

Department of Health and Human Services Issues Reimbursement Guidance for Treatment of Uninsured COVID-19 Patients; Opens Uninsured Program Portal

Client Alert

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On April 3, 2020, President Trump and Alex Azar, Secretary of the Department of Health and Human Services (HHS) announced that the federal government would reimburse healthcare providers who treat uninsured patients suffering from COVID-19. Additional guidance has now been issued regarding which providers are eligible and how payments will be made.

The guidance indicates that "[e]very health care provider who has provided treatment for uninsured COVID-19 patients on or after February 4, 2020, can request claims reimbursement through the program." Accordingly, HHS has not limited the type of providers eligible for reimbursement.

Reimbursement and Covered Services

To participate in the program, providers must attest to the following:

- They have checked for health care coverage eligibility and confirmed that the patient is uninsured. They have verified that the patient does not have individual, employer-sponsored, Medicare or Medicaid coverage, and that no other payer will reimburse them for COVID-19 testing and/or care for that patient.
- They will accept defined program reimbursement as payment in full.
- They agree not to balance bill the patient.
- They agree to program terms and conditions and may be subject to post-reimbursement audit review.

Reimbursement will be made at Medicare rates for qualifying testing for COVID-19 and treatment services with a primary COVID-19 diagnosis provided on or after February 4, 2020. Covered services include 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: 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.
- When an FDA-approved vaccine becomes available, it will also be covered.
- For inpatient claims, date of admittance must be on or after February 4, 2020.

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

- Air and water ambulance.
- 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 covered under Medicare Part D.

COVID-19 Uninsured Program Portal

On April 27, 2020, HHS, through the Health Resources & Services Administration (HRSA), opened the **COVID-19 Uninsured Program Portal**. To participate in the program, providers will need to validate their TIN through the Portal and obtain an Optum ID for ACH payments, if they do not already have one. Once a provider's TIN has been validated, they can begin adding their provider roster, identifying the practitioners for whom the provider will be submitting claims under its TIN.

Beginning May 6, 2020, providers can begin to add and attest to their patient rosters. HHS indicates it will take 1-3 business days to obtain temporary ID numbers for uninsured patients.

Once temporary ID numbers are obtained, providers can begin submitting claims. All claims must be submitted electronically using an 837 EDI transaction set and identifying the program specific Payer ID "95964" and Payer Name "COVID-19 HRSA Uninsured Testing and Treatment Fund."

All claims submitted will be final and corrected claims and appeals will not be accepted. The claims submission process will take place outside of the Portal. HRSA has indicated it will be issuing a "837 Companion Guide" where providers can learn more specifics about the EDI for the program.

HRSA indicates payments will be made electronically 7-10 days after the claim is processed and approved. The earliest that providers will receive payment is May 18, 2020.

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