



CCHN Summary of CHC Considerations for the HRSA COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing and Treatment of the Uninsured

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CCHN compiled the following considerations and resources for CHCs as they decide whether to file claims for uninsured patients using HRSA's COVID-19 funding for uninsured. More guidance and recommendations are expected from BPHC and NACHC.

CCHN recommends that CHCs look into submitting claims for this reimbursement with the following considerations:

- Reimbursement is only available for COVID-19 testing and treatment. Payment is stated as being based on Medicare FFS, however legal interpretation by FTLF notes that the amount of payment is not specified for FQHCs.
- Chapter 16 of the [Compliance Manual](#) requires CHCs to *“make and continue to make every reasonable effort to collect appropriate reimbursement for its costs... when providing health services to persons who are entitled to... Assistance for medical expenses under any other public assistance program (for example, CHIP), grant program, or private health insurance or benefit program.”* This raises several considerations for CHCs related to the reimbursement.
 - NACHC has shared the concern that CHCs may have conditions placed on their grant during their next OSV if they don't seek this reimbursement. It is unclear how such a condition could be resolved if the timely filing deadline (365 days after date of service) has already passed.
 - When considering expenses for the Expanding Capacity for Coronavirus Testing (ECT) funding, the recommendation is that CHCs should bill all commercial insurance as well as the HRSA Uninsured Claims program as much as possible and subtract the anticipated revenues from what is billed for ECT.
- FTLF advises against applying for this funding for undocumented patients due to the amount of information that needs to be entered into the system. NACHC is still working on providing additional guidance on this piece. (See FTLF brief linked below.)
- Providers are asked to provide identification for each person using a Social Security Number or Driver's License number, or providers must attest that they tried to get this information. Colorado is a state that makes it possible for people without proper documentation status to receive a Driver's License. NACHC suggested that it might make sense to use a DL number in lieu of a SSN whenever possible - even if a patient has an SSN. This should not slow down reimbursement.
- If the patient paid anything for the COVID-related service, they must be reimbursed if a claim is submitted through this program.
- For Colorado's annual Primary Care Fund (PCF) application, this will likely be considered a "third-party payer." This might reduce a CHC's PCF count if this is the only coverage for a person's appointment on the freeze/count date for PCF. Current year PCF payment per uninsured patient, based on the allocation, is about \$224 but is likely to be lower in the 2020/21 state fiscal year. CCHN is seeking to confirm this with HCPF.

Other key program details

- Claims must be submitted within 365 calendar days from date of service and are subject to available funding. Claims can be submitted for care provided starting Feb. 4, 2020. HRSA will be using [Smart Edits](#) for claims processing.
- This program is being administered by UnitedHealth Group on behalf of HRSA. CHCs will need to specifically enroll in this program, regardless of any current relationship

with UnitedHealth Group. Payments are made via the Optum payment system and you will be able to download an 835 file, as well as download the Electronic Provider Remittance Advice (PDF version of the 835 file) for the HRSA COVID-19 Uninsured Program, by accessing Optum PayTM with your Optum ID.

- Claims should include specific codes for reimbursement:
 - Diagnosis codes for treatment:
 - U07.1 (after 4/1)
 - B97.29 (before 4/1)
 - Testing:
 - Z03.818 - Encounter for observation for suspected exposure to other biological agents ruled out (possible exposure to COVID-19)
 - Z20.828 - Contact with and (suspected) exposure to other viral communicable (confirmed exposure to COVID-19)
 - Z11.59 - Encounter for screening for other viral diseases (asymptomatic)
 - 86318 - Immunoassay for infectious agent antibody, qualitative or semi-quantitative, single step method (e.g., reagent strip)
 - 86328 - Immunoassay for infectious agent antibody(ies), qualitative or semi-quantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])
 - 86769 - Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])

Resources and references:

- **FTLF brief:**
<https://cdn1.digitellinc.com/uploads/nachc/articles/63177159017f28fcf3b40e98fa3e010b.pdf>
- **HRSA Program webpage:** <https://coviduninsuredclaim.linkhealth.com/>
- **HRSA FAQs Webpage:** <https://www.hrsa.gov/coviduninsuredclaim/frequently-asked-questions#>
- **And other HRSA FAQs:**
<https://coviduninsuredclaim.linkhealth.com/static/HRSA%20COVID-19%20Uninsured%20Program%20Webcast%20Top%20FAQs.pdf>
- **HRSA COVID 19 Uninsured Program 837P 5010A1 and 837I 5010A2 Health Care Claim Companion Guide (April 2020):**
https://coviduninsuredclaim.linkhealth.com/static/HRSA%20COVID-19%20Uninsured%20Claim_Companion%20Guide.pdf