

# COVID-19 Health Care Resource Guide

DEREK  KILMER  
Proudly Representing Washington's 6th District

## A Note from Representative Kilmer:

Across our region and the entire country, the COVID-19 pandemic is putting an extraordinary strain on our health care system, our economy, and on families. I hope you are all keeping safe, staying well, and managing these challenging times.

Since this public health crisis began, I've had a phone attached to my ear from dawn until dusk – hearing from hospital leaders, local housing authorities, folks at the Naval Shipyard, disability advocates, veterans organizations, higher education institutions, immigrant and refugee support groups, labor leaders, small business owners, transit organizations, and thousands of constituents. I've had those conversations to hear directly from folks in every corner of our region about how COVID-19 and efforts to contain its spread are impacting Washingtonians – and to learn more about what resources are needed from the federal government.

In response, I've worked with my colleagues in Congress to pass three emergency response bills that have now been signed into law by the President. These new bills will provide bold and urgent action to protect the health, safety, and economic well-being of the American people.

To that end, the federal government has taken action to support America's health care system in the fight against the pandemic, making a \$150 billion investment in hospitals, health systems, and health research. This includes new funding for personal protective equipment for health care workers, testing supplies, increased workforce and training, and dedicated funding to deliver Medicare payment increases to all hospitals and providers to ensure that they receive the funding they need during this crisis.

As this situation evolves, I encourage you to continue to visit [kilmer.house.gov](http://kilmer.house.gov) for more information or reach out to my team and me in Tacoma at 253-272-3515 if we can lend a hand.

As always, I'm honored to represent you.

Sincerely,



Derek Kilmer

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## Resources

If you have a medical emergency, please dial 9-1-1.

If you have questions about what is happening in Washington, or how the coronavirus is spread, please visit the [Washington State Health Department](#) or call their hotline at 1-800-525-0127 from 6 a.m. to 10 p.m., seven days a week. Please note that this call center cannot access COVID-19 testing results. For testing inquiries or results, please contact your health care provider.

For further general information about the coronavirus, visit the Centers for Disease Control and Prevention's (CDC) website for a [comprehensive guide](#) for patients, caretakers, and health care professionals.

If you would like to enroll in health care through the special enrollment period, you can do so at the [Washington State Health Benefit Exchange](#). The special enrollment period due to COVID-19 is now extended through May 8, 2020. Existing enrollees who are facing income changes can also self-serve by signing in to report a change. New enrollees are encouraged to search for a local insurance expert or call customer support between 7:30 a.m. - 5:30 p.m. Monday through Friday to learn about coverage options, or [click here](#) to learn more.

For additional assistance please contact any of my offices, or visit my website at [www.kilmer.house.gov](http://www.kilmer.house.gov)

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(202) 225-5916  
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(EST)

Tacoma  
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Suite 1230  
Tacoma, WA  
98402  
(253) 272-3515  
M-F:9am - 5pm  
(PST)

Bremerton  
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Suite 500  
Bremerton, WA  
98337  
(360) 373-9725  
M-F: 9am - 5pm  
(PST)

Port Angeles  
332 E 5th St  
Port Angeles, WA  
98362  
(360) 797-3623  
Tu/Th: 9am-Noon  
(PST)  
Wed: Noon-4pm  
(PST)

## **Frequently Asked Questions for Patients**

### ***If I have private insurance, will I have to pay for a coronavirus test?***

No, those with private insurance will not have to pay for the coronavirus test. The Families First Coronavirus Act required that all private insurance plans cover coronavirus testing without deductibles, coinsurance, or copays. Insurers also have to cover fees for visits to the emergency room, an urgent care center, or a doctor's office associated with getting a test without cost sharing.

### ***How much will patients have to pay for the COVID-19 vaccine once it becomes available?***

If you are enrolled in Medicare Part D or Medicare Advantage, the vaccine will be free.

### ***How does recent legislation increase access to telehealth services for seniors and other Medicare beneficiaries?***

The CARES Act gives the Secretary of Health and Human Services (HHS) broad authority to allow more health care providers to offer telehealth services to Medicare beneficiaries, including in the beneficiaries' homes to avoid potential exposure to COVID-19, and provide more flexibility in terms of how those telehealth services can be provided. You can follow the latest announcements from HHS [here](#).

### ***How can seniors access the medications they need while also being told it's better to stay at home?***

In the past, Medicare drug plans only let beneficiaries receive a 30-day supply of their prescription. Under the CARES Act, during the COVID-19 Public Health Emergency, a senior on Medicare can get up to 90 days of a prescription if that is what the doctor prescribed, as long as there are no safety concerns. Medicare drug plans will also allow beneficiaries to fill prescriptions early for refills up to 90 days, depending on the prescription.

## **Frequently Asked Questions for Providers**

### ***What financial assistance is available for hospitals, health systems and health care providers to support COVID-19 response efforts?***

One of the primary ways the CARES Act supports our health system is through a \$100 billion fund, run through the Public Health and Social Services Emergency Fund (PHSSEF), to cover non-reimbursable expenses attributable to COVID-19. All health care entities that provide health care, diagnoses, or testing are eligible for funding. Additional funding mechanisms, such as Medicare payment boosts, support for community health centers, and additional appropriated funding, are discussed in more detail below.

### ***How can providers access PHSSEF funds?***

The Department of Health and Human Services (HHS) will distribute the funding via the Public Health and Social Services Emergency Fund (PHSSEF). HHS has been instructed to review applications and make payments on a rolling basis in order to get money into the health system as quickly as possible. The Secretary is expected to release guidance on the application process shortly. You can follow the latest announcements from HHS [here](#).

