



# COVID-19 MEDEVAC TASK FORCE – FINANCING ARRANGEMENTS

9 October 2020

## INTRODUCTION

1. The COVID-19 Medical Evacuation (MEDEVAC) Framework (the “MEDEVAC Framework”) enables the provision of potentially life-saving medical assistance to those who would not otherwise be able to access it during the current pandemic<sup>1</sup>. To ensure transparency and sustainability, the MEDEVAC Framework outlines financial and other responsibilities of the entities that have access to the Framework, with the COVID-19 MEDEVAC Task Force (the “Task Force”) providing further guidance in this respect. This document sets out the financial arrangements in place to support the MEDEVAC Framework.

## SCOPE OF FINANCIAL COVERAGE OF THE MEDEVAC SYSTEM

### What is the scope of costs covered by the MEDEVAC System?

2. Subject to the below, the MEDEVAC System will provide for the payment of reasonable and customary medical expenses related to the treatment of COVID-19, any accommodation costs incurred during such treatment, reasonable additional incidental expenses, such as personal and hygiene items (toothbrush, shower gel) telephone/TV, drinks, newspapers, incurred during such services up to the patient’s discharge from intensive care unit (ICU) or post-high dependency (HD) and eligible air and ground ambulance transportation costs.
3. The management of treatment costs varies, contingent on the location to which the COVID-19 patient is medically evacuated. The location to which a patient will be medically evacuated will be decided by the UN MEDEVAC Cell, informed by the clinical needs of the patient and the availability of treatment locations. Where possible, patients will be medically evacuated to facilities with which the UN system has or is in the process of establishing a formal arrangement. In some cases, it may be necessary to medically evacuate patients to other clinically vetted treatment facilities with which no formal arrangement is in place. In all cases the main consideration in determining the MEDEVAC location will be the condition and clinical needs of the patient.

### Treatment locations with which the UN system has or will have a formal arrangement

4. Where patients are treated in facilities with which the UN system has or is in the process of establishing a formal arrangement for the provision of medical services, funds from the UN system’s central fund dedicated to the MEDEVAC System (“central fund”) will be used to pay for COVID-19 MEDEVACs and related services, including medical services, to eligible persons from the point of departure of the international MEDEVAC flight, up to their discharge from intensive or high dependency care at the treatment facilities. Where any post-ICU or post-HD services are included in the invoices in the initial treatment facility in a designated hub, Cigna International Health Services BVBA (“Cigna”), as the MEDEVAC System’s designated Third-Party

<sup>1</sup> See also the [COVID-19 Medical Evacuation Framework \(31 August 2020\)](#)



Administrator, will pay the invoice in full, with the respective referring entity being required to reimburse the central fund for the appropriate portion of such payment directly.

### Other treatment locations

5. Where patients are treated in facilities with which the UN system does not and will not have a formal arrangement for the provision of medical services, referring entities<sup>2</sup> are responsible for payment for all such medical services. Cigna will receive invoices for such services and reroute them to the patient's referring entity. In such circumstances, the referring entity will be responsible for the processing and payment of invoices either through direct payment or existing insurance arrangements. Any out-of-pocket costs relating to ICU/HD care incurred in treating the patient by the referring entity may be subject to reconciliation and potential reimbursement from the central fund at the end of the year, after consultation and depending on funding availability.

### Air and ground ambulance transportation

6. Air ambulance transportation from the international point of departure and ground ambulance transportation from the arrival airport to the treating facility will be pay for by funds from the central fund regardless of the treatment location and whether or not the UN system has an arrangement in place with the treatment facility. Note that costs incurred in transporting the patients to the international point of departure will not be paid for by funds from the central fund.

### **What costs are outside the scope of the MEDEVAC System?**

7. In all cases, the responsibility for any and all costs after the patient's discharge from ICU/HD care are outside of the scope of the MEDEVAC System and rests with the referring entity.
8. Such costs may include but not be limited to, other in-patient treatment, outpatient services, room and board during the convalescent period, any applicable entitlements, as well as onward or return travel to the MEDEVAC point of origin or elsewhere (repatriation). Referring entities shall also be responsible for all costs incurred by any non-medical escort, including the costs of international travel and accommodation for the non-medical escort. In the case that the non-medical escort is accompanying a patient who is a minor, the cost of travel in the same air ambulance would be covered from the central fund.
9. Please see Annex A for a more detailed break-down of costs and coverage.

