

June 4, 2020

CMS Issued New Guidance for States on the Medicaid Optional Uninsured COVID-19 Testing (XXIII) Group

The Centers for Medicare & Medicaid Services (CMS) released [guidance](#) on June 2 for states implementing the Medicaid Optional Uninsured COVID-19 Testing (XXIII) Group, established by the Families First Coronavirus Response Act. States can use this new optional Medicaid eligibility group to access federal funds to cover the full cost of COVID-19 testing-related services for uninsured individuals. This guidance reviews flexibilities available to states to aid in the implementation of this option. See CMS's previous [guidance](#) for more detailed information on eligibility requirements, benefits and federal matching rates for coverage under the optional COVID-19 testing group. The following is a summary of key provisions of CMS's latest guidance.

Enrollment. States can develop a simplified application for the new COVID-19 testing eligibility group to minimize burden on the applicant. States also are encouraged to assess whether individuals found ineligible for the state's Medicaid program can be covered through the COVID-19 testing eligibility group. States can adopt a variety of strategies to obtain an applicant's signature, including electronic means, as well as designating a provider as an authorized representative. States must verify citizenship and immigration status, using available federal systems. If such verification systems are not immediately available, states may conduct verification post-enrollment. In addition, states must accept attestations of citizenship and immigration status at the time of application and not let verification impede enrollment while the verification process continues.

Hospital-based Presumptive Eligibility (HPE). States can request to include the COVID-19 eligibility testing group as a group covered under HPE through their disaster state plan amendment. The guidance further suggests that hospitals participating in HPE could allow individuals to apply for the COVID-19 testing group through a phone call at the testing site since an applicant's signature is not required when applying through HPE.

Reporting and Provider Claims. States are not required to incorporate individuals determined eligible for the COVID-19 testing group into Medicaid's eligibility system, known as the Medicaid Management Information System (MMIS), for purposes of claiming federal matching dollars. In order for states to receive the increased federal funding for this eligibility group, states must meet a continuous coverage requirement. As such, states must ensure that the individuals do not need to apply again for coverage of any subsequent testing. With regard to provider claims, states are not required to

utilize the MMIS. However, states must maintain a provider claims process reflective of the CMS-64 form used for federal matching purposes. For example, the guidance suggests that providers could utilize non-standard claims forms or could submit rosters of patients who received testing which could then be manually entered or batch processed for payment.

Coordination between Medicaid Uninsured Option for COVID-testing and HRSA COVID-19 Claims Reimbursement Program for Uninsured. States choosing the Medicaid COVID-19 testing option must coordinate benefits with the Health Resources & Services Administration (HRSA) COVID-19 claims reimbursement program. In this case, Medicaid is the primary payer for eligible beneficiaries receiving COVID-19 testing services. HRSA, via its claims contractor, UnitedHealthcare (UHC), will perform third-party clearances with states' MMIS to ensure proper coordination of benefits for Medicaid beneficiaries. UHC will perform third-party clearances at the initial receipt of a claim from providers and conduct periodic retrospective reviews. If the state does not use the MMIS for the Medicaid optional COVID-19 testing group, the state will need to provide separate enrollment information for this group to HRSA for coordination of benefits to ensure that the HRSA-administered funds are not used for individuals enrolled in Medicaid.

Further Questions: If you have questions, please contact the AHA at 800-424-4301.