



## **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.<sup>1</sup>

### **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 Policies<sup>2</sup>**

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

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<sup>1</sup> Levitt, Schwartz, and Lopez, Kaiser Family Foundation, Estimated Cost of Treating the Uninsured Hospitalized with COVID-19 <https://www.kff.org/uninsured/issue-brief/estimated-cost-of-treating-the-uninsured-hospitalized-with-covid-19/> (Apr. 7, 2020).

<sup>2</sup> IRS, Financial Assistance Policies, <https://www.irs.gov/charities-non-profits/financial-assistance-policies-faps>; Community Catalyst, Hospital Financial Assistance Policies: A Quick Reference Guide, <https://www.communitycatalyst.org/resources/publications/document/CC-Checklist-R2.pdf>



- 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