



Monoclonal Antibody Therapy

HRSA COVID-19 Uninsured Program Reimbursement Guide

The HRSA COVID-19 Uninsured Program has aligned claims reimbursement for mAb therapy with CMS guidance issued on 11/10/2020. According to CMS's Medicare Monoclonal Antibody COVID-19 Infusion Program Instruction, "during the COVID-19 public health emergency Medicare will cover and pay for these infusions in the same way it covers and pays for COVID – 19 vaccines when consistent with the emergency use order (EUA)." Most claims are reimbursed within 30 days. **As new reimbursement codes involving COVID-19 testing, treatment and vaccinations are created, the HRSA COVID-19 Uninsured Program may temporarily hold claims involving newly created reimbursement codes until CMS publishes corresponding reimbursement information. Participating clearinghouses will receive weekly email updates with details. Claim status inquiry and response (X12 276/277) is available for this program with vendors/clearinghouses that have chosen to participate. Please contact your vendor/clearinghouse to verify participation.** chameleoncloud.io/review/2957-5e98adf692326/prod

To be eligible for reimbursement, providers must do the following:

- To file a claim for reimbursement, providers must first register. At registration, 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 coverage such as individual, employer-sponsored, Medicare or Medicaid coverage, and no other payer will reimburse them for COVID-19 testing and/or care or vaccine administration for that patient.
 - 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 post-reimbursement audit review.

All claims submitted must be complete and final and no interim bills or corrected claims will be accepted. There will be no adjustments to payment once claims reimbursements are made.

Coverage includes:

- All mAb therapies will be eligible for reimbursement.
- Specimen collection, diagnosis, and antibody testing.
- Testing related visits in office, urgent care, emergency rooms, and telehealth.
- Treatment services.
 - Office visits, emergency room visits, inpatient and outpatient observation, skilled nursing facilities, long term acute care facilities, acute inpatient rehab, home health care, DME, emergency and non – emergency ambulance transport, FDA approved medications to treat COVID-19.

To start the claims process:

- Create a unique identifier, through One Healthcare ID. The website will walk an enrollee through the steps. coviduninsuredclaim.linkhealth.com
- Once a One Healthcare ID has been created:
 - Validate the provider taxpayer identification number (TIN). *Note: only one person can serve as the program administrator per TIN. The administrator acts on the behalf of the provider.*
 - Set up Optum Pay Automated Clearing House (ACH).
myservices.optumhealthpaymentservices.com/registrationSignIn.do
 - Add provider roster, which provides verification solely for the HRSA COVID-19 Uninsured Program. This is not a network contract. Roster verification may take 5-7 days to process.
chameleoncloud.io/review/2957-5e98adf692326/prod
- Add patient identification: First and last name, Date of birth, Gender, *SSN and state of residence; if not available, enter state identification / driver's license; Date of service for professional, institutional outpatient services, Date of admission and date of discharge for institutional inpatient services, **Address, Middle initial (optional), Patient account number (optional).
chameleoncloud.io/review/2957-5e98adf692326/prod
- Submit patient information. This can either be done one patient at a time, or through batch upload.
- Receive temporary member ID. 24 hours after submission, patient information will be delayed.
chameleoncloud.io/review/2957-5e98adf692326/prod
 - **For professional and institutional outpatient** – Temporary member ID will be valid for 120 days from date of service. Eligible claims can be submitted using the temporary member ID with date of service within the validity period. For example, if Patient A had a date of service of February 4, 2020, then the temporary ID assigned to her will be valid from February 4, 2020, through June 3, 2020.
 - **For institutional inpatient** – Temporary member ID will be valid from date of admission and expire 120 days from date of discharge. Eligible claims can be submitted using the temporary member ID with date of admission and date of discharge within the validity period. For example, if Patient B had a date of admission of February 4, 2020, and date of discharge of February 20, 2020, then the temporary member ID assigned to him will be valid from February 4, 2020, through June 19, 2020.

Note: If an uninsured individual was treated in the ER before being admitted as an inpatient, use the date of admittance to the ER as the inpatient admittance date.

To submit a claim:

- Each provider needs the payer ID: 95964.

It's important to submit claims using the new payer ID 95964 for the program; do not use another payer ID.

- Payer name: COVID19 HRSA Uninsured Testing and Treatment Fund.
- Temporary member ID for each patient. This information will be found in the program portal after the provider submits the patient roster.

Processing timing expectations/receipt of reimbursement:

- EDI claims received each day by 4:00 p.m. ET will be initiated through claims processing at 7:00 a.m. ET the next day (day 1). E.g., if claim is submitted at 3:45 p.m. ET on May 20, it will be initiated through claims processing at 7 a.m. ET on May 21. EDI claims received each day after 4:00 p.m. ET will be initiated through claims processing at 7:00 a.m. ET the following day (day 2). E.g., if claim is submitted at 4:15 p.m. ET on May 20, it will be initiated through claims processing at 7 a.m. ET on May 22. Claims submitted on a Friday, Saturday or Sunday may take an additional 1-2 days due to weekend processing.
- Receive payment electronically once claim is processed and approved for payment. Once a TIN is validated and set up with Optum Pay™, claims that are eligible for reimbursement are typically processed and paid within 30 business days.
- 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 Pay with your One Healthcare ID. On the Optum Pay website you can access your remittance information on the View Payments tab. You can find that tab by following this path:
 - Log in to Optum Pay.
 - Select the Tax Identification Number (TIN) associated with the claims you are looking to reconcile.
 - Select View Payments.
 - You will need to be able to access the 835 file in order to upload it into your practice management system. This will allow you to reconcile your claims as you would if you had received the 835 file via your clearinghouse. Please allow for appropriate processing time. As part of the HRSA COVID-19 Uninsured Program, the 835 file will not be electronically routed to you from your clearinghouse. [Learn about reimbursement details.](#)

hrsa.gov/CovidUninsuredClaim

hrsa.gov/coviduninsuredclaim/frequently-asked-questions

