COVID-19 coverage for uninsured is underway, but more is needed

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What’s the news: With more than 20 million U.S. workers losing their jobs due to the pandemic, they and their family members are at risk of losing their health insurance coverage too. Federal funds are available to pay for uninsured patients’ COVID-19 testing and treatment, and the U.S. Department of Health and Human Services (HHS) has put in place a mechanism to channel that money toward the payment of claims.

But Congress can do more to stop individuals and families from losing their coverage in the first place and prevent the newly unemployed to also become newly uninsured.

The matter is urgent. Unemployment exploded by an unprecedented 15.9 million persons in April to reach 23.1 million. This does not count an additional 6.4 million persons who dropped out of the labor force.

The AMA and a coalition of medical and business organizations have outlined steps Congress can take to help companies maintain their employees’ insurance during the COVID-19 public health emergency and to bolster the health insurance marketplace.

“COVID-19 shows that our efforts to cover the uninsured in this nation are not complete; more needs to be done,” wrote AMA President Patrice A. Harris, MD, MA, in a recent Leadership Viewpoints column.

This point was echoed in a letter to Congressional leaders signed by the AMA and more than 30 other medical and business groups, including the U.S. Chamber of Commerce.
“Employers need more support—and workers need to be able to continue their stable, secure coverage,” the letter states. “As you consider the next round of legislation to overcome COVID-19, we urge you to prioritize maintaining private health benefits for individuals and families and to increase coverage options for those who are already uninsured.”

Specifically, the organizations called on Congress to:

- Provide employers with temporary subsidies to preserve health benefits. Many employers experiencing loss of revenue reluctantly reduce benefits to manage expenses. Congress could help by providing subsidies to offset the cost of preserving health coverage.
- Cover Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage costs. Many may maintain job-based coverage through COBRA but find the costs to be prohibitive—especially when facing a significant loss of income. Congress could subsidize COBRA costs to former employees.
- Expand use of health savings accounts (HSAs). Congress could temporarily lift limits on what HSAs can be used for in order to provide access to additional resources to pay insurance costs.
- Open a special enrollment period for health insurance marketplaces. While individuals who recently lost employer-based coverage are eligible to enroll in the marketplaces, Congress could create a one-time marketplace special enrollment period specifically for individuals who are uninsured and not otherwise eligible.
- Increase eligibility for marketplace federal subsidies. Some individuals and families earned too much money to qualify for subsidies but didn’t make enough to afford premiums. Congress could increase access to individual market coverage by increasing eligibility for federal subsidies.

Why it’s important: As millions of people lose their jobs, millions also face losing the health insurance that covers both them and their families.

“Loss of health care coverage will create additional financial and emotional stress on individuals and families, reduce resources available to the health care system at a time where providers must increase capacity to address the COVID-19 surge, and stymie public health interventions that require routine engagement between individuals and the health care system” the letter states.

Dr. Harris agreed.

“Millions of people have suddenly and unexpectedly lost their health insurance, compounding the stress caused by job loss amidst this unprecedented economic and public health crisis,” she said.

Additionally, the AMA cautions patients to avoid short-term limited duration plans that are designed to
fill temporary gaps in health insurance when comprehensive coverage may not be an option. These plans offer limited benefits and do not usually cover COVID-19 testing and treatment, preexisting medical conditions, mental health services, prescription drugs, and preventative and wellness care.

**What to do next:** While these efforts could help patients preserve their coverage, HHS has developed a process to file claims for COVID-19 testing and related services for uninsured patients.

Claims are reimbursed at Medicare rates and, as of May 6, can be filed electronically through the COVID-19 Uninsured Program Portal. A portal user guide explains the steps physicians must take to complete the process, which results in a direct deposit payment. HHS expects the first payments to be deposited May 18 and will cover services delivered on or after Feb. 4. Steps include:

- Enrolling as a provider participant.
- Submitting patient information.
- Submitting claims.

At registration, physicians must also attest that they have checked that the patient is uninsured and verified that the patient is not covered through work, Medicare or Medicaid, and no other payer will reimburse them for that patient’s COVID-19 testing or care.

Payment is subject to the availability of funds.

Physicians can find other tools and guidance at the AMA’s COVID-19 resource center, which offers a library of the materials from the JAMA Network™, the CDC and the World Health Organization.