While the specific details of the grant mechanism have not been announced, providers should begin documenting the financial loss they are experiencing due to COVID-19.

### ***What expenses qualify for funding?***

All non-reimbursable expenses attributable to COVID-19 qualify for funding. Examples include building or retrofitting new ICUs, increased staffing or training, personal protective equipment, the building of temporary structures and more. Forgone revenue from cancelled procedures, which has put significant strain on the health care system, is also a qualified expense. It is important to note that this fund can only be used for non-reimbursable expenses. Any expenses reimbursed or obligated to be reimbursed by insurance or other mechanisms are not eligible.

### ***Can health care entities access funds under the PHSSEF if they are also eligible for funding from another government program?***

A: Yes, however, the bill states that the funds may not be used for expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse. If qualified expenses are eligible for reimbursement from another mechanism, then an entity may still apply for funding from the PHSSEF fund while simultaneously applying for funding from other sources. If the entity subsequently receives reimbursement for expenses from any other source after receiving funding for the same expenses from the PHSSEF fund, the entity will be required to repay the funding it received from the PHSSEF fund. This also applies to funds received

through the new SBA7(a) loans Paycheck Protection Program forgivable loans, the SBA's Economic Injury Disaster Loan (EIDL) Program, and the new EIDL Emergency Grant Program.

***Many hospitals - especially those in rural areas - are facing significant cash flow challenges due to the cancellation of all elective surgeries. Is there anything in this bill to help hospitals stay afloat, even temporarily?***

A: The COVID-19 emergency has created significant cash flow concerns for many hospitals. Hospitals need reliable and stable cash flow to help them maintain and support their workforce, buy essential supplies, create additional infrastructure, and keep their doors open to care for patients. During the COVID-19 public health emergency (PHE), the CARES Act creates the opportunity for hospitals to receive accelerated payments. Specifically, acute care hospitals, critical access hospitals (CAHs), children's hospitals, and prospective payment system-exempt cancer hospitals (PCHs) will be able to request accelerated Medicare payments for inpatient hospital services.

Rather than waiting until claims have been processed to issue payments, Medicare will work with qualified and interested hospitals to estimate their upcoming payments and give that money to the hospital in advance. Qualified facilities can request a lump sum or periodic payment reflecting up to six months of Medicare services. Accelerated payments must be repaid to Medicare, however a qualifying hospital would not be required to start paying Medicare back for four months after receiving the first payment. Hospitals would have at least 12 months to complete repayment without paying interest. Hospitals interested in receiving accelerated payments should contact their Medicare Administrative Contractor (MAC).

***I am a health care provider. How can I get more PPE and other medical supplies?***

A: Providers should be following CDC guidelines for preservation of PPE and should continue to submit requests to their local public health jurisdiction. In the state of Washington, county public health agencies are submitting requests to the Washington State Department of Health.

The CARES Act included \$16 billion for the procurement of PPE, ventilators, and other medical supplies, and allocated \$1 billion in new funding for the Department of Defense to invest in manufacturing of these critical supplies.

***Treating patients with COVID-19 is very resource-intensive for hospitals. How will Medicare ensure that hospitals are adequately reimbursed for treating COVID-19 patients?***

The CARES Act increases Medicare reimbursement to care for a COVID-19 patient by 20 percent. This add-on payment for inpatient hospital services recognizes the increased costs incurred by providers and will be applied for the duration of the COVID-19 emergency.

***What is the process for hospitals, health systems, and health care providers to apply for and receive funding under the 7(a) SBA Paycheck Protection Program?***

Small businesses and 501(c)(3) non-profit organizations, including hospitals, health systems, and health care providers, are eligible to apply for the Small Business Administration's Paycheck Protection Program. For further information about the Paycheck Protection Program, see my resource guide for Small Businesses [here](#).

***What support is included for community health centers?***

The CARES Act provides \$1.32 billion in supplemental funding for community health centers (CHCS), which are on the front lines in addressing COVID-19 in underserved communities across the country. This funding is in addition to the \$100 million distributed by the Health Resources and Services Administration (HRSA) to CHCs on March 24, 2020. Community Health Centers can also access the PHSEFF fund.

***Does the bill give additional flexibility for hospice providers?***

Yes. For a qualified beneficiary to receive hospice benefits, a hospice physician or nurse practitioner must certify their eligibility. Typically, a recertification must be done in person. The CARES Act allows hospice physicians and nurse practitioners to conduct these visits via telehealth for the duration of the PHE. Many hospitals are concerned that there aren't enough ICU beds to take care of those with COVID-19, and inpatient rehabilitation hospitals (IRF) and long-term care hospitals (LTCH) are trying to help build capacity. However, current rules and regulations won't allow them to take certain patients.

***Many hospitals are struggling financially as a consequence of the COVID-19 crisis even though they have not had to treat any cases. Can these hospitals still benefit from the Medicare resources and policies in the bill?***

Yes. The CARES Act temporarily lifts the Medicare sequester, effectively adding an additional two percent for services provided from May 1 through December 31, 2020. This will boost payments for hospital, physician, nursing home, home health, and other care, giving prompt economic assistance to health care providers that treat Medicare patients. Additionally, all providers are eligible for funding through the Public Health and Social Services Emergency Fund (PHSSEF) to cover revenue loss due to cancellation of elective surgeries and the stay at home order.

***If a patient has COVID-19 and has to enter the hospital, can their regular personal care attendant, who they depend on at home, still help while the patient is in the hospital?***

Under the CARES Act, state Medicaid programs now have the ability, should they choose to pick up the option, to allow direct support professionals to continue to provide care and services for patients they are supporting in the hospital, including seniors and individuals with disabilities.