CALIFORNIA HOSPITAL ASSOCIATION

Providing Leadership in Health Policy and Advocacy

COVID-19 FEDERAL FUNDING: UNINSURED COVERAGE

Funded by the Families First Coronavirus Response Act and the Coronavirus Aid, Relief and Economic Security (CARES) Act, the COVID-19 Uninsured Program is administered by the Health Resources and Services Administration (HRSA). Through this program, health care providers are eligible for reimbursement for COVID-19 testing, treatment, and related services provided to the uninsured. The following FAQs provide a program overview as well as details about eligibility and payment. For additional information, visit HRSA's COVID-19 claims reimbursement website.

Program Overview

What is the COVID-19 Claims Reimbursement Program?
This program provides reimbursement directly to eligible providers that submit COVID-19-related claims for testing and treating uninsured individuals.

Who administers the program?
UnitedHealth Group, through a contract with HRSA.

What services are eligible for reimbursement?
For dates of service or admittance on or after February 4, 2020, reimbursement will be made for qualifying testing for COVID-19 and treatment services with a **primary COVID-19 diagnosis** as determined by HRSA, including:

- Specimen collection, diagnostic and antibody testing
- Testing-related visits, including in the following settings: office, urgent care or emergency room, and telehealth
- The following settings/forms of treatment: office visits (including telehealth), emergency room, inpatient, outpatient/observation, skilled-nursing facilities, long-term acute care, acute inpatient rehab, home health, durable medical equipment (e.g., oxygen, ventilator), emergency ambulance transportation, non-emergent patient transfers via 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)

What services are not eligible for reimbursement?
Services not covered by Medicare are not 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 much funding is available through this program?
Congress has authorized $2 billion to reimburse providers for COVID-19 *testing* for uninsured individuals. In addition, the U.S. Department of Health and Human Services stated that it would use a portion of the $175 billion authorized for the Provider Relief Fund to reimburse providers for *the treatment* of uninsured patients with COVID-19. However, it is unclear how much of the Provider Relief Fund is being allocated to reimburse providers for treatment of the uninsured.

Eligibility

How do providers become eligible to receive funding from the program?
Health care providers who have conducted COVID-19 testing for uninsured individuals or provided treatment to uninsured individuals with a COVID-19 diagnosis on or after February 4, 2020, can request claims reimbursement through the program. To participate, providers must enroll as a provider participant and must attest to the following at registration:

- They will accept defined program reimbursement as payment in full.
- They will agree not to balance bill the patient.
- They will agree to program terms and conditions and may be subject to a post-reimbursement audit review.

Who is considered to be an uninsured individual for purposes of providers requesting reimbursement for testing or treatment?
A patient is considered uninsured if they did not have coverage through an individual or employer-sponsored plan, a federal health care program, or the Federal Employees Health Benefits Program at the time the services were rendered. For claims for treatment of positive cases of COVID-19, a patient is considered uninsured if the patient did not have any health care coverage at the time the services were rendered.

Do providers need to determine if an otherwise uninsured individual is eligible for Medi-Cal?
Providers must verify and attest that, to the best of their knowledge at the time of claim submission, the patient was uninsured at the time the services were provided. Providers may submit a claim for uninsured individuals before Medi-Cal eligibility determination is complete. However, if the provider learns that the individual is retroactively enrolled in Medicaid as of the date of service, the provider must return the payment to HRSA.

How will the program process claims for Medicaid enrollees who have limited Medicaid benefits (e.g., those enrolled with family planning benefits)?
If UnitedHealth Group learns that a patient is enrolled in Medicaid but with limited benefits, the program will deny claims for COVID-19-related testing but will reimburse claims for COVID-19-related treatment.

Can health care providers submit claims for uninsured individuals who are undocumented?
Health care providers are not required to confirm immigration status prior to submitting claims for reimbursement. Health care providers who have conducted COVID-19 testing of any uninsured individual or provided treatment to any uninsured individual with a COVID-19 diagnosis for dates of service or admittance on or after February 4, 2020, may be eligible for claims reimbursement through the program as long as the service(s) provided meet the coverage and billing requirements established as part of the program.

Are there terms and conditions that providers must attest to in order to participate?
Yes. There are terms and conditions for both testing and treatment.

Payment

How do eligible providers receive funding?
Health care providers can request claims reimbursement through the program electronically. It is important to note that claims will be subject to Medicare timely filing requirements, no interim bills or corrected claims will be accepted, and all claims submitted must be complete and final.

To receive funding, providers must:

- At registration of the individual, attest that they have checked for health care coverage eligibility and confirmed that the patient is uninsured, and they have verified that the patient does not have coverage such as individual, employer-sponsored, Medicare or Medicaid coverage, and no other payer will reimburse them for COVID-19 testing and/or care for that patient.
- Submit unique, identifiable patient information including first and last name, date of birth, Social Security number, date of service, date of admission and discharge, and address.

How much will providers be reimbursed?
Reimbursement will be based on current year Medicare fee schedule rates except where otherwise noted, and will be based on incurred date of service.

Given the program generally pays Medicare rates, will reimbursement include the 20% add-on to the Medicare diagnosis-related group (DRG) payment for COVID-19 treatment?
No. Facility reimbursement will not include the 20% increase to the DRG weight for COVID-19 diagnoses U07.1 and B97.29.

Are diagnostic testing and testing-related visits in hospital emergency departments eligible for reimbursement if the result of the COVID-19 test is negative?
Claims for diagnostic testing-related visits will be eligible for reimbursement if the place of service is an urgent care or emergency room **and** one of the following diagnosis codes is included in any position on the claim:

- Z03.818 - Encounter for observation for suspected exposure to other biological agents ruled out (possible exposure to COVID-19)
- Z11.59 - Encounter for screening for other viral diseases (asymptomatic)
- Z20.828 - Contact with and (suspected) exposure to other viral communicable (confirmed exposure to COVID-19)

While U0001, U0002, U0003, U0004, G2023, G2024, and 87635 are COVID-19-specific procedure codes, **one of the Z codes above will need to be included** on the claim from hospitals and physicians in order to be eligible for testing reimbursement.

If a provider tests for COVID-19 as part of a pre-operative or other medical treatment unrelated to COVID-19, is the test eligible for reimbursement?
The testing will be eligible for reimbursement if one of the following diagnosis codes is included in any position on the claim:

- Z03.818 - Encounter for observation for suspected exposure to other biological agents ruled out (possible exposure to COVID-19)
- Z11.59 - Encounter for screening for other viral diseases (asymptomatic)
- Z20.828 - Contact with and (suspected) exposure to other viral communicable (confirmed exposure to COVID-19)

It is important to note that related treatment visits and services **would not be eligible for reimbursement** since the primary reason for treatment is not COVID-19.

If patient is admitted to the hospital and a COVID-19 test is performed, the results of which are negative, is the test or any part of the inpatient claim eligible for reimbursement from this program?
The testing-related visit (the admission) would not be eligible for reimbursement because the care setting is not an urgent care or emergency room and is not separately billable with applicable CPT/HCPCS codes

on the inpatient claim. Unless COVID-19 is the primary diagnosis for the admission, no portion of this claim would be eligible for reimbursement under the program since the primary reason for treatment is not COVID-19.