HRSA COVID-19 Uninsured Program Instructions

Important Dates

- Wednesday, April 29, 2020 and Thursday, April 30, 2020 (2:00-3:00 pm EST): Provider Webinar
- Wednesday, May 6, 2020: First day to begin submitting patient information and claims for payment.

How It Works

Health care providers who have conducted COVID-19 testing or provided treatment for uninsured individuals on or after February 4, 2020, can electronically request claims reimbursement through the program and will be reimbursed generally at Medicare rates, subject to 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.

Who Is Eligible?

Providers may submit claims for uninsured individuals in the U.S. without health care coverage. Providers will 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.

What Is Covered?

For dates of service or admittance on or after February 4, 2020, providers will be eligible to seek reimbursement for COVID-19 testing and testing-related visits for uninsured individuals, as well as treatment for uninsured individuals with a COVID-19 diagnosis. Reimbursement will be made for: qualifying testing for COVID-19 and treatment services with a primary COVID-19 diagnosis, including the following:

- Specimen collection, diagnostic and antibody testing.
- Testing-related visits including in the following settings: office, urgent care or emergency room or via telehealth.
- Treatment, including office visit (including via telehealth), emergency room, inpatient, outpatient/observation, skilled nursing facility, long-term acute care (LTAC), acute inpatient rehab, home health, DME (e.g., oxygen, ventilator), emergency ground ambulance transportation, non-emergent patient transfers via ground ambulance, and FDA approved drugs as they become available for COVID-19 treatment and administered as part of an inpatient stay.
- FDA-approved vaccine, when available.
- For inpatient claims, date of admittance must be on or after February 4, 2020.

Services not covered by traditional Medicare will also not be covered under this program. In addition, the following services are excluded:

- Any treatment without a COVID-19 primary diagnosis, except for pregnancy when the COVID-19 code may be listed as secondary.
- Hospice services.
- Outpatient prescription drugs.
How Do You Proceed?

1. COVID-19 Uninsured Program Portal user guide can be found here.
2. Providers will need to set up an Optum ID account, if they do not already have one. This can be completed here.
3. Validate Taxpayer Identification Information (TIN)
   a. You will need to provide the TIN for all facilities or groups.
   b. TIN validation can take up to two (2) business days to process.
   c. There can only be one person designated as the program administrator per TIN. This person accepts responsibility to act on behalf of the organization and must agree to make their name and email address available to others within their organization for coordination of provider and patient rosters. This will involve accessing temporary member IDs from the program portal and sharing across their organization as needed. This role can be reassigned or transferred at any time.
4. Set Up Optum Pay Automated Clearing House (ACH)
   a. Optum Pay can be set up at any time using this link. Instructions can also be found in the COVID-19 Uninsured Program Portal user guide or in the instructional video found here.
   b. This process can take 7-10 business days and will require the following information:
      i. TIN or EIN
      ii. Business Name
      iii. Provider type
      iv. Name of Administrator(s)
      v. Contact information
      vi. Bank name and contact information
      vii. Financial institution account information
      viii. Voided check or bank letter
      ix. Signed and dated W-9
5. Add Provider Roster
   a. Provider roster verification will take 1-3 business days to process.
   b. This step will be available soon after the TIN validation is complete. This provides verification solely for the HRSA COVID-19 Uninsured Program. It is not a network contract and credentialing are not required. Roster information is only needed for providers who are seeking to submit claims for uninsured individuals.
6. Add and Attest to Patient Roster
   a. Providers can begin to adding information to the patient roster on May 6th.
      i. Providers should complete the patient attestation and upload their patient roster with the following information:
         1. Patient first and last name
         2. Patient date of birth
         3. Gender of patient
         4. Patient’s SSN and state of residence; if not available, enter state identification or driver’s license number
         5. Date of service for physician, lab or facility outpatient services
         6. Date of admission and date of discharge for facility inpatient services
         7. Address (optional)
         8. Middle initial (optional)
         9. Patient account number (optional)
      ii. Providers will be required to attest that they have checked for health care coverage eligibility and have confirmed that the patient is uninsured.
   b. Patient information can be submitted either one patient at a time or through a batch file upload.
c. A temporary member ID for each individual submitted will be provided through the program portal within 1-3 days of submission. **This ID is only valid for 30 days from the date of service or from the date of discharge for facility inpatient services.**

7. **Claims and Reimbursement**
   a. Providers can submit claims beginning May 6th.
   b. Claims must be submitted electronically using an 837 EDI transaction set. This occurs outside of the HRSA COVID-19 Uninsured Program Portal. Information and instructions on claim submission can be found [here](#).
   c. You will need to provide the following information upon submission of claims:
      i. Payer ID: 95964
      ii. Payer Name: COVID19 HRSA Uninsured Testing and Treatment Fund
      iii. Temporary member ID for each patient (see above, 5.c.)
   d. Once claims have been submitted, payment will be processed electronically within 7-10 business days.
   e. Reimbursement will be based on current year Medicare fee schedule rates. Allowable billing codes can be found [here](#).