



Private Insurance Policies Expanding Access to Health Care for People Living with HIV and Viral Hepatitis During the COVID-19 Public Health Emergency

April 2021

Although the unique impacts of COVID-19 on people living with HIV or viral hepatitis are still not known, people living with chronic conditions, particularly conditions affecting the immune system, are at greater risk of developing more serious illness from the virus. Additionally, with other viral respiratory infections, we know that [risk for people living with HIV](#) is greatest if they have low CD4 counts and are not in care. People living with HIV or viral hepatitis may also have other risk factors, such as age or other medical conditions, that put them at greater risk of serious health complications from COVID-19. It is therefore important that people living with HIV and viral hepatitis maintain uninterrupted access to care and treatment for the duration of the emergency, while complying with social distancing guidelines to reduce their likelihood of exposure to COVID-19.

State, federal, and private insurance policies that expand access to COVID-19 related testing and care are critical protections for people living with HIV, viral hepatitis, and other chronic conditions who are at greatest risk of health complications from the virus. Additionally, policies that expand access to telehealth for routine visits and to

triage patients who are ill, allow 90-day supplies and/or early refills of prescription medication, allow home delivery of prescriptions, relax formulary and prior authorization requirements, require coverage of out-of-network providers, provide smoking cessation benefits, facilitate enrollment in coverage, and prevent or prohibit disenrollment from coverage are especially important for ensuring that people living with HIV and viral hepatitis can continue treatment without interruption and reduce their risk of exposure to, or adverse health consequences from, the virus. The protections and services available to insured clients depend on their source of coverage. For Medicaid and private insurance, policies may also vary by state and insurance carrier.

This fact sheet describes private insurance policies and protections that can help ensure safe and comprehensive access to health care for people living with HIV and viral hepatitis. For information about other types of coverage, refer to NASTAD's fact sheets on [Medicaid](#) and [Medicare](#) policies related to the COVID-19 pandemic.

In addition to the private insurance policies described in this fact sheet, Ryan White HIV/AIDS Program recipients and AIDS Drug Assistance Programs can consider adapting their programs in response to the COVID-19 pandemic to safely provide uninterrupted care and services to clients. Additionally, health departments can offer additional support to programs and service providers that work with people living with HIV, people living with viral hepatitis, and people who use drugs. RWHAP clinics and other medical providers can also consider expanding use of telehealth services to provide care to clients in their homes. Visit NASTAD's [COVID-19 Resource Page](#) for more information about how public health department programs and health care providers can continue to safely serve people living with HIV, people living with viral hepatitis, and people who use drugs during the COVID-19 pandemic.

Federal Protections

Financial Assistance for Private Insurance
The [American Rescue Plan Act](#), signed into law in March 2021, includes financial protections for consumers enrolled in Marketplace or COBRA coverage. The American Rescue Plan Act:

1. Waives premium tax credit repayment obligations for the 2020 tax year;
2. Increases premium tax credits for the 2020 tax year for consumers who collected unemployment in 2020;
3. Increases Marketplace premium tax credits for 2021 and 2022;

4. Eliminates the income cap on premium tax credit eligibility for 2021 and 2022;
5. Provides maximum Marketplace premium and cost-sharing assistance in 2021 to consumers who receive or are found eligible for unemployment benefits in 2021, including those in the "Medicaid gap;" and
6. Fully subsidizes COBRA premiums for certain eligible enrollees from April 1 through September 30, 2021, and reopens COBRA enrollment to ensure consumers can take advantage of these subsidies.

COVID-19 Testing

The [Families First Coronavirus Response Act](#) and [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#) impose requirements on private insurance companies to cover, without cost-sharing or prior authorization, COVID-19 testing and most other costs associated with the initial test.

1. **Insurers must cover certain COVID-19 test-related services without cost-sharing, but only if a test for COVID-19 is actually ordered.** Private insurers must cover, without cost-sharing, COVID-19 tests and test-related services, including the visit to a health care provider, urgent care center, or emergency room to evaluate the need for and administer the test. This is true regardless of whether these services are delivered through telehealth or in-person. However, this prohibition on cost-sharing only applies if a COVID-19 test

is actually ordered. Cost-sharing may be imposed if the visit does not result in a COVID-19 test.

2. **Insurers may not impose prior authorization requirements or other medical management requirements for certain COVID-19 test-related services.** Private insurers may not impose prior authorization or other medical management requirements for COVID-19 tests and test-related services.
3. **Insurers must cover certain COVID-19 test-related services that are provided by an out-of-network provider.** Patients may receive COVID-19 tests and test-related services from an out-of-network provider. Plans may not impose cost-sharing for test-related services if a COVID-19 test is actually ordered, but may impose medical management requirements. However, insured patients who receive a COVID-19 test from an out-of-network provider must submit the claim to their insurance company for reimbursement, which can be a cumbersome process. The law does not prohibit balance-billing.

These protections apply only to group health plans and ACA-compliant (including grandfathered) individual health plans. Individuals enrolled in short-term limited duration insurance plans, health care sharing ministries, and other non-ACA compliant products may still face high costs for COVID-19 tests and test-related services. However, they may be able to receive free COVID-19 testing and related services if their state opts to

expand limited Medicaid coverage to all uninsured individuals. For more information, refer to NASTAD's fact sheet on [Medicaid](#) coverage during COVID-19.

