



## **Overview:**

This contract is established to provide for reimbursement to providers, clinics and/or laboratories for testing costs of COVID-19 on non-insured and non-Medicaid eligible citizens of the Commonwealth, staff and residents of Long-Term Care Facilities, or any other population identified by the Secretary of the Cabinet for Health and Family Services.

## **Contract Instructions:**

1. To get set up for submission of reimbursement each vendor will need to sign this Contract:  
<https://na3.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=cb33db3c-192e-4f23-8f06-40f9b3f34cc2&env=na3&acct=31a1bae2-b00f-4773-9428-265fc5ca97ec&v=2>
  - a. Instructions:
    - i. Providers, clinics and/or laboratories who provide COVID-19 testing on non-insured and non-Medicaid eligible citizens of the Commonwealth for expenses incurred during the state of emergency will need to sign this document before seeking reimbursement.
      1. Provider Name, License #, Name of Licensing Board and/or NPI number will be required for completion.
    - ii. When completing this document, each vendor will also be completing a “EZ Vendor Registration Application” form as well.
      1. Please have the following items ready when completing this document:
        - a. Legal name
        - b. Taxpayer ID Number
        - c. 1099 Classification
        - d. Address/Contact information
    - iii. Once vendor has signed and submitted this document, it will be reviewed and approved or denied by CHFS. Once contract is approved, vendor may submit invoice for reimbursement.

## **Invoice Instructions for staff and residents of Long-Term Care Facilities:**

1. Vendors will need to submit for reimbursement through the following Invoice Form:  
<https://na3.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=a09e8226-2bb7-4ccc-8bc5-26afcc18bcc5&env=na3&acct=90a7e942-547d-4518-9757-c5ffecbdf43f&v=2>
  - a. Vendors must have an approved contract prior to submission of an invoice.
  - b. Vendors must complete the invoice and should have the following items in order to complete the invoice:
    - i. Legal Name (must be same as completed on the EZ Vendor Registration Application form that was completed on the contract).
    - ii. Tax ID Number (must be same as completed on the EZ Vendor Registration Application form that was completed on the contract)
    - iii. Services Date for the invoice
    - iv. Provider Name (Laboratory or Long-Term Care Facility Name), License #, Name of Licensing Board and/or NPI number will be required for completion (must be the same as completed on the contract)
    - v. **Invoice Report must be attached when submitting invoice.**



- c. Vendors may submit invoices on a monthly basis in order to seek reimbursement.
- d. Once a vendor has submitted a completed invoice it will be reviewed and approved or denied by CHFS. Once invoice is approved, Commonwealth has up to 45 calendar days to issue payment.

**Invoice Instructions for clinics and/or laboratories for testing costs of COVID-19 on non-insured and non-Medicaid eligible citizens of the Commonwealth:**

1. Vendors will need to submit for reimbursement through the following Invoice Form:  
<https://na3.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=3ce55ed0-ffa8-43ac-93fa-ae0a2d114468&env=na3&acct=90a7e942-547d-4518-9757-c5ffecbdf43f&v=2>
  - a. Vendors must have an approved contract prior to submission of an invoice.
  - b. Vendors must complete the invoice and should have the following items in order to complete the invoice:
    - i. Legal Name (must be same as completed on the EZ Vendor Registration Application form that was completed on the contract).
    - ii. Tax ID Number (must be same as completed on the EZ Vendor Registration Application form that was completed on the contract)
    - iii. Services Date for the invoice
    - iv. Provider Name, License #, Name of Licensing Board and/or NPI number will be required for completion (must be the same as completed on the contract)
    - v. **Invoice Report must be attached when submitting invoice.**
  - c. Vendors may submit invoices on a monthly basis in order to seek reimbursement.
  - d. Once a vendor has submitted a completed invoice it will be reviewed and approved or denied by CHFS. Once invoice is approved, Commonwealth has up to 45 calendar days to issue payment.