Value-Based Insurance Design and the COVID-19 Pandemic



- Patient out-of-pocket costs for COVID-19 hospitalization can reach:
 - \$1,300 in employer sponsored health plans
 - \$1,400-1,600 in traditional Medicare and Medicare Advantage plans
- 40% of Americans don't have \$400 for an unexpected bill

Value-based insurance design principles can mitigate the harmful effects of the virus by reducing barriers to necessary care

Policies to Increase Access to Necessary Care

March 11, 2020: Notice 2020-15, HDHPs and Expenses Related to COVID-19, extended pre-deductiblecoverage for medical services to test for and treat the virus

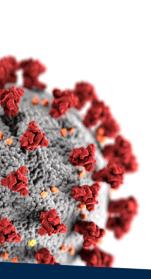
March 18, 2020: Families First Coronavirus Response Act

- Eliminated cost-sharing for COVID-19 testing
- Eliminated cost-sharing for any in-person or telehealth provider visit that results in a COVID-19 test

March 11, 2020: Private health plans begin to announce partial or full coverage for COVID-19 testing and related services

March 27, 2020: Coronavirus Aid, Relief, and Economic Security Act (CARES)

- Mandates coverage of COVID-19 testing by all plans without cost-sharing
- Allows HSA-HDHPs to cover telehealth services - including care not associated with COVID-19 - on a pre-deductible basis



March 29, 2020: Several private plans waive cost-sharing for COVID-19 treatment, in both privately insured individual and groups plans, and Medicare Advantage and Medicaid

 Requires first dollar coverage of a COVID-19 vaccine in all plans by amending Public Health Service Act Section 2713

March 30, 2020: CMS expanded Medicare coverage of telehealth visits and issued regulatory changes to further support hospitals, physicians, and other healthcare organizations

Policies that reduce consumer cost-sharing are mostly voluntary and need to be swiftly and generously implemented to encourage patients to seek necessary care

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