



KFF.org released the following information on their website.

Private Health Coverage of COVID-19: Key Facts and Issues

This brief reviews current coverage standards for private health plans and how these may change in response to the COVID-19 pandemic. Congress is poised to pass a new law requiring all group health plans and individual health insurance coverage to cover testing and associated visits related to the diagnosis of COVID-19 during the emergency period. However, this law will not apply to short-term plans, health care sharing ministries, and certain Farm Bureau plans.

Provider networks may also complicate coverage for services associated with COVID-19. Nearly all private health plans use networks of participating hospitals, doctors, laboratories, and other providers, which could have implications for those in need of coronavirus testing or care, depending on where they present for services. Claims for out-of-network services, other than emergency services, can be denied by HMOs and other plans with closed networks. Under PPO plans that provide some coverage for out-of-network care, patients can be face higher cost sharing. In addition, out-of-network care exposes patients to “balance billing” or surprise bills.

Read the full brief here:

https://www.kff.org/private-insurance/issue-brief/private-health-coverage-of-covid-19-key-facts-and-issues/?utm_campaign=KFF-2020-Womens-Health-Policy-WHP&utm_source=hs_email&utm_medium=email&utm_content=84968297&_hsenc=p2ANqtz-9PubMwmPVf2AVO0P6SnUaQhIZsu9o-BQNKnpOzvKf_EqXjNPwe0zc9-83XuJJCUKFDqjP3rzwmTiwa0BU82T8Yan96IA&_hsmi=84968297