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<sup>2</sup> "Referring entity" is an entity whose personnel and certain dependents have been determined as eligible for MEDEVAC under the MEDEVAC Framework. The referring entity can make a request via the COVID-19 Coordinator for a COVID-19 MEDEVAC.



### TREATMENT COSTS

#### How will invoices from treatment facilities be treated?

10. Cigna has been engaged to act as Third-Party Administrator for the administration of medical billing for patients who have been medically evacuated and treated for COVID-19 through the MEDEVAC System.
11. All invoices for all patients treated through the COVID-19 MEDEVAC System will be submitted by hospitals to Cigna to provide for a streamlined invoicing and payment process. The manner in which such invoices will be processed is contingent on the arrangements that are in place with the treatment facility in which the patient has received treatment, namely:

#### *Treatment locations with which the UN system has or will conclude a formal agreement*

- a. Invoices relating to patients who are treated in facilities with which the UN system has or is in the process of concluding formal arrangements, or which have been established on behalf of the UN system organizations, will be processed by Cigna and reimbursed from funds in the central fund. Where any post-ICU/HD services are included in the invoices, Cigna will pay the invoice in full, on behalf of the UN system, with the respective UN system organization being required to reimburse the central fund for such payment directly.

#### *Other treatment locations*

- b. Invoices from any other treating medical facilities (i.e., facilities with which the UN system does not have formal arrangements) will be transmitted to the referring entity by Cigna for processing through the referring entity's insurance arrangements or the referring entity will be required to pay the treatment facility directly. Any out-of-pocket costs relating to ICU/HD care incurred in treating the patient by the referring entity may be subject to reconciliation and potential reimbursement from the central fund at the end of the year, after consultation and depending on funding availability.

### LETTER OF GUARANTEE

#### What is the Letter of Guarantee and how will it be used?

12. Regardless of the location to which a patient is to be medically evacuated, referring entities are required to complete a standard Letter of Guarantee and return it to the COVID-19 Coordinator in the event of a MEDEVAC request and prior to the receipt of services. The Letter of Guarantee is a necessary assurance to the medical facility which will receive and treat the medically evacuated patient that invoices will be paid.
13. Please refer to the applicable links below:

[Letter of Guarantee - UN System entities](#)

[Letter of Guarantee - INGOs and other non-UN system entities](#)



### ANNEX A: INDICATIVE TABLE OF COSTS

Cost Element	Covered		Comments
	Yes	No	
Transportation to and hospitalization in country of origin		x	
Domestic air or ground transportation from deployment location to international departure airport		x	
Air ambulance transportation from international departure airport to treatment destination (patient)	x		Covered regardless as to treatment destination
Non-medical escort air ambulance transportation for minor patients (1 pax)	x		
Non-medical escort air transportation (excluding with regard to minor patients)		x	
Ground ambulance transportation from arrival airport to treatment facility	x		Covered regardless as to treatment destination
ICU/HD treatment at destination hospital in designated regional location with which the UN system has a formal arrangement for the provision of medical services	x		Invoices to be sent to Cigna as the Task Force's Third-Party Administrator (TPA), and reimbursed in full from the central fund. Costs comprise all medically necessary, reasonable and customary medical costs and expenses for services related to treatment of COVID-19, and reasonable additional incidental expenses, such as personal and hygiene items (toothbrush, shower gel) telephone/TV, drinks, newspapers, incurred during such services
ICU/HD treatment at destination hospital in treatment facility with which the UN system does <b>not</b> have a formal arrangement for the provision of medical services		x	Invoices to be sent to Cigna as TPA for central receipt from all hospitals, for onward transmission to referring entity for processing. The referring entity will determine the most appropriate process, either by direct payment, or through any existing insurance arrangements. Referring entities should track any out of pocket costs for reconciliation and potential reimbursement from the central fund depending on funds availability at the end of the year.
All medical care post ICU/HD discharge		x	Including, but not limited to other in-/out-patient care, rehabilitation, follow-up/check-up medical care. Where any of these services are included in the invoices in the initial treatment facility in a designated hub, Cigna will pay 100% of the bill, and the Task Force will recover costs for non-ICU/HD treatment from the referring entity directly.
Daily allowances, DSA, living expenses, and any other applicable		x	Includes non-medical accommodation post-discharge prior to departure where required by national authorities.



**United Nations**



**COVID-19 Response**

HR entitlements for patient and any applicable escort for minors			
Onward transportation of patient and any <b>applicable escort for minors</b>		x	Includes repatriation, return to deployment location, or any other location.
Repatriation of remains		x	