Please disseminate: Fusion Cell provider communication for testing (and being paid) for COVID-19 testing for Medicaid participants and the uninsured:

Medicaid covers testing for enrolled Medicaid participants. Please refer to the MO HealthNet provider COVID-19 webpage at https://dss.mo.gov/covid-19/mhn-provider.htm for updates. A "hot tip" will be issued soon to remind MO HealthNet providers they can bill for COVID-19 testing for MO HealthNet eligible participants.

For the uninsured:

The Health Resources and Services Administration (HRSA) has a website at https://www.hrsa.gov/CovidUninsuredClaim for providers who administer COVID-19 testing and treatment of the uninsured.

There is a COVID-19 Uninsured Program Portal that is **now open**.

Providers who have conducted COVID-19 testing or provided treatment for uninsured individuals with COVID-19 on or after February 4, 2020, can begin the process to file claims for reimbursement for testing and treating the uninsured.

Providers can access the portal at **coviduninsuredclaim.linkhealth.com**

From the HRSA website:

About the program

As part of the FFCRA, Paycheck Protection Program and Health Care Enhancement Act, and CARES Act, the U.S. Department of Health and Human Services (HHS), will provide claims reimbursement to health care providers generally at Medicare rates for testing uninsured individuals for COVID-19 and treating uninsured individuals with a COVID-19 diagnosis.

Physicians and other health care providers are true heroes – especially during the COVID-19 outbreak – and HHS is grateful for their continued dedication.

How it works

Health care providers who have conducted COVID-19 testing or provided treatment for uninsured COVID-19 individuals on or after February 4, 2020 can request claims reimbursement through the program electronically and will be reimbursed generally at Medicare rates, subject to available funding. Steps will involve: enrolling as a provider participant, checking patient eligibility, submitting patient information, submitting claims, and receiving payment via direct deposit.

To participate, providers must attest to the following at registration:

- You have checked for health care coverage eligibility and confirmed that the patient is uninsured. You have verified that the patient does not have coverage such as individual,

employer-sponsored, Medicare or Medicaid coverage, and no other payer will reimburse you for COVID-19 testing and/or care for that patient

- You will accept defined program reimbursement as payment in full.

- You agree not to balance bill the patient.

- You agree to program terms and conditions and may be subject to post-reimbursement audit review.

Program timeline

- April 22 – Program Details launch

- April 27 – Sign up period begins for the program

- April 29 – On Demand training starts

- May 6 – Begin submitting claims electronically

- May 18 – Begin receiving reimbursement

For whom can claims be submitted

Providers may submit claims for individuals in the U.S. without health care coverage.

What's covered

For dates of service or admittance on or after February 4, 2020, providers will be eligible to seek reimbursement for COVID-19 testing and testing-related visits for uninsured individuals, as well as treatment for uninsured individuals with a COVID-19 diagnosis. All claims will be subject to the same timely filing requirements required by Medicare.

Reimbursement will be made for qualifying testing for COVID-19 and treatment services with a primary COVID-19 diagnosis as determined by HRSA (subject to adjustment as may be necessary) , including the following:

- Specimen collection, diagnostic and antibody testing.

- Testing-related visits including in the following settings: office, urgent care or emergency room or telehealth.

- Treatment, including office visit (including telehealth), emergency room, inpatient, outpatient/observation, skilled nursing facility, long-term acute care (LTAC), acute inpatient rehab, home health, DME (e.g., oxygen, ventilator), emergency ambulance transportation, non-emergent patient transfers via ambulance, and FDA approved drugs as they become available for COVID-19 treatment and administered as part of an inpatient stay.

- FDA-approved vaccine, when available.

Claims will be subject to Medicare timely filing requirements.

Services not covered by traditional Medicare will also not be covered under this program. In addition, the following services are excluded:

- Any treatment without a COVID-19 primary diagnosis, except for pregnancy when the COVID-19 code may be listed as secondary.

- Hospice services.

- Outpatient prescription drugs.

All claims submitted must be complete and final.

Claims Submission

Information on claims submission can be found at: coviduninsuredclaim.linkhealth.com ⊡.

Claims Reimbursement

Claims for reimbursement will be priced as described below for eligible services (see coverage details above).

- Reimbursement will be based on current year Medicare fee schedule rates except where otherwise noted.

- Reimbursement will be based on incurred date of service.

- Publication of new codes and updates to existing codes will be made in accordance with CMS.

- For any new codes where a CMS published rate does not exist, claims will be held until CMS publishes corresponding reimbursement information.

When can I learn more?

We will update this site with much more information starting April 27. Please check back often for the latest updates and stay connected with us on Twitter ⊡ , Facebook ⊡ and LinkedIn ⊡ .