HRSA COVID-19 Uninsured Program and Coverage Assistance Fund

Updates for Pharmacy

Pharmacies can be reimbursed for the provision of COVID-19 services, testing, treatment, and vaccine administration to uninsured individuals through the HRSA COVID-19 Uninsured Program. Providers must attest that individuals have no insurance coverage. For individuals who have insurance but whose insurance does not cover COVID-19 services or covers the services with patient cost sharing, providers can collect reimbursement through the HRSA COVID-19 Coverage Assistance Fund.

This resource details instructions specifically for pharmacies.

HRSA COVID-19 Uninsured Program

APhA met with the program lead for UnitedHealth Group, who administers the Health Resources and Services Administration (HRSA) COVID-19 Uninsured Program, to learn how pharmacies can avoid delays in enrollment and payment for providing COVID-19 services. **Pharmacies can be reimbursed for COVID-19 service claims provided to eligible patients within the previous 12 months. So, it is important to collect necessary patient information, even if you aren't yet fully enrolled in the program.**

It is important to note that this program functions like a medical benefit, rather than a pharmacy benefit, and that payment is expected to be the same as the Medicare rates for each service. Pharmacies will need to enroll in the program and then work with their medical intermediary to submit claims for reimbursement.

The following instructions are detailed for pharmacies. Visit the HRSA COVID-19 Uninsured Program webpage for general enrollment and reimbursement instructions.

Enrollment

1) **Create an account to obtain a One Healthcare ID (formally Optum ID).** Sign in to access the program portal.

2) **Validate your pharmacy's Taxpayer Identification Number (TIN).** It is important to select "CARES Act—Healthcare Relief Program," NOT "Medical," as your market type to ensure the validation process moves quickly. You will need to identify one program administrator to manage access to the program portal. The program administrator can be transferred at any time. This step can take 1–2 days to process and approve.

3) **Set up Optum Pay ACH payments to be reimbursed AND complete your provider roster.** Once your TIN is validated, you can move on to both of the following steps at the same time to speed up the enrollment process. If completed concurrently, it could take a few days to about a week for this information to be processed by the program. Helpful video explanations are available for how to set up Optum Pay and how to complete the provider roster.

Updates for Pharmacy

a. **Set up Optum Pay ACH payments.** It is important to remember that Optum Pay serves as a payment portal for reimbursement and should **not be confused** with OptumRx (the PBM). Claims will likely need to be billed through a medical intermediary to UnitedHealthcare. Any claims submitted to OptumRx **will be rejected**.

You Will Need:

- ☐ TIN or EIN
- ☐ Business name
- ☐ Provider type
- ☐ Name of administrator
- ☐ Contact information
- ☐ Bank name and contact information
- ☐ Financial institution account information
- ☐ Voided check or bank letter
- ☐ Signed and dated W-9

b. **Complete your provider roster.** When completing the "provider roster" step, pharmacies should **choose and fill out the "Hospital/Ancillary/Clinic" tab** with information about the **pharmacy, rather than individual pharmacists**. If multiple pharmacy locations will be providing vaccines, you should complete one row per pharmacy service location. You will need to provide the NPI for each location or a location specific tax ID (if different from the tax ID provided during step 2). Filling out this form with pharmacist information may delay the enrollment process. See appendix for sample provider roster.

4) **Add and attest to your patient roster.** Once your Optum Pay ACH payments are activated and your provider roster is processed, you will be able to add and access the patient roster. Pharmacies can submit claims for services provided to eligible patients during the last 12 months. So, it is important to collect necessary patient information, even if you aren't yet fully enrolled in the program. Once you submit the patient roster, a temporary member ID will be generated for each patient within 24 to 48 hours. This temporary member ID will be active for 120 days and will be used for claims submission. Download a patient roster sample and watch this video to see how to add a patient roster.

Patient Information

- ☐ 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)

CMS clarified that providers are not required to ascertain a patient's immigration status in order to receive reimbursement from the fund.
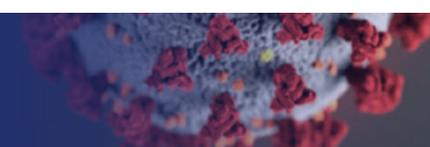
Updates for Pharmacy

Attestation

Pharmacies must attest to the following:

- ☐ The pharmacy checked for health care coverage eligibility and confirmed that the patient is uninsured, verifying no other payer will reimburse you.
- ☐ The pharmacy accepts the defined reimbursement as payment in full.
- ☐ The pharmacy agrees not to balance bill the patient.
- ☐ The pharmacy agrees to terms and conditions (potential for postreimbursement audit review).

Claims and Reimbursement

This program is set up like a medical benefit rather than a pharmacy benefit, meaning that pharmacies will not bill NCPDP claims to a pharmacy benefit manager. Instead, pharmacies will need to work with a medical intermediary (Change Healthcare, Omnisys, EBS, FDS) to submit medical claims for services provided to eligible patients within the last 12 months (similar to submitting claims to Medicare Part B for flu and pneumococcal vaccine through the MAC). The claims are billed to the "COVID19 HRSA Uninsured Testing and Treatment Fund (Payer ID: 95964)" using the appropriate vaccine administration CPT codes. You must have the temporary member ID for each patient.

Pharmacies can submit claims for COVID-19 services (testing, treatment, vaccination) provided to eligible patients with a date of service within the previous 12 months (e.g., claims submitted on May 5, 2021, could have a date of service between May 5, 2021, and May 5, 2020).

Claims payment status can be viewed and reconciled in the program portal through Optum Pay. Claims that are eligible for reimbursement are typically processed and paid within 30 business days. You can also login and access Optum Pay directly. It is important to note that when a product is brought to market, there can be a delay in reimbursement until HRSA approves the payment rate.

More Information

Visit the HRSA COVID-19 Uninsured Program webpage for general enrollment and reimbursement instructions, and reference HRSA's Frequently Asked Questions webpage.
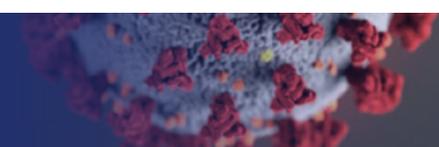
Updates for Pharmacy

HRSA COVID-19 Coverage Assistance Fund

The HRSA COVID-19 Coverage Assistance Fund (CAF) reimburses providers for COVID-19 services provided to patients with insurance that does not cover these services or does not cover cost sharing.

Claims Submission

- Providers can create an account in the Coverage Assistance Fund Portal to enroll. Once enrolled, eligible pharmacies can submit claims through their current medical intermediary or submit a claim electronically or manually through the Portal.

Claims Reimbursement Rate

- Providers will be compensated for eligible claims at the Medicare rate available on the date of service, as outlined below.

- For dates of service through March 14, 2021:

  - Administration of a single-dose COVID-19 vaccine: $28.39

  - Administration of the first dose of a COVID-19 vaccine requiring a series of two or more doses: $16.94

  - Administration of the final dose of a COVID-19 vaccine requiring a series of two or more doses: $28.39

- For dates of service on or after March 15, 2021:

  - Administration (per dose) of a COVID-19 vaccine: $40.00

- Reimbursement will be based on incurred date of service.

- Publication of new codes and updates to existing codes will be made in accordance with CMS.

- For any new codes where a CMS published rate does not exist, claims will be held until CMS publishes corresponding reimbursement information.

Appendix: Sample Provider Roster