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From: Capitol Counsel, LLC

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Re: Health Resources and Services Administration Webinar on Provider Relief Fund Reimbursement for COVID-19 Testing and Services to the Uninsured

OVERVIEW: On April 30, 2020, the Health Resources and Services Administration (HRSA) hosted a webinar providing an overview of the process for providers to receive reimbursement from the Department of Health and Human Services (HHS) when they provide COVID-19 testing and treatment to uninsured individuals. The webinar was led primarily by UnitedHealthcare officials. HRSA establishes program requirements, including terms and conditions. The agency contracted with UnitedHealthcare and its affiliate Optum to administer the program.

HRSA and UnitedHealthcare officials described key criteria for providers to participate in the program, including requirements to enroll in the program through Optum, identify information confirming the uninsured status of patients, and submit claims and receive reimbursement. HRSA's Deputy Administrator and UnitedHealthcare officials emphasized that participants will generally receive reimbursement at Medicare rates, with no opportunity for negotiations to secure a higher rate. Presenters emphasized several times that providers must submit a full and complete claim the first time, there is no appeals process, and interim claims and late charges will not be accepted. HRSA and UnitedHealthcare officials also provided extensive comments stressing that providers will be required to confirm that any patient for whom they seek reimbursement under the program does not have any other health coverage – including eligibility for Medicaid – and providers will be required to attest to the uninsured status of patients. HRSA will reimburse eligible testing and treatment services in multiple settings, including provider offices, hospital inpatient and outpatient settings, and skilled nursing facilities. Officials participating in the webinar indicated that reimbursement is subject to the availability of funding; they did not provide a specific funding allocation or overall funding limit for the program. According to the timeline outlined by webinar presenters, providers could sign up beginning April 27, 2020, and can begin to submit claims on May 6. UnitedHealthcare expects to begin reimbursement between May 15 and May 18, 2020.

Participants in the webinar included: Diana Espinosa, HRSA Deputy Administrator; Ashley Bieck, Vice President, National Provider Advocacy, UnitedHealthcare; Tim Kaja, Chief Operating Officer, UnitedHealthcare Networks; and Mary Murley, Chief Actuary, UnitedHealthcare

SUMMARY:

Overall Program Description

Funding – HRSA Deputy Administrator Espinosa provided a high level overview of the program and its funding, which combines \$1 billion from the Families First Coronavirus Response Act, \$1 billion from the Paycheck Protection Program and Health Care Enhancement Act, and unspecified allocations from the \$100 billion Provider Relief Fund established as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

Reimbursement – HHS will provide claims reimbursement to health care providers – **generally at Medicare rates** – for testing uninsured individuals for COVID-19 and treating uninsured individuals with a COVID-19 diagnosis, for services on or after February 4, 2020. In response to an audience question, presenters clarified that providers must accept the program's reimbursement level – HHS will not adjust payment levels and there is no opportunity to negotiate higher rates.

Contract with UnitedHealthGroup – Administrator Espinosa stressed that UnitedHealth Group only serves as the program administrator, and HRSA establishes all program funding, coverage and reimbursement criteria. She indicated HRSA asked UnitedHealthGroup to administer the program because of its technology and expertise in enrollment, benefit and claims. She emphasized that HRSA understands many providers do not have contracts with UnitedHealthGroup, and the program does not require providers to have such contracts.

Implementation Processes – Ms. Murley of UnitedHealthcare described 3 main processes that are part of the program:

1. **Program Participation** – providers must enroll as a program participant;
2. **Patient Information** – providers must identify and confirm patient information, which includes checking for health care coverage and verifying that the patient is uninsured and has no other health care coverage; and
3. **Claims and Reimbursement** – providers submit claims and accept reimbursement.

Ms. Murley stressed three key points: providers must: attest that patients for whom they are submitting claims are uninsured; agree to accept reimbursement as payment in full – including agreeing not to balance bill; and accept the program’s terms and conditions, including post-reimbursement audit reviews. She added that claims: are subject to the same timely filing requirements as Medicare and available funding; must be submitted electronically; must be complete and final; and must have the COVID-19 diagnosis code as the primary diagnosis, except for pregnancy, which may be listed as secondary.

Covered Services – Ms. Murley listed two categories of covered services, both of which are for dates of service or admittance on or after February 4, 2020:

- **Testing** – specimen collection, diagnostic and antibody testing. Testing is covered in multiple settings, including offices, urgent care, emergency rooms and via telehealth.
- **Treatment** – office visits, including telehealth, and services in settings including emergency rooms, inpatient hospitals, outpatient/observation settings, skilled nursing facilities, long-term acute care settings, acute inpatient rehabilitation settings, and home health. Other treatment services include durable medical equipment (such as oxygen and ventilators), emergency ambulance transportation, non-emergent patient transfers via ambulance, Food and Drug Administration (FDA)-approved drugs, as they become available for COVID-19 treatment **and** are administered as part of an inpatient stay. When an FDA approved vaccine becomes available, it will also be covered. Hospice care and outpatient prescription drugs are **excluded**.

Program Participation – Additional Information

Mr. Kaja of UnitedHealthcare outlined the mechanics of the process for program participation. To begin, providers must sign in to the portal and use or receive unique identifier – an Optum ID. Steps in the process, and the timeline for each, include:

- Optum will ensure the validity of submitted TINs, which can take 1 to 2 days;
- Optum will set up direct deposit process, which can take 7 to 10 days to process; and
- Providers must establish provider roster information and register that information into the Optum system, which can take 1 to 3 days.

Patient Information – Additional Information

Mr. Kaja stated that, beginning May 6, 2020, providers can submit patient information one at a time or through a batch upload. Providers must have completed enrollment before entering patient information. Providers must enter the information for each patient, which includes first and last name, date of birth, social security number, and gender. Care providers must attest that there is no other insurance for the individual, including employer-sponsored coverage or eligibility for Medicaid enrollment. Providers will receive a temporary member identification, within a few hours, for each patient – which is used for claims and reimbursement.

Claims and Reimbursement – Additional Information

Mr. Kaja stated that, beginning May 6, 2020, providers can submit claims electronically for professional and facility services. Optum has established a program-specific Payer ID: 95964 – connected to the “COVID19 HRSA Uninsured Testing and Treatment Fund. He stressed that a COVID-19 diagnosis code is generally required as the primary diagnosis, all claims must be complete and final, and interim bills, corrected claims, late charges, and appeals will not be accepted.

Mr. Kaja also clarified that reimbursement pricing and policies for eligible services are determined by HRSA. He indicated that reimbursement is based on current year Medicare fee schedule rates, except where otherwise noted, and will be based on the incurred date of service. Publication of new codes and updates to existing codes will be made consistent with Centers for Medicare & Medicaid Services (CMS) guidance. For new codes where a CMS published rate does not exist, claims will be held until CMS publishes reimbursement information. More information on claims will be posted in the portal shortly. Mr. Kaja expects reimbursement will begin on or about May 15, 2020 – the presentation listed May 18, 2020. Optum plans to issue a companion guide on a process for “smart edits” to ensure claims are submitted properly.

OUTLOOK: On April 27, 2020, providers could begin to participate in the program. On May 6, 2020, providers can begin to complete patient attestation and upload patient rosters, and submit claims. UnitedHealthcare expects reimbursement to begin between May 15 and May 18, 2020.