

May 20, 2020

**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION  
M E M O R A N D U M**

**SUBJECT: Update on COVID-19 Private Payer Guidance**

To assist members in navigating private payer policies during the public health emergency, IHA has created a table ([click here](#)) that summarizes COVID-19 coverage of testing/screening and treatment for health plans offered by health insurance issuers operating in Illinois: Aetna, Blue Cross Blue Shield, Cigna, Health Alliance Medical Plans, Humana, Quartz Health Benefit Plans, and UnitedHealthcare.

Although every effort has been made to ensure the accuracy of this information, federal and state guidance on COVID-19 is constantly changing. This table reflects IHA's understanding of federal, state, and individual payer policies on coverage of COVID-19 testing, screening, and treatment as of May 19, 2020. Hospitals must make individual process decisions based on their interpretation of federal, state, and private payer guidance.

**COVID-19 Testing and Screening**

Federal law requires health insurance issuers offering individual and group health plans, including self-funded employer-based health plans (ERISA), church plans, student health insurance, and non-federal governmental plans (e.g., state and local government plans) to waive cost-sharing (coinsurance, copayments, and deductibles), prior authorization and other medical management policies, and network requirements for the following COVID-19-related **testing and screening services only**:

1. In-vitro diagnostic tests for the detection of SARS-CoV-2 or the diagnosis of COVID-19, including serological (antibody) tests; and
2. Items and services provided during office visits (in-person or telehealth), urgent care visits, and emergency room visits to evaluate the need for testing and/or to furnish or administer the test.

These requirements are effective from March 18, 2020 through the end of the public health emergency. Please see an [IHA Memo](#) (April 13, 2020) for additional information on the federal laws and requirements for COVID-19 testing and screening.

**COVID-19 Treatment**

Treatment of COVID-19 is considered an Essential Health Benefit (EHB) under the Affordable Care Act; however, **there are currently no federal or state mandates regarding cost-sharing, prior authorization and medical management, and network policies for treatment of COVID-19.** Flexibilities for treatment of COVID-19 are generally at the discretion of the health insurance issuer (or employer for self-funded plans) based on plan type and benefit design and are typically limited to in-network services. This table provides a high-level summary of COVID-19 treatment information for private fully-insured, individual, and group health plans; it does not address policies for self-funded group health plans (ERISA), Medicare Advantage plans, or Medicaid managed care plans. **It is the hospital's responsibility to check eligibility and benefits for patient-specific coverage information.**

While state and federal law provide some financial protections, such as limits on in-network cost sharing and prohibitions on balance billing for certain facility-based out-of-network practitioners who provide services at an in-network hospital, patients could face significant out-of-pocket costs for treatment of COVID-19. For non-waived cost-sharing amounts, hospitals must make individual decisions regarding billing patient balances after insurance for treatment of COVID-19, in compliance with existing laws and regulations.

### **Private Sector Health Insurance Advocacy**

As the U.S. Congress considers a fourth COVID-19 relief package, IHA is working with the American Hospital Association (AHA) to advocate for private payer mandates that reduce administrative barriers to treatment and payment delays. Among other requests, the AHA is urging legislative action to require all forms of private coverage to waive cost-sharing and prior authorization, temporarily suspend audits and certain payment edits, provide periodic interim payments, cover the costs of COBRA continuation coverage, and establish a special enrollment period for the health insurance marketplaces.

### **Additional Resources**

Below please find links to external resources on private payer actions related to COVID-19:

- [Health Insurers Responses to COVID-19](#) (America's Health Insurance Plans, May 19, 2020)
- [Illinois Department of Insurance Coverage and Coronavirus FAQs](#)
- [CMS Center for Consumer Information & Insurance Oversight, Coronavirus Disease Guidance](#)
- U.S. Depts. of Labor and Treasury [Notification](#) Relief; Extension of Timeframes (85 FR 26351, May 4, 2020) (*Applies to ERISA, group health, disability and other welfare plans, and pension plans.*)
- [EBSA Disaster Relief Notice 2020-01](#) (U.S. Dept. of Labor) (*Applies to employee benefit plans, employers, labor organizations, and other plan sponsors, plan fiduciaries, participants and beneficiaries, and service providers subject to ERISA.*)

Please [contact IHA](#) with questions.