# FAQ: Billing COVID-19 testing and treatment for uninsured patients

There are a number of opportunities for systems and providers to draw down funding and reimbursement for COVID-19 testing and treatment for uninsured patients.

At the state level, you can assist uninsured patients in enrolling in (1) the new and temporary limited MA coverage of COVID-19 testing to receive reimbursement for COVID-19 testing or in (2) broader health coverage available through MNsure.

In addition, you can seek reimbursement for COVID-19 testing and treatment through the federally administered HRSA COVID-19 Uninsured Program if the patient does not have other coverage at the time of services. If you have received a CARES Act Provider Relief Fund allocation, you can use this allocation for your remaining unreimbursed coronavirus-related expenses or lost revenues. Additional information about each of these programs can be found below.

## Enrolling uninsured patients in limited MA coverage of COVID-19 testing

Effective May 1, 2020 through the duration of the peacetime emergency that Governor Walz declared in response to the COVID-19 pandemic, there is a new and temporary limited MA coverage group for individuals who are uninsured to cover testing and diagnosis of COVID-19.

**Limited MA coverage for COVID-19 testing covers only COVID-19 testing and the related office visit.** This includes coverage for the COVID-19 diagnostic test, serological test, and the office visit during which the test was given. There are no copays nor deductibles for COVID-19 testing and the evaluation. A person can have more than one COVID-19 test covered while they are enrolled in this limited MA coverage for COVID-19 testing program.

Limited MA coverage for COVID-19 testing does not cover services for the treatment of COVID-19. Treatment for patients with a primary COVID-19 diagnosis may be reimbursable under the HRSA COVID-19 Uninsured Program, which is described below.

Current information on the limited MA coverage for COVID-19 testing can be found on the [COVID-19 page of the MHCP provider manual](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS-320036).

### What are the eligibility criteria for this limited MA coverage of COVID-19 testing?

To be eligible for this limited MA coverage for COVID-19 testing, the individual must: (1) be uninsured; (2) be a U.S. citizen, U.S. national, or in a Medicaid qualifying immigration status; and (3) not have other health coverage.

No requirements for age, income, or assets apply for this limited MA coverage for COVID-19 testing. Access to other health insurance is not a barrier to limited MA coverage for COVID-19 testing, as long as the person is not actually enrolled in the other health insurance.

### How can the uninsured patient apply for this limited MA coverage of COVID-19 testing?

* Give the [Application for Limited MA Coverage for COVID-19 Testing (DHS-7310) (PDF)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7310-ENG) to all uninsured patients to complete.
* Administer the COVID-19 testing and evaluation.
* Ensure the patient has completed all information necessary.
* Complete the provider portion of the application and submit the application to the Minnesota Department of Human Services (DHS). DHS staff will determine eligibility.
* Verify eligibility and submit the claim(s) to DHS for processing.

Information on eligibility status will be available in the Eligibility Verification System (EVS) within 10 days of submission of the application.

## Enrolling uninsured patients in health coverage beyond COVID-19 testing

Whenever possible, please encourage uninsured patients to complete the appropriate application for broader health coverage. See information specific to [coverage options through MNsure during COVID-19](https://www.mnsure.org/stay-informed/covid-19-info/index.jsp).

### How can the uninsured patient apply for health coverage with financial help?

If the patient is a child, parent, relative caretaker of a child, pregnant woman, or an adult under age 65 who does not have any children under age 19 living with them, they can:

* Apply online through MNsure using the [application WITH financial help](https://www.mnsure.org/new-customers/apply/with-fin-help/index.jsp); or
* Fill out the [Application for Health Coverage and Help Paying Costs (DHS-6696) (PDF)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6696-ENG). Find this application at www.mnsure.org or have one mailed to you by calling 651-431-2670 or 800-657-3739.

If the patient is age 65 or older, an adult under age 65 who has Medicare, or is blind or has a disability, they can:

* Fill out the [Application for Certain Populations (DHS-3876) (PDF)](http://edocs.dhs.state.mn.us/lfserver/Public/DHS-3876-ENG). You can have one mailed to you by calling 651-431-2670 or 800-657-3739.

If the patient needs help to pay for nursing facility care or home and community-based services to help them remain living in their home, they can:

* Fill out the [Application for Medical Assistance for Long-Term-Care Services (MA-LTC) (DHS-3531) (PDF)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3531-ENG). You can have one mailed to you by calling 651-431-2670 or 800-657-3739.

If the patient has questions or needs help, they can call DHS Health Care Consumer Support at 651-431-3994 or 800-366-5414.

## Submitting claims to the HRSA COVID-19 Uninsured Program

For dates of service or admittance on or after February 4, 2020, providers who have conducted COVID-19 testing and testing-related visits for uninsured individuals, as well as treatment for uninsured individuals with a primary COVID-19 diagnosis, can electronically request claims reimbursement through the HRSA COVID-19 Uninsured Program. All claims will be subject to the same timely filing requirements required by Medicare and available funding.

Steps will involve: enrolling as a provider participant, checking patient eligibility, submitting patient information, submitting claims electronically, and receiving payment via direct deposit.

Current information on claims submission to the HRSA COVID-19 Uninsured Program can be found at: <https://coviduninsuredclaim.linkhealth.com/>

### What are the patient eligibility criteria?

Providers must verify and attest that the patient does not have individual, employer-sponsored, Medicare or Medicaid coverage, and no other payer will reimburse them for COVID-19 testing and/or treatment for that patient. Note that patients who are enrolled in the limited MA coverage for COVID-19 testing are not considered uninsured for purposes of provider reimbursement of COVID-19 testing services through this HRSA-administered program. However, providers can submit claims through this HRSA-administered program for COVID-19 treatment services provided to patients who are enrolled in the limited MA coverage for COVID-19 testing but who do not have coverage for treatment services.

If the provider learns that the patient is retroactively enrolled in health coverage as of the date of service, the provider must return the payment to HRSA.

Providers are not required to confirm immigration status prior to submitting claims for reimbursement – see more information on the [HRSA COVID-19 Uninsured Program FAQ page](https://coviduninsuredclaim.linkhealth.com/frequently-asked-questions.html), which addresses the most common questions.

## Using your CARES Act Provider Relief Fund allocation

The U.S. Department of Health and Human Services (HHS) is distributing $175 billion to hospitals and healthcare providers on the front lines of the coronavirus response. Providers in Minnesota have already received nearly $1 billion in CARES Act Provider Relief Fund allocations.

These allocations must only be used to prevent, prepare for, and respond to coronavirus. Additionally, these allocations only reimburse for health care related expenses or lost revenues that are attributable to coronavirus and not reimbursed or reimbursable by other sources. The terms and conditions for each type of allocation detail additional requirements, including the appropriate uses and prohibitions for these funds and documentation and reporting requirements.

Providers who have been allocated a distribution payment from the CARES Act Provider Relief Fund can find current information about the attestation, accepting or returning the funds, terms and conditions, submitting revenue information, and requesting reimbursement through the portals on the [CARES Act Provider Relief Fund page for providers](https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers). Note that not returning the payment within 90 days of receipt will be viewed as acceptance of the terms and conditions.

This [CARES Act Provider Relief Fund FAQ page](https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/faqs/) addresses the most common questions.