

**Congress of the United States**  
**Washington, DC 20515**

March 6, 2020

The Honorable Alex M. Azar, II  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

c/o: [vanessa.jones@hhs.gov](mailto:vanessa.jones@hhs.gov)

Dear Secretary Azar:

We write to urge the Administration to issue additional guidance to state and local governments, hospitals and care providers, and health insurance providers about reimbursement for testing, health screenings, treatments, and prevention measures related to the COVID-19 coronavirus.

On January 30, 2020, the coronavirus outbreak was declared a Public Health Emergency of International Concern by the World Health Organization (WHO). As of the time of this letter's writing, the Centers for Disease Control and Prevention (CDC) have is reporting 99 cases of COVID-19 in the United States, including 10 deaths, across at least 13 states. CDC has provided phenomenal resources for the public in terms of educational material, prevention tips, and testing protocols. CDC has even provided recommendations and guidance for health care professionals on handling persons under investigation, infection control, home care and isolation, case investigation, and specimen collection. Unfortunately, none of this guidance clarifies to health systems or insurers how to handle the billing and reimbursement associated with these activities.

We believe that working together in the face of this public health threat is in the best interest of our constituents and request that the Department of Health and Human Services (HHS) take appropriate steps to ensure the American public is aware of and protected from this threat. As such, we encourage HHS to improve its information flow – particularly to hospitals and local health departments – with regard to the costs associated with COVID-19.

While we are encouraged by the Centers for Medicare & Medicaid Services' (CMS) limited guidance and fact sheets issued late last night, we believe the health sector and patients require additional detailed information. We agree with CMS's March 5<sup>th</sup> announcement that "having specific codes for these tests will encourage testing and improve tracking." That is why we also believe health care providers and health systems need additional information on the laboratory tests allowable for treatments and procedures related to a potential COVID-19 case that are not specifically listed, and how to code for cases that began before the February 4, 2020 date of service allowed under this new guidance. Likewise, insurers need to know how to direct

beneficiaries and provide feedback to doctors and hospitals, particularly when testing is pushed by HHS or administered in a CDC facility to patients not under CMS's authority, like those with private insurance or on the Exchanges. Furthermore, hospitals and local health departments are still in need of guidance for their efforts beyond the provided general fact sheets.

On March 4, 2020, Vice President Pence, who is leading the coronavirus response, stated that the COVID-19 test will be covered by Medicaid, Medicare, and private insurance plans. Yet, plan providers and beneficiaries continue to be without guidance on how this will work. We are thrilled to learn that the Vice President is ensuring patients will feel confident and safe to receive the test; we believe it is important for the public health that the COVID-19 test be accessible to all at-risk Americans. However, the Vice President's comment that "HHS has already denominated a test for the coronavirus to be an essential health benefit" presents a need for clarification. Providers, insurers, and patients alike deserve to know how this test is being treated within the country's health care system and how it is being handled both by Medicare and Medicaid and by the Patient Protection and Affordable Care Act's essential health benefits requirements.

This week, the U.S. House of Representatives passed H.R. 6074, providing emergency supplemental appropriations to respond to the COVID-19 global public health emergency. The legislation provides for \$8.3 billion in emergency funding to combat and contain the effects of COVID-19. It includes nearly \$1 billion exclusively for state and local efforts to combat the emergency; this demonstrates our commitment to finding a funding solution and the importance we place on having a clear level of coordination between the federal and state levels. We were heartened to see HHS's announcement of initial funding to limited state and local jurisdictions in support of the COVID-19 response. In fact, Mr. Secretary, it was you who stated that "State and local governments are the backbone of our public health system." We agree. We believe this first step in funding streams to be positive but anticipate that the state and local governments we represent will require additional assistance and, just as importantly, guidance.

Now, we urge the Administration to take clear and proactive steps to establish guidelines for state and local governments, hospitals, care providers, and insurers on how to handle any and all reimbursement and billing claims and cases related to the prevention, treatment, and containment of the coronavirus. As Members of Congress with constituents who may be affected by COVID-19, we believe it is critical for reimbursement infrastructure and guidance to be in place as quickly as possible.

If you have any questions, please do not hesitate to contact Brittany Madni on Congressman Balderson's staff at [madni@mail.house.gov](mailto:madni@mail.house.gov) or at (202) 225-5355.

Sincerely,



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Member of Congress



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Member of Congress



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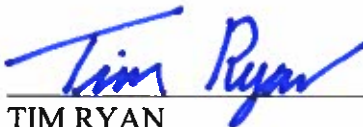
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