Capture payments for uninsured COVID patients, but act fast to get a slice

Providers now have a way to capture reimbursement for the treatment of uninsured patients during the COVID-19 emergency. But bear in mind that funds are limited, and you'll have to wade through various registration steps to get set up.

HHS has started accepting claims for encounters dating back to Feb. 4. HHS promises an expedited turnaround time.

The COVID-19 Uninsured Program Portal, where you can register and submit claims, is an outgrowth of the Families First Coronavirus Response Act (FFCRA) and the Paycheck Protection Program and Health Care Enhancement Act, each of which designated $1 billion for the treatment of uninsured patients. Additional funding is allocated by the Coronavirus Aid, Relief and Economic Security (CARES) Act.

In general, the steps involved in obtaining payments for uninsured encounters will follow this framework:

- **Enroll as a provider participant.** You'll do this through a system administered by UnitedHealthcare, the contractor working with HHS to distribute the Provider Relief Funds. To get started, you will need to use or create an Optum ID account. You can find more details about the Optum ID account here: https://coviduninsuredclaim.linkhealth.com/get-started.html.
- **Set up Optum Pay.** This will create a direct deposit mechanism by which you can gain payments. Note that the process can take a week or longer to get into place.
- **Add your provider roster.** Note that only one person per TIN can serve as the program administrator, so you'll want to coordinate your efforts across your organization. This designated person "must agree to make their name and email address available to others within their organization for coordination of provider and patient rosters," HHS says. "This will involve accessing temporary member IDs from the program portal and sharing across their organization as needed." **Note**: The verification process for the provider roster can take up to three days to complete.
- **Add your patient roster.** You'll need to show that you've confirmed the patient's uninsured status. Specifically, you must have "verified that the patient does not have coverage such as individual, employer-sponsored, Medicare or Medicaid coverage, and no other payer will reimburse you for COVID-19 testing and/or care for that patient," HHS stipulates.
- **Submit claims for reimbursement.** Until funds have been depleted, you can begin submitting claims for professional and facility services.

HHS says it will pay claims at a rate on par with Medicare payments.

Focus on eligible codes

Note that eligible claims must involve a patient with a COVID-19 or related diagnosis, HRSA instructs in a recently released FAQ. The agency notes that one of the following diagnoses codes must be 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)

The uninsured payments cover testing services as well as "testing-related visits," HRSA says. The covered testing-related encounters encompass office visits, telehealth encounters, urgent care and emergency room visits.