COVID-19 Vaccines

During the public health emergency, ACA-compliant private health plans must cover the costs of COVID-19 vaccines without cost-sharing, even if administered by an out-of-network provider.

COVID-19 Treatment

Insurance companies are not required to cover COVID-19 treatments without cost-sharing or prior authorization. This means that treatment could still be very costly for many individuals, even if they have private insurance.

State-Level Policies

There are a number of policies that states can implement to increase access to care during the COVID-19 emergency.

1. **Some states can create a Special Enrollment Period (SEP) for Marketplace coverage.** States with state-based exchanges may create an SEP allowing residents to enroll in health coverage or change plans. All state-based Marketplaces have created COVID-19 SEPs, although SEP deadlines and other policies may vary by state. States using the federal Marketplace (healthcare.gov) have a [COVID-19 SEP](#) available through August 15.

2. [State regulators can impose additional requirements on private insurance companies.](#) A number of states have issued emergency rules requiring private issuers to allow early prescription refills, make accommodations for late premium payments, relax formulary requirements, expand access to [telehealth](#) (for COVID-19 and non-COVID-19-related services), relax prior authorization requirements, or provide more robust coverage of COVID-19 testing and treatment beyond what is required under federal law. For example, Washington, D.C. [requires](#) insurance companies to waive out-of-network cost-sharing for COVID-19 testing and treatment if there is an unreasonable delay for in-network providers, and prohibits balance billing.

Insurance Company Policies

Many insurance companies have chosen to expand coverage for COVID-19-related services beyond what is required in the Act. Examples of such policies include: expanding telehealth services for COVID-19-related care, eliminating or reducing cost-sharing for telehealth services for COVID-19-related care, eliminating cost-sharing for COVID-19 treatments and/or inpatient admissions, easing restrictions and/or cost-sharing requirements on COVID-19-related testing or treatment received from out-of-network providers, and eliminating prior authorization and physician referral requirements for COVID-19 testing.

In addition to the COVID-19-related policies above, some insurance companies have also made other changes that enable enrollees to receive non-COVID-19-related care safely during the emergency. Such policies include: expanding telehealth services, eliminating cost-sharing for telehealth services, relaxing maintenance medication early refill limits, allowing formulary flexibilities in the event of drug shortages or access issues, providing free home deliveries of medications, expanding non-emergency medical transportation, providing 90-day supplies of certain medications, and providing supplemental food boxes for seniors.

Enrollees should contact their insurance companies to ask about their options. A list of some insurer policies in place during the COVID-19 emergency can be found [here](#).

Frequently Asked Questions

[My client is unable to access an in-network provider because of increased demand for medical care during the emergency. Can they go out-of-network?](#)

Possibly. Some state policies and/or insurance company policies allow enrollees to access out-of-network COVID-19 testing and/or treatment when no in-network providers are available. However, some insurers may still impose cost-sharing for out-of-network providers and some patients may be “balance-billed.” Enrollees who are unable to access an in-network provider for COVID-19-related care should check their state insurance department regulations or

contact their insurers to ask about their options.

My client is concerned about making frequent trips to the pharmacy during the emergency to refill medications. What are their options?

Many state policies and/or insurance company policies have relaxed early refill limits for most prescription maintenance medications, allowing enrollees to refill prescriptions early and make fewer visits to the pharmacy. Enrollees may also be able to receive medications, sometimes up to a 90-day supply, through their insurance company's mail-order benefit. Some insurers are also waiving home delivery charges for mail-order prescriptions during the emergency. Clients should check their state insurance department regulations or contact their insurers to ask about their options.

My client has a catastrophic health plan. Are their COVID-19-related services subject to the plan deductible?

Possibly. The U.S. Department of Health and Human Services (HHS) has allowed catastrophic plans to make mid-year changes to their coverage to provide pre-deductible coverage for services associated with diagnosis or treatment of COVID-19. Individuals enrolled in these plans should contact their insurance carriers to find out whether these services are subject to the plan deductible.

Note that insurers may not use this flexibility to make mid-year changes to catastrophic plans that would reduce or eliminate any benefits, including benefits unrelated to COVID-19.

Additionally, clients may be able to switch to a plan with lower out-of-pocket costs during their state's COVID-19 Special Enrollment Period (SEP). The expansion of Marketplace financial assistance under the American Rescue Plan Act may give clients who initially chose Catastrophic plans access to affordable plans with more generous coverage. All state-based Marketplaces have created COVID-19 SEPs, although SEP deadlines and other policies (including whether existing enrollees can use the SEP to switch plans) vary by state. States using the federal Marketplace (healthcare.gov) have a [COVID-19 SEP](#) available through August 15. The healthcare.gov COVID-19 SEP allows existing enrollees to switch plans.

Private Insurance Resources

- America's Health Insurance Plans (AHIP) [list of health insurance providers responses to COVID-19](#)
- The Commonwealth Fund [tracker](#) of state-level policies relating to private health insurance during the emergency
- Kaiser Family Foundation [tracker](#) of state-level policies relating to private insurance during the emergency
- American Society of Clinical Oncology [Overview of State and Private Payer Coverage Related to COVID-19](#)
- Georgetown Center for Children and Families [COVID-19 Resource Center](#)
- Health Reform Beyond the Basics, [FAQ: Changes to the Marketplace in the American Rescue Plan Act](#)