1) Will the HRSA Provider Relief Fund pay the announced CMS Medicare vaccine administration fee (i.e. $28.39 to administer single-dose vaccines, and $16.94 and $28.39 for the administration of the two dose series) for administration of vaccine to uninsured patients?

Yes, the HRSA COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for the Uninsured Program will be reimbursing for the Food and Drug Administration authorized, licensed, or approved COVID-19 vaccines at the CMS Medicare vaccine administration fees utilizing the approved codes for such vaccines and administration fees. Coding and billing details will be available here once finalized: https://coviduninsuredclaim.linkhealth.com/billing-codes.html

2) Can state and local public health departments that don't have the capacity to bill Medicaid still bill the Provider Relief Fund?

The health care provider must attest that the patient is uninsured in order to submit claims for reimbursement from the HRSA COVID-19 Uninsured Program. If the patient has Medicaid, they are not considered uninsured. Health care entities that have conducted COVID-19 testing of uninsured individuals, provided treatment to uninsured individuals with a COVID-19 primary diagnosis, or administered a licensed or authorized COVID-19 vaccine to uninsured individuals on or after February 4, 2020, can request claims reimbursement through the program electronically and will be reimbursed generally at Medicare rates, subject to available funding.

Any provider who is on the Office of the Inspector General U.S. Department of Health and Human Services List of Excluded Individuals/Entities and/or any provider who has had their Medicare enrollment revoked by the Centers for Medicare & Medicaid Services is ineligible to receive funding from the COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for the Uninsured Program.

The terms and conditions for receipt of claims reimbursement payments from the COVID-19 Uninsured Program require the recipient to certify that it will not use the payment to reimburse expenses or losses that have been reimbursed from other sources.

If another source, including CDC Public Health Emergency Funds or other COVID-19 related funds that cover vaccinations, has already reimbursed or funded the provider for the cost of the treatment, then the provider cannot submit a claim for reimbursement to the COVID-19 Uninsured Program.

3) What is the process to assess and document lack of insurance among prospective patients?

Health care providers who have conducted COVID-19 testing for uninsured individuals, provided treatment to uninsured individuals with a primary COVID-19 diagnosis on or after February 4, 2020, or administered a licensed, authorized or approved COVID-19 vaccine to uninsured individuals once available, can request claims reimbursement through the program electronically and will be reimbursed generally at Medicare rates, subject to available
funding. Steps will involve: enrolling as a provider participant, checking patient eligibility, submitting patient information, submitting claims, and receiving payment via direct deposit. To participate, providers must attest to the following at registration:

- 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.

4) Is there an estimated length of time to expect for the processing of payments?

Payment processing steps involve: enrolling as a provider participant, checking patient eligibility, submitting patient information, submitting claims electronically, and receiving payment via direct deposit. 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. The HRSA COVID-19 Uninsured Provider Portal can be accessed here: https://coviduninsuredclaim.linkhealth.com/get-started.html

5) Is any documentation of citizenship status required?

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, provided treatment to any uninsured individual with a COVID-19 primary diagnosis, or administered an approved, licensed, or authorized COVID-19 vaccine to an uninsured individual 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.

HRSA COVID-19 Uninsured Program Frequently Asked Questions (FAQs) are located here: https://www.hrsa.gov/coviduninsuredclaim/frequently-asked-questions. Any additional questions you may have about the HRSA COVID-19 Uninsured Program, including inquiries about claims or requests for technical assistance, may be directed to the UHG Provider Support Line at 866-569-3522 or TTY dial 711. Additional provider resources are available here: https://coviduninsuredclaim.linkhealth.com/

Thank you again for your invitation regarding COVID-19 vaccines as we continue to respond to the COVID-19 public health emergency.

Sincerely,

HRSA COVID-19 Uninsured Program