with this memo. If the provider has been reimbursed by El Paso Health for waived CHIP office visit co-payments without using the attestation form, El Paso Health will document the amount paid and the process used to confirm that a co-payment was not collected by the provider. The attestation form must be submitted to El Paso Health by November 30, 2022.

Effective July 1, 2022, CHIP providers will be prohibited from collecting co-payments for office visits and residential treatment services for mental health conditions and substance use disorders.

Forms will be accepted via email at providerservicesdg@elpasohealth.com or through mail at:

El Paso Health
1145 Westmoreland Dr.
El Paso, TX 79925
Attn: Provider Relations

Reminder: Co-payments are not required for covered services delivered via telemedicine or telehealth to CHIP members.

Please contact our Provider Relations Department at 915-532-3778 for any questions regarding this information.

El Paso Health will provide updates as new information is received.



El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

MEMORANDUM

Resources:

HHSC: CHIP Co-Payments Waived through November 30, 2022:

<https://www.hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information/medicaid-chip-services-information-providers>

Attestation Form

<https://www.hhs.texas.gov/laws-regulations/forms/5000-5999/form-5004-optional-covid-19-chip-provider-co-payment-attestation>