Price Transparency: Requirements for Providers to Make Public Cash Prices for COVID-19 Diagnostic Testing

1. Question: What price transparency requirement was passed in the Coronavirus Aid, Relief, and Economic Security Act (CARES) Act?
Answer: The CARES Act was enacted on March 27, 2020. Section 3202(b) of the CARES Act requires providers of diagnostic tests for COVID-19 to make public the cash price for a COVID-19 diagnostic test on the provider's public internet website.

2. Question: For how long is this price transparency requirement in effect?
Answer: The requirement enacted in section 3202(b) of the CARES Act is effective upon enactment of the CARES Act and continues in effect for the duration of the COVID-19 public health emergency (PHE) declared under section 319 of the Public Health Service Act (PHS Act). For more information about PHE declarations and timing, please refer to HHS' Public Health Emergency Q&As.

3. Question: How does the price transparency requirement to post the cash price of COVID-19 diagnostic testing relate to other provisions in the CARES Act and the Families First Coronavirus Response Act (FFCRA)?
Answer: The FFCRA was enacted on March 18, 2020. Section 6001 of the FFCRA generally requires group health plans and health insurance issuers offering group or individual health insurance coverage to provide benefits for certain items and services related to diagnostic testing for the detection of SARS-CoV-2 or the diagnosis of COVID-19 (referred to collectively in this document as COVID-19) when those items or services are furnished on or after March 18, 2020, and during the applicable emergency period. Under the FFCRA, plans and issuers must provide this coverage without imposing any cost-sharing requirements (including deductibles, copayments, and coinsurance) or prior authorization or other medical management requirements.

Section 3201 of the CARES Act amended section 6001 of the FFCRA to include a broader range of diagnostic items and services for the detection of SARS-CoV-2 or the diagnosis of COVID-19 that plans and issuers must cover without any cost-sharing requirements, prior authorization, or other medical management requirements. Additionally, section 3202(a) of the CARES Act generally requires plans and issuers providing coverage for the items and services described in section 6001(a) of the FFCRA to reimburse any provider of COVID-19 diagnostic testing an amount that equals the negotiated rate or, if the plan or issuer does not have a negotiated rate with the provider, the cash price for such service that is listed by the provider on its public website. The plan or issuer may negotiate a rate with the provider that is lower than the cash price. More information about the FFCRA can be found in FAQs About Families First Coronavirus Response Act and Coronavirus Aid, Relief, and Economic Security Act Implementation Part 42.