



Long Term Care Facility

This contract is established to provide for reimbursement for surveillance testing costs of COVID-19 on staff and residents of Long Term Care Facilities (LTC).

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=f8150969-77ce-4277-ad61-0f03d9c01210&env=na3&acct=31a1bae2-b00f-4773-9428-265fc5ca97ec&v=2>
 - a. For expenses incurred for testing costs of COVID-19 during the state of emergency will **need to sign this document before seeking reimbursement.**
 - b. Facility Name, License #, Name of Licensing Board and/or NPI number will be required for completion.
 - c. When completing this document, each vendor will also be completing an “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
 - d. 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 Facility:

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>
2. **Vendors must have an approved contract prior to submission of an invoice.**
3. Vendors must complete the invoice and should have the following items in order to complete the invoice:
 - a. Legal Name (must be same as completed on the EZ Vendor Registration Application form that was completed on the contract).
 - b. Tax ID Number (must be same as completed on the EZ Vendor Registration Application form that was completed on the contract).
 - c. Services Date for the invoice.
 - d. 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).
 - e. **Invoice Report must be attached when submitting invoice.**
4. Vendors may submit invoices on a calendar monthly basis in order to seek reimbursement.
5. 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.
6. Billing Codes to select:
 - a. Contract Clinical Lab: Sample G-2024 (\$21.64) and/or PCR Test U-0003 (\$85.00)
 - b. Contract LTC Provider: Sample G-2024 (\$21.64)