



June 1, 2021

RE: CHIP Copayment Provider Notice from Health and Human Services (HHSC)

To assist families in accessing care during the COVID-19 response, HHSC is waiving office visit copayments for all CHIP Members for services provided from March 13, 2020, through June 30, 2021.

Providers must not collect office visit copayments for CHIP Members during this time. The Member's Managed Care Organization (MCO) will reimburse the Provider the full rate for the service, including what would have been paid by the Member through cost-sharing.

Providers must attest that the office visit copayment was not collected by using the attached attestation form and submit an invoice to the appropriate MCO. MCOs have thirty (30) calendar days to pay an invoice received from a Provider.

If a MCO has already reimbursed a Provider for waived CHIP office visit copayments without using the attestation form, the MCO will document the amount paid and the process used to confirm that a copayment was not collected by the Provider.

Providers should complete the attached CHIP Copayment Invoice Detail Template and CHIP Provider Copayment Attestation Form to document each visit where a copayment was not collected.

Please submit completed documentation to CCHPAccountsPayable@cookchildrens.org or by mail:

Cook Children's Health Plan
P.O. Box 2488
Fort Worth, TX 76113-2488
Attention: Finance Department

Providers may contact CCHPAccountsPayable@cookchildrens.org with questions related to this process. For general health plan questions please contact Cook Children's Health Plan Provider Support Services at 888-243-3312.

Sincerely,

Cook Children's Health Plan

801 Seventh Avenue Box 2488
Fort Worth, Texas 76113-2488
888-243-3312

Optional COVID-19 CHIP Provider Copayment Attestation Form

I, _____, certify that the attached invoiced amounts represent office visit copayments that my practice did not collect for dates of service on March 13, 2020 through June 30, 2021, for CHIP Members in accordance with direction from Texas Health and Human Services.

The above and the attached are true and correct to the best of my knowledge and belief. I know that I may be subject to penalties if I provide false or untrue information. All original documents will be retained and preserved as required by law, and such documents will be submitted, or access to such documents permitted, as required by HHSC or any agency of the state or federal government, or their representative(s).

Signature

Date



CHIP Copayment Invoice Detail

NPI	Provider Name	Copayment Amount	Claim Number	CHIP Member ID	Date of Service	Charges

Provider Contact Information:

Provider Name	Provider NPI	Provider Tax ID	Contact Name	Contact Phone	Contact Email

Completed forms can be sent to CCHPAccountsPayable@cookchildrens.org or mailed to
 Cook Children's Health Plan PO Box 2488 Fort Worth, TX 76113-2488 Attention: Finance Department