COVID-19 Coverage for Uninsured Individuals

Background
Congress covered testing for individuals without health care coverage but did not allocate funding for COVID-19 treatment. The Trump administration is funding treatment for individuals without health care coverage through the $175 billion in the Public Health and Social Services Emergency Fund for health care providers. The cost of treating individuals without health care coverage for COVID-19 is estimated to be between $14 billion to $42 billion.¹

Eligibility
Uninsured individuals with a COVID-19 diagnosis on or after February 4, 2020.

Covered Services
- Specimen collection, diagnostic and antibody testing.
- Testing-related visits including in the following settings: office, urgent care or emergency room or via telehealth.
- Treatment, including office visit (including via telehealth), emergency room, inpatient, outpatient/observation, skilled nursing facility, long-term acute care (LTAC), acute inpatient rehab, home health, DME (e.g., oxygen, ventilator), emergency ambulance transportation, non-emergent patient transfers via ambulance, and FDA-approved drugs as they become available for COVID-19 treatment and administered as part of an inpatient stay.
- FDA-approved vaccine, when available.
- For inpatient claims, date of admittance must be on or after February 4, 2020.

Hospital Financial Assistance Policies²
In order to be considered a non-profit entity, hospitals must have financial assistance policies that meet the requirements of 26 U.S.C. § 501(r)(4).

Requirements for Financial Assistance Policy
- State that it applies to all emergency and medically necessary care
- List all levels of financial assistance the hospital offers and the eligibility criteria for each level
- State how patients can apply for aid
- Describe how the hospital calculates charges to patients eligible for financial assistance
- Clarify that patients who are eligible for financial help may not be charged more than the “amounts generally billed” to an insured patient

Testimony: COVID-19 and Farm Workers

- Describe any potential collection steps the hospital will take to collect on an overdue bill, with time frames and processes it will use (note: the hospital may have this in a separate billing and collections policy)
- List any third-party sources the hospital uses to determine whether a patient is presumptively eligible for financial aid
- Include or link to a list of providers it covers and does not cover
- Give contact information for patients who need more assistance (can also be in the application form)
- Provide a complete list of the information and documentation patients need to provide throughout the application process (can also be in the application form)

Requirements for Implementing the Financial Assistance Policy

- Must be adopted by hospital leadership
- Policy, financial assistance form, and plain language summary must be available online
- Hard copies of the policy, financial assistance form, and plain language summary must be available upon request and in emergency rooms and admission areas
- Notify and inform community about the financial assistance policy
- Notify individuals who receive care about the policy
  - Paper copy at intake or discharge
  - Written notice on billing statements
  - Public displays in emergency room and admission areas
- Translate the policy into primary language of language group that constitutes the lesser of 1,000 individuals or 5% of the community served by the hospital