



(Updated May 1, 2020)

TARGETED CARES FUNDING FOR TREATMENT OF UNINSURED PATIENTS

On April 22, the US Department of Health and Human Services (HHS) announced the allocation of funds established by the CARES Act (P.L. 116-136) to reimburse providers for the testing and treatment of uninsured patients. Providers must enroll in the COVID-19 Uninsured Program, which will be overseen by the Health Resources & Services Administration (HRSA). Further information, including [frequently asked questions](#), an updated [frequently asked question](#) based on website and webcast feedback, a reimbursement [guide](#), and a COVID-19 Uninsured Program portal [user guide](#), can be found on the HRSA [website](#).

Program Timeline

To receive reimbursement for diagnostic testing, eligible testing-related visits, and treatment of uninsured COVID-19 patients, providers must [register](#) for the program. **Providers may begin submitting patient information and claims electronically on May 6, and HRSA will begin reimbursing providers in mid-May.**

Provider Eligibility

Providers that have conducted COVID-19 testing and testing-related visits of uninsured individuals, even if they test negative, or provided treatment to uninsured individuals with a primary diagnosis code of COVID-19 for dates of service or admission on or after Feb. 4, 2020 may be eligible for this program, regardless of profit/nonprofit status. Participating providers must attest to the following:

- Providers must verify and attest that to the best of their knowledge, a 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;
- The provider must accept defined program reimbursement as payment in full.
- The provider must agree not to balance bill the patient. Note – if a provider already received payment from an uninsured individual, it must reimburse the individual after receiving payment from the Uninsured Program.
- The provider must agree to [testing](#), [treatment](#) and [program](#) terms and conditions, and may be subject to post-reimbursement audit review.
- The provider must not be on the HHS Office of the Inspector General List of Excluded Individuals/Entities and/or a provider who has had their Medicare enrollment revoked by the Centers for Medicare & Medicaid Services (CMS).

Patient Eligibility

Providers may submit claims for patients tested or treated in the U.S. that do not have healthcare coverage. **Providers may submit a claim for uninsured individuals who may be**

eligible for Medicaid before Medicaid eligibility determination is complete; however, if the individual is retroactively enrolled in Medicaid for the date(s) of service, the provider must return the payment to HRSA. Providers must submit certain patient information, including a valid Social Security Number (SSN) as well as proof of state of residence, state identification or driver's license to verify patient eligibility. Based on currently available guidance, it is IHA's understanding that testing, testing-related visits, and treatment of undocumented individuals will not be covered by these federal funds. [Note: IHA is awaiting additional information from the state on coverage of this population.]

Reimbursement

Providers may submit claims for testing, testing-related visits, and treatment with dates of service or admission on or after Feb. 4, 2020. All claims must be submitted within 365 calendar days from date of service or admittance, and are subject to available funding. Reimbursement will be based on current year Medicare fee schedule rates, with professional services priced based on the current year CMS pricing with geographic adjustments, as applicable. COVID-19 testing and specimen collection procedures will be priced in accordance with rates published in the CARES Act and [CMS' interim final rule](#). **Facility reimbursement based on the inpatient prospective payment system (IPPS) will not include the 20% increase in the DRG weight for COVID-19 diagnoses U07.1 and B97.92 authorized by Section 3710 of the CARES Act.** Additionally, reimbursement rates for facilities not paid on IPPS (i.e., Critical Access Hospitals, Rural Health Clinics, Children's Hospitals, and PPS-Exempt Cancer Hospitals) will not be updated after Feb. 4, 2020.

Reimbursement will be made for COVID-19 testing and treatment services **with a primary diagnosis of COVID-19**, including:

- Specimen collection, diagnostic and antibody testing;
- Testing-related office, urgent care, emergency room and telehealth visits;
- Treatment provided in the following locations: office visit (including via telehealth), emergency room, inpatient hospital stay (date of admittance must be on or after Feb 4, 2020), outpatient/observation, skilled nursing facility, long-term acute care (LTAC), acute inpatient rehabilitation, and home health;
- Durable medical equipment (such as oxygen or a ventilator);
- Emergency ground ambulance transportation and non-emergent patient transfers via ambulance;
- FDA-approved drugs as they become available for COVID-19 treatment, that are administered as part of an inpatient stay; and
- FDA-approved vaccines, as they become available.

All submitted claims must be complete and final. Corrected claims will not be accepted. Reimbursement will be based on the incurred date(s) of service, and payment levels will be based on Medicare fee-for-service schedule rates that are applicable on the date(s) of service. Publication of new codes and updates to existing codes will be made in accordance with CMS. If a CMS published rate does not exist for a new code, claims with that code will be held by HRSA until CMS publishes corresponding reimbursement information.

Non-Covered Services: The following services will not be reimbursed by HRSA when provided to an uninsured COVID-19 patient:

- Any service that is not covered by traditional Medicare;
- Any treatment without a COVID-19 primary diagnosis, except for pregnancy when the COVID-19 code may be listed as secondary;
- Hospice services; and
- Outpatient prescription drugs.

Participation Process:

- Please review the [HRSA COVID-19 Uninsured Program user guide](#) and the [COVID-19 Claims Reimbursement website](#) prior to beginning this process. The user guide and website provide an overview of the process, and outlines all of the documents and steps necessary to enroll in the Program and begin submitting claims.
- HRSA has contracted with UnitedHealth Group to be the sole administrator of the HRSA COVID-19 Uninsured Program.
- Providers must establish a direct deposit/ACH account with Optum Pay, which requires the submission of a provider Tax Identification Number (TIN). Only one person can serve as the program administrator per TIN. This administrator must accept responsibility to act on behalf of their organization.
- Once an Optum Pay account has been established, [log in](#) to the portal and begin the participation process which involves validating the provider TIN, adding a provider roster, and establishing the process for submitting claims electronically. More information on beginning the participation process can be found in the HRSA COVID-10 Uninsured Program Provider [Checklist](#).
- Beginning May 6, providers may submit patient information one patient at a time or through a batch file upload. Providers must obtain temporary members IDs for individuals. Additional patient-specific details, including required information for claim submission, can be found [here](#).
- Also beginning May 6, providers may begin submitting claims electronically for payment for professional and facility services. All claims must be submitted electronically using an 837 [EDI](#) transaction set. Claims will be submitted outside the HRSA COVID-19 Uninsured program Portal. An 837 companion guide is available [here](#). A list of participating clearinghouses and vendors is [here](#). See [Coverage Details](#) and [Billing Codes](#) for more information on what is covered and the coding requirements. The Payer ID for this program is 95964.
- Electronic payment will be sent to providers' accounts from Optum Pay approximately 7-10 business day after submission of claims, with payments beginning in mid-May. For more information, see reimbursement details [here](#).
- Payments received from HRSA's COVID-19 Uninsured Program are claims reimbursements and should be treated in the same manner as reimbursement received from commercial insurance, Medicaid, and/or Medicare, including in how revenue or losses are determined.

Additional tools to assist providers with this process can be found on HRSA's COVID-19 Uninsured Program [education page](#). Alternatively, providers may contact UnitedHealth Group and Optum by calling 866-569-3522.

For questions, please [contact IHA